

**FOLLOW-UP 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

**Follow-up Information\***

\* Report data from date of last contact or immediately prior to death

**Hematologic and Clinical Parameters at the Time of Best Response Since Last Report**

1. Indicate patient's best response to transplant not including planned posttransplant treatment:

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

Retired / Not for Data Submission

**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.

TEAM:

IUBMID:

**Parameters at the Time of Best Response**

		<u>Specify Units</u>	<u>Unknown</u>
2. WBC:	<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"/>
3. 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"/>
4. Hemoglobin:	<input type="text"/>	1 <input type="checkbox"/> g/dL    2 <input type="checkbox"/> g/L    3 <input type="checkbox"/> mmol/L	<input type="checkbox"/>
5. Platelets:	<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"/>
6. Bone marrow infiltration:	<input type="text"/> %	1 <input type="checkbox"/> Lymphoplasmacytoid 2 <input type="checkbox"/> Lymphoplasmacytic infiltrate	8 <input type="checkbox"/>
7. Light chain detected in bone marrow:		1 <input type="checkbox"/> Kappa    2 <input type="checkbox"/> Lambda	8 <input type="checkbox"/>
8. Phenotype (If Phenotype Report is available, check here <input type="checkbox"/> , attach copy and reference Q.8).		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"/>
9. Cytoplasmic Ig:		1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
10. Surface Ig:		1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
11. Serum monoclonal Ig: (only from electrophoresis)	<input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
12. Urinary monoclonal light chains:	<input type="text"/> g/24h		<input type="checkbox"/>
13. LDH:	<input type="text"/>	1 <input type="checkbox"/> U/L    2 <input type="checkbox"/> μkat/L	<input type="checkbox"/>
14. Upper limit of normal for LDH:	<input type="text"/>		<input type="checkbox"/>

Quantitative Immunoglobulins:

15. IgG:	<input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
16. IgA:	<input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
17. IgM:	<input type="text"/>	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
18. IgD:	<input type="text"/>	1 <input type="checkbox"/> mg/dL    3 <input type="checkbox"/> mg/L	<input type="checkbox"/>
19. IgE:	<input type="text"/>	1 <input type="checkbox"/> IU/mL    2 <input type="checkbox"/> μg/L	<input type="checkbox"/>

20. Was planned treatment per protocol (not for progressive disease) given since last report?

1  Yes    0  No    8  Unknown

Specify treatment given:

Yes	No	Date Started: (Month    Day    Year)
1 <input type="checkbox"/>	0 <input type="checkbox"/>	22. <input type="text"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>	24. <input type="text"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>	29. <input type="text"/>

Specify:

