

INSERT VI
Hodgkin and Non-Hodgkin Lymphoma

FOR REGISTRY USE ONLY:
I.D. **Y** - [] [] [] [] - [] [] [] [] [] []
Date received:

TEAM [] [] [] [] IUBMID [] [] [] [] [] [] [] []
(Institutional Unique Blood or Marrow Transplant Identification Number)

Date of transplant for which this form is being completed: [] [] [] [] [] [] [] []
Month Day Year

Registry: **IBMTR** ABMTR (circle one)

Date of report: [] [] [] [] [] [] [] []
Month Day Year

(Use same date as on **Form 095-CORE** for this transplant)

Pretransplant Information

*** If this is a report of a second (or subsequent) transplant, check here and go to Q.61**

1. Date of diagnosis of lymphoma: [] [] [] [] [] [] [] []
Month Day Year

2. Lymphoma histology at diagnosis: **(append copy of pathology report, if available)**

<p>Hodgkin</p> <p>151 <input type="checkbox"/> Lymphocyte predominant</p> <p>152 <input type="checkbox"/> Nodular sclerosis</p> <p>153 <input type="checkbox"/> Mixed cellularity</p> <p>154 <input type="checkbox"/> Lymphocyte depleted</p> <p>159 <input type="checkbox"/> Other Hodgkin lymphoma, specify: _____</p> <p>150 <input type="checkbox"/> Hodgkin lymphoma, type unclassified</p> <p>Non-Hodgkin</p> <p>101 <input type="checkbox"/> Small cell lymphocytic</p> <p>121 <input type="checkbox"/> Small lymphocytic plasmacytoid (Lymphoplasmacytoid lymphoma)</p> <p>102 <input type="checkbox"/> Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma)</p> <p>103 <input type="checkbox"/> Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma)</p> <p>104 <input type="checkbox"/> Follicular, predominantly large cell (Grade III follicle center lymphoma)</p> <p>105 <input type="checkbox"/> Diffuse, small cleaved cell (Follicular center lymphoma, diffuse)</p> <p>106 <input type="checkbox"/> Diffuse, mixed, small and large cell</p> <p>107 <input type="checkbox"/> Diffuse large cell</p> <p>108 <input type="checkbox"/> Large cell, immunoblastic (B-cell only)</p> <p>125 <input type="checkbox"/> Primary mediastinal large B-cell lymphoma</p> <p>109 <input type="checkbox"/> Lymphoblastic (Precursor B-lymphoblastic lymphoma/leukemia)</p>	<p>127 <input type="checkbox"/> Precursor T-lymphoblastic lymphoma/leukemia</p> <p>110 <input type="checkbox"/> Small noncleaved cell, unclassified</p> <p>111 <input type="checkbox"/> Small noncleaved cell, Burkitt</p> <p>112 <input type="checkbox"/> Small noncleaved cell, non-Burkitt</p> <p>113 <input type="checkbox"/> Mycosis fungoides/Sezary syndrome</p> <p>114 <input type="checkbox"/> Histiocytic</p> <p>115 <input type="checkbox"/> Mantle cell</p> <p>116 <input type="checkbox"/> Composite, specify types: _____</p> <p>117 <input type="checkbox"/> Large cell anaplastic lymphoma, Ki1 positive</p> <p>118 <input type="checkbox"/> Primary CNS lymphoma</p> <p>122 <input type="checkbox"/> Mucosal Associated Lymphoid Tissue type (Extranodal marginal zone B-cell lymphoma)</p> <p>123 <input type="checkbox"/> Nodal marginal zone B-cell lymphoma</p> <p>124 <input type="checkbox"/> Splenic marginal zone B-cell lymphoma</p> <p>126 <input type="checkbox"/> Large granular lymphocytic leukemia</p> <p>131 <input type="checkbox"/> Angioimmunoblastic T-cell lymphoma</p> <p>132 <input type="checkbox"/> Angiocentric lymphoma</p> <p>133 <input type="checkbox"/> Intestinal T-cell lymphoma</p> <p>134 <input type="checkbox"/> Adult T-cell lymphoma/leukemia (HTLV1 associated)</p> <p>139 <input type="checkbox"/> Other peripheral T-cell lymphoma, specify: _____</p> <p>130 <input type="checkbox"/> Peripheral T-cell lymphomas, unclassified</p> <p>119 <input type="checkbox"/> Other non-Hodgkin lymphoma, specify: _____</p> <p>100 <input type="checkbox"/> Non-Hodgkin lymphoma, unclassified</p>
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2.2 Immune phenotype at diagnosis:

1 B-cell

2 T-cell

3 NK-cell

4 Null

7 Other, specify: _____

8 Unknown

3. Did histologic transformation occur after diagnosis?

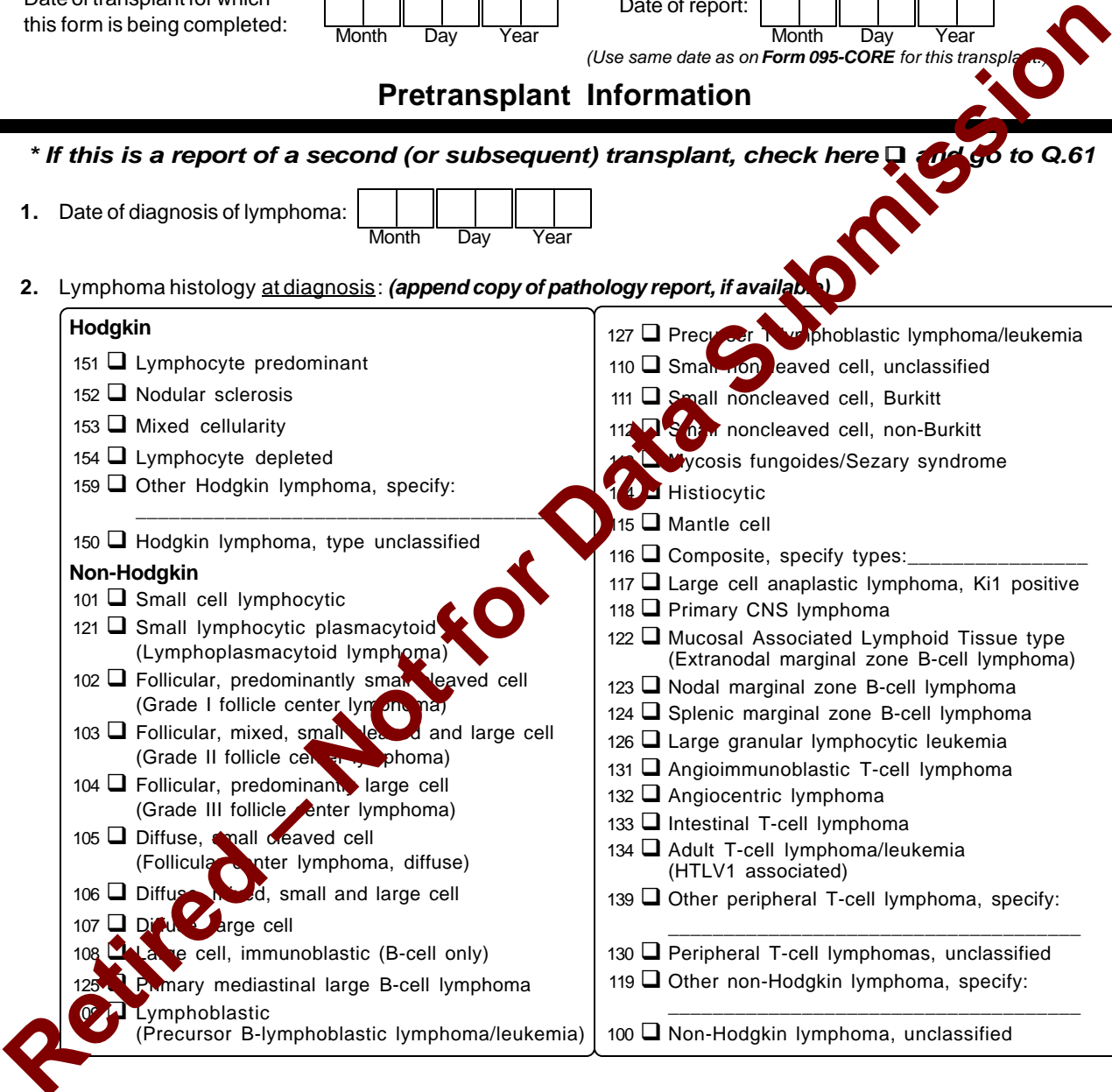
1 Yes

0 No

4. Date of transformation: [] [] [] [] [] [] [] []
Month Day Year

5. New histology (use codes from Q.2): [] [] [] []

Report this code in Q.15 of Form 095-CORE



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Stage at Time of Diagnosis

6. Organ involvement at diagnosis :

- 1 I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- 2 II – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm
- 3 III – Involvement of lymph node regions on both sides of diaphragm, which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or both
- 4 IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- 5 Other, specify: _____
- 8 Unknown

