

National Marrow Donor Program®
**Insert IX – Hodgkin and
 Non-Hodgkin Lymphoma**

Registry Use Only

Sequence
 Number:

Date
 Received:

Unrelated

Recipient NMDP ID: - -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date: / / TC Code:

Month Day Year

Date of Transplant for which this form is being completed: / /

Month Day Year

Product type: Marrow (Form 120) PBSC (Form 520) Cord blood (Form 620)

This form must be accompanied by Form 120, 520, 620 – Recipient Baseline and Transplant Data. All information in the box above, including the date, should be identical with the corresponding Form 120, 520, 620. Information should come from an actual examination by the Transplant Center physician, or abstraction of the recipient's medical records.

1. Date of diagnosis of lymphoma:

/ /

Month Day Year

2. What was lymphoma histology at diagnosis?

(See codes in list below)

Specify line must be completed for codes 5, 25, 36, 38

Hodgkin codes:

- 01 Lymphocyte predominant
- 02 Nodular sclerosis
- 03 Mixed cellularity
- 04 Lymphocyte depleted
- 05 Other Hodgkin lymphoma **specify above**
- 06 Hodgkin lymphoma, type unclassified

Non-Hodgkin codes:

- 07 Small cell lymphocytic
- 08 Small cell lymphocytic plasmacytoid (Lymphoplasmacytoid lymphoma)
- 09 Follicular, predominantly small cleaved cell (Grade I follicle center lymphoma)
- 10 Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma)
- 11 Follicular, predominantly large cell (Grade III follicle center lymphoma)
- 12 Diffuse, small cleaved cell (Follicular center lymphoma, diffuse)
- 13 Diffuse, mixed, small and large cell
- 14 Diffuse, large cell
- 15 Large cell, immunoblastic (B-cell only)
- 16 Primary mediastinal large B-cell lymphoma

- 17 Lymphoblastic (Precursor B-lymphoblastic lymphoma/leukemia)
- 18 Precursor T-lymphoblastic lymphoma/leukemia
- 19 Small noncleaved cell, unclassified
- 20 Small noncleaved cell, Burkitt
- 21 Small noncleaved cell, non-Burkitt
- 22 Mycosis fungoides/Sezary syndrome
- 23 Histiocytic
- 24 Mantle cell
- 25 Composite, **specify above**
- 26 Large cell anaplastic lymphoma, Ki1 positive
- 27 Primary CNS lymphoma
- 28 Mucosal associated lymphoid tissue type (Extranodal marginal zone B-cell lymphoma)
- 29 Nodal marginal zone B-cell lymphoma
- 30 Splenic marginal zone B-cell lymphoma
- 31 Large granular lymphocytic leukemia
- 32 Angioimmunoblastic T-cell lymphoma
- 33 Angiocentric lymphoma
- 34 Intestinal T-cell lymphoma
- 35 Adult T-cell lymphoma/leukemia (HTLV1 associated)
- 36 Other peripheral T-cell lymphoma, **specify above**
- 37 Peripheral T-cell lymphomas, unclassified
- 38 Other non-Hodgkin lymphoma, **specify above**
- 40 Non-Hodgkin lymphoma, unclassified

3. Immune phenotype at diagnosis:

- 1 B-cell
- 2 T-cell
- 3 NK-cell
- 4 Null
- 5 Other, specify: _____
- 6 Unknown

Recipient NMDP ID: - -

Recipient Last Name:

4. Did histologic transformation occur after diagnosis?

- 1 yes
2 no

5. Date of transformation:
Month Day Year

6. New histology: Specify: _____
(Use codes from question 2)

Stage at Time of Diagnosis

7. 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: _____
6 Unknown

8. Symptoms at diagnosis:

- 1 A — None of the symptoms listed in B below
2 B — Unexplained weight loss > 10% body weight in 6 months before treatment; unexplained fever > 38°C; or night sweats
3 Unknown

9. Was there extranodal or splenic involvement at diagnosis?

- 1 yes
2 no
3 unknown

10. Specify sites:

a. Lung	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
b. Pleura	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
c. Liver	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
d. Kidney	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
e. Brain	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
f. CSF	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
g. Epidural space	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
h. Bone	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
i. Bone marrow	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
j. Skin	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
k. GI tract	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
l. Spleen	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
m. Other	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no

If yes, specify: _____

11. LDH at diagnosis: μ kat/L IU/L unknown

12. Upper limit of normal for LDH:

13. Was a mediastinal mass present at diagnosis?

- 1 yes
2 no
3 unknown

14. Enter age-appropriate Karnofsky or Lansky score at diagnosis:

(For a complete scale, see page 5 of Form 120, 520, 620)

Recipient NMDP ID: - -

Recipient Last Name:

15. Was recipient treated for lymphoma *prior* to a high-dose therapy (conditioning)?

- 1 yes →
2 no ↓

Cont. with 164

Line of Therapy	1st Line of Therapy	2nd Line of Therapy
Chemotherapy:	16. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 41	53. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 78
Number of cycles:	17. <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable	54. <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable
Date started therapy:	18. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)	55. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)
Date stopped therapy:	19. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)	56. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)
Treatment		
Adriamycin:	20. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
BCNU:	21. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Bleomycin:	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Carboplatin:	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Cisplatin:	24. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Corticosteroids:	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Cyclophosphamide:	26. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Cytarabine (Ara-C):	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Dacarbazine (DTIC):	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Etoposide (VP16):	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Fludarabine:	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Ifosfamide:	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Methotrexate:	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Mitoxantrone:	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Nitrogen mustard (mustine):	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Procarbazine:	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Vinorelbine:	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Vincristine:	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other:	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify other:	39. _____	76. _____
Given for stem cell priming?	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Radiation Therapy:	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 47	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 84
Mediastinum:	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other site(s):	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site(s):	44. _____	81. _____
Date started therapy:	45. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)	82. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)
Date stopped therapy:	46. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)	83. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)
Surgery:	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site:	48. _____	85. _____
Best Response to Line of Therapy:	49. 1 <input type="checkbox"/> CCR 5 <input type="checkbox"/> NR/SD 2 <input type="checkbox"/> CR 6 <input type="checkbox"/> PROG (check one) 3 <input type="checkbox"/> CRU 7 <input type="checkbox"/> NE, specify: _____ (see definitions below) 4 <input type="checkbox"/> PR 8 <input type="checkbox"/> Unknown	86. 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:	50. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)	87. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)
Did patient relapse/progress following this line of therapy?	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Date of relapse/progression:	52. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)	89. <input type="text"/> / <input type="text"/> / <input type="text"/> (Month Day Year)
Response Code Definitions		
1 Continuous CR	3 CR undetermined	5 No response/Stable disease
2 CR	4 Partial response	6 Progressive disease
		7 Not evaluable
		8 Not tested/Unknown

Recipient NMDP ID: - -

Recipient Last Name:

Continued from previous page. Copy and complete this page for more than 4 instances.

Line of Therapy	3rd Line of Therapy	4th Line of Therapy
Chemotherapy:	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q.115	127. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q.152
Number of cycles:	91. <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable	128. <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable
Date started therapy:	92. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	129. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Date stopped therapy:	93. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	130. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Treatment		
Adriamycin:	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
BCNU:	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	132. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Bleomycin:	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Carboplatin:	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	134. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Cisplatin:	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	135. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Corticosteroids:	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Cyclophosphamide:	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	137. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Cytarabine (Ara-C):	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	138. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Dacarbazine (DTIC):	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	139. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Etoposide (VP16):	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	140. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Fludarabine:	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	141. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Ifosfamide:	105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	142. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Methotrexate:	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	143. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Mitoxantrone:	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	144. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Nitrogen mustard (mustine):	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	145. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Procarbazine:	109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	146. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Vinorelbine:	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	147. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Vincristine:	111. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	148. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other:	112. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	149. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify other:	113. _____	150. _____
Given for stem cell priming?	114. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	151. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Radiation Therapy:	115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q.121	152. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q.158
Mediastinum:	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	153. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other site(s):	117. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	154. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site(s):	118. _____	155. _____
Date started therapy:	119. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	156. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Date stopped therapy:	120. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	157. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Surgery:	121. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	158. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site:	122. _____	159. _____
Best Response to Line of Therapy:	123. 1 <input type="checkbox"/> CCR 5 <input type="checkbox"/> NR/SD 2 <input type="checkbox"/> CR 6 <input type="checkbox"/> PROG (check one) 3 <input type="checkbox"/> CRU 7 <input type="checkbox"/> NE, specify: _____ (see definitions below) 4 <input type="checkbox"/> PR 8 <input type="checkbox"/> Unknown	160. 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:	124. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	161. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Did patient relapse/progress following this line of therapy?	125. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	162. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Date of relapse/progression:	126. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	163. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Response Code Definitions		
1 Continuous CR	3 CR undetermined	5 No response/Stable disease
2 CR	4 Partial response	6 Progressive disease
		7 Not evaluable
		8 Not tested/Unknown

