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EBMT Centre Identification Code (CIC): \_\_\_\_\_  
 Hospital Unique Patient Number (UPN): \_\_\_\_\_  
 Patient Number in EBMT database: \_\_\_\_\_

Treatment Type  HCT  CT  IST  Other  
 Treatment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

## LYMPHOMAS

### DISEASE

**Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.**

**Date of diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

**Classification:**

- |  |
|--|
| <input type="checkbox"/> B-cell non-Hodgkin lymphoma (NHL)                                     |
| <input type="checkbox"/> T-cell non-Hodgkin lymphoma (NHL)                                     |
| <input type="checkbox"/> Hodgkin lymphoma  |
| <input type="checkbox"/> Immunodeficiency-associated lymphoproliferative disorder (incl. PTLD) |

# LYMPHOMAS

## B-Cell Non-Hodgkin Lymphomas (NHL)

### DISEASE

**Sub-Classification:** Mature B-cell neoplasms

<input type="checkbox"/> Splenic marginal zone lymphoma	
<input type="checkbox"/> Extranodal marginal zone lymphoma of mucosa associated lymphoid tissue (MALT)	
<input type="checkbox"/> Nodal marginal zone lymphoma	
<input type="checkbox"/> Lymphoplasmacytic lymphoma (LPL)	
<input type="checkbox"/> Waldenstrom macroglobulinaemia (LPL with monoclonal IgM)	
<input type="checkbox"/> Follicular lymphoma <div style="float: right; margin-left: 20px;"> <b>Grading:</b>  <input type="checkbox"/> Grade I  <input type="checkbox"/> Grade II  <input type="checkbox"/> Grade IIIa  <input type="checkbox"/> Grade IIIb  <input type="checkbox"/> Not evaluated         </div>	
<input type="checkbox"/> Primary cutaneous follicle centre lymphoma	
<input type="checkbox"/> Mantle cell lymphoma <div style="float: right; margin-left: 20px;"> <b>Grading:</b>  <input type="checkbox"/> Indolent  <input type="checkbox"/> Classical  <input type="checkbox"/> Pleomorphic  <input type="checkbox"/> Blastoid  <input type="checkbox"/> Not evaluated         </div>	
<input type="checkbox"/> T-cell/histiocyte-rich large B cell lymphoma	
<input type="checkbox"/> Primary DLBCL of the CNS	
<input type="checkbox"/> Primary cutaneous DLBCL, leg type	
<input type="checkbox"/> EBV positive DLBCL of the elderly	
<input type="checkbox"/> Germinal centre B-cell type (GCB) DLBCL	
<input type="checkbox"/> Activated B-cell type (ABC or non-GCB) DLBCL	
<input type="checkbox"/> DLBCL associated with chronic inflammation	
<input type="checkbox"/> Lymphomatoid granulomatosis	
<input type="checkbox"/> Primary mediastinal (thymic) large B-cell lymphoma	
<input type="checkbox"/> Intravascular large B-cell lymphoma	
<input type="checkbox"/> ALK-positive large B-cell lymphoma	
<input type="checkbox"/> Plasmablastic lymphoma	
<input type="checkbox"/> HHV8-positive DLBCL,NOS	
<input type="checkbox"/> Diffuse large B-cell lymphoma (DLBCL), (NOS)	
<input type="checkbox"/> Primary effusion lymphoma (PEL)	
<input type="checkbox"/> Burkitt lymphoma (BL)	
<input type="checkbox"/> High-grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements	
<input type="checkbox"/> B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma (Intermediate DLCBL/BL)	
<input type="checkbox"/> B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma (Gray zone lymphoma)	
<input type="checkbox"/> Other B-cell non-Hodgkin lymphoma; specify: _____	

**KI-67:** \_\_ % positive  
*(proliferation index)*

Not evaluated

### DISEASE continued

**High-grade transformation of indolent B-cell lymphoma?**

- No  
 Yes (If not reported yet, complete respective non-indication diagnosis form in addition to the current form)  
 Unknown

**Parameters for international prognostic indices:**

<b>Age at diagnosis:</b>	_____ years	
<b>LDH levels elevated:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated	
<b>Ann Arbor staging:</b>	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Not evaluated	
<b>ECOG performance status:</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Not evaluated	
<b>&gt; 1 extranodal site involved:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated	
<b>&gt; 4 nodal sites involved:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated	
<b>Hemoglobin &lt; 120g/L:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not evaluated	
<b>White Blood Cell count:</b>	_____ x 10 <sup>9</sup> cells/L <input type="checkbox"/> Not evaluated	