7. Symptoms at diagnosis:

- 1 A – None of the symptoms listed in B below
- 2 B – Unexplained weight loss >10% body weight in six months before treatment, or unexplained fever >38EC; or, night sweats
- 8 Unknown

8. Was there extranodal or splenic involvement at diagnosis?

- 1 Yes
- 0 No
- 8 Unknown

Sites:	Yes	No	Yes	No	
9. Lung	1 <input type="checkbox"/>	0 <input type="checkbox"/>	16. Bone	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10. Pleura	1 <input type="checkbox"/>	0 <input type="checkbox"/>	17. Bonemarrow	1 <input type="checkbox"/>	0 <input type="checkbox"/>
11. Liver	1 <input type="checkbox"/>	0 <input type="checkbox"/>	18. Skin	1 <input type="checkbox"/>	0 <input type="checkbox"/>
12. Kidney	1 <input type="checkbox"/>	0 <input type="checkbox"/>	19. GI tract	1 <input type="checkbox"/>	0 <input type="checkbox"/>
13. Brain	1 <input type="checkbox"/>	0 <input type="checkbox"/>	19. ² Spleen	1 <input type="checkbox"/>	0 <input type="checkbox"/>
14. CSF	1 <input type="checkbox"/>	0 <input type="checkbox"/>	20. Other, specify:	1 <input type="checkbox"/>	0 <input type="checkbox"/>
15. Epidural space	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____		

21. LDH at diagnosis: . 1 IU/L 2 μ kat/L -8 Unknown

22. Upper limit of normal for LDH: .

23. Metastatic mass at diagnosis ?

- 1 Yes
- 0 No
- 8 Unknown

23.² Enter age appropriate Karnofsky or Lansky score at diagnosis:
(See **Core Form page 5** for definitions)

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24. Was patient treated for lymphoma prior to high-dose therapy (conditioning)? 1 Yes 0 No — Go to Q.61
(Include chemotherapy to mobilize stem cells.)

Line of Therapy	1st	2nd
CHEMOTHERAPY:	26. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	26. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
# of cycles:	27. <input type="text"/> -8 <input type="checkbox"/> Unknown/Not App	27. ² <input type="text"/> -8 <input type="checkbox"/> Unknown/Not App
Date started therapy:	28. <input type="text"/> <input type="text"/> <input type="text"/> month day year	28. ² <input type="text"/> <input type="text"/> <input type="text"/> month day year
Date stopped therapy:	29. <input type="text"/> <input type="text"/> <input type="text"/>	29. ² <input type="text"/> <input type="text"/> <input type="text"/>
Treatment:		
Adriamycin:	30. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	30. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
BCNU:	31. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	31. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Bleomycin:	32. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	32. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Carboplatin:	33. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	33. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cisplatin:	34. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	34. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Corticosteroids:	35. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	35. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cyclophosphamide:	36. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	36. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cytarabine (Ara-C):	37. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	37. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Dacarbazine (DTIC):	38. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	38. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Etoposide (VP16):	39. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	39. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Ifosfamide:	40. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	40. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Methotrexate:	41. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	41. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Nitrogen mustard (mustine):	42. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	42. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Procarbazine:	43. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	43. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vinblastine:	44. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	44. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vincristine:	45. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	45. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other:	46. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	46. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify other:	47. _____	47. ² _____
Given for stem cell priming?	48. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	48. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
RADIATION THERAPY:	49. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	49. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify site(s):	50. _____	50. ² _____
Date started therapy:	52. <input type="text"/> <input type="text"/> <input type="text"/> month day year	52. ² <input type="text"/> <input type="text"/> <input type="text"/> month day year
Date stopped therapy:	54. <input type="text"/> <input type="text"/> <input type="text"/>	54. ² <input type="text"/> <input type="text"/> <input type="text"/>
SURGERY:	55. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	55. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify site:	56. _____	56. ² _____
Best response: (check one) (See definitions below)	57. 5 <input type="checkbox"/> NR/SD 2 <input type="checkbox"/> CR 6 <input type="checkbox"/> PROG 3 <input type="checkbox"/> CRU 7 <input type="checkbox"/> NE, specify _____ 4 <input type="checkbox"/> PR 8 <input type="checkbox"/> Unknown	57. ² 1 <input type="checkbox"/> CCR 5 <input type="checkbox"/> NR/SD 2 <input type="checkbox"/> CR 6 <input type="checkbox"/> PROG 3 <input type="checkbox"/> CRU 7 <input type="checkbox"/> NE, specify _____ 4 <input type="checkbox"/> PR 8 <input type="checkbox"/> Unknown
Date response established:	58. <input type="text"/> <input type="text"/> <input type="text"/> month day year	58. ² <input type="text"/> <input type="text"/> <input type="text"/> month day year
Did patient relapse or progress following this line of therapy?	59. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	59. ² 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Date of relapse/progression:	60. <input type="text"/> <input type="text"/> <input type="text"/> month day year	60. ² <input type="text"/> <input type="text"/> <input type="text"/> month day year

