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:

☐ B-cell lymphoma (including Hodgkin and Non-Hodgkin lymphoma)
☐ T-cell non-Hodgkin lymphoma (NHL)
☐ Immunodeficiency-associated lymphoproliferative disorder (incl. PTLD)
☐ Other; specify _____

LYMPHOMAS
B-cell lymphoma (including Hodgkin and Non-Hodgkin lymphoma)

DISEASE

Sub-Classification: Mature B-cell neoplasms

- ☐ Splenic B-cell lymphomas and leukaemias
  - ☐ Splenic marginal zone lymphoma
  - ☐ Splenic diffuse red pulp small B-cell lymphoma
- ☐ Lymphoplasmacytic lymphoma
  - ☐ IgM-LPL/ Waldenström Macroglobulinaemia (WM) type
  - ☐ Non-WM type LPL
- ☐ Marginal zone lymphoma
  - ☐ Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue
  - ☐ Primary cutaneous marginal zone lymphoma
  - ☐ Nodal marginal zone lymphoma
  - ☐ Paediatric marginal zone lymphoma
- ☐ Follicular lymphoma
  - ☐ Classical follicular lymphoma (cFL)
  - ☐ Follicular large B-cell lymphoma (FLBL)
  - ☐ FL with uncommon features (uFL)
- ☐ Paediatric-type follicular lymphoma
- ☐ Duodenal-type follicular lymphoma
- ☐ Cutaneous follicle centre lymphoma
- ☐ Mantle cell lymphoma
  - ☐ Mantle cell lymphoma
  - ☐ Leukaemic non-nodal mantle cell lymphoma

LYMPHOMAS
B-cell lymphoma (including Hodgkin and Non-Hodgkin lymphoma)

DISEASE continued

Sub-Classification: Mature B-cell neoplasms

- ☐ Large B-cell lymphomas
  - ☐ Diffuse large B-cell lymphoma (DLBCL), NOS
    - ☐ Germinal centre B- cell-like subtype (GCB)
    - ☐ Activated B-cell-like subtype (ABC)
  - ☐ T-cell/histiocyte-rich large B-cell lymphoma
  - ☐ Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with MYC and BCL2 rearrangements
  - ☐ ALK-positive large B-cell lymphoma
  - ☐ Large B-cell lymphoma with IRF4 rearrangement
  - ☐ High-grade B-cell lymphoma with 11q aberrations
  - ☐ Lymphomatoid granulomatosis
  - ☐ EBV-positive diffuse large B-cell lymphoma
  - ☐ Diffuse large B-cell lymphoma associated with chronic inflammation
  - ☐ Fibrin-associated large B-cell lymphoma
  - ☐ Fluid overload-associated large B-cell lymphoma
  - ☐ Plasmablastic lymphoma
  - ☐ Primary large B-cell lymphoma of immune-privileged sites
    - ☐ Primary large B-cell lymphoma of the CNS
    - ☐ Primary large B-cell lymphoma of the vitreoretina
    - ☐ Primary large B-cell lymphoma of the testis
  - ☐ Primary cutaneous diffuse large B-cell lymphoma, leg type
  - ☐ Intravascular large B-cell lymphoma
  - ☐ Primary mediastinal large B-cell lymphoma
  - ☐ Mediastinal grey zone lymphoma
  - ☐ High-grade B-cell lymphoma, NOS
- ☐ Burkitt lymphoma
  - ☐ EBV-positive BL
  - ☐ EBV-negative BL
- ☐ KSHV/HHV8-associated B-cell lymphoid proliferations and lymphomas
  - ☐ Primary effusion lymphoma
  - ☐ KSHV/HHV8-positive diffuse large B-cell lymphoma
  - ☐ KSHV/HHV8-positive germinotropic lymphoproliferative disorder
- ☐ Hodgkin lymphoma
  - ☐ Classic Hodgkin lymphoma
  - ☐ Nodular lymphocyte predominant Hodgkin lymphoma

DISEASE continued

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:

Age at diagnosis:	_____ years (*this is calculated automatically in the database*)
LDH levels elevated:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
Ann Arbor staging:	☐ I ☐ II ☐ III ☐ IV ☐ Not evaluated ☐ Unknown
ECOG performance status:	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Not evaluated ☐ Unknown
> 1 extranodal site involved:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
> 4 nodal sites involved:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
Haemoglobin < 12g/dL:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown
White Blood Cell count:	_____ x 10^9/L ☐ Not evaluated ☐ Unknown
CNS Involvement:	☐ No ☐ Yes ☐ Not evaluated ☐ Unknown

