Hodgkin and Non-Hodgkin Lymphoma (LYM) Pre- Infusion Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: ___ ___ ___ ___ — ___ ___ — ___ ___

YYYY MM DD

CIBMTR Center Number: ___ ___ ___ ___ ___ CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Subsequent Transplant or Cellular Therapy

If this is a report of a second or subsequent transplant or cellular therapy for the same disease and this baseline disease insert has not been completed for the previous transplant (e.g. patient was on TED track for the prior HCT, prior HCT was autologous with no consent, prior cellular therapy was not reported to the CIBMTR), mark 'No" and begin the form at question one.

If this is a report of a second or subsequent transplant or cellular therapy for a different disease, mark "No" and begin the form at question one.

Is this the report of a second or subsequent transplant or cellular therapy for the same disease?

☐ Yes- ***Go to question 82***

☐ No- ***Go to question 1***

Disease Assessment at Diagnosis

1. Specify the lymphoma histology *(at diagnosis)*

Hodgkin Lymphoma

☐ Classic Hodgkin lymphoma (150)

☐ Lymphocyte depleted (154)

☐ Lymphocyte-rich (151)

☐ Mixed cellularity (153)

☐ Nodular lymphocyte predominant Hodgkin lymphoma (155)

☐ Nodular sclerosis (152)

Burkitt lymphoma

☐ Burkitt lymphoma (111)

Large B-cell lymphomas

☐ ALK-positive large B-cell lymphoma (1833)

☐ Diffuse, large B-cell lymphoma- Activated B-cell subtype (1821) - ***Go to question 3***

☐ Diffuse large B-cell lymphoma associated with chronic inflammation (1825)

☐ Diffuse, large B-cell lymphoma -- Germinal center B-cell subtype (1820) - ***Go to question 3***

☐ Diffuse large B-cell lymphoma / high-grade B-cell lymphoma with *MYC* and *BCL2* rearrangements (1831)

☐ Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with *MYC* and *BCL6* rearrangements (1837)

☐ Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with *MYC, BCL2*, and *BCL6* rearrangements (1838)

☐ Diffuse large B-cell lymphoma, NOS (107)

☐ EBV-positive diffuse large B-cell lymphoma (1823)

☐ Fibrin-associated large B-cell lymphoma (1839)

- ☐ Fluid overload-associated large B-cell lymphoma (1840)
- ☐ High-grade B-cell lymphoma with 11q aberrations (1834)
- ☐ Intravascular large B-cell lymphoma (136)
- ☐ Large B-cell lymphoma with *IRF4* rearrangement (1832)
- ☐ Lymphomatoid granulomatosis (1835)
- ☐ Mediastinal grey zone lymphoma (149)
- ☐ Plasmablastic lymphoma (1836)
- ☐ Primary cutaneous diffuse large B-cell lymphoma, leg type (1822)
- ☐ Primary mediastinal large B-cell lymphoma (125)
- ☐ T-cell / histiocyte-rich large B-cell lymphoma (120)
- ☐ High-grade B-cell lymphoma, NOS (1830)

Primary large B-cell lymphoma of immune-privileged sites

- ☐ Primary large B-cell lymphoma of the CNS (118)
- ☐ Primary large B-cell lymphoma of the testis (1881)
- ☐ Primary large B-cell lymphoma of the vitreoretina (1882)

KSHV / HHV8-associated B-cell lymphoid proliferations and lymphomas

- ☐ KSHV / HHV8-positive diffuse large B-cell lymphoma (1826)
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Lymphoplasmacytic lymphoma

- ☐ Lymphoplasmacytic lymphoma (173)
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- ☐ Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (122)
- ☐ Nodal marginal zone lymphoma (123)
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- ☐ Splenic, B-cell lymphoma/leukemia with prominent nucleoli (1811)
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- ☐ Splenic marginal zone lymphoma (124)

Follicular lymphoma

- ☐ Duodenal-type follicular lymphoma (1815)
- ☐ Follicular, mixed, small cleaved and large cell (Grade II follicle center lymphoma) (103)

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Mantle cell lymphoma

- ☐ Mantle cell lymphoma (115)
- ☐ Leukemic non-nodal mantle cell lymphoma (1886)

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- ☐ Transformations of indolent B-cell lymphomas (1887)

Lymphomas associated with immune deficiency and dysregulation

- ☐ Classical Hodgkin lymphoma PTLD (1876)
- ☐ EBV-positive mucocutaneous ulcer (1824)
- ☐ Hyperplasia arising in immune deficiencies (e.g. PTLD) (1871)
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- ☐ Monomorphic PTLD (B- and T-/NK-cell types) (1875)
- ☐ Polymorphic lymphoproliferative disorders arising in immune deficiency/dysregulation (1874)

Mature T-cell and NK-cell leukemias

- ☐ Adult T-cell lymphoma / leukemia (134)
- ☐ Aggressive NK-cell leukemia (27)
- ☐ NK-large granular lymphocytic leukemia (1856)
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- ☐ Mycosis fungoides (141)
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Nodal T-follicular helper (TFH) cell lymphoma

- ☐ Nodal TFH cell lymphoma, angioimmunoblastic-type (131)
- ☐ Nodal TFH cell lymphoma, follicular-type (1859)
- ☐ Nodal TFH cell lymphoma, NOS (1860)

Other peripheral T-cell lymphomas

- ☐ Peripheral T-cell lymphoma, NOS (130)

EBV-positive NK/T-cell lymphomas

- ☐ EBV-positive nodal T- and NK-cell lymphoma (1892)
- ☐ Extranodal NK / T-cell lymphoma (137)

EBV-positive T- and NK-cell lymphoid proliferations and lymphomas of childhood

- ☐ Systemic EBV-positive T-cell lymphoma of childhood (1855)
- ☐ Other B-cell lymphoma (129) – ***Go to question 2***
- ☐ Other T-cell / NK-cell lymphoma (139) – ***Go to question 2***

2. Specify other lymphoma histology: _____ -***Go to question 4***

3. Assignment of DLBCL (germinal center B-cell type vs. activated B-cell type) subtype was based on

- ☐ Immunohistochemistry *(e.g. Han's algorithm)*

- ☐ Gene expression profile
- ☐ Unknown method

4. Was documentation submitted to the CIBMTR? *(e.g. path report from diagnosis)*
   - ☐ Yes
   - ☐ No

5. Were immunohistochemical stains obtained? *(at diagnosis, prior to any transformation)*
   - ☐ Yes ***- Go to question 6***
   - ☐ No - ***Go to question 25***
   - ☐ Unknown - ***Go to question 25***