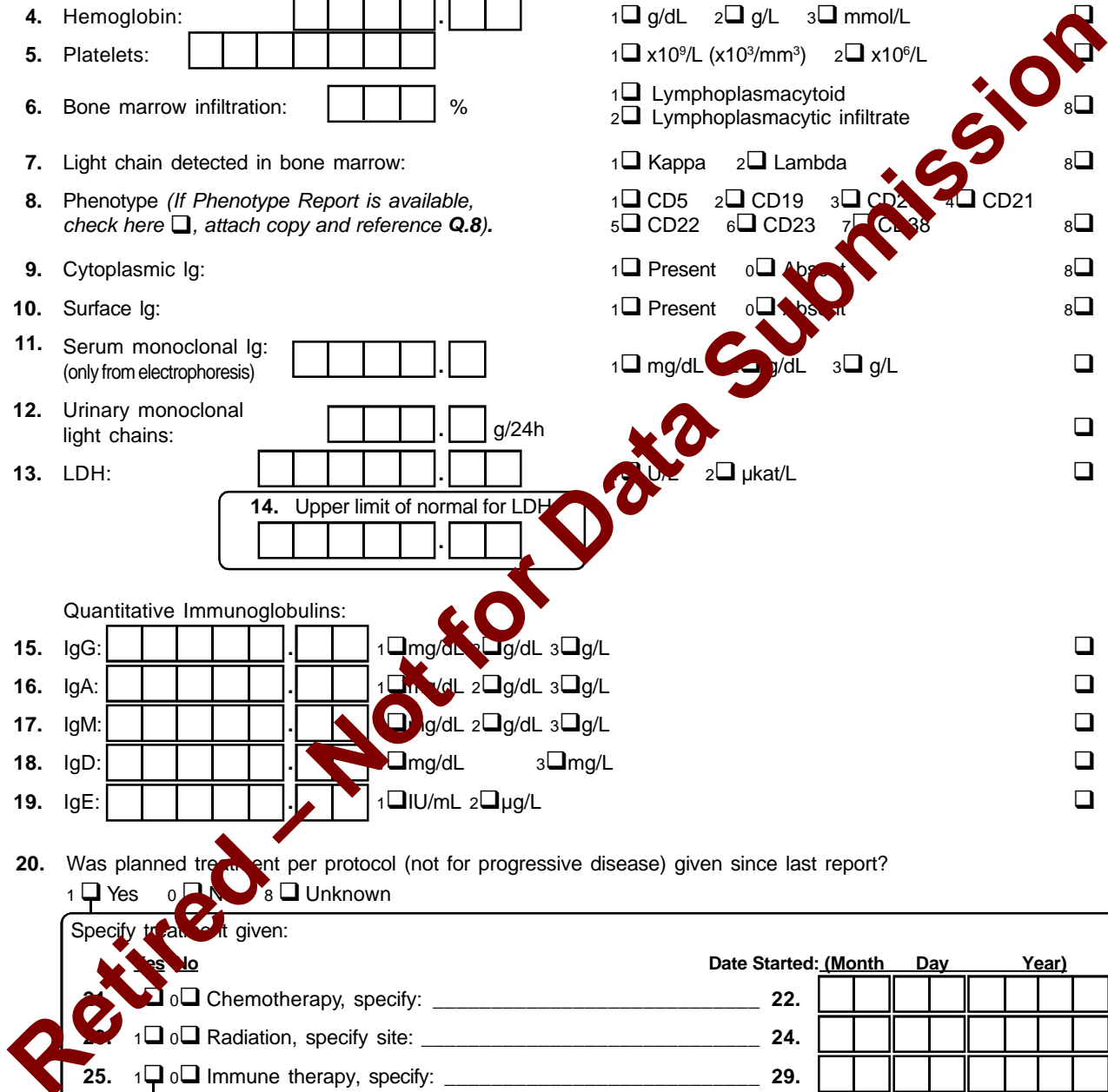
**Yes    No    Unknown**

26. 1  0  8  Interferon-α

27. 1  0  8  IL-2

28. 1  0  8  Other immune therapy, specify: \_\_\_\_\_

30. 1  0  Other treatment, specify: \_\_\_\_\_ 31.



TEAM: [ ][ ][ ][ ]

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

**Current Disease Status at Date of Last Contact for This Report (see Q.3 of COREFU)**

32. Date of current disease status determination: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
Month Day Year

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

34. Indicate patient's current response status of Waldenstrom's Macroglobulinemia (see definitions on page 1):

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

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

	<u>Specify Units</u>	<u>Unknown</u>
35. Absolute lymphocyte count: [ ][ ][ ][ ][ ]	1 <input type="checkbox"/> %/L (x10 <sup>3</sup> /mm <sup>3</sup> )    2 <input type="checkbox"/> x10 <sup>6</sup> /L	<input type="checkbox"/>
36. Bone marrow infiltration: [ ][ ][ ] %	1 <input type="checkbox"/> Lymphoplasmacytoid 2 <input type="checkbox"/> Lymphoplasmacytic infiltrate	8 <input type="checkbox"/>
37. 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 to 31).	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"/>
38. Cytoplasmic Ig:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
39. Surface Ig:	1 <input type="checkbox"/> Present    0 <input type="checkbox"/> Absent	8 <input type="checkbox"/>
40. Serum monoclonal Ig: [ ][ ][ ][ ] . [ ][ ] (only from electrophoresis)	1 <input type="checkbox"/> mg/dL    2 <input type="checkbox"/> g/dL    3 <input type="checkbox"/> g/L	<input type="checkbox"/>
41. Urinary monoclonal light chains: [ ][ ][ ] . [ ][ ] g/24h		<input type="checkbox"/>
42. LDH: [ ][ ][ ][ ][ ] . [ ][ ]	1 <input type="checkbox"/> U/L    2 <input type="checkbox"/> $\mu$ kat/L	<input type="checkbox"/>
43. Upper limit of normal for LDH: [ ][ ][ ][ ][ ] . [ ][ ]		

Quantitative Immunoglobulins:

44. IgG: [ ][ ][ ][ ][ ] . [ ][ ] 1  mg/dL 2  g/dL 3  g/L     

45. IgA: [ ][ ][ ][ ][ ] . [ ][ ] 1  mg/dL 2  g/dL 3  g/L     

46. IgM: [ ][ ][ ][ ][ ] . [ ][ ] 1  mg/dL 2  g/dL 3  g/L     

47. IgD: [ ][ ][ ][ ][ ] . [ ][ ] 1  mg/dL      3  mg/L     

48. IgE: [ ][ ][ ][ ][ ] . [ ][ ] 1  IU/mL 2   $\mu$ g/L     

