



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:**

- |  |
|--|
| <input type="checkbox"/> B-cell lymphoma (including Hodgkin and Non-Hodgkin lymphoma)          |
| <input type="checkbox"/> T-cell non-Hodgkin lymphoma (NHL)                                     |
| <input type="checkbox"/> Immunodeficiency-associated lymphoproliferative disorder (incl. PTLD) |
| <input type="checkbox"/> Other; specify _____  |

## LYMPHOMAS

### B-cell lymphoma (including Hodkin and Non-Hodkin 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 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"> <li><input type="checkbox"/> Diffuse large B-cell lymphoma (DLBCL), NOS           <ul style="list-style-type: none"> <li><input type="checkbox"/> Germinal centre B- cell-like subtype (GCB)</li> <li><input type="checkbox"/> Activated B-cell-like subtype (ABC)</li> </ul> </li> <li><input type="checkbox"/> T-cell/histiocyte-rich large B-cell lymphoma</li> <li><input type="checkbox"/> Diffuse large B-cell lymphoma/ high grade B-cell lymphoma with MYC and BCL2 rearrangements</li> <li><input type="checkbox"/> ALK-positive large B-cell lymphoma</li> <li><input type="checkbox"/> Large B-cell lymphoma with IRF4 rearrangement</li> <li><input type="checkbox"/> High-grade B-cell lymphoma with 11q aberrations</li> <li><input type="checkbox"/> Lymphomatoid granulomatosis</li> <li><input type="checkbox"/> EBV-positive diffuse large B-cell lymphoma</li> <li><input type="checkbox"/> Diffuse large B-cell lymphoma associated with chronic inflammation</li> <li><input type="checkbox"/> Fibrin-associated large B-cell lymphoma</li> <li><input type="checkbox"/> Fluid overload-associated large B-cell lymphoma</li> <li><input type="checkbox"/> Plasmablastic lymphoma</li> <li><input type="checkbox"/> Primary large B-cell lymphoma of immune-privileged sites           <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary large B-cell lymphoma of the CNS</li> <li><input type="checkbox"/> Primary large B-cell lymphoma of the vitreoretina</li> <li><input type="checkbox"/> Primary large B-cell lymphoma of the testis</li> </ul> </li> <li><input type="checkbox"/> Primary cutaneous diffuse large B-cell lymphoma, leg type</li> <li><input type="checkbox"/> Intravascular large B-cell lymphoma</li> <li><input type="checkbox"/> Primary mediastinal large B-cell lymphoma</li> <li><input type="checkbox"/> Mediastinal grey zone lymphoma</li> <li><input type="checkbox"/> High-grade B-cell lymphoma, NOS</li> </ul>
<input type="checkbox"/> Burkitt lymphoma <ul style="list-style-type: none"> <li><input type="checkbox"/> EBV-positive BL</li> <li><input type="checkbox"/> EBV-negative BL</li> </ul>
<input type="checkbox"/> KSHV/HHV8-associated B-cell lymphoid proliferations and lymphomas <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary effusion lymphoma</li> <li><input type="checkbox"/> KSHV/HHV8-positive diffuse large B-cell lymphoma</li> <li><input type="checkbox"/> KSHV/HHV8-positive germinotropic lymphoproliferative disorder</li> </ul>
<input type="checkbox"/> Hodgkin lymphoma <ul style="list-style-type: none"> <li><input type="checkbox"/> Classic Hodgkin lymphoma</li> <li><input type="checkbox"/> Nodular lymphocyte predominant Hodgkin lymphