



<b>ERROR CORRECTION FORM</b>					
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**Form 2118 R3.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Post-HCT Data**

Center: \_\_\_\_\_ CRID: \_\_\_\_\_

3 Date assessed: \_\_\_\_-\_\_\_\_-\_\_\_\_

4 Was the disease status assessed by molecular testing (e.g. PCR)?

yes  no

5 Date assessed: \_\_\_\_-\_\_\_\_-\_\_\_\_

6 Was disease detected?

yes  no

7 Was the status considered a disease relapse?

yes  no

8 Was a PET (or PET/CT) scan performed?

yes  no

9 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

yes  no

**Post-HCT Therapy**

Questions: 10 - 24

10 Was therapy given since the date of the last report for reasons other than relapse or progressive disease?

(Include any maintenance and consolidation therapy.)

yes  no

**Specify therapy given:**

11 Systemic therapy

yes  no

**Specify therapy given:**

12 Aldesleukin (interleukin-2, IL-2)

yes  no

13 Alemtuzumab (Campath)

yes  no

14 Lenalidomide (Revlimid)

yes  no

15 Rituximab (Rituxan, MabThera)

yes  no

16 Other systemic therapy

yes  no

17 Specify other systemic therapy: \_\_\_\_\_

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Center: \_\_\_\_\_ CRID: \_\_\_\_\_

**18 Radiation therapy**  
 yes  no

**Specify radiation site(s)**

**19 Mediastinum / chest**  
 yes  no

**20 Other site**  
 yes  no

**21 Specify other site:** \_\_\_\_\_

**22 Surgery**  
 yes  no

**23 Other therapy**  
 yes  no

**24 Specify other therapy:** \_\_\_\_\_

**Disease Relapse or Progression Post-HCT** Questions: 25 - 54

**25 Was a disease relapse or progression detected by molecular testing (e.g. PCR)?**  
 yes  no

**26 Date assessed:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**27 Was a disease relapse or progression detected by cytogenetic testing (conventional or FISH)?**  
 yes  no

**28 Was a disease relapse or progression detected via FISH?**  
 yes  no

**29 Date assessed:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**30 Was a disease relapse or progression detected via conventional cytogenetics?**  
 yes  no

**31 Date assessed:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**32 Was a disease relapse or progression detected by clinical / hematologic assessment?**  
 yes  no

**33 Date assessed:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**34 Was a PET (or PET/CT) scan performed?**  
 yes  no

**35 Date of most recent PET (or PET/CT) scan:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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## Form 2118 R3.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Post-HCT Data

Center: CRID:

**36** Results of most recent PET (or PET/CT) scan

Positive    Negative    indeterminate

**37** Was the positive result considered a disease recurrence or progression?

yes    no

**38** Did the recipient have known nodal involvement?

yes    no

**39** Specify the total number of nodal regions involved

one nodal region  
 two or more nodal regions  
 Unknown

**40** Was there any known extranodal or splenic involvement?

yes    no    Unknown

**Specify site(s) of involvement:**

**41** Bone

yes    no

**42** Bone marrow

yes    no

**43** Brain

yes    no

**44** Cerebrospinal fluid (CSF)

yes    no

**45** Epidural space

yes    no

**46** Gastrointestinal (GI) tract

yes    no

**47** Kidney

yes    no

**48** Liver

yes    no

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Center: \_\_\_\_\_ CRID: \_\_\_\_\_

49 Lung

yes  no

50 Pleura

yes  no

51 Skin

yes  no

52 Spleen

yes  no

53 Other site

yes  no

54 Specify other site: \_\_\_\_\_

#### Disease Status at the Time of Evaluation for This Reporting Period

Questions: 55 - 65

55 Was the disease status assessed by molecular testing (e.g. PCR)?

yes  no

56 Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

57 Was disease detected?

yes  no

58 Was the disease status assessed by cytogenetic testing (conventional or FISH)?

yes  no

59 Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

60 Was disease detected?

yes  no

61 Was the disease status assessed by clinical / hematologic assessment?

yes  no

62 Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

63 Was disease detected?

yes  no

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## Form 2118 R3.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Post-HCT Data

Center: \_\_\_\_\_ CRID: \_\_\_\_\_

### 64 What is the current disease status?

- Continued complete remission (for patients transplanted in CR)
- Complete remission - complete disappearance of all known disease. For typically FDG-avid lymphoma, a post-treatment residual mass of any size is permitted as long as it is PET negative. For variably FDG-avid lymphomas, all lymph nodes and nodal masses must have regressed via CT to <1.5 cm (for nodes >1.5 cm before therapy) or <1 cm (for nodes 1.1 to 1.5 cm before therapy)
- Partial remission - ≥ 50% reductions in greatest diameter of up to six largest dominant nodes or nodal masses and no new sites. For typically FDG-avid lymphomas, post-treatment PET should be positive in at least one site. For variably PET-avid lymphoma, use CT criteria.
- Stable disease - failure to attain CR, PR, or PD
- Progressive disease - increase by >50% of previously involved sites from nadir or any new lesion
- Relapse
- Not assessed

**65** Date assessed: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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