Final score:

(only for patients with LBCL (except Primary large B-cell lymphoma of immune-privileged sites), Mantle cell lymphoma, Follicular lymphoma, Waldenstrom macroglobulinaemia)

IPI: *(for LBCL (except Primary large B-cell lymphoma of immune-privileged sites) and FLBL)*	**MIPI:** *(for Mantle cell lymphoma)*	**FLIPI:** *(for Follicular lymphoma (except FLBL))*	**ISSWM:** *(for Waldenstrom macroglobulinaemia)*
☐ Low risk (0-1 score points) ☐ Low-intermediate risk (2 score points) ☐ High-intermediate risk (3 score points) ☐ High risk (4-5 score points) ☐ Not evaluated	☐ Low risk ☐ Intermediate risk ☐ High risk ☐ Not evaluated	☐ Low risk ☐ Intermediate risk ☐ High risk ☐ Not evaluated	☐ Low risk (0-1 score points except age > 65) ☐ Intermediate risk (2 score points OR age > 65) ☐ High risk (3-5 score points) ☐ Not evaluated

CHROMOSOME ANALYSIS

Please complete chromosome analysis section only for patients with the following types of B-cell NHL:

- ***Mantle cell lymphoma*** *(including* ***Leukaemic non-nodal mantle cell lymphoma****) & for* ***Waldenström Macroglobulinaemia (IgM-LPL/ Waldenström Macroglobulinaemia*** *(WM) in new classification)*
- ***Burkitt lymphoma*** *(including* ***EBV-positive BL*** *&* ***EBV-negative BL****) & for* ***all LBCL***
- *For all B-cell lymphoma,*

Chromosome analysis done before HCT/CT treatment:
(Describe results of the most recent complete analysis)

☐ No
☐ Yes: **Output of analysis:** ☐ Separate abnormalities ☐ Full karyotype
☐ Unknown

If chromosome analysis was done:
What were the results?

☐ Normal
☐ Abnormal: number of abnormalities present: _____
☐ Failed

Date of chromosome analysis:: _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

For abnormal results, indicate below whether the abnormalities were absent, present or not evaluated *(according to the type of lymphoma diagnosed).*

Mantle cell lymphoma or Waldenstrom macro-globulinaemia	**del(17p)**	☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown **FISH used:** ☐ No ☐ Yes
Burkitt lymphoma or all LBCL	**t(2;8)**	☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown
	t(8;14)	☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown
	t(8;22)	☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown
	t(14;18)	☐ Absent ☐ Present ☐ Not evaluated ☐ Unknown
All above mentioned B-cell lymphomas	**Other chromosome abnormalities; specify:** ________	☐ Absent ☐ Present

OR

Transcribe the complete karyotype: ____

MOLECULAR MARKER ANALYSIS

Please complete molecular marker analysis section only for patients with the following types of B-cell NHL:

- ***Mantle cell lymphoma*** *(including* ***Leukaemic non-nodal mantle cell lymphoma****)*
- ***Burkitt lymphoma*** *(including* ***EBV-positive BL*** *&* ***EBV-negative BL****)*
- ***All LBCL*** *are BCL2 rearrangement & BCL6 rearrangement*
- *For all B-cell lymphomas*

Molecular marker analysis done before HCT/CT treatment:
(Describe results of the most recent complete analysis)

☐ No
☐ Yes
☐ Unknown

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

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

Mantle cell lymphoma	**TP53 mutation**	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
Burkitt lymphoma or all LBCL	**MYC rearrangement**	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
All LBCL	**BCL2 rearrangement**	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
	BCL6 rearrangement	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
All above mentioned B-cell lymphomas	**Other molecular markers; specify:** _____	☐ Absent	☐ Present			

IMMUNOPHENOTYPING

Please complete immunophenotyping section only for patients with the following types of B-cell NHL:

- ***Mantle cell lymphoma*** *(including* ***Leukaemic non-nodal mantle cell lymphoma****)*
- ***Burkitt lymphoma*** *(including* ***EBV-positive BL*** *&* ***EBV-negative BL****)*
- ***All LBCL***
- *For all B-cell lymphomas*

Immunophenotyping done before HCT/CT treatment:
(Describe results of the most recent complete analysis)

☐ 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	**SOX 11**	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
Burkitt lymphoma or all LBCL	**MYC**	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
LBCL	**BCL2/IgH**	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
	BCL6	☐ Absent	☐ Present	☐ Not evaluated	☐ Unknown	
All above mentioned B-cell lymphomas	**Other immunophenotype; specify:** _____	☐ Absent	☐ Present			