Continued on next page

NOTE: See data manager's manual for more detailed explanation of response codes.

Response codes:
 1 = Continuous CR 3 = CR Undetermined 5 = No Response/Stable Disease 7 = Not Evaluable
 2 = CR 4 = Partial Response 6 = Progressive Disease 8 = Not tested, Unknown

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Copy and complete this page for more than 4 instances.

Continued from previous page

Line of Therapy	3rd	4th
CHEMOTHERAPY:	26.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	26.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
# of cycles:	27.³ <input type="text"/> <input type="text"/> -8 <input type="checkbox"/> Unknown/Not App	27.⁴ <input type="text"/> <input type="text"/> -8 <input type="checkbox"/> Unknown/Not App
Date started therapy:	28.³ <input type="text"/> <input type="text"/> <input type="text"/> month day year	28.⁴ <input type="text"/> <input type="text"/> <input type="text"/> month day year
Date stopped therapy:	29.³ <input type="text"/> <input type="text"/> <input type="text"/> month day year	29.⁴ <input type="text"/> <input type="text"/> <input type="text"/> month day year
Treatment:		
Adriamycin:	30.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	30.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
BCNU:	31.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	31.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Bleomycin:	32.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	32.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Carboplatin:	33.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	33.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cisplatin:	34.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	34.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Corticosteroids:	35.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	35.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cyclophosphamide:	36.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	36.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cytarabine (Ara-C):	37.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	37.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Dacarbazine (DTIC):	38.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	38.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Etoposide (VP16):	39.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	39.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Ifosfamide:	40.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	40.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Methotrexate:	41.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	41.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Nitrogen mustard (mustine):	42.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	42.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Procarbazine:	43.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	43.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vinblastine:	44.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	44.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vincristine:	45.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	45.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other:	46.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	46.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify other:	47.³ _____	47.⁴ _____
Given for stem cell priming?	48.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	48.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
RADIATION THERAPY:	49.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	49.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify site(s):	50.³ _____	50.⁴ _____
Date started therapy:	52.³ <input type="text"/> <input type="text"/> <input type="text"/> month day year	52.⁴ <input type="text"/> <input type="text"/> <input type="text"/> month day year
Date stopped therapy:	54.³ <input type="text"/> <input type="text"/> <input type="text"/> month day year	54.⁴ <input type="text"/> <input type="text"/> <input type="text"/> month day year
SURGERY:	55.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	55.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify site:	56.³ _____	56.⁴ _____
Best response: (check one) <i>(See definitions on Page 3)</i>	57.³ 1 <input type="checkbox"/> CCR 5 <input type="checkbox"/> NR/SD 2 <input type="checkbox"/> CR 6 <input type="checkbox"/> PROG 3 <input type="checkbox"/> CRU 7 <input type="checkbox"/> NE, specify _____ 4 <input type="checkbox"/> PR 8 <input type="checkbox"/> Unknown	57.⁴ 1 <input type="checkbox"/> CCR 5 <input type="checkbox"/> NR/SD 2 <input type="checkbox"/> CR 6 <input type="checkbox"/> PROG 3 <input type="checkbox"/> CRU 7 <input type="checkbox"/> NE, specify _____ 4 <input type="checkbox"/> PR 8 <input type="checkbox"/> Unknown
Date response established:	58.³ <input type="text"/> <input type="text"/> <input type="text"/> month day year	58.⁴ <input type="text"/> <input type="text"/> <input type="text"/> month day year
Did patient relapse or progress following this line of therapy?	59.³ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	59.⁴ 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Date of relapse/progression:	60.³ <input type="text"/> <input type="text"/> <input type="text"/> month day year	60.⁴ <input type="text"/> <input type="text"/> <input type="text"/> month day year

Retired - Not for Data Submission

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61. Did patient have a splenectomy?