Recipient NMDP ID: - -

Recipient Last Name:

164. Did recipient have a splenectomy?

- 1 Yes →
2 No

165. Date:
Month Year

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

- 1 Yes →

167. 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 both
- 6 IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- 7 Other, specify: _____

- 2 No, not completely restaged (i.e., insufficient staging to determine stage as listed in question 167) →

168. 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 question 167, option 6 for definition)
- 5 Unknown

169. Did recipient have known nodal involvement immediately prior to conditioning?

- 1 yes →
2 no

170. Specify sites:

a. Waldeyer's ring	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
b. Cervical	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
c. Supraclavicular	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
d. Axillary	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
e. Hilar	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
f. Mediastinal	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
g. Retroperitoneal	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
h. Intra-abdominal	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
i. Inguinal	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
j. Spleen	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
k. Periaortic	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
l. Iliac	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
m. Other site	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown

If yes, specify: _____

Recipient NMDP ID: - -

Recipient Last Name:

171. Did recipient have known extranodal involvement immediately prior to conditioning?

- 1 yes
- 2 no
- 3 unknown

172. Specify sites:

a. Lung	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
b. Pleura	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
c. Liver	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
d. Kidney	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
e. Brain	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
f. CSF	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
g. Epidural space	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
h. Bone	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
i. Bone marrow	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
j. Skin	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
k. GI tract	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown
l. Other site	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	3 <input type="checkbox"/> unknown

If yes, specify: _____

173. Did patient have any mass immediately prior to conditioning?

- 1 yes
- 2 no

174. Size of largest mass (of any kind): cm X cm

175. Site: _____

176. Was Gallium scan done \leq 4 weeks prior to conditioning?

- 1 yes
- 2 no

177. Results:

- 1 Negative
- 2 Positive
- 3 Indeterminate/unknown

178. Sites: _____

179. What was sensitivity of lymphoma to chemotherapy prior to conditioning?

- (Response to last chemotherapy given prior to transplant; treatment must be given \leq 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 Not evaluated
 - 5 Unknown

180. Remission state immediately prior to conditioning:

- 1 CR1 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
- 3 PIF unt Primary induction failure-untreated
- 4 PIF unk Primary induction failure-sensitivity unknown
- 5 CR1 1st complete remission: no bone marrow or extramedullary relapse prior to transplant
- 6 CR2 2nd complete remission
- 7 CR3+ 3rd or subsequent complete remission
- 8 REL1 unt 1st relapse-untreated: includes either bone marrow or extramedullary relapse
- 9 REL1 res 1st relapse-resistant: stable or progressive disease with treatment
- 10 REL1 sen 1st relapse-sensitive: partial remission (if complete remission achieved, classify as CR2, code 6)
- 11 REL1 unk 1st relapse-sensitivity unknown
- 12 REL2 unt 2nd relapse-untreated: includes either bone marrow or extramedullary relapse
- 13 REL2 res 2nd relapse-resistant: stable or progressive disease with treatment
- 14 REL2 sen 2nd relapse-sensitive: partial remission (if complete remission achieved, classify as CR3+, code 7)
- 15 REL2 unk 2nd relapse-sensitivity unknown
- 16 REL3+ unt 3rd or subsequent relapse-untreated: includes either bone marrow or extramedullary relapse
- 17 REL3+ res 3rd or subsequent relapse-resistant: stable or progressive disease with treatment
- 18 REL3+ sen 3rd or subsequent relapse-sensitive: partial remission (if complete remission achieved, classify as CR3+, code 7)
- 19 REL3+ unk 3rd relapse or greater-sensitivity unknown