### CHROMOSOME ANALYSIS

*Please complete chromosome analysis, molecular marker analysis and immunophenotyping sections only for patients with the following types of B-cell NHL:*

- Mantle cell lymphoma
- Waldenstrom macroglobulinaemia (LPL with monoclonal IgM)
- Burkitt lymphoma or Intermediate DLBCL/BL

**Chromosome analysis done before treatment (all methods including FISH):**

- Not done or failed  
 Yes, abnormal results: number of abnormalities present: \_\_\_\_\_  
 Yes, normal results  
 Unknown

**Date of chromosome analysis (if tested):** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

*Indicate below whether the abnormalities were absent, present or not evaluated. according to the type of lymphoma diagnosed.*

Mantle cell lymphoma or Waldenstrom macroglobulinaemia	<b>del(17p)</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
	<b>FISH used:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Burkitt lymphoma or Intermediate DLBCL/BL	<b>t(2;8)</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
	<b>t(8;14)</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
	<b>t(8;22)</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
	<b>t(14;18)</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
All B-cell lymphomas	<b>Other chromosome abnormalities; specify:</b> _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

### MOLECULAR MARKER ANALYSIS

Please complete chromosome analysis, molecular marker analysis and immunophenotyping sections only for patients with the following types of B-cell NHL:

- Mantle cell lymphoma
- Waldenstrom macroglobulinaemia (LPL with monoclonal IgM)
- Burkitt lymphoma (BL) or Intermediate DLBCL/BL

**Molecular marker analysis done before treatment:**

- No  
 Yes  
 Unknown

**Date of molecular marker analysis (if tested):** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Indicate below whether the markers were absent, present or not evaluated, according to the type of lymphoma diagnosed.

Mantle cell lymphoma	<b>TP53 mutation</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
Burkitt lymphoma or Intermediate DLBCL/BL	<b>myc rearrangement</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
Intermediate DLBCL/BL	<b>BCL2 rearrangement</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
	<b>BCL6 rearrangement</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
All B-cell lymphomas	<b>Other molecular markers; specify:</b> _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

### IMMUNOPHENOTYPING

Please complete chromosome analysis, molecular marker analysis and immunophenotyping sections only for patients with the following types of B-cell NHL:

- Mantle cell lymphoma
- Waldenstrom macroglobulinaemia (LPL with monoclonal IgM)
- Burkitt lymphoma (BL) or Intermediate DLBCL/BL

**Immunophenotyping done before treatment:**

- No  
 Yes  
 Unknown

**Date of immunophenotyping (if tested):** \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Indicate below whether the immunophenotypes were absent, present or not evaluated, according to the type of lymphoma diagnosed.

Mantle cell lymphoma	<b>SOX 11</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
Burkitt lymphoma or Intermediate DLBCL/BL	<b>MYC</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
Intermediate DLBCL/BL	<b>BCL2/IgH</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
	<b>BCL6</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
All B-cell lymphomas	<b>Other immunophenotype; specify:</b> _____	<input type="checkbox"/> Absent <input type="checkbox"/> Present

## LYMPHOMAS

### T-Cell Non-Hodgkin Lymphomas (NHL)

#### DISEASE

**Sub-Classification:** Mature T-cell & NK-cell Neoplasms

<input type="checkbox"/> T-cell large granular lymphocytic leukaemia
<input type="checkbox"/> Aggressive NK-cell leukaemia
<input type="checkbox"/> Systemic EBV positive T-cell lymphoproliferative disease of childhood
<input type="checkbox"/> Hydroa vacciniforme-like lymphoma
<input type="checkbox"/> Adult T-cell leukaemia/lymphoma
<input type="checkbox"/> Extranodal NK/T-cell lymphoma, nasal type
<input type="checkbox"/> Enteropathy-associated T-cell lymphoma
<input type="checkbox"/> Monomorphic epitheliotropic intestinal T-cell lymphoma
<input type="checkbox"/> Hepatosplenic T-cell lymphoma
<input type="checkbox"/> Subcutaneous panniculitis-like T-cell lymphoma
<input type="checkbox"/> Mycosis fungoides (MF)
<input type="checkbox"/> Sézary syndrome
<input type="checkbox"/> Lymphomatoid papulosis
<input type="checkbox"/> Primary cutaneous anaplastic large cell lymphoma
<input type="checkbox"/> Primary cutaneous gamma-delta T-cell lymphoma
<input type="checkbox"/> Primary cutaneous CD8 positive aggressive epidermotropic cytotoxic T-cell lymphoma
<input type="checkbox"/> Primary cutaneous CD4 positive small/medium T-cell lymphoma
<input type="checkbox"/> Peripheral T-cell lymphoma NOS (PTCL)
<input type="checkbox"/> Angioimmunoblastic T-cell lymphoma
<input type="checkbox"/> Anaplastic large-cell lymphoma (ALCL), ALK-positive
<input type="checkbox"/> Anaplastic large-cell lymphoma (ALCL), ALK-negative
<input type="checkbox"/> Other T-cell non-Hodgkin lymphoma; specify: _____