6. BCL-2
   - ☐ Positive –***Go to question 7***
   - ☐ Negative –***Go to question 9***
   - ☐ Unknown –***Go to question 9***

7. Percent positivity
   - ☐ Known–***Go to question 8***
   - ☐ Unknown –***Go to question 9***

8. Positive: __ __ __%

9. BCL-6
   - ☐ Positive –***Go to question 10***
   - ☐ Negative –***Go to question 12***
   - ☐ Unknown –***Go to question 12***

10. Percent positivity
    - ☐ Known–***Go to question 11***
    - ☐ Unknown –***Go to question 12***

11. Positive: __ __ __%

12. CD5
    - ☐ Positive
    - ☐ Negative
    - ☐ Unknown

13. CD10
    - ☐ Positive
    - ☐ Negative
    - ☐ Unknown

14. CD30
    - ☐ Positive
    - ☐ Negative
    - ☐ Unknown

15. C-MYC
    - ☐ Positive –***Go to question 16***
    - ☐ Negative –***Go to question 18***
    - ☐ Unknown –***Go to question 18***

16. Percent positivity
    - ☐ Known–***Go to question 17***
    - ☐ Unknown –***Go to question 18***

17. Positive: __ __ __%

18. Cyclin D1
    - ☐ Positive
    - ☐ Negative
    - ☐ Unknown

19. EBER ISH *(in situ hybridization)*
    - ☐ Positive
    - ☐ Negative
    - ☐ Unknown

20. Ki-67
    - ☐ Positive –***Go to question 21***
    - ☐ Negative –***Go to question 23***
    - ☐ Unknown –***Go to question 23***

21. Percent positivity
    - ☐ Known–***Go to question 22***
    - ☐ Unknown –***Go to question 23***

22. Positive: __ __ __%

23. MUM1

- ☐ Positive
- ☐ Negative
- ☐ Unknown

24. SOX11

- ☐ Positive
- ☐ Negative
- ☐ Unknown

25. Were cytogenetics tested (karyotyping or FISH)?

- ☐ Yes - ***Go to question 26***
- ☐ No - ***Go to question 56***
- ☐ Unknown - ***Go to question 56***

26. Were cytogenetics tested via FISH?

- ☐ Yes - ***Go to question 27***
- ☐ No - ***Go to question 51***

27. Results of tests

- ☐ Abnormalities identified - ***Go to question 28***
- ☐ No abnormalities- ***Go to question 50***

Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at diagnosis:

28. t(1;14)

- ☐ Yes
- ☐ No
- ☐ Not done

29. t(2;5)

- ☐ Yes
- ☐ No
- ☐ Not done

30. t(2;8)

- ☐ Yes
- ☐ No
- ☐ Not done

31. t(8;14)
    - ☐ Yes
    - ☐ No
    - ☐ Not done

32. t(8;22)
    - ☐ Yes
    - ☐ No
    - ☐ Not done

33. t(11;14)
    - ☐ Yes
    - ☐ No
    - ☐ Not done

34. t(11;18)
    - ☐ Yes
    - ☐ No
    - ☐ Not done

35. t(14;18)
    - ☐ Yes
    - ☐ No
    - ☐ Not done

36. i(7q)(q10)
    - ☐ Yes
    - ☐ No
    - ☐ Not done

37. del(17p) / 17p-
    - ☐ Yes
    - ☐ No
    - ☐ Not done

38. P53 deletion
- ☐ Yes
- ☐ No
- ☐ Not done

39. BCL-2 rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

40. BCL-2 amplification *(extra copies / signals)*
- ☐ Yes
- ☐ No
- ☐ Not done

41. BCL-6 rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

42. BCL-6 amplification *(extra copies / signals)*
- ☐ Yes
- ☐ No
- ☐ Not done

43. C-MYC rearrangement
- ☐ Yes
- ☐ No
- ☐ Not done

44. C-MYC amplification *(extra copies / signals)*
- ☐ Yes
- ☐ No
- ☐ Not done

45. DUSP22-rearrangement
- ☐ Yes
- ☐ No

☐ Not done

46. Immunoglobulin heavy (IgH) chain rearrangement
    - ☐ Yes
    - ☐ No
    - ☐ Not done

47. TP63-rearrangement
    - ☐ Yes
    - ☐ No
    - ☐ Not done

48. Other abnormality
    - ☐ Yes – ***Go to question 49***
    - ☐ No – ***Go to question 50***
    - ☐ Not done – ***Go to question 50***

    49. Specify other abnormality: _____

50. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*
    - ☐ Yes
    - ☐ No

51. Were cytogenetics tested via karyotyping?
    - ☐ Yes - ***Go to question 52***
    - ☐ No - ***Go to question 56***

52. Results of tests
    - ☐ Abnormalities identified - ***Go to question 53***
    - ☐ No evaluable metaphases- ***Go to question 55***
    - ☐ No abnormalities- ***Go to question 55***

Specify if any of the following cytogenetic abnormalities were identified at diagnosis:

53. Specify abnormalities *(check all that apply)*
    - ☐ t(2;5)
    - ☐ t(2;8)
    - ☐ t(8;14)
    - ☐ t(8;22)

- ☐ t(11;14)
- ☐ t(11;18)
- ☐ t(14;18)
- ☐ i(7q)(q10)
- ☐ del(17p) / 17p-
- ☐ P53 deletion
- ☐ Other abnormality– ***Go to question 54***

54. Specify other abnormality: _____

55. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*
- ☐ Yes
- ☐ No

Laboratory Studies at Diagnosis

Questions 56-68 will selectively enable depending on the histology at diagnosis (question 1).

