3500: Subsequent Neoplasms

The Subsequent Neoplasms (3500) form must be completed when a new malignancy is reported on the Post-TED (2450), Post-HCT Follow-Up (2100) or Cellular Therapy Essential Data Follow-Up Form (4100) form. Reported new malignancies should be different than the disease / disorder for which the infusion or cellular therapy was performed. Do not report relapse, progression, or transformation of the same disease subtype as a new malignancy.

New malignancies, lymphoproliferative disorders, and myeloproliferative disorders include but are not limited to:

- Skin cancers (basal, squamous, melanoma)
- New leukemia
- New myelodysplasia
- Solid tumors
- PTLD (post-transplant lymphoproliferative disorder) report as Non-Hodgkin lymphoma

The following should not be reported as new malignancy:

- Recurrence of primary disease (report as relapse or disease progression)
- Relapse of malignancy from recipient's pre-cellular therapy medical history
- Breast cancer found in other (i.e., opposite) breast (report as relapse)
- Post-cellular therapy cytogenetic abnormalities associated with the pre-cellular therapy diagnosis (report as relapse)

A separate form 3500 must be submitted to report each new malignancy diagnosed since the date of last report. Reporting a new malignancy / disorder on a Post-TED (2450), Post-HCT Follow-Up (2100) or Cellular Therapy Essential Data Follow-Up Form (4100) form will make one Subsequent Neoplasm (3500) form come due. This form will also have the option to be created on-demand (on-demand is when a form can be generated at any time). If more than one new malignancy occurs during a reporting period, the Subsequent Neoplasm (3500) form can be made on demand. Contact the CIBMTR Customer Service Center with any questions.

The submission of a pathology report or other supportive documentation for each reported new malignancy is strongly recommended.

Links to sections of the form:
Q1 – 12: New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder
Q13 – 24: Post-Transplant Lymphoproliferative Disorder

Manual Updates:
Sections of the Forms Instruction Manual are frequently updated. The most recent updates to the manual can be found below. For additional information, select the manual section and review the updated text.

If you need to reference the historical Manual Change History for this form, please reference the retired manual section on the Retired Forms Manuals webpage.

Date	Manual Section	Add/ Remove/ Modify	Description
7/19/ 2023	3500: Subsequent Neoplasms	Add	PTLD blue info box added and clarified PTLD should be reported as NHL in Q1: ***Post-Transplant Lymphoproliferative Disorder (PTLD)*** *PTLD should be reported as a new malignancy if it was confirmed via a biopsy (treatment not required) or suspected to be PTLD and treated* *Indicate which new malignancy / disorder was diagnosed during the reporting period and any applicable questions. If the new malignancy / disorder is not found in the list, select Other new malignancy and report the malignancy in question 8. An example of an Other new malignancy includes histiocytic sarcoma. Report myeloid sarcoma as Acute myeloid leukemia (AML / ANLL). Report post-transplant lymphoproliferative disorder (PTLD) as NHL.*
9/23/ 2022	3500: Subsequent Neoplasms	Add	The Reporting Multiple New Malignancies and Recurrent Skin Cancers note boxes above question 1 were updated to accordingly to include the instructions also apply to the Post-TED (2450) form.
7/23/ 2021	3500: Subsequent Neoplasms	Modify	Version 2 of the 3500: Subsequent Neoplasms section of the Forms Instructions Manual released. Version 2 corresponds to revision 2 of the Form 3500.

Last modified: Jul 19, 2023

Q1 – 12: New Malignancy, Lymphoproliferative or Myeloproliferative Disease / Disorder

Reporting Multiple New Malignancies
A single Subsequent Neoplasms (3500) form will come due whenever a new malignancy / disorder is reported on the Post-TED (2450), Post-HCT Follow-Up (2100) or Cellular Therapy Essential Data Follow-Up Form (4100) form. However, if there is a diagnosis of more than one malignancy in the reporting period, a separate Subsequent Neoplasms (3500) form must be submitted to report each new malignancy.

