



EBMT Centre Identification Code (CIC): ____
Hospital Unique Patient Number (UPN): ____
Patient Number in EBMT Registry: ____

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:

☐ 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 (<i>this is calculated automatically in the database</i>)					
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 10⁹/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: <i>(for LBCL (except Primary large B-cell lymphoma of immune-privileged sites) and FLBL)</i>	MIPI: <i>(for Mantle cell lymphoma)</i>	FLIPI: <i>(for Follicular lymphoma (except FLBL))</i>	ISSWM: <i>(for Waldenstrom macroglobulinaemia)</i>
☐ 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



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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



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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