ERROR CORRECTION FORM

Sequence Number: | CIBMTR Recipient ID: | Initials:

Today's Date: Month Day 20 Year | Infusion Date: Month Day 20 Year | CIBMTR Center Number:

Form 3500 R1.0: Subsequent Neoplasms

Center: CRID:

Key Fields

Sequence Number: _____

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

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ - __ __- __ __

New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

Questions: 1 - 23

A separate form 3500 must be submitted to report each new malignancy diagnosed since the date of last report. The submission of a pathology report or other supportive documentation for each reported new malignancy is strongly recommended.

1 Specify the new malignancy

- ○ Acute myeloid leukemia (AML / ANLL)
- ○ Other leukemia
- ○ Myelodysplastic syndrome (MDS)
- ○ Myeloproliferative neoplasm (MPN)
- ○ Myelodysplasia / myeloproliferative neoplasm (MDS / MPN)
- ○ Hodgkin lymphoma
- ○ Non-Hodgkin lymphoma
- ○ Post-transplant lymphoproliferative disorder (PTLD)
- ○ Clonal cytogenetic abnormality without leukemia or MDS
- ○ Uncontrolled proliferation of donor cells without malignant transformation
- ○ Breast cancer
- ○ Central nervous system (CNS) malignancy (e.g. glioblastoma, astrocytoma)
- ○ Gastrointestinal malignancy (e.g. colon, rectum, stomach, pancreas, intestine)
- ○ Genitourinary malignancy (e.g. kidney, bladder, ovary, testicle, genitalia, uterus, cervix)
- ○ Lung cancer
- ○ Melanoma
- ○ Basal cell skin malignancy
- ○ Squamous cell skin malignancy
- ○ Oropharyngeal cancer (e.g. tongue, buccal mucosa)
- ○ Sarcoma
- ○ Thyroid cancer
- ○ Other new malignancy

2 Specify other new malignancy: _____

3 Date of diagnosis: __ __ __ __ - __ __- __ __

4 Was the new malignancy donor / cell product derived?

○ Yes ○ No ○ Not done

5 Was documentation submitted to the CIBMTR? (e.g. cell origin evaluation (VNTR, cytogenetics, FISH))

○ Yes ○ No

6 Was documentation submitted to the CIBMTR? (e.g. pathology report, autopsy report)

○ yes ○ no

Post-Transplant Lymphoproliferative Disorder

7 Was there EBV reactivation in the blood?

○ Yes ○ No ○ Unknown

8 How was EBV reactivation diagnosed?

- ○ Qualitative PCR of blood
- ○ Quantitative PCR of blood
- ○ Other method

9 Specify other method: _____

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org.
Retain the original form at the transplant center.

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10 Quantitative EBV viral load of blood: (at diagnosis of EBV) _____ copies/mL

11 Was a quantitative PCR of blood performed again after diagnosis?

○ Yes ○ No

12 Highest EBV viral load of blood: _____ copies/mL

13 Was there lymphomatous involvement? (e.g. a mass)

○ Yes ○ No

Specify sites of PTLD involvement:

14 Bone marrow

○ yes ○ no

15 Central nervous system (brain or cerebrospinal fluid)

○ Yes ○ No

16 Liver

○ yes ○ no

17 Lung

○ yes ○ no

18 Lymph nodes

○ yes ○ no

19 Spleen

○ yes ○ no

20 Other site

○ yes ○ no

21 Specify other site: _____

22 Was PTLD confirmed by biopsy?

○ Yes ○ No

23 Was documentation submitted to the CIBMTR? (e.g. pathology report)

○ Yes ○ No

First Name: _____ Last Name: _____

E-mail address: _____ Date: __ __ __ __ - __ __ - __ __

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