The submission of pathology reports or other supportive documentation for each reported new malignancy is *strongly* recommended.

Recurrent Skin Cancers
For basal cell or squamous cell skin cancer, report each discreet episode as a new malignancy. For example, a recipient was diagnosed with basal cell skin cancer on the neck in the one-year reporting period and two months later, within the same reporting period, there was a diagnosis of basal cell located on the nose. The lesion on the nose is not considered a metastasis from the neck, but a new discreet lesion. Report **Yes**, there was a new malignancy on the Post-TED (2450), Post-HCT Follow-Up (2100) or Cellular Therapy Essential Data Follow-Up Form (4100) form and a single Subsequent Neoplasms (3500) form will come due to report one of the basal cell malignancies. Create a second Subsequent Neoplasms (3500) form to report the other basal cell malignancy as these are discreet episodes.

Post-Transplant Lymphoproliferative Disorder (PTLD)
PTLD should be reported as a new malignancy if it was confirmed via a biopsy (treatment not required) or suspected to be PTLD and treated.

Question 1: Specify the new malignancy

Indicate which new malignancy / disorder was diagnosed during the reporting period and any applicable questions.

If the new malignancy / disorder is not found in the list, select **Other new malignancy** and report the malignancy in question 8. An example of an **Other new malignancy** includes histiocytic sarcoma.

Report myeloid sarcoma as **Acute myeloid leukemia (AML / ANLL)**.

Report post-transplant lymphoproliferative disorder (PTLD) as **NHL**.

Do not report CNS relapse of lymphoma as a new malignancy for recipients whose primary disease for infusion is lymphoma. This should be reported as relapse. However, in cases where a recipient received an infusion for a disease other than lymphoma and later develops CNS lymphoma, lymphoma should be reported as a new malignancy.

Questions 2 – 3: Was post-transplant lymphoproliferative disorder (PTLD) diagnosed?

If the new malignancy is **Non-Hodgkin lymphoma**, indicate **Yes** or **No** if the PTLD was diagnosed. If **Yes**, specify the type of PTLD. This information will be documented within the pathology report, if available.
• **Monomorphic:** Fulfills the criteria for one of the B-cell or NK/T-cell lymphomas.
• **Polymorphic:** Characterized by the overproduction of both B-cells and T-cells but fail to meet the criteria for lymphoma.

Question 4: Specify oropharyngeal cancer

If the new malignancy is **Oropharyngeal cancer**, specify the type. If the type is not listed, select **Other oropharyngeal cancer**, and specify the type in question 8. Examples of “other” include nasopharynx and hypopharynx.

Question 5: Specify gastrointestinal malignancy

If the new malignancy is **Gastrointestinal cancer**, specify the type. If the type is not listed, select **Other gastrointestinal cancer**, and specify the type in question 8.

Question 6: Specify genitourinary malignancy

If the new malignancy is **Genitourinary cancer**, specify the type. If the type is not listed, select **Other genitourinary cancer**, and specify the type in question 8. Examples include penis and fallopian tube.

Question 7: Specify CNS malignancy

If the new malignancy is **CNS cancer**, specify the type. If the type is not listed, select **Other CNS cancer**, and specify the type in question 8.

Question 8: Specify other new malignancy

Report the other new malignancy.

Question 9: Date of diagnosis

Report the diagnosis date of the new malignancy / disorder, using the pathologic diagnosis date. If the original assessment confirming diagnosis is not available, report the date of diagnosis indicated in the progress notes.

For more information regarding reporting partial or unknown dates, see General Instructions, General

Guidelines for Completing Forms.

Question 10: Was documentation submitted to the CIBMTR? (e.g. pathology report, autopsy report) (CIBMTR recommends attaching documentation)

Indicate whether documentation of the new malignancy, lymphoproliferative disorder, or myeloproliferative disorder was submitted to CIBMTR (e.g., pathology report, autopsy report).

