

FOLLOW-UP: 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)

Registry: IBMTR ABMTR (circle one)

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

Date of report:
 Month Day Year

Follow-up Information

*** Report data for date of last contact as reported in Q.3 of Follow-up Care Form or immediately prior to death.**

1. Was planned treatment (not for progressive disease) given since date of last report?

- 1 Yes
 0 No

Specify treatment given:

Yes No

2. 1 0 Chemotherapy, specify: _____

3. 1 0 Radiation, specify sites: _____

4. 1 0 Immune therapy

Specify:

Yes No

5. 1 0 IL-2

6. 1 0 Linomide

7. 1 0 Other immune therapy, specify: _____

8. 1 0 Other treatment, specify: _____

9. Specify 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

TEAM

IUBMID

10. Was Gallium scan done since date of last report?

- 1 Yes
0 No

11. Date of scan:
Month Day Year

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

12.² Sites: _____

13. Status of lymphoma at time of this report or at time of death:

See date on Page 1 of Form 09-COREFU

- 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: _____

14. Date of recurrence/progression:
Month Day Year

Specify site(s) of first progression

Nodal sites:

Yes No Unknown

15. 1 0 8 Waldeyer's ring
16. 1 0 8 Cervical
17. 1 0 8 Subclavicular
18. 1 0 8 Axillary
19. 1 0 8 Hilar
20. 1 0 8 Mediastinal
21. 1 0 8 Retroperitoneal
22. 1 0 8 Intra-abdominal
23. 1 0 8 Inguinal
24. 1 0 8 Spleen
25. 1 0 8 Periaortic
26. 1 0 8 Iliac
27. 1 0 8 Other, specify: _____

Extra nodal sites:

Yes No Unknown

28. 1 0 8 Lung
29. 1 0 8 Pleura
30. 1 0 8 Liver
31. 1 0 8 Kidney
32. 1 0 8 Brain
33. 1 0 8 CSF
34. 1 0 8 Epidural space
35. 1 0 8 Bone
36. 1 0 8 Bone marrow
37. 1 0 8 Skin
38. 1 0 8 GI tract
39. 1 0 8 Other, specify: _____

40. Date status established:
Month Day Year