LYMPHOMAS
T-cell non-Hodgkin lymphoma (NHL)

DISEASE

Sub-Classification: Mature T-cell & NK-cell neoplasms

☐ **Mature T-cell and NK-cell leukaemias**

- ☐ T-large granular lymphocytic leukaemia
- ☐ NK-large granular lymphocytic leukaemia
- ☐ Adult T-cell leukaemia/lymphoma
- ☐ Sezary syndrome
- ☐ Aggressive NK-cell leukaemia

☐ **Primary cutaneous T-cell lymphomas**

- ☐ Primary cutaneous CD4-positive small or medium T-cell lymphoproliferative disorder
- ☐ Primary cutaneous acral CD8-positive lymphoproliferative disorder
- ☐ Mycosis fungoides
- ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: lymphomatoid papulosis
- ☐ Primary cutaneous CD30-positive T-cell lymphoproliferative disorder: primary cutaneous anaplastic large cell lymphoma
- ☐ Subcutaneous panniculitis-like T-cell lymphoma
- ☐ Primary cutaneous gamma/delta T-cell lymphoma
- ☐ Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma
- ☐ Primary cutaneous peripheral T-cell lymphoma, not otherwise specified

☐ **Intestinal T-cell and NK-cell lymphoid proliferations and lymphomas**

- ☐ Indolent T-cell lymphoma of the gastrointestinal tract
- ☐ Indolent NK-cell lymphoproliferative disorder of the gastrointestinal tract
- ☐ Enteropathy-associated T-cell lymphoma
- ☐ Monomorphic epitheliotropic intestinal T-cell lymphoma
- ☐ Intestinal T-cell lymphoma not otherwise specified

☐ **Hepatosplenic T-cell lymphoma**

☐ **Anaplastic large cell lymphomas**

- ☐ ALK-positive anaplastic large cell lymphoma
- ☐ ALK-negative anaplastic large cell lymphoma
- ☐ Breast implant-associated anaplastic large cell lymphoma

LYMPHOMAS
T-cell non-Hodgkin lymphoma (NHL)

DISEASE continued

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

- ☐ **Nodal T-follicular helper (TFH) lymphomas**
  - ☐ Nodal TFH cell lymphoma, angioimmunoblastic-type
  - ☐ Nodal TFH cell lymphoma, follicular type
  - ☐ Nodal TFH cell lymphoma, not otherwise specified
- ☐ **Peripheral T-cell lymphoma, not otherwise specified**
- ☐ **EBV-positive NK/T-cell lymphomas**
  - ☐ EBV-positive nodal T- and NK-cell lymphoma
  - ☐ Extranodal NK/T-cell lymphoma
- ☐ **EBV-positive T- and NK-cell lymphoid proliferations and lymphomas of childhood**
  - ☐ Severe mosquito bite allergy
  - ☐ Hydroa vacciniforme lymphoproliferative disorder
  - ☐ Systemic chronic active EBV disease
  - ☐ Systemic EBV-positive T-cell lymphoma of childhood

LYMPHOMAS
Immunodeficiency-associated lymphoproliferative disorders (incl. PTLD)

DISEASE

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

- ☐ Lymphoproliferative disease associated with primary immune disorder
- ☐ Lymphoma associated with HIV infection
- ☐ Post-transplant lymphoproliferative disorder (PTLD)
  - ☐ Non-destructive PTLD
    - ☐ Plasmacytic hyperplasia PTLD
    - ☐ Infectious mononucleosis PTLD
    - ☐ Florid follicular hyperplasia PTLD
  - ☐ Polymorphic PTLD
  - ☐ Monomorphic PTLD
    - ☐ B-cell type
    - ☐ T-/NK-cell type
  - ☐ Classical Hodgkin lymphoma PTLD
- ☐ Other immunodeficiency-associated lymphoproliferative disorder

Did the disease result from a previous solid organ transplant?

☐ No

☐ Yes: **Date of transplant:** _ _ _ _ / _ _ / _ _ *(YYYY/MM/DD)* ☐ Unknown

Type of transplant: ☐ Renal
☐ Cardiac
☐ Pulmonary
☐ Other; specify: _____

☐ Unknown

LYMPHOMAS

PREVIOUS THERAPIES
(between diagnosis and HCT/CT)

Previous therapy lines before the HCT/CT:

☐ No

☐ Yes: **complete the "Treatment — non-HCT/CT/GT/IST" form**

☐ Unknown