

Form 3500 R2.0: Subsequent Neoplasms

Center:

CRID:

Key Fields

OMB No: 0915-0310

Expiration Date: 8/31/2025

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Sequence Number: _____

Date Received: ____-____-____

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: ____-____-____

New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

Questions: 1 - 12

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

Hematologic Malignancy

- Acute myeloid leukemia (AML / ANLL)
- Acute lymphoblastic leukemia (ALL)
- Other leukemia
- Myelodysplastic syndrome (MDS)
- Myeloproliferative neoplasm (MPN)
- Overlapping myelodysplasia / myeloproliferative neoplasm (MDS / MPN)
- Hodgkin lymphoma
- Non-Hodgkin lymphoma
- Multiple myeloma / plasma cell neoplasms
- Clonal cytogenetic abnormality without leukemia or MDS
- Uncontrolled proliferation of donor cells without malignant transformation

Solid Tumors

- Bone sarcoma (*regardless of site*)
- Soft tissue sarcoma (*regardless of site*)
- Oropharyngeal cancer (*e.g. tongue, mouth, throat*)
- Gastrointestinal malignancy (*e.g. esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas*)
- Lung cancer
- Melanoma
- Squamous cell skin malignancy
- Basal cell skin malignancy
- Breast cancer
- Genitourinary malignancy (*e.g. kidney, bladder, cervix, uterus, ovary, prostate, testis*)
- Central nervous system (CNS) malignancy (*e.g. meningioma, glioma*)
- Thyroid cancer

Other

- Other new malignancy

2 Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?

- Yes No

3 Specify type of PTLD

- Monomorphic Polymorphic Unknown

4 Specify oropharyngeal cancer

- Tongue Mouth Throat Other oropharyngeal cancer

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5 Specify gastrointestinal malignancy

- Esophagus
- Stomach
- Small intestine (*duodenum, jejunum, ileum*)
- Colon
- Rectum
- Anus
- Liver
- Pancreas
- Other gastrointestinal malignancy

6 Specify genitourinary malignancy

- Kidney
- Bladder
- Cervix
- Uterus
- Ovary
- Prostate
- Testis
- Other genitourinary malignancy

7 Specify CNS malignancy

- Meningioma
- Glioma
- Other CNS malignancy

8 Specify other new malignancy: _____

9 Date of diagnosis: ____-____-____

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

- Yes
- No

11 Was the new malignancy donor / cell product derived?

- Yes
- No
- Not done

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

- Yes
- No

Post-Transplant Lymphoproliferative Disorder

Questions: 13 - 24

13 Was PTLTD confirmed by biopsy?

- Yes
- No

14 Was the pathology of the tumor EBV positive?

- yes
- no

15 Was documentation submitted to the CIBMTR? (e.g. pathology report) (CIBMTR recommends attaching documentation)

- Yes
- No

16 Was there EBV reactivation in the blood?

- Yes
- No
- Not done

17 How was EBV reactivation diagnosed?

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

18 Specify other method: _____

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

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

- Yes
- No

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

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

- Yes
- No

23 Specify sites of PTLTD involvement (check all that apply)

- Bone marrow
- Central nervous system (*brain or cerebrospinal fluid*)
- Liver
- Lung
- Lymph nodes
- Spleen
- Other site

24 Specify other site: _____

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____-____-____