56. WBC *(mantle cell and all Hodgkin histologies)*
- ☐ Known – ***Go to question 57***
- ☐ Unknown – ***Go to question 58***

57. ___ ___ ___ ___ ___ ___ • ___
- ☐ x 10^9/L (x 10^3/mm^3)
- ☐ x 10^6/L

58. Hemoglobin *(follicular and all Hodgkin histologies)*
- ☐ Known – ***Go to question 59***
- ☐ Unknown – ***Go to question 60***

59. ___ ___ ___ ___ • ___ ___
- ☐ g/dL
- ☐ g/L
- ☐ mmol/L

60. Absolute lymphocyte count *(all Hodgkin histologies)*
- ☐ Known – ***Go to question 61***
- ☐ Unknown – ***Go to question 62***

61. ___ ___ ___ ___ ___ ___
- ☐ x 10^9/L (x 10^3/mm^3)
- ☐ x 10^6/L

62. Lymphocytes *(percentage) (all Hodgkin histologies)*

☐ Known – ***Go to question 63***

☐ Unknown – ***Go to question 64***

63. __ __ __%

64. Serum albumin *(all Hodgkin histologies)*

☐ Known – ***Go to question 65***

☐ Unknown – ***Go to question 66***

65. ___ ___ • ___ ☐ g/dL

☐ g/L

66. LDH *(all histologies)*

☐ Known – ***Go to question 67***

☐ Unknown – ***Go to question 69***

67. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L

☐ µkat/L

68. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___ ☐ U/L

☐ µkat/L

Assessment of Nodal and Organ Involvement at Diagnosis

69. Was a PET (or PET/CT) scan performed?

☐ Yes ***– Go to question 70***

☐ No – ***Go to question 71***

70. Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?

☐ Yes

☐ No

71. Did the recipient have known nodal involvement?

☐ Yes – ***Go to question 72, Follicular go to question 73***

☐ No – ***Go to question 75***

72. Specify the total number of nodal regions involved *(excluding follicular)*

- ☐ One nodal region – ***Go to question 74***
- ☐ Two or more nodal regions ***– Go to question 74***
- ☐ Unknown – ***Go to question 74***

73. Specify the total number of nodal regions involved *(follicular only)*
    - ☐ ≥5
    - ☐ <5
    - ☐ Unknown

74. Specify the size of the largest nodal mass: ___ ___ . __ cm x ___ ___ . __ cm

75. Was there any extranodal or splenic involvement? *(at diagnosis, prior to any transformation)*
    - ☐ Yes – ***Go to question 76***
    - ☐ No – ***Go to question 78***
    - ☐ Unknown – ***Go to question 78***

Specify site(s) of extranodal involvement:

76. Specify site(s) of involvement *(check all that apply)*
    - ☐ Adrenal
    - ☐ Bone
    - ☐ Bone marrow
    - ☐ Brain
    - ☐ Cerebrospinal fluid (CSF)
    - ☐ Epidural space
    - ☐ Gastrointestinal (GI) tract
    - ☐ Heart
    - ☐ Kidney
    - ☐ Leptomeningeal involvement
    - ☐ Liver
    - ☐ Lung
    - ☐ Pericardium
    - ☐ Pleura
    - ☐ Skin
    - ☐ Spleen
    - ☐ Other site– ***Go to question 77***

77. Specify other site: _____

78. Stage of organ involvement

- ☐ I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- ☐ 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.
- ☐ 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
- ☐ IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- ☐ Unknown

79. Were systemic symptoms (B symptoms) present? *(unexplained fever > 38 C; or night sweats; unexplained weight loss > 10% body weight in six months before diagnosis)*

- ☐ Yes
- ☐ No
- ☐ Unknown

80. ECOG score *(at diagnosis)*

- ☐ Known – ***Go to question 81***
- ☐ Unknown – ***Go to question 82***

81. ECOG score *(at diagnosis)*

- ☐ 0 – Asymptomatic *(Fully active, able to carry on all pre-disease activities without restriction)*
- ☐ 1 **–** Symptomatic but completely ambulatory *(Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)*
- ☐ 2 **–** Symptomatic, < 50% in bed during the day *(Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)*
- ☐ 3 – Symptomatic, > 50% in bed, but not bedbound *(Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)*
- ☐ 4– Bedbound *(Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)*

Disease Assessment at Transformation

82. Is the lymphoma histology reported at diagnosis a transformation from CLL?

- ☐ Yes- ***Go to question 166***– **Also complete Form 2013 – CLL**
- ☐ No– ***Go to question 83***

83. Did the recipient transform to a different lymphoma histology between diagnosis and the start of the preparative regimen / infusion? *(not CLL)*

- ☐ Yes – ***Go to question 84***
- ☐ No – ***Go to question 166***

84. Specify the lymphoma histology *(at transformation)*

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- ☐ EBV-positive nodal T- and NK-cell lymphoma (1892)
- ☐ Extranodal NK / T-cell lymphoma (137)

EBV-positive T- and NK-cell lymphoid proliferations and lymphomas of childhood

- ☐ Systemic EBV-positive T-cell lymphoma of childhood (1855)
- ☐ Other B-cell lymphoma (129) – ***Go to question 85***
- ☐ Other T-cell / NK-cell lymphoma (139) – ***Go to question 85***

85. Specify other lymphoma histology: _____

86. Was documentation submitted to the CIBMTR? *(e.g. path report)*

- ☐ Yes
- ☐ No

87. Was the date of transformation the same as the date of diagnosis?

- ☐ Yes – ***Go to question 166***
- ☐ No – ***Go to question 88***

88. Date of transformation: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

89. Were immunohistochemical stains obtained? *(at transformation)*

- ☐ Yes - ***Go to question 90***
- ☐ No - ***Go to question 109***
- ☐ Unknown - ***Go to question 109***

90. BCL-2

☐ Positive - ***Go to question 91***

☐ Negative - ***Go to question 93***

☐ Unknown - ***Go to question 93***

91. Percent positivity

☐ Known–***Go to question 92***

☐ Unknown –***Go to question 93***

92. Positive: __ __ __%

93. BCL-6

☐ Positive -***Go to question 94***

☐ Negative-***Go to question 96***

☐ Unknown -***Go to question 96***

94. Percent positivity

☐ Known–***Go to question 95***

☐ Unknown –***Go to question 96***

95. Positive: __ __ __%

96. CD5

☐ Positive

☐ Negative

☐ Unknown

97. CD10

☐ Positive

☐ Negative

☐ Unknown

98. CD30

☐ Positive

☐ Negative

☐ Unknown

99. C-MYC

☐ Positive -***Go to question 100***

☐ Negative-***Go to question 102***

☐ Unknown -***Go to question 102***

100. Percent positivity

☐ Known–***Go to question 101***

☐ Unknown –***Go to question 102***

101. Positive: __ __ __%

102. Cyclin D1

☐ Positive

☐ Negative

☐ Unknown

103. EBER ISH *(in situ hybridization)*

☐ Positive

☐ Negative

☐ Unknown

104. Ki-67

☐ Positive -***Go to question 105***

☐ Negative-***Go to question 107***

☐ Unknown -***Go to question 107***

105. Percent positivity

☐ Known–***Go to question 106***

☐ Unknown –***Go to question 107***

106. Positive: __ __ __%

107. MUM1

☐ Positive

☐ Negative

☐ Unknown

108. SOX11

☐ Positive

☐ Negative

☐ Unknown

109. Were cytogenetics tested (karyotyping or FISH)?

- ☐ Yes - ***Go to question 110***
- ☐ No - ***Go to question 140***
- ☐ Unknown - ***Go to question 140***

110. Were cytogenetics tested via FISH?

- ☐ Yes - ***Go to question 111***
- ☐ No- ***Go to question 135***

111. Results of tests

- ☐ Abnormalities identified - ***Go to question 112***
- ☐ No abnormalities- ***Go to question 134***

Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at transformation:

112. t(1;14)

- ☐ Yes
- ☐ No
- ☐ Not done

113. t(2;5)

- ☐ Yes
- ☐ No
- ☐ Not done

114. t(2;8)

- ☐ Yes
- ☐ No
- ☐ Not done

115. t(8;14)

- ☐ Yes
- ☐ No
- ☐ Not done

116. t(8;22)

- ☐ Yes
- ☐ No

☐ Not done

117. t(11;14)

☐ Yes
☐ No
☐ Not done

118. t(11;18)

☐ Yes
☐ No
☐ Not done

119. t(14;18)

☐ Yes
☐ No
☐ Not done

120. i(7q)(q10)

☐ Yes
☐ No
☐ Not done

121. del(17p) / 17p-

☐ Yes
☐ No
☐ Not done

122. P53 deletion

☐ Yes
☐ No
☐ Not done

123. BCL-2 rearrangement

☐ Yes
☐ No
☐ Not done

124. BCL-2 amplification *(extra copies / signals)*

☐ Yes

☐ No

☐ Not done

125. BCL-6 rearrangement

☐ Yes

☐ No

☐ Not done

126. BCL-6 amplification *(extra copies / signals)*

☐ Yes

☐ No

☐ Not done

127. C-MYC rearrangement

☐ Yes

☐ No

☐ Not done

128. C-MYC amplification *(extra copies / signals)*

☐ Yes

☐ No

☐ Not done

129. DUSP22-rearrangement

☐ Yes

☐ No

☐ Not done

130. Immunoglobulin heavy (IgH) chain rearrangement

☐ Yes

☐ No

☐ Not done

131. TP63-rearrangement

☐ Yes

☐ No

☐ Not done

132. Other abnormality

☐ Yes ***Go to question 133***

☐ No

☐ Not done

133. Specify other abnormality: _____

134. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*

☐ Yes

☐ No

135. Were cytogenetics tested via karyotyping?

☐ Yes - ***Go to question 136***

☐ No- ***Go to question 140***

136. Results of tests

☐ Abnormalities identified - ***Go to question 137***

☐ No evaluable metaphases- ***Go to question 139***

☐ No abnormalities- ***Go to question 139***

Specify if any of the following cytogenetic abnormalities were identified at transformation:

137. Specify abnormalities *(check all that apply)*

☐ t(2;5)

☐ t(2;8)

☐ t(8;14)

☐ t(8;22)

☐ t(11;14)

☐ t(11;18)

☐ t(14;18)

☐ i(7q)(q10)

☐ del(17p) / 17p-

☐ P53 deletion

☐ Other abnormality– ***Go to question 138***

138. Specify other abnormality: _____

139. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

☐ Yes

☐ No

Laboratory Studies at Transformation

Questions 140-152 will selectively enable depending on the histology at transformation (question 84).

140. WBC *(mantle cell and all Hodgkin histologies)*

☐ Known – ***Go to question 141***

☐ Unknown – ***Go to question 142***

141. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

142. Hemoglobin *(follicular and all Hodgkin histologies)*

☐ Known – ***Go to question 143***

☐ Unknown – ***Go to question 144***

143. ___ ___ ___ ___ • ___ ___ ☐ g/dL

☐ g/L

☐ mmol/L

144. Absolute lymphocyte count *(all Hodgkin histologies)*

☐ Known – ***Go to question 145***

☐ Unknown – ***Go to question 146***

145. ___ ___ ___ ___ ___ ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

146. Lymphocytes *(percentage) (all Hodgkin histologies)*

☐ Known – ***Go to question 147***

☐ Unknown – ***Go to question 148***

147. __ __ __%

148. Serum albumin *(all Hodgkin histologies)*

☐ Known – ***Go to question 149***

☐ Unknown – ***Go to question 150***

149. ___ ___ • ___ ☐ g/dL
☐ g/L

150. LDH *(all histologies)*
☐ Known – ***Go to question 151***
☐ Unknown – ***Go to question 153***

151. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L
☐ µkat/L

152. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___ ☐ U/L
☐ µkat/L

Assessment of Nodal and Organ Involvement at Transformation

153. Was a PET (or PET/CT) scan performed?
☐ Yes – ***Go to question 154***
☐ No – ***Go to question 155***

154. Was the PET (or PET/CT) scan positive for lymphoma involvement at any disease site?
☐ Yes
☐ No

155. Did the recipient have known nodal involvement?
☐ Yes– ***Go to question 156, Follicular go to question 157***
☐ No – ***Go to question 159***

156. Specify the total number of nodal regions involved (excluding follicular)
☐ One nodal region– ***Go to question 158***
☐ Two or more nodal regions**– *Go to question 158***
☐ Unknown– ***Go to question 158***

157. Specify the total number of nodal regions involved *(follicular only)*
☐ ≥5
☐ <5
☐ Unknown

158. Specify the size of the largest nodal mass: ___ ___ . __ cm x ___ ___ . __ cm

159. Was there any extranodal or splenic involvement? *(at transformation)*

- ☐ Yes – ***Go to question 160***
- ☐ No – ***Go to question 162***
- ☐ Unknown – ***Go to question 162***

Specify site(s) of extranodal involvement:

160. Specify site(s) of involvement *(check all that apply)*

- ☐ Adrenal
- ☐ Bone
- ☐ Bone marrow
- ☐ Brain
- ☐ Cerebrospinal fluid (CSF)
- ☐ Epidural space
- ☐ Gastrointestinal (GI) tract
- ☐ Heart
- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung
- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site– ***Go to question 161***

161. Specify other site: _____

162. Stage of organ involvement *(at transformation)*

- ☐ I – Involvement of a single lymph node region or of a single extralymphatic organ or site
- ☐ 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.
- ☐ 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
- ☐ IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- ☐ Unknown

163. Were systemic symptoms (B symptoms) present? *(unexplained fever > 38 C; or night sweats; unexplained weight loss > 10% body weight in six months before transformation)*

- ☐ Yes
- ☐ No
- ☐ Unknown

164. ECOG score *(at transformation)*

- ☐ Known – ***Go to question 165***
- ☐ Unknown – ***Go to question 166***

165. ECOG score *(at transformation)*

- ☐ 0 – Asymptomatic *(Fully active, able to carry on all pre-disease activities without restriction)*
- ☐ 1 **–** Symptomatic but completely ambulatory *(Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)*
- ☐ 2 **–** Symptomatic, <50% in bed during the day *(Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)*
- ☐ 3 – Symptomatic, >50% in bed, but not bedbound *(Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)*
- ☐ 4– Bedbound *(Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)*

Pre-HCT or Pre-Infusion Therapy

166. Was therapy given?

- ☐ Yes- ***Go to question 167***
- ☐ No – ***Go to question 224***

Line of Therapy

167. Systemic therapy

- ☐ Yes - ***Go to question 168***
- ☐ No – ***Go to question 180***

168. Date therapy started

- ☐ Known - ***Go to question 169***
- ☐ Unknown – ***Go to question 170***

169. Date started: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

170. Date therapy stopped

☐ Known - ***Go to question 171***

☐ Unknown – ***Go to question 172***

171. Date stopped: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

172. Number of cycles

☐ Known – ***Go to question 173***

☐ Unknown – ***Go to question 174***

173. Number of cycles: ___ ___

174. Was a standard drug regimen given? *(as part of this line of therapy) (with or without additional therapy)*

☐ Yes – ***Go to question 175***

☐ No – ***Go to question 176***

175. Specify regimen *(given as part of this line of therapy)*

☐ ABVD (Doxorubicin, Bleomycin, Vinblastine, Dacarbazine)

☐ ACVBP (Doxorubicin, Cyclophosphamide, Vindesine, Bleomycin, Prednisone)

☐ R-ACVBP (Rituximab, Doxorubicin, Cyclophosphamide, Vindesine, Bleomycin, Prednisone)

☐ AspaMetDex (Asparaginase, Methotrexate, Dexamethasone)

☐ AVD (Doxorubicin, Vinblastine, Dacarbazine)

☐ AVD (Doxorubicin, Vinblastine, Dacarbazine) **+** Brentuximab vedotin

☐ BAC (Bendamustine, Cytarabine)

☐ R-BAC (Rituximab, Bendamustine, Cytarabine)

☐ BEACOPP, **standard** (Bleomycin, Etoposide, Doxorubicin, Cyclophosphamide, Vincristine, Procarbazine, Prednisone)

☐ BEACOPP, **dose escalated** (Bleomycin, Etoposide, Doxorubicin, Cyclophosphamide, Vincristine, Procarbazine, Prednisone)

☐ BR (Bendamustine and Rituximab)

☐ CHOP (Cyclophosphamide, Doxorubicin, Vincristine, Prednisone)

☐ R-CHOP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone)

☐ R-CHOP **alternating with** R-DHAP

☐ CHOEP (Cyclophosphamide, Doxorubicin, Vincristine, Etoposide, Prednisone)

☐ R-CHOEP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Etoposide, Prednisone)

☐ CODOX-M (Cyclophosphamide, Vincristine, Doxorubicin, high-dose Methotrexate)

- ☐ CODOX-M **alternating with** IVAC (Ifosfamide, Etoposide, high-dose Cytarabine)
- ☐ CVP (Cyclophosphamide, Vincristine, Prednisone)
- ☐ R-CVP (Rituximab, Cyclophosphamide, Vincristine, Prednisone)
- ☐ DA-EPOCH (Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin hydrochloride)
- ☐ R-DA-EPOCH (Rituximab, Etoposide, Prednisone, Vincristine, Cyclophosphamide, Doxorubicin hydrochloride)
- ☐ DHAP (Dexamethasone, Cytarabine, Cisplatin)
- ☐ R-DHAP (Rituximab, Dexamethasone, Cytarabine, Cisplatin)
- ☐ DeVIC (Dexamethasone, Etoposide, Ifosfamide, Carboplatin)
- ☐ ESHAP (Etoposide, Methylprednisolone, Cytarabine, Cisplatin)
- ☐ R-ESHAP (Rituximab, Etoposide, Methylprednisolone, Cytarabine, Cisplatin)
- ☐ FCM (Fludarabine, Cyclophosphamide, Mitoxantrone)
- ☐ R-FCM (Rituximab, Fludarabine, Cyclophosphamide, Mitoxantrone)
- ☐ GDP (Gemcitabine, Dexamethasone, Cisplatin)
- ☐ R-GDP (Rituximab, Gemcitabine, Dexamethasone, Cisplatin)
- ☐ GemOx (Gemcitabine, Oxaliplatinum)
- ☐ R-GemOx (Rituximab, Gemcitabine, Oxaliplatinum)
- ☐ GVD (Gemcitabine, Vinorelbine, pegylated liposomal Doxorubicin)
- ☐ R-GVD (Rituximab, Gemcitabine, Vinorelbine, pegylated liposomal Doxorubicin)
- ☐ HD-MTX / ARA-C (high-dose Methotrexate with high-dose Cytarabine)
- ☐ R-HD-MTX / ARA-C (Rituximab, high-dose Methotrexate with high-dose Cytarabine)
- ☐ Hyper-CVAD (Cyclophosphamide, Vincristine, Doxorubicin, Dexamethasone)
- ☐ R-Hyper-CVAD (Rituximab, Cyclophosphamide, Vincristine, Doxorubicin, Dexamethasone)
- ☐ Hyper-CVAD **alternating with** cytarabine, methotrexate
- ☐ R-Hyper-CVAD **alternating with** R-cytarabine, methotrexate
- ☐ ICE (Ifosfamide, Carboplatin, Etoposide)
- ☐ R-ICE (Rituximab, Ifosfamide, Carboplatin, Etoposide)
- ☐ IVE (Ifosfamide, Epirubicin, Etoposide)
- ☐ MOPP (Mechlorethamine, Vincristine, Procarbazine, Prednisone)
- ☐ Stanford V (Doxorubicin, Vinblastine, Mechlorethamine, Vincristine, Bleomycin, Etoposide, Prednisone)
- ☐ MATRix (high-dose Methotrexate, Cytarabine, Thiotepa, Rituximab)
- ☐ MRT (high-dose Methotrexate, Rituximab, Temozolomide)
- ☐ MPV (high-dose Methotrexate, Procarbazine, Vincristine)
- ☐ R-MPV (Rituximab, high-dose Methotrexate, Procarbazine, Vincristine)

- ☐ Nordic regimen (R-maxCHOP alternating with high-dose Cytarabine)
- ☐ R-Square (Rituximab and Lenalidiomide)
- ☐ SMILE (Steroids, Methotrexate, Ifosfamide, L-asaraginase, Etoposide)
- ☐ VIPD (Etoposide, Ifosfamide, Cisplatin, Dexamethasone)

176. Were systemic drugs given? *(as part of this line of therapy) (Report drugs given that were not already reported as one of the standard regimens, OR drugs given in addition to one of the standard regimens reported above as part of the same line of therapy)*

- ☐ Yes **– *Go to question 177***
- ☐ No – ***Go to question 179***

177. Systemic drugs *(check all drugs given as part of this line of therapy)*

- ☐ Acalabrutinib (Calquence)
- ☐ Alemtuzumab (Campath)
- ☐ Bendamustine (Trenda)
- ☐ Bexarotene (Targretin)
- ☐ Bleomycin (BLM, Blenoxane)
- ☐ Bortezomib (Velcade)
- ☐ Brentuximab vedotin
- ☐ Carboplatin
- ☐ Carmustine (BCNU, Gliadel)
- ☐ Cisplatin (Platinol, CDDP)
- ☐ Cladribine (2-CdA, Leustatin)
- ☐ Copanlisib
- ☐ Corticosteroids
- ☐ Cyclophosphamide (Cytoxan)
- ☐ Cytarabine (Ara-C)
- ☐ High-dose Cytarabine (Ara-C)
- ☐ Dacarbazine (DTIC)
- ☐ Doxorubicin (Adriamycin)
- ☐ Doxorubicin liposomal (Doxil)
- ☐ Etoposide (VP-16, VePesid)
- ☐ Everolimus (RAD-001)
- ☐ Fludarabine (Fludara)
- ☐ Gemcitabine (Gemzar)
- ☐ Ibritumomab tiuxetan (Zevalin)
- ☐ Ibrutinib (Imbruvica)

- ☐ Idelalisib (Zydelig)
- ☐ Ifosfamide (Ifex)
- ☐ Ipilimumab (Yervoy)
- ☐ Ixazomib (Ninlaro)
- ☐ L-asparaginase
- ☐ PEG-asparaginase
- ☐ Lenalidomide (Revlimid)
- ☐ Methotrexate (MTX)
- ☐ High-dose Methotrexate (defined as IV doses ≥2.5 gm/m2)
- ☐ Mitoxantrone (Novantrone)
- ☐ Mogamulizumab
- ☐ Nivolumab (Opdivo)
- ☐ Obinutuzumab (Gazyva)
- ☐ Ofatumumab (Arzerra, HuMAX-CD20)
- ☐ Pembrolizumab (Keytruda)
- ☐ Pentostatin (Nipent)
- ☐ Pralatrexate (Folotyn)
- ☐ Procarbazine (Matulane)
- ☐ Rituximab (Rituxan, MabThera)
- ☐ Romidepsin (Istodax)
- ☐ Temozolomide (Temodar)
- ☐ Temsirolimus (Torisel)
- ☐ Tositumomab (Bexxar)
- ☐ Venetoclax
- ☐ Vinblastine (Velban, VLB)
- ☐ Vincristine (VCR, Oncovin)
- ☐ Vinorelbine (Navelbine)
- ☐ Vorinostat (Zolinza)
- ☐ Other systemic therapy– ***Go to question 178***

178. Specify other systemic therapy: _____

179. Was this line of therapy given for stem cell mobilization (priming)?

- ☐ Yes
- ☐ No

180. Intrathecal therapy

☐ Yes– ***Go to question 181***

☐ No– ***Go to question 188***

181. Reason for intrathecal therapy

☐ Prophylaxis

☐ Treatment for CNS disease

☐ Unknown

182. Date therapy started

☐ Known – ***Go to question 183***

☐ Unknown – ***Go to question 184***

183. Date started: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

184. Date therapy stopped

☐ Known – ***Go to question 185***

☐ Unknown – ***Go to question 186***

185. Date stopped: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

186. Specify intrathecal therapy

☐ Intrathecal methotrexate

☐ Intrathecal cytarabine

☐ Intrathecal depo-cytarabine

☐ Intrathecal methylprednisolone

☐ Intrathecal rituximab

☐ Other intrathecal therapy **– *Go to question 187***

187. Specify other intrathecal therapy: _____

188. Intraocular therapy

☐ Yes– ***Go to question 189***

☐ No– ***Go to question 196***

189. Reason for intraocular therapy

☐ Prophylaxis

☐ Treatment for ocular disease

☐ Unknown

190. Date therapy started

☐ Known – ***Go to question 191***

☐ Unknown – ***Go to question 192***

191. Date started: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

192. Date therapy stopped

☐ Known – ***Go to question 193***

☐ Unknown – ***Go to question 194***

193. Date stopped: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

194. Specify intraocular therapy

☐ Intraocular methotrexate

☐ Intraocular rituximab

☐ Other intraocular therapy **– *Go to question 195***

195. Specify other intraocular therapy: _____

196. Radiation therapy

☐ Yes**– *Go to question 197***

☐ No**– *Go to question 209***

197. Date therapy started

☐ Known – ***Go to question 198***

☐ Unknown **– *Go to question 199***

198. Date started: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

199. Date therapy stopped

☐ Known – ***Go to question 200***

☐ Unknown – ***Go to question 201***

200. Date stopped: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

201. What was the extent of the radiation field?

- ☐ Craniospinal
- ☐ Extended
- ☐ Involved field radiotherapy (IFRT)
- ☐ Involved node
- ☐ Mantle field
- ☐ Whole brain radiation
- ☐ Unknown

