

**INSERT XXVI**  
**Waldenstrom's Macroglobulinemia**

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

TEAM:     IUBMID:        
*(Institutional Unique Blood or Marrow Transplant Identification Number)*

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

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

Date of report:        
 Month Day Year

**Pretransplant Information\***

\* If this is a report of a second (or subsequent) transplant, check here  and go to Q.203

1. Date of diagnosis of Waldenstrom's Macroglobulinemia:        
 Month Day Year

Immunoglobulin M (IgM), specify site(s):

2. Serum light chain present?

- 1  Yes
- 0  No
- 8  Unknown

Specify:

3. Serum light chain type:

- 1  Kappa
- 2  Lambda
- 8  Unknown type

4. Heavy chain detected in urine?

- 1  Yes
- 0  No
- 8  Unknown

5. Light chain detected in urine?

- 1  Yes
- 0  No
- 8  Unknown

Specify:

6. Urine light chain type:

- 1  Kappa
- 2  Lambda
- 8  Unknown type

Retired - Not for Data Submission

TEAM:

IUBMID:

### Clinical Features at Diagnosis of Waldenstrom's Macroglobulinemia

7. Was peripheral neuropathy present at diagnosis?

- 1  Yes
- 0  No
- 8  Unknown

Specify:

	Yes	No	Unknown
8. Clinical	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Anti-MAG	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
10. Anti-SGPG	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
11. EMG	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

12. Was extramedullary immunocytoma present at diagnosis?

- 1  Yes
- 0  No

	Specify:			Involvement?			Biopsy:			Enlargement?		
	Yes	No	Unknown	Yes	No	Unknown	Positive	Negative	Not Tested	Yes	No	Unknown
13. Bone	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
14. Bone marrow	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
15. Brain	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
16. GI	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
17. Kidney	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
18. Liver	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
19. Lung	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
20. Pleura	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
21. Skin	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
22. Spleen	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
23. Other, specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>			
24. Specify size of largest lesion: <input type="text"/> <input type="text"/> x <input type="text"/> <input type="text"/> cm												

25. Were B symptoms present at diagnosis?

- 1  Yes (Unexplained weight loss >10% body weight in 6 months before diagnosis; unexplained fever >38°C, or night sweats)
- 0  No
- 8  Unknown

26. Was hyperviscosity syndrome present at diagnosis?

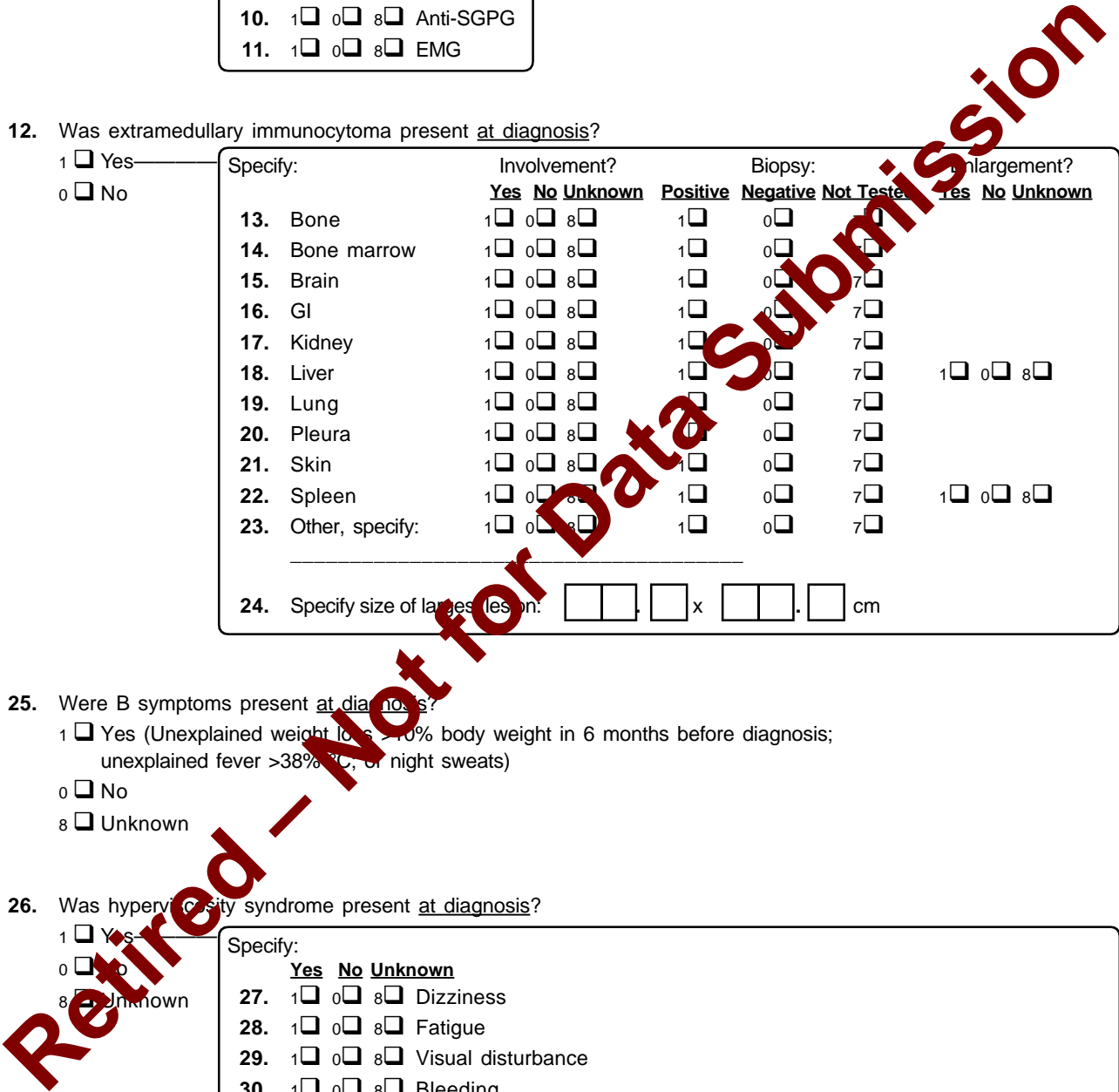
- 1  Yes
- 0  No
- 8  Unknown

Specify:

	Yes	No	Unknown
27. Dizziness	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
28. Fatigue	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
29. Visual disturbance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
30. Bleeding	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
31. Other, specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

32. Was plasmapheresis required at diagnosis?

- 1  Yes
- 0  No
- 8  Unknown



TEAM: [ ][ ][ ][ ]

IUBMID: [ ][ ][ ][ ][ ][ ][ ][ ]