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# LYMPHOMAS

## Hodgkin Lymphomas

### DISEASE

**Sub-Classification:** Hodgkin Lymphomas

<input type="checkbox"/> Nodular lymphocyte predominant
<input type="checkbox"/> Classical predominant; lymphocyte-rich
<input type="checkbox"/> Classical predominant; nodular sclerosis
<input type="checkbox"/> Classical predominant; mixed cellularity
<input type="checkbox"/> Classical predominant; lymphocyte-depleted
<input type="checkbox"/> Classical predominant; NOS
<input type="checkbox"/> Other Hodgkin lymphoma; specify: _____

## LYMPHOMAS

### Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

#### DISEASE

**Sub-Classification:** Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

<input type="checkbox"/> Lymphoproliferative disease associated with primary immune disorder
<input type="checkbox"/> Lymphoma associated with HIV infection
<input type="checkbox"/> Post-transplant lymphoproliferative disorder (PTLD) <ul style="list-style-type: none"><li><input type="checkbox"/> Non-destructive PTLD<ul style="list-style-type: none"><li><input type="checkbox"/> Plasmacytic hyperplasia PTLD</li><li><input type="checkbox"/> Infectious mononucleosis PTLD</li><li><input type="checkbox"/> Florid follicular hyperplasia PTLD</li></ul></li><li><input type="checkbox"/> Polymorphic PTLD</li><li><input type="checkbox"/> Monomorphic PTLD<ul style="list-style-type: none"><li><input type="checkbox"/> B-cell type</li><li><input type="checkbox"/> T-/NK-cell type</li></ul></li><li><input type="checkbox"/> Classical Hodgkin lymphoma PTLD</li></ul>
<input type="checkbox"/> Other immunodeficiency-associated lymphoproliferative disorder

**Did the disease result from a previous solid organ transplant?**

No

Yes: Date of transplant: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)  
Type of transplant:  Renal  
 Cardiac  
 Pulmonary  
 Other; specify: \_\_\_\_\_

Unknown



## LYMPHOMAS

### PREVIOUS THERAPIES BEFORE HCT/CT

Line of treatment	Regimen used*	Treatment start date (YYYY/MM/DD)	Response to this line of treatment	Response assessment date (YYYY/MM/DD)
1		____/____/____	<input type="checkbox"/> Complete remission (CR) <input type="checkbox"/> Partial remission (PR) <input type="checkbox"/> Stable disease <input type="checkbox"/> Chemorefractory relapse or progression incl. primary refractory disease <input type="checkbox"/> Unknown	____/____/____
2		____/____/____	<input type="checkbox"/> Complete remission (CR) <input type="checkbox"/> Partial remission (PR) <input type="checkbox"/> Stable disease <input type="checkbox"/> Chemorefractory relapse or progression incl. primary refractory disease <input type="checkbox"/> Unknown	____/____/____
3		____/____/____	<input type="checkbox"/> Complete remission (CR) <input type="checkbox"/> Partial remission (PR) <input type="checkbox"/> Stable disease <input type="checkbox"/> Chemorefractory relapse or progression incl. primary refractory disease <input type="checkbox"/> Unknown	____/____/____
4		____/____/____	<input type="checkbox"/> Complete remission (CR) <input type="checkbox"/> Partial remission (PR) <input type="checkbox"/> Stable disease <input type="checkbox"/> Chemorefractory relapse or progression incl. primary refractory disease <input type="checkbox"/> Unknown	____/____/____

*Copy and fill-in this section as many times as necessary*

\*Please consult the **LIST OF CHEMOTHERAPY DRUGS/AGENTS AND REGIMENS** on the EBMT website for drugs/regimens names