Specify site(s) of radiation therapy:

202. Specify site of radiation *(check all that apply)*

- ☐ Abdominopelvic
- ☐ Cervical spine
- ☐ Inguinal
- ☐ Mediastinum / chest
- ☐ Other site– ***Go to question 203***

203. Specify other site: _____

204. Dose per fraction: ___ ___ ___ ☐ Gy
☐ cGy

205. Total number of fractions: ___ ___

206. Total dose: ___ ___ ___ ____ ☐ Gy
☐ cGy

207. Specify technique

- ☐ Electron beam– ***Go to question 209***
- ☐ Proton – ***Go to question 209***
- ☐ Other – ***Go to question 208***
- ☐ Unknown– ***Go to question 209***

208. Specify other technique: _____

209. Surgery

- ☐ Yes – ***Go to question 210***
- ☐ No – ***Go to question 215***

210. Date of surgery

- ☐ Known – ***Go to question 211***
- ☐ Unknown – ***Go to question 212***

211. Date of surgery: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

212. Splenectomy

- ☐ Yes
- ☐ No

213. Other site

- ☐ Yes – ***Go to question 214***
- ☐ No – ***Go to question 215***

214. Specify other site: _____

215. Photopheresis

- ☐ Yes
- ☐ No

216. Cellular therapy *(e.g. CAR-T cells)*

- ☐ Yes
- ☐ No

217. Best response to line of therapy by CT (radiographic) criteria

- ☐ Complete remission (CR) ***– Go to question 218***
- ☐ Partial remission (PR)***– Go to question 218***
- ☐ No response (NR) / Stable disease (SD) ***– Go to question 218***
- ☐ Progressive disease (PD) ***– Go to question 218***
- ☐ Not assessed – ***Go to question 219***

218. Date assessed: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

219. Best response to line of therapy by PET (metabolic) criteria

- ☐ Complete remission (CR) ***– Go to question 220***
- ☐ Partial remission (PR)***– Go to question 220***
- ☐ No response (NR) / Stable disease (SD) ***– Go to question 220***

☐ Progressive disease (PD) **– *Go to question 220***

☐ Not assessed – ***Go to question 221***

220. Date assessed: ___ ___ ___ ___ - ___ ___ - ___ __
YYYY MM DD

221. Was this line of therapy maintenance / consolidation?

☐ Yes

☐ No

222. Did disease relapse / progression occur following this line of therapy?

☐ Yes– ***Go to question 223***

☐ No– ***Go to question 224***

223. Date of relapse/progression: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Copy questions 167- 223 to report more than one line of therapy.

Disease Assessment at the Failure of 1st Line Therapy (DLBCL only)

224. Did recipient achieve a CR after 1st line of therapy?

☐ Yes– ***Go to question 234***

☐ No– ***Go to question 225***

225. LDH

☐ Known– ***Go to question 226***

☐ Unknown – ***Go to question 228***

226. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L
☐ µkat/L

227. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___ ☐ U/L
☐ µkat/L

228. Stage of organ involvement

☐ I – Involvement of a single lymph node region or of a single extralymphatic organ or site

☐ 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.

- ☐ 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
- ☐ IV – Diffuse or disseminated involvement of one or more extralymphatic organs in tissues with or without associated lymph node enlargement
- ☐ Unknown

229. ECOG score

- ☐ Known – ***Go to question 230***
- ☐ Unknown – ***Go to question 231***

230. ECOG score

- ☐ 0 – Asymptomatic *(Fully active, able to carry on all pre-disease activities without restriction)*
- ☐ 1 **–** Symptomatic but completely ambulatory *(Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)*
- ☐ 2 **–** Symptomatic, <50% in bed during the day *(Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)*
- ☐ 3 – Symptomatic, >50% in bed, but not bedbound *(Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)*
- ☐ 4– Bedbound *(Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)*

231. Did the recipient have extranodal involvement?

- ☐ Yes – ***Go to question 232***
- ☐ No – ***Go to question 234***
- ☐ Unknown – ***Go to question 234***

232. Specify site(s) of involvement *(check all that apply)*

- ☐ Adrenal
- ☐ Bone
- ☐ Bone marrow
- ☐ Brain
- ☐ Cerebrospinal fluid (CSF)
- ☐ Epidural space
- ☐ Gastrointestinal (GI) tract
- ☐ Heart
- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung

- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site - ***Go to question 233***

233. Specify other site: _____

Disease Assessment at Last Evaluation Prior to the Start of the Preparative Regimen / Infusion

234. Were cytogenetics tested (karyotyping or FISH)?
- ☐ Yes - ***Go to question 235***
- ☐ No- ***Go to question 265***
- ☐ Unknown- ***Go to question 265***

235. Were cytogenetics tested via FISH?
- ☐ Yes- ***Go to question 236***
- ☐ No***- Go to question 260***

236. Results of tests
- ☐ Abnormalities identified - ***Go to question 237***
- ☐ No abnormalities- ***Go to question 259***

Specify if any of the following cytogenetic abnormalities or gene rearrangements were identified at the last evaluation prior to the start of the preparative regimen:

237. t(1;14)
- ☐ Yes
- ☐ No
- ☐ Not done

238. t(2;5)
- ☐ Yes
- ☐ No
- ☐ Not done

239. t(2;8)
- ☐ Yes
- ☐ No

☐ Not done

240. t(8;14)

☐ Yes
☐ No
☐ Not done

241. t(8;22)