- 1 Yes
0 No

62. Date:
Month Day Year

63. Was the patient restaged ≤ 2 months prior to high-dose therapy (conditioning)?

- 1 Yes
0 No, not completely restaged
(ie, insufficient testing to determine stage as listed in Q.65)

64. Was there evidence of disease prior to conditioning:
- 1 No known evidence of disease
 - 2 No known evidence of disease except for persistent scan abnormalities of unknown significance
 - 3 Known residual localized disease only
 - 4 Known residual stage IV disease (see below)
 - 8 Unknown

Go to Q.69

65. What was stage of disease immediately prior to high-dose therapy (conditioning)?

- 1 Complete remission – complete disappearance of all known disease
- 2 Complete remission undetermined – as above with the exception of persistent scan abnormalities of unknown significance
- 3 I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- 4 II – Involvement of two or more lymph node regions on same side of diaphragm or localized involvement of extralymphatic organ or site and one or more lymph node regions on same side of diaphragm
- 5 III – Involvement of lymph node regions on both sides of diaphragm which may also be accompanied by localized involvement of extralymphatic organ or site, or the spleen, or the testis
- 6 IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- 7 Other, specify: _____

66. Did patient have known nodal involvement immediately prior to conditioning?

- 1 Yes
0 No

Sites:

- | | Yes | No | Unknown | |
|------------------|--------------------------|--------------------------|--------------------------|-----------------|
| 67. ¹ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waldeyer's ring |
| 67. ² | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cervical |
| 67. ³ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supraclavicular |
| 67. ⁴ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Axillary |
| 67. ⁵ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hilar |
| 67. ⁶ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mediastinal |
| 67. ⁷ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retroperitoneal |

- | | Yes | No | Unknown | |
|------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| 68. ¹ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intra-abdominal |
| 68. ² | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inguinal |
| 68. ³ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spleen |
| 68. ⁴ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Periaortic |
| 68. ⁵ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Iliac |
| 68. ⁶ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ |

67. Did patient have known extranodal involvement immediately prior to conditioning?

- 1 Yes
0 No

Sites:

- | | Yes | No | Unknown | |
|-----|--------------------------|--------------------------|--------------------------|--------|
| 70. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lung |
| 71. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pleura |
| 72. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Liver |
| 73. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kidney |
| 74. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brain |
| 75. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CSF |

- | | Yes | No | Unknown | |
|-----|--------------------------|--------------------------|--------------------------|-----------------------|
| 76. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Epidural space |
| 77. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bone |
| 78. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bonemarrow |
| 79. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skin |
| 80. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GI tract |
| 81. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other, specify: _____ |

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81.² Did patient have any mass immediately prior to conditioning?

- 1 Yes
0 No

81.³ What was size of largest mass of any kind? cm X cm

81.⁴ Site: _____

82. Was Gallium scan done ≤ 4 weeks prior to conditioning?

- 1 Yes
0 No

83. Results:
0 Negative
1 Positive
2 Indeterminate/equivocal

84. Sites: _____

85. What was sensitivity of lymphoma to chemotherapy prior to conditioning? (Response to last chemotherapy given prior to transplant; treatment must be given ≤ 6 months prior to transplant)

- 1 Sensitive: $\geq 50\%$ reduction in bidimensional diameter of all disease sites with no new sites of disease
2 Resistant: $< 50\%$ reduction in diameter of all disease sites or development of new disease sites
3 Untreated: within 6 months prior to (high dose) conditioning
4 Notevaluable
8 Unknown

85.² Remission state immediately prior to conditioning:

- 1 PIF res Primary induction failure – resistant NEVER in COMPLETE remission but with stable or progressive disease on treatment
2 PIF sen Primary induction failure – sensitive NEVER in COMPLETE remission but with partial remission on treatment
40 PIF unt Primary induction failure – untreated
0 PIF unk Primary induction failure – unknown sensitivity
3 CR1 1st complete remission – no bone marrow or extramedullary relapse prior to transplant
4 CR2 2nd complete remission
5 CR3+ 3rd or subsequent complete remission

- 6 REL1 unt 1st relapse – untreated – includes either bone marrow or extramedullary relapse
7 REL1 res 1st relapse – resistant – stable or progressive disease with treatment
8 REL1 sen 1st relapse – sensitive – partial remission (if complete remission achieved, classify as CR2, code 4)
41 REL1 unk 1st relapse – sensitivity unknown
9 REL2 unt 2nd relapse – untreated – includes either bone marrow or extramedullary relapse
10 REL2 res 2nd relapse – resistant – stable or progressive disease with treatment
11 REL2 sen 2nd relapse – sensitive – partial remission (if complete remission achieved, classify as CR3, code 5)
42 REL2 unk 2nd relapse – sensitivity unknown
12 REL3+ unt 3rd or subsequent relapse – untreated – includes either bone marrow or extramedullary relapse
13 REL3+ res 3rd or subsequent relapse – resistant – stable or progressive disease with treatment
14 REL3+ sen 3rd or subsequent relapse – sensitive – partial remission (if complete remission achieved, classify as CR3, code 5)
43 REL3+ unk 3rd relapse – sensitivity unknown

If patient is in apparent CR but has persistent scan abnormalities of unknown significance (CRU), report as 3, 4, 5 above and check here

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Posttransplant Information

86. What was patient's best response to transplant not including planned posttransplant treatment?
- 0 Continued Complete Remission (for patients transplanted in CR)
 - 1 Complete Remission (CR) - complete disappearance of all known disease for ≥ 4 weeks
 - 2 Complete Remission Undetermined (CRU) - as above with the exception of persistent scan abnormalities of unknown significance
 - 3 Partial Remission (PR): $\geq 50\%$ reductions in greatest diameter of all sites of known disease and no new sites
 - 4 No response/progressive disease: $< 50\%$ reduction in greatest diameter of all sites of known disease or increase in size of known disease or new sites of disease
 - 7 Not evaluable, specify reason: _____

87. Planned treatment (not for progressive disease) was given posttransplant?

- 1 Yes
- 0 No

Specify treatment given:

No Yes

88. 0 1 Chemotherapy, specify: _____

89. 0 1 Radiation, specify sites: _____

90. 0 1 Immune therapy

No Yes

91. 0 1 IL-2

92. 0 1 Lymphoide

93. 0 1 Other immune therapy, specify: _____

94. 0 1 Other treatment, specify: _____

95. What was patient's best response to transplant including planned posttransplant treatment?

- 0 Continued Complete Remission (for patients transplanted in CR)
- 1 Complete Remission (CR) - complete disappearance of all known disease for ≥ 4 weeks
- 2 Complete Remission Undetermined (CRU) - as above with the exception of persistent scan abnormalities of unknown significance
- 3 Partial Remission (PR): $\geq 50\%$ reductions in greatest diameter of all sites of known disease and no new sites
- 4 No response/progressive disease: $< 50\%$ reduction in greatest diameter of all sites of known disease or increase in size of known disease or new sites of disease
- 7 Not evaluable, specify reason: _____

Retired - Not for Data Submission

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96. Was Gallium scan done posttransplant?

- 1 Yes
- 0 No

97. Date of scan:
 Month Day Year

98. Results:

- 0 Negative
- 1 Positive
- 2 Indetermined/equivocal

98.² Sites: _____

99. What is the status of lymphoma at time of last contact or at time of death?

See date on page 1 of Form 095-CORE

- 1 Free of lymphoma with no recurrence posttransplant
- 2 Free of lymphoma except for persistent scan abnormalities of unknown significance, no recurrence posttransplant
- 3 Persistent lymphoma without progression (never achieved remission)
- 4 Progressive disease (never achieved remission)
- 5 Recurrent disease (relapse after complete remission)
- 6 Free of lymphoma after posttransplant recurrence
- 7 Not evaluable; explain: _____

99.² Date of recurrence/progression:
 Month Day Year

Specify site(s) of first progression:

Nodal sites:

- | Yes | No | Unknown | |
|----------------------------|----------------------------|----------------------------|-----------------------|
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Waldeyer's ring |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Cervical |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Supraclavicular |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Axillary |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Hilar |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Mediastinal |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Retroperitoneal |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Intra-abdominal |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Inguinal |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Spleen |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Periaortic |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Iliac |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Other, specify: _____ |

Extra nodal sites:

- | Yes | No | Unknown | |
|----------------------------|----------------------------|----------------------------|-----------------------|
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Lung |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Pleura |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Liver |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Kidney |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Brain |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | CSF |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Epidural space |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Bone |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Bonemarrow |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Skin |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | GI tract |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> | Other, specify: _____ |

100. Date status established:

Month Day Year

Retired - Not for Data Submission