



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 Hodkin and Non-Hodkin lymphoma)

DISEASE

Sub-Classification: Mature B-cell neoplasms

<input type="checkbox"/> Splenic B-cell lymphomas and leukaemias <ul style="list-style-type: none"> <input type="checkbox"/> Splenic marginal zone lymphoma <input type="checkbox"/> Splenic diffuse red pulp small B-cell lymphoma
<input type="checkbox"/> Lymphoplasmacytic lymphoma <ul style="list-style-type: none"> <input type="checkbox"/> IgM-LPL/ Waldenström Macroglobulinaemia (WM) type <input type="checkbox"/> Non-WM type LPL
<input type="checkbox"/> Marginal zone lymphoma <ul style="list-style-type: none"> <input type="checkbox"/> Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue <input type="checkbox"/> Primary cutaneous marginal zone lymphoma <input type="checkbox"/> Nodal marginal zone lymphoma <input type="checkbox"/> Paediatric marginal zone lymphoma
<input type="checkbox"/> Follicular lymphoma <ul style="list-style-type: none"> <input type="checkbox"/> Classical follicular lymphoma (cFL) <input type="checkbox"/> Follicular large B-cell lymphoma (FLBL) <input type="checkbox"/> FL with uncommon features (uFL)
<input type="checkbox"/> Paediatric-type follicular lymphoma
<input type="checkbox"/> Duodenal-type follicular lymphoma
<input type="checkbox"/> Cutaneous follicle centre lymphoma
<input type="checkbox"/> Mantle cell lymphoma <ul style="list-style-type: none"> <input type="checkbox"/> Mantle cell lymphoma <input type="checkbox"/> Leukaemic non-nodal mantle cell lymphoma

LYMPHOMAS

B-cell lymphoma (including Hodkin and Non-Hodkin lymphoma)

DISEASE continued

Sub-Classification: Mature B-cell neoplasms

<input type="checkbox"/> Large B-cell lymphomas <ul style="list-style-type: none"><input type="checkbox"/> Diffuse large B-cell lymphoma (DLBCL), NOS<ul style="list-style-type: none"><input type="checkbox"/> Germinal centre B- cell-like subtype (GCB)<input type="checkbox"/> Activated B-cell-like subtype (ABC)<input type="checkbox"/> T-cell/histiocyte-rich large B-cell lymphoma<input type="checkbox"/> Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with MYC and BCL2 rearrangements<input type="checkbox"/> ALK-positive large B-cell lymphoma<input type="checkbox"/> Large B-cell lymphoma with IRF4 rearrangement<input type="checkbox"/> High-grade B-cell lymphoma with 11q aberrations<input type="checkbox"/> Lymphomatoid granulomatosis<input type="checkbox"/> EBV-positive diffuse large B-cell lymphoma<input type="checkbox"/> Diffuse large B-cell lymphoma associated with chronic inflammation<input type="checkbox"/> Fibrin-associated large B-cell lymphoma<input type="checkbox"/> Fluid overload-associated large B-cell lymphoma<input type="checkbox"/> Plasmablastic lymphoma<input type="checkbox"/> Primary large B-cell lymphoma of immune-privileged sites<ul style="list-style-type: none"><input type="checkbox"/> Primary large B-cell lymphoma of the CNS<input type="checkbox"/> Primary large B-cell lymphoma of the vitreoretina<input type="checkbox"/> Primary large B-cell lymphoma of the testis<input type="checkbox"/> Primary cutaneous diffuse large B-cell lymphoma, leg type<input type="checkbox"/> Intravascular large B-cell lymphoma<input type="checkbox"/> Primary mediastinal large B-cell lymphoma<input type="checkbox"/> Mediastinal grey zone lymphoma<input type="checkbox"/> High-grade B-cell lymphoma, NOS
<input type="checkbox"/> Burkitt lymphoma <ul style="list-style-type: none"><input type="checkbox"/> EBV-positive BL<input type="checkbox"/> EBV-negative BL
<input type="checkbox"/> KSHV/HHV8-associated B-cell lymphoid proliferations and lymphomas <ul style="list-style-type: none"><input type="checkbox"/> Primary effusion lymphoma<input type="checkbox"/> KSHV/HHV8-positive diffuse large B-cell lymphoma<input type="checkbox"/> KSHV/HHV8-positive germinotropic lymphoproliferative disorder
<input type="checkbox"/> Hodgkin lymphoma <ul style="list-style-type: none"><input type="checkbox"/> Classic Hodgkin lymphoma<input type="checkbox"/> 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:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated		
Ann Arbor staging:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	<input type="checkbox"/> Not evaluated
ECOG performance status:	<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
> 1 extranodal site involved:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated		
> 4 nodal sites involved:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated		
Haemoglobin < 120g/L:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated		
White Blood Cell count:	_____ x 10 ⁹ /L		<input type="checkbox"/> Not evaluated		
CNS Involvement:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated		

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)
<input type="checkbox"/> Low risk (0-1 score points) <input type="checkbox"/> Low-intermediate risk (2 score points) <input type="checkbox"/> High-intermediate risk (3 score points) <input type="checkbox"/> High risk (4-5 score points) <input type="checkbox"/> Not evaluated	<input type="checkbox"/> Low risk <input type="checkbox"/> Intermediate risk <input type="checkbox"/> High risk <input type="checkbox"/> Not evaluated	<input type="checkbox"/> Low risk <input type="checkbox"/> Intermediate risk <input type="checkbox"/> High risk <input type="checkbox"/> Not evaluated	<input type="checkbox"/> Low risk (0-1 score points except age > 65) <input type="checkbox"/> Intermediate risk (2 score points OR age > 65) <input type="checkbox"/> High risk (3-5 score points) <input type="checkbox"/> Not evaluated

CHROMOSOME ANALYSIS

Please complete chromosome analysis section 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 and all LBCL)

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

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	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Burkitt lymphoma or all LBCL	MYC rearrangement	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
All LBCL	BCL2 rearrangement	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
	BCL6 rearrangement	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
All above mentioned B-cell lymphomas	Other molecular markers; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	

IMMUNOPHENOTYPING

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

- Mantle cell lymphoma
- Burkitt lymphoma (BL) or Intermediate DLBCL/BL and all LBCL

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	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
Burkitt lymphoma or all LBCL	MYC	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
LBCL	BCL2/IgH	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
	BCL6	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<input type="checkbox"/> Not evaluated
All above mentioned B-cell lymphomas	Other immunophenotype; specify: _____	<input type="checkbox"/> Absent	<input type="checkbox"/> 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-prolymphocytic leukaemia
- 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)

<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"> <input type="checkbox"/> Non-destructive PTLD <ul style="list-style-type: none"> <input type="checkbox"/> Plasmacytic hyperplasia PTLD <input type="checkbox"/> Infectious mononucleosis PTLD <input type="checkbox"/> Florid follicular hyperplasia PTLD <input type="checkbox"/> Polymorphic PTLD <input type="checkbox"/> Monomorphic PTLD <ul style="list-style-type: none"> <input type="checkbox"/> B-cell type <input type="checkbox"/> T-/NK-cell type <input type="checkbox"/> Classical Hodgkin lymphoma PTLD
<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) Unknown

Type of transplant: Renal

Cardiac

Pulmonary

Other; specify: _____

Unknown



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

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