☐ Yes
☐ No
☐ Not done

242. t(11;14)

☐ Yes
☐ No
☐ Not done

243. t(11;18)

☐ Yes
☐ No
☐ Not done

244. t(14;18)

☐ Yes
☐ No
☐ Not done

245. i(7q)(q10)

☐ Yes
☐ No
☐ Not done

246. del(17p) / 17p-

☐ Yes
☐ No
☐ Not done

247. P53 deletion

☐ Yes

☐ No

☐ Not done

248. BCL-2 rearrangement

☐ Yes

☐ No

☐ Not done

249. BCL-2 amplification *(extra copies / signals)*

☐ Yes

☐ No

☐ Not done

250. BCL-6 rearrangement

☐ Yes

☐ No

☐ Not done

251. BCL-6 amplification *(extra copies / signals)*

☐ Yes

☐ No

☐ Not done

252. C-MYC rearrangement

☐ Yes

☐ No

☐ Not done

253. C-MYC amplification *(extra copies / signals)*

☐ Yes

☐ No

☐ Not done

254. DUSP22-rearrangement

☐ Yes

☐ No

☐ Not done

255. Immunoglobulin heavy (IgH) chain rearrangement

☐ Yes
☐ No
☐ Not done

256. TP63-rearrangement
☐ Yes
☐ No
☐ Not done

257. Other abnormality
☐ Yes - ***Go to question 258***
☐ No
☐ Not done

258. Specify other abnormality: _____

259. Was documentation submitted to the CIBMTR? *(e.g. FISH report)*
☐ Yes
☐ No

260. Were cytogenetics tested via karyotyping?
☐ Yes - ***Go to question 261***
☐ No- ***Go to question 265***

261. Results of tests
☐ Abnormalities identified - ***Go to question 262***
☐ No evaluable metaphases- ***Go to question 264***
☐ No abnormalities- ***Go to question 264***

Specify if any of the following cytogenetic abnormalities were identified at the last evaluation prior to the start of the preparative regimen:

262. Specify abnormalities *(check all that apply)*
☐ t(2;5)
☐ t(2;8)
☐ t(8;14)
☐ t(8;22)
☐ t(11;14)
☐ t(11;18)

- ☐ t(14;18)
- ☐ i(7q)(q10)
- ☐ del(17p) / 17p-
- ☐ P53 deletion
- ☐ Other abnormality– ***Go to question 263***

263. Specify other abnormality: _____

264. Was documentation submitted to the CIBMTR? *(e.g. karyotyping report)*

- ☐ Yes
- ☐ No

Laboratory studies at the last evaluation prior to the start of the preparative regimen:

Questions 265-268 will selectively enable depending on the histology at transformation (question 84) or at diagnosis (question 1) if no transformation was reported.

265. Hemoglobin *(follicular and all Hodgkin histologies)*

- ☐ Known – ***Go to question 266***
- ☐ Unknown – ***Go to question 267***

266. ___ ___ ___ ___ • ___ ___

- ☐ g/dL
- ☐ g/L
- ☐ mmol/L

267. Absolute lymphocyte count *(all Hodgkin histologies)*

- ☐ Known – ***Go to question 268***
- ☐ Unknown – ***Go to question 269***

268. ___ ___ ___ ___ ___ ___

- ☐ x 10^9/L (x 10^3/mm^3)
- ☐ x 10^6/L

269. Was minimal residual disease (MRD) assessed during the pre-HCT or pre-infusion evaluation?

- ☐ Yes – ***Go to question 270***
- ☐ No – ***Go to question 283***
- ☐ Unknown – ***Go to question 283***

Specify methods of assessment and results:

270. Flow cytometry

- ☐ Positive– ***Go to question 271***
- ☐ Negative– ***Go to question 274***
- ☐ Not done– ***Go to question 274***

271. Sample source

- ☐ Blood
- ☐ Bone marrow
- ☐ Other - ***Go to question 272***

272. Specify other sample source: _____

273. Date sample collected: __ __ __ __ - __ __ - __ __
YYYY MM DD

274. PCR

- ☐ Positive– ***Go to question 275***
- ☐ Negative– ***Go to question 278***
- ☐ Not done– ***Go to question 278***

275. Sample source

- ☐ Blood– ***Go to question 277***
- ☐ Bone marrow– ***Go to question 277***
- ☐ Other - ***Go to question 276***

276. Specify other sample source: _____

277. Date sample collected: __ __ __ __ - __ __ - __ __
YYYY MM DD

278. Next generation sequencing *(NGS, 3rd gen)*

- ☐ Positive– ***Go to question 279***
- ☐ Negative**– *Go to question 282***
- ☐ Not done– ***Go to question 283***

279. Sample source

- ☐ Blood- ***Go to question 281***

☐ Bone marrow- ***Go to question 281***

☐ Other - ***Go to question 280***

280. Specify other sample source: _____

281. Date sample collected: __ __ __ __ - __ __ - __ __
YYYY MM DD

282. Was documentation submitted to the CIBMTR? *(e.g. path report)*

☐ Yes

☐ No

283. Did the recipient have known nodal involvement? *(at last evaluation)*

☐ Yes – ***Go to question 285, follicular go to question 284***

☐ No – ***Go to question 286***

284. Specify the total number of nodal regions involved *(follicular only)*

☐ ≥5

☐ <5

☐ Unknown

285. Specify the size of the largest nodal mass: ___ ___ . __cm x ___ ___ . __ cm

286. Was there any extranodal or splenic involvement? *(at last evaluation)*

☐ Yes – ***Go to question 287***

☐ No – ***Go to question First Name***

☐ Unknown – ***Go to question First Name***

Specify site(s) of extranodal involvement:

287. Specify site(s) of involvement *(check all that apply)*

☐ Adrenal

☐ Bone

☐ Bone marrow

☐ Brain

☐ Cerebrospinal fluid (CSF)

☐ Epidural space

☐ Gastrointestinal (GI) tract

☐ Heart

- ☐ Kidney
- ☐ Leptomeningeal involvement
- ☐ Liver
- ☐ Lung
- ☐ Pericardium
- ☐ Pleura
- ☐ Skin
- ☐ Spleen
- ☐ Other site - ***Go to question 288***

288. Specify other site: _____