Key Fields

Sequence Number: __________________________

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: __________________________

CIBMTR Recipient ID: __________________________

Date of HCT for which this form is being completed: __ __ __ __ - __ __

HCT Type (Check all that apply):

- Autologous
- Allogeneic, unrelated
- Allogeneic, related

Product Type: (Check all that apply)

- Bone marrow
- PBSC
- Single cord blood unit
- Multiple cord blood units
- Other product

Specify: __________________________

Visit

- 100 day
- 6 months
- 1 year
- 2 years
- > 2 years

Specify: __________________________

Disease Assessment at the Time of Best Response to HCT

Questions: 1 - 9

1. Compared to the disease status prior to the preparative regimen, what was the best response to HCT since the date of the last report? (Include response to any therapy given for post-HCT maintenance or consolidation, but exclude any therapy given for relapsed, persistent, or progressive disease.)

- Continued complete remission (CCR) (for patients transplanted in CR)

- Complete remission (CR) - 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 lymphomas, use CT criteria.

- Stable disease (SD) - failure to attain CR, PR, or PD

- Progressive disease (PD) - increase by >50% of previously involved sites from nadir or any new lesion

2. Was the date of best response previously reported?

- yes
- no
Form 2118 R3.0: Hodgkin and Non-Hodgkin Lymphoma (LYM) Post-HCT Data

3 Date assessed: __ ___ - ___ - ___
4 Was the disease status assessed by molecular testing (e.g. PCR)?
   [y] yes [n] no
5 Date assessed: __ ___ - ___ - ___
6 Was disease detected?
   [y] yes [n] no
7 Was the status considered a disease relapse?
   [y] yes [n] no
8 Was a PET (or PET/CT) scan performed?
   [y] yes [n] no
9 Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
   [y] yes [n] no

Post-HCT Therapy

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.)
   [y] yes [n] no

   Specify therapy given:
   11 Systemic therapy
      [y] yes [n] no

   Specify therapy given:
   12 Aldesleukin (interleukin-2, IL-2)
      [y] yes [n] no

   13 Alemtuzumab (Campath)
      [y] yes [n] no

   14 Lenalidomide (Revlimid)
      [y] yes [n] no

   15 Rituximab (Rituxan, MabThera)
      [y] yes [n] no

   16 Other systemic therapy
      [y] yes [n] no

   17 Specify other systemic therapy: ____________________________
18 Radiation therapy  
- No:  

Specify radiation site(s)  
19 Mediastinum / chest  
- No:  

20 Other site  
- No:  

21 Specify other site:  

22 Surgery  
- No:  

23 Other therapy  
- 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)?  
- No:  

26 Date assessed:  

27 Was a disease relapse or progression detected by cytogenetic testing (conventional or FISH)?  
- No:  

28 Was a disease relapse or progression detected via FISH?  
- No:  

29 Date assessed:  

30 Was a disease relapse or progression detected via conventional cytogenetics?  
- No:  

31 Date assessed:  

32 Was a disease relapse or progression detected by clinical / hematologic assessment?  
- No:  

33 Date assessed:  

34 Was a PET (or PET/CT) scan performed?  
- No:  

35 Date of most recent PET (or PET/CT) scan:  

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

#### Questions: 55 - 65

<table>
<thead>
<tr>
<th>Question</th>
<th>Choice</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>49  Lung</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>50  Pleura</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>51  Skin</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>52  Spleen</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>53  Other site</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>54  Specify other site:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55  Was the disease status assessed by molecular testing (e.g. PCR)?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>56  Date assessed: __ __ __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57  Was disease detected?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>58  Was the disease status assessed by cytogenetic testing (conventional or FISH)?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>59  Date assessed: __ __ __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60  Was disease detected?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>61  Was the disease status assessed by clinical / hematologic assessment?</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>62  Date assessed: __ __ __ __ __ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63  Was disease detected?</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>
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