For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Question 11 – 12: Was the new malignancy donor / cell product derived?

Indicate whether the new malignancy originated from the donor / cell product. If **Yes**, indicate whether documentation was submitted to CIBMTR (e.g., cell origin evaluation (VNTR, cytogenetics, FISH)).

For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Section Updates:

Question Number	Date of Change	Add/ Remove/ Modify	Description	Reasoning (If applicable)
Q1	7/22/ 2022	Add	The Reporting Multiple New Malignancies and Recurrent Skin Cancers note boxes were updated to accordingly to include the instructions also apply to the Post-TED (2450) form.	Updated due to Summer 2022 release – a 3500 is now complete for TED, CRF, and CT tracks
Q1	7/19/ 2023	Add	PTLD blue info box added and clarified PTLD should be reported as NHL: ***Post-Transplant Lymphoproliferative Disorder (PTLD)*** *PTLD should be reported as a new malignancy if it was confirmed via a biopsy (treatment not required) or suspected to be PTLD and treated* *Indicate which new malignancy / disorder was diagnosed during the reporting period and any applicable questions. If the new malignancy / disorder is not found in the list, select Other new malignancy and report the malignancy in question 8. An example of an Other new malignancy includes histiocytic sarcoma. Report myeloid sarcoma as Acute myeloid leukemia (AML / ANLL). Report post-transplant lymphoproliferative*	Added for clarification

			disorder (PTLD) as NHL.	

Last modified: Jul 19, 2023

Q13 – 24: Post-Transplant Lymphoproliferative Disorder

> ! The post-transplant lymphoproliferative disorder questions are only enabled if it is reported **Yes**, PTLD was diagnosed in the previous section.

Question 13: Was PTLD confirmed by biopsy?

Indicate **Yes** or **No** if PTLD was confirmed by a biopsy. If **No**, continue with question 16.

Questions 14 – 15: Was the pathology of the tumor EBV positive?

Using the pathology report, indicate **Yes** or **No** if the tumor was EBV positive. Additionally, indicate if documentation was submitted to the CIBMTR. CIBMTR recommends attaching the pathology report in FormsNet3^{SM}.

For further instructions on how to attach documents in FormsNet3^{SM}, refer to the Training Guide.

Question 16: Was there EBV reactivation in the blood?

Indicate **Yes** or **No** if there was EBV reactivation in the blood. If the EBV reactivation (in the blood) was not assessed, select **Not done** and continue with question 22.

Questions 17 – 19: How was EBV reactivation diagnosed?

EBV reactivation may be diagnosed by polymerase chain reaction (PCR) methods (qualitative or quantitative) where a blood sample is taken and manipulated using PCR techniques to determine the presence and classification of an organism by identifying DNA sequences unique to the specific organism.

Indicate how EBV reactivation was diagnosed.

- **Qualitative PCR of blood:** Indicates if EBV was detected (provides “positive” or “negative” results).
- **Quantitative PCR of blood:** Provides the number of copies of EBV detected. If selected, specify the viral load of blood (at diagnosis of EBV) in copies / mL.

If EBV reactivation was diagnosed by a method other than qualitative or quantitative PCR of blood, select **Other method** and specify.

Questions 20 – 21: Was a quantitative PCR of blood performed again after diagnosis?

If EBV reactivation was diagnosed by quantitative PCR of blood, as reported above, indicate **Yes** or **No** if a quantitative PCR of blood was performed again after diagnosis. If **Yes**, report the *highest* EBV viral load of blood in the current reporting period.

Questions 22 – 24: Was there lymphomatous involvement? (e.g. a mass)

Indicate **Yes** or **No** if there was lymphomatous involvement of PTLD. If **Yes**, specify the sites of involvement. Check all that apply.

If **No**, continue with the signature lines.

Section Updates:

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (If applicable)
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Last modified: Sep 23, 2022