New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

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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Mail, fax or email this form to Minneapolis. Fax: 612-527-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
### New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder Questions: 1 - 12

**Specify the new malignancy**

- Hematologic Malignancy
  - Acute myeloid leukemia (AML / ANLL)
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- Other
  - Other new malignancy

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

- Yes
- No

**Specify type of PTLD**

- Monomorphic
- Polymorphic
- Unknown

**Specify oropharyngeal cancer**

- Tongue
- Mouth
- Throat
- Other oropharyngeal cancer

**Specify gastrointestinal malignancy**

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

**Specify genitourinary malignancy**

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

**Specify CNS malignancy**

- Meningioma
- Glioma
- Other CNS malignancy

**Specify other new malignancy:**

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### Post-Transplant Lymphoproliferative Disorder Questions: 13 - 24

**Was PTLD confirmed by biopsy?**

- Yes
- No

**Was the pathology of the tumor EBV positive?**

- Yes
- No

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

- Yes
- No

**Was there EBV reactivation in the blood?**

- Yes
- No
- Not done

**How was EBV reactivation diagnosed?**

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

**Quantitative EBV viral load of blood: (at diagnosis of EBV)** __ copies/mL

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

- Yes
- No

**Highest EBV viral load of blood: ** __ copies/mL

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

- Yes
- No
Form 3500 R2.0: Subsequent Neoplasms

Center: 
CRID: 

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<thead>
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<th>Sequence Number</th>
<th>CIBMTR Recipient ID</th>
<th>Initials</th>
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<th>Today's Date:</th>
<th>Infusion Date:</th>
<th>CIBMTR Center Number:</th>
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<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
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**New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder**

Questions: 1 - 12

Specify the new malignancy

1. Hematologic Malignancy
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3. Non-Hodgkin lymphoma
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6. Uncontrolled proliferation of donor cells without malignant transformation

**Solid Tumors**

- Bone sarcoma (regardless of site)
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- Thyroid cancer

**Other**

- Other new malignancy

Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?

- Yes
- No

Specify type of PTLD

- Monomorphic
- Polymorphic
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Specify oropharyngeal cancer

- Tongue
- Mouth
- Throat
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Specify gastrointestinal malignancy

- Esophagus
- Stomach
- Small intestine (duodenum, jejunum, ileum)
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- Rectum
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- Other gastrointestinal malignancy

Specify genitourinary malignancy

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

Specify CNS malignancy

- Meningioma
- Glioma
- Other CNS malignancy

Specify other new malignancy:

**Date of diagnosis:**

<table>
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<tr>
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Was documentation submitted to the CIBMTR?

- Yes
- No

Was the new malignancy donor / cell product derived?

- Yes
- No
- Not done

Was documentation submitted to the CIBMTR?

- Yes
- No

Post-Transplant Lymphoproliferative Disorder

Questions: 13 - 24

Was PTLD confirmed by biopsy?

- Yes
- No

Was the pathology of the tumor EBV positive?

- Yes
- No

Was documentation submitted to the CIBMTR?

- Yes
- No

Was there EBV reactivation in the blood?

- Yes
- No
- Not done

How was EBV reactivation diagnosed?

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

Specify other method:

Quantitative EBV viral load of blood:

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Was a quantitative PCR of blood performed again after diagnosis?

- Yes
- No

Highest EBV viral load of blood:

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Was there lymphomatous involvement?

- Yes
- No

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

Specify other site:

**First Name:**

**Last Name:**

**E-mail address:**

**Date:**

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