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 R2.0: 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 - 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

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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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 PTLD 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

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23 Specify sites of PTLD 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: __ __ __ __ - __ __ - __ __

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