### Laboratory Values Before First Treatment of Waldenstrom's Macroglobulinemia

- |   | <u>Specify Units</u>  | <u>Unknown</u>             |
|---|---|----------------------------|
| 33. WBC: [ ][ ][ ][ ][ ] . [ ]  | 1 <input type="checkbox"/> x10 <sup>9</sup> /L (x10 <sup>3</sup> /mm <sup>3</sup> ) 2 <input type="checkbox"/> x10 <sup>6</sup> /L  | 8 <input type="checkbox"/> |
| 34. Absolute lymphocyte count: [ ][ ][ ][ ][ ]  | 1 <input type="checkbox"/> x10 <sup>9</sup> /L (x10 <sup>3</sup> /mm <sup>3</sup> ) 2 <input type="checkbox"/> x10 <sup>6</sup> /L  | 8 <input type="checkbox"/> |
| 35. Hemoglobin: [ ][ ][ ][ ] . [ ][ ]   | 1 <input type="checkbox"/> g/dL 2 <input type="checkbox"/> g/L 3 <input type="checkbox"/> mmol/L  | 8 <input type="checkbox"/> |
| 36. Platelets: [ ][ ][ ][ ][ ][ ]   | 1 <input type="checkbox"/> x10 <sup>9</sup> /L (x10 <sup>3</sup> /mm <sup>3</sup> ) 2 <input type="checkbox"/> x10 <sup>6</sup> /L  | 8 <input type="checkbox"/> |
| 37. Bone marrow infiltration: [ ][ ][ ] %   | 1 <input type="checkbox"/> Lymphoplasmacytoid<br>2 <input type="checkbox"/> Lymphoplasmacytic infiltrate  | 8 <input type="checkbox"/> |
| 38. Light chain detected in bone marrow:  | 1 <input type="checkbox"/> Kappa 2 <input type="checkbox"/> Lambda  | 8 <input type="checkbox"/> |
| 39. Phenotype (If Phenotype Report is available, check here <input type="checkbox"/> , attach copy and reference Q.39). | 1 <input type="checkbox"/> CD5 2 <input type="checkbox"/> CD19 3 <input type="checkbox"/> CD20 4 <input type="checkbox"/> CD21<br>5 <input type="checkbox"/> CD22 6 <input type="checkbox"/> CD23 7 <input type="checkbox"/> CD38 | 8 <input type="checkbox"/> |
| 40. Cytoplasmic Ig:   | 1 <input type="checkbox"/> Present 0 <input type="checkbox"/> Absent  | 8 <input type="checkbox"/> |
| 41. Surface Ig:   | 1 <input type="checkbox"/> Present 0 <input type="checkbox"/> Absent  | 8 <input type="checkbox"/> |
| 42. Serum albumin: [ ][ ] . [ ]   | 1 <input type="checkbox"/> g/dl 2 <input type="checkbox"/> g/L  | 8 <input type="checkbox"/> |
| 43. Serum creatinine: [ ][ ][ ] . [ ][ ]  | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> mmol/L 3 <input type="checkbox"/> μmol/L  | 8 <input type="checkbox"/> |
| 44. Serum monoclonal Ig: (only from electrophoresis) [ ][ ][ ][ ] . [ ]   | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L   | 8 <input type="checkbox"/> |
| 45. Urinary monoclonal light chains: [ ][ ][ ] . [ ] g/24h  |   | 8 <input type="checkbox"/> |
| 46. Serum viscosity:  | 1 <input type="checkbox"/> Normal 2 <input type="checkbox"/> Abnormal   | 8 <input type="checkbox"/> |
| 47. Serum β <sub>2</sub> -microglobulin: [ ][ ][ ] . [ ][ ]   | 1 <input type="checkbox"/> μg/dL 2 <input type="checkbox"/> mg/L 3 <input type="checkbox"/> nmol/L  | 8 <input type="checkbox"/> |
| 48. Cold agglutinins:   | 1 <input type="checkbox"/> Present 0 <input type="checkbox"/> Absent  | 8 <input type="checkbox"/> |
| 49. Cryoglobulin:   | 1 <input type="checkbox"/> Present 0 <input type="checkbox"/> Absent  | 8 <input type="checkbox"/> |
| 50. C-reactive protein: [ ][ ][ ] . [ ]   | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> mg/L  | 8 <input type="checkbox"/> |
| 51. LDH: [ ][ ][ ][ ] . [ ][ ]  | 1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μkat/L  | 8 <input type="checkbox"/> |
| 52. Upper limit of normal for LDH: [ ][ ][ ][ ] . [ ][ ]  |   |                            |
| 53. Coomb's test:   | 1 <input type="checkbox"/> Positive 0 <input type="checkbox"/> Negative   | 8 <input type="checkbox"/> |

Quantitative immunoglobulins:

Laboratory normal ranges:

- |                             |   |                            |
|-----------------------------|---|----------------------------|
| 54. IgG: [ ][ ][ ][ ] . [ ] | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L |                            |
|                             | 55. [ ][ ][ ][ ] . [ ] to [ ][ ][ ][ ] . [ ]  | 8 <input type="checkbox"/> |
| 56. IgA: [ ][ ][ ][ ] . [ ] | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L |                            |
|                             | 57. [ ][ ][ ][ ] . [ ] to [ ][ ][ ][ ] . [ ]  | 8 <input type="checkbox"/> |
| 58. IgM: [ ][ ][ ][ ] . [ ] | 1 <input type="checkbox"/> mg/dL 2 <input type="checkbox"/> g/dL 3 <input type="checkbox"/> g/L |                            |
|                             | 59. [ ][ ][ ][ ] . [ ] to [ ][ ][ ][ ] . [ ]  | 8 <input type="checkbox"/> |
| 60. IgD: [ ][ ][ ][ ] . [ ] | 1 <input type="checkbox"/> mg/dL 3 <input type="checkbox"/> mg/L                                |                            |
|                             | 61. [ ][ ][ ][ ] . [ ] to [ ][ ][ ][ ] . [ ]  | 8 <input type="checkbox"/> |
| 62. IgE: [ ][ ][ ][ ] . [ ] | 1 <input type="checkbox"/> IU/mL 2 <input type="checkbox"/> μg/L                                |                            |
|                             | 63. [ ][ ][ ][ ] . [ ] to [ ][ ][ ][ ] . [ ]  | 8 <input type="checkbox"/> |

TEAM:

IUBMID:

64. Were cytogenetics done on bone marrow  $\leq 3$  months before high-dose therapy?

1  Yes, normal

2  Yes, but no evaluable metaphases

3  Yes, abnormal — **If Cytogenetics Report is available, check here , attach copy and reference Q.64**

0  No

8  Unknown

65. Was patient treated prior to high-dose therapy (conditioning), including chemotherapy to mobilize stem cells?

1  Yes

0  No

Go to **Q.180**

Regimen	1st			
RADIATION THERAPY:	66.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	93.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify sites:	67.	_____	94.	_____
Date started:	68.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	95.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Month Day Year		Month Day Year
CHEMOTHERAPY:	69.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	96.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
# of cycles:	70.	<input type="text"/> <input type="text"/> 8 <input type="checkbox"/> Unk or Not App	97.	<input type="text"/> <input type="text"/> 8 <input type="checkbox"/> Unk or Not App
Date started:	71.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	98.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Month Day Year		Month Day Year
<b>Treatment</b>				
2-chloro-deoxyadenosine (2-CDA):	72.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	99.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Adriamycin:	73.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	100.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Anti CD-20 antibody:	74.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	101.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Chlorambucil:	75.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	102.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cyclophosphamide:	76.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	103.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Etoposide (VP16):	77.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	104.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Fludaurine:	78.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	105.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Idarubicin:	79.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	106.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Ifosfamide:	80.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	107.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Melphalan (LPAM):	81.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	108.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Mitoxantrone:	82.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	109.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Steroids:	83.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	110.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vinblastine:	84.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	111.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vincristine (VCR):	85.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	112.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other:	86.	1 <input type="checkbox"/> Yes	113.	1 <input type="checkbox"/> Yes
Specify other:	87.	_____	114.	_____
Given for stem cell priming?	88.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	115.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Best response (check one only):	89.	1 <input type="checkbox"/> Chemosensitive	116.	1 <input type="checkbox"/> Chemosensitive
		2 <input type="checkbox"/> Chemoresistant	117.	2 <input type="checkbox"/> Chemoresistant
		8 <input type="checkbox"/> Unknown	118.	8 <input type="checkbox"/> Unknown
Date response established:	90.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	119.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Month Day Year		Month Day Year
		8 <input type="checkbox"/> Unknown	120.	8 <input type="checkbox"/> Unknown
Did patient relapse or progress?	91.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	121.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Date of relapse or progression:	92.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	122.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Month Day Year		Month Day Year

Retired - Not for Data Submission

TEAM:

IUBMID:

Copy this page for recording more than 4 instances

Continued from page 4

Regimen	3rd	4th
RADIATION THERAPY: 123.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	150. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Specify sites: 124.	_____	151. _____
Date started: 125.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	152. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
CHEMOTHERAPY: 126.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	153. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
# of cycles: 127.	<input type="text"/> <input type="text"/> 8 <input type="checkbox"/> Unk or Not App	154. <input type="text"/> <input type="text"/> 8 <input type="checkbox"/> Unk or Not App
Date started: 128.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	155. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
<u>Treatment</u>		
2-chloro-deoxy adenosine (2-CDA): 129.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	156. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Adriamycin: 130.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	157. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Anti CD-20 antibody: 131.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	158. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Chlorambucil: 132.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	159. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cyclophosphamide: 133.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	160. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Etoposide (VP16): 134.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	161. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Fludarabine: 135.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	162. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Idarubicin: 136.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	163. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Ifosfamide: 137.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	164. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Melphalan (LPAM): 138.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	165. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Mitoxantrone: 139.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	166. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Steroids: 140.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	167. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vinblastine: 141.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	168. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vincristine (VCR): 142.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	169. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other: 143.	1 <input type="checkbox"/> Yes	170. 1 <input type="checkbox"/> Yes
Specify other: 144.	_____	171. _____
Given for stem cell priming? 145.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	172. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Best response (check one only): 146.	1 <input type="checkbox"/> Chemosensitive 2 <input type="checkbox"/> Chemoresistant 8 <input type="checkbox"/> Unknown	173. 1 <input type="checkbox"/> Chemosensitive 174. 2 <input type="checkbox"/> Chemoresistant 175. 8 <input type="checkbox"/> Unknown
Date response established: 147.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year 8 <input type="checkbox"/> Unknown	176. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year 177. 8 <input type="checkbox"/> Unknown
Did patient relapse or progress? 148.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	178. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Date of relapse or progression: 149.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	179. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

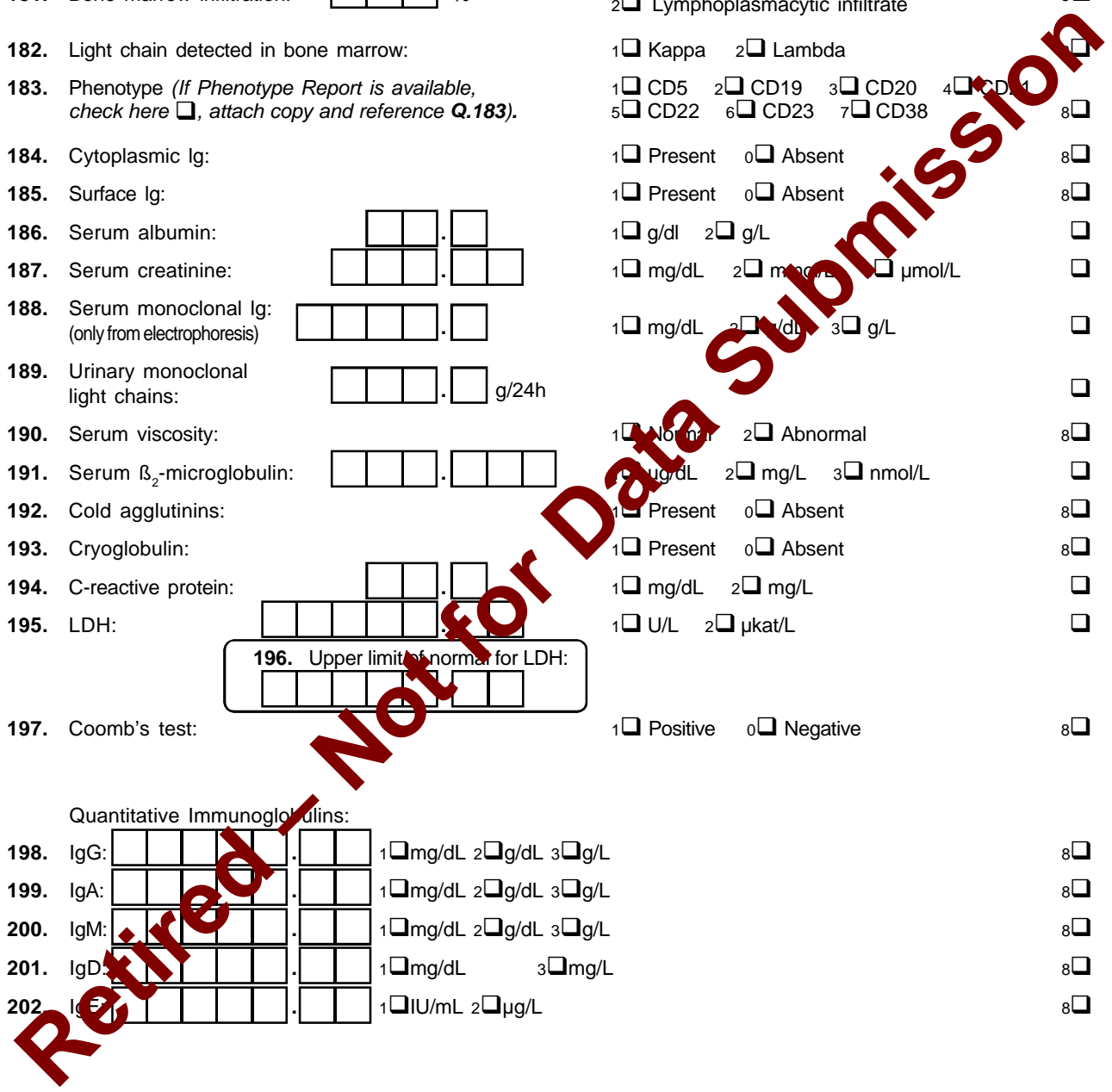
Retired - Not for Data Submission

TEAM:

IUBMID:

**Hematologic and Clinical Parameters Just Prior to Start of High-dose Therapy (Conditioning)**

		<u>Specify Units</u>	<u>Unknown</u>
180.	Absolute lymphocyte count: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> x10 <sup>9</sup> /L (x10 <sup>3</sup> /mm <sup>3</sup> )    2 <input type="checkbox"/> x10 <sup>6</sup> /L	<input type="checkbox"/>
181.	Bone marrow infiltration: <input type="text"/> <input type="text"/> <input type="text"/> %	1 <input type="checkbox"/> Lymphoplasmacytoid 2 <input type="checkbox"/> Lymphoplasmacytic infiltrate	8 <input type="checkbox"/>
182.	Light chain detected in bone marrow:	1 <input type="checkbox"/> Kappa    2 <input type="checkbox"/> Lambda	<input type="checkbox"/>
183.	Phenotype (If Phenotype Report is available, check here <input type="checkbox"/> , attach copy and reference Q.183).	1 <input type="checkbox"/> CD5    2 <input type="checkbox"/> CD19    3 <input type="checkbox"/> CD20    4 <input type="checkbox"/> CD11 5 <input type="checkbox"/> CD22    6 <input type="checkbox"/> CD23    7 <input type="checkbox"/> CD38	8 <input type="checkbox"/>
184.	Cytoplasmic Ig:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
185.	Surface Ig:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
186.	Serum albumin: <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> g/dl    2 <input type="checkbox"/> g/L	<input type="checkbox"/>
187.	Serum creatinine: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> mg/dL    3 <input type="checkbox"/> μmol/L	<input type="checkbox"/>
188.	Serum monoclonal Ig: (only from electrophoresis) <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dl    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
189.	Urinary monoclonal light chains: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> g/24h		<input type="checkbox"/>
190.	Serum viscosity:	1 <input type="checkbox"/> Normal    2 <input type="checkbox"/> Abnormal	8 <input type="checkbox"/>
191.	Serum β <sub>2</sub> -microglobulin: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> μg/dL    2 <input type="checkbox"/> mg/L    3 <input type="checkbox"/> nmol/L	<input type="checkbox"/>
192.	Cold agglutinins:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
193.	Cryoglobulin:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
194.	C-reactive protein: <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> mg/L	<input type="checkbox"/>
195.	LDH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> U/L    2 <input type="checkbox"/> μkat/L	<input type="checkbox"/>
	196. Upper limit of normal for LDH: <input type="text"/> <input type="text"/> <input type="text"/>		
197.	Coomb's test:	1 <input type="checkbox"/> Positive    0 <input type="checkbox"/> Negative	8 <input type="checkbox"/>
Quantitative Immunoglobulins:			
198.	IgG: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	8 <input type="checkbox"/>
199.	IgA: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	8 <input type="checkbox"/>
200.	IgM: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	8 <input type="checkbox"/>
201.	IgD: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    3 <input type="checkbox"/> mg/L	8 <input type="checkbox"/>
202.	IgE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> IU/mL    2 <input type="checkbox"/> μg/L	8 <input type="checkbox"/>



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**Criteria for Evaluation and Endpoint Definitions**

**CR = Complete Remission:**

- CR requires disappearance of all measurable tumor mass lesions, clearing of marrow lymphocytosis and disappearance of monoclonal gammopathy in serum and/or urine on immunofixation studies for a duration of 2 months.
- Patients in whom some, but not all, the criteria for CR is fulfilled are classified as PR, providing the remaining criteria satisfy the requirements for PR. This includes patients in whom routine electrophoresis is negative, but in whom immunofixation has not been performed.

**PR = Partial Remission:**

- PR requires the decrease in measurable tumor mass lesions by at least 50% and the reduction in serum IgM levels by at least 75% with clearing of light chain excretion in the urine and decrease in marrow lymphocytosis to under 25% for a duration of 2 months.
- Patients in whom some, but not all, the criteria for PR are fulfilled are classified as MR, providing the remaining criteria satisfy the requirements for MR.

**MR = Minimal Response:**

- MR requires that patients have tumor volume reduction by at least 25%, reduction in IgM concentration by at least 50% and decrease in marrow lymphocytosis to under 50% for a duration of 2 months.

**SD = Stable Disease:**

- Not meeting the criteria of either minimal response or progressive disease.

**PROG = Progression:**

- Progression requires the previous attainment of at least an MR. Progression from complete remission requires the re-occurrence of either monoclonal gammopathy, tumor mass lesions or demonstration of lymphocytosis in the bone marrow. Progression from partial remission requires either increase by >25% in measurable tumor mass lesions, increase in marrow lymphocytosis to >25%, or in IgM serum concentration by a factor of 2 from the lowest value achieved in remission.

**Status of Waldenstrom's Macroglobulinemia Just Prior to Start of High-dose Therapy (Conditioning)**

203. Indicate sensitivity of patient's Waldenstrom's Macroglobulinemia prior to conditioning (**Q.203 only: treatment must have been completed  $\leq 6$  months prior to transplant**):

- 1  Sensitive ( $\geq 50\%$  reduction in measurable tumor cell mass, bone marrow and serum paraprotein)
- 2  Resistant ( $< 50\%$  reduction in measurable tumor cell mass, bone marrow and serum paraprotein)
- 3  Not applicable (no chemotherapy prior to conditioning, or ended  $> 6$  months prior to conditioning)
- 88  Unknown

204. Indicate patient's disease status of Waldenstrom's Macroglobulinemia immediately prior to conditioning for transplant (see definitions above):

- 60  CR
- 71  PR
- 72  MR
- 73  SD
- 74  PROG
- 79  NE, specify reason: \_\_\_\_\_
- 90  Other, specify: \_\_\_\_\_

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### Posttransplant Information\*

*\*To be completed 100 days posttransplant, or at time of death if death occurred <100 days posttransplant, or immediately prior to start of high-dose therapy (conditioning) for second transplant if second transplant done <100 days after first transplant*

#### Hematologic and Clinical Parameters at the Time of Best Response, $\leq 100$ Days Posttransplant

205. Indicate patient's best response to transplant not including planned posttransplant treatment (see definitions on page 7):

- 31  CR                      39  PROG  
 33  PR                      19  NE, specify reason: \_\_\_\_\_  
 35  MR                      90  Other, specify: \_\_\_\_\_  
 37  SD

#### Laboratory Values at the Time of Best Response, $\leq 100$ Days Posttransplant

		Specify Units	Unknown
206. WBC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> $\times 10^9/L$ ( $\times 10^3/mm^3$ )    2 <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>
207. Absolute lymphocyte count:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> $\times 10^9/L$ ( $\times 10^3/mm^3$ )    2 <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>
208. Hemoglobin:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/L    3 <input type="checkbox"/> mmol/L	<input type="checkbox"/>
209. Platelets:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> $\times 10^9/L$ ( $\times 10^3/mm^3$ )    2 <input type="checkbox"/> $\times 10^6/L$	<input type="checkbox"/>
210. Bone marrow infiltration:	<input type="text"/> <input type="text"/> <input type="text"/> %	1 <input type="checkbox"/> Lymphoplasmacytoid 2 <input type="checkbox"/> Lymphoplasmacytic infiltrate	8 <input type="checkbox"/>
211. Light chain detected in bone marrow:		1 <input type="checkbox"/> Kappa    2 <input type="checkbox"/> Lambda	8 <input type="checkbox"/>
212. Phenotype (If Phenotype Report is available, check here <input type="checkbox"/> , attach copy and reference Q.212).		1 <input type="checkbox"/> CD5    2 <input type="checkbox"/> CD19    3 <input type="checkbox"/> CD20    4 <input type="checkbox"/> CD21 5 <input type="checkbox"/> CD22    6 <input type="checkbox"/> CD23    7 <input type="checkbox"/> CD38	8 <input type="checkbox"/>
213. Cytoplasmic Ig:		1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
214. Surface Ig:		1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
215. Serum monoclonal Ig: (only from electrophoresis)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
216. Urinary monoclonal light chains:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> g/24h		<input type="checkbox"/>
217. LDH:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> U/L    2 <input type="checkbox"/> $\mu$ kat/L	<input type="checkbox"/>
218. Upper limit of normal for LDH:			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>			

#### Quantitative Immunoglobulins:

219. IgG:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
220. IgA:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
221. IgM:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
222. IgD:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL                      3 <input type="checkbox"/> mg/L	<input type="checkbox"/>
223. IgE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> IU/mL    2 <input type="checkbox"/> $\mu$ g/L	<input type="checkbox"/>



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224. Was planned treatment per protocol (not for progressive disease) given posttransplant?

- 1  Yes
- 0  No
- 8  Unknown

Specify treatment given:

		Date Started: (Month Day Year)							
Yes	No	Month	Day	Year					
225.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Chemotherapy, specify: _____			226.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
227.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Radiation, specify site: _____			228.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
229.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Immune therapy, specify: _____			233.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specify:									
		Yes No Unknown							
230.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	Interferon- $\alpha$							
231.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	IL-2							
232.	1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/>	Other immune therapy, specify: _____							
234.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Other treatment, specify: _____			35.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current Disease Status**

236. Date of current disease status determination:        
Month Day Year

237. Is current disease status the same as best response, as indicated in **Q.205**? 1  Yes 0  No

238. Indicate patient's current response status of Waldenstrom's Macroglobulinemia (see definitions on page 7)

31 <input type="checkbox"/> CR	39 <input type="checkbox"/> PR
33 <input type="checkbox"/> PR	19 <input type="checkbox"/> NE, specify reason: _____
35 <input type="checkbox"/> MR	90 <input type="checkbox"/> Other, specify: _____
37 <input type="checkbox"/> SD	

Retired - Not for Data Submission

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**Current Laboratory Values if Further Waldenstrom's Macroglobulinemia Therapy has not Been Given**

		<u>Specify Units</u>	<u>Unknown</u>
239.	Absolute lymphocyte count: <input type="text"/>	1 <input type="checkbox"/> x10 <sup>9</sup> /L (x10 <sup>3</sup> /mm <sup>3</sup> )    2 <input type="checkbox"/> x10 <sup>6</sup> /L	<input type="checkbox"/>
240.	Bone marrow infiltration: <input type="text"/> %	1 <input type="checkbox"/> Lymphoplasmacytoid 2 <input type="checkbox"/> Lymphoplasmacytic infiltrate	8 <input type="checkbox"/>
241.	Light chain detected in bone marrow:	1 <input type="checkbox"/> Kappa    2 <input type="checkbox"/> Lambda	8 <input type="checkbox"/>
242.	Phenotype (If Phenotype Report is available, check here <input type="checkbox"/> , attach copy and reference Q.242).	1 <input type="checkbox"/> CD5    2 <input type="checkbox"/> CD19    3 <input type="checkbox"/> CD20    4 <input type="checkbox"/> CD21 5 <input type="checkbox"/> CD22    6 <input type="checkbox"/> CD23    7 <input type="checkbox"/> CD38	8 <input type="checkbox"/>
243.	Cytoplasmic Ig:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
244.	Surface Ig:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
245.	Serum monoclonal Ig: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
246.	Urinary monoclonal light chains: <input type="text"/> . <input type="text"/> g/24h		<input type="checkbox"/>
247.	LDH: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> U/L    2 <input type="checkbox"/> $\mu$ kat/L	<input type="checkbox"/>
248. Upper limit of normal for LDH: <input type="text"/> . <input type="text"/>			
<b>Quantitative Immunoglobulins:</b>			
249.	IgG: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/L    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
250.	IgA: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/L    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
251.	IgM: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
252.	IgD: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> mg/dL    3 <input type="checkbox"/> mg/L	<input type="checkbox"/>
253.	IgE: <input type="text"/> . <input type="text"/>	1 <input type="checkbox"/> U/mL    2 <input type="checkbox"/> $\mu$ g/L	<input type="checkbox"/>

Retired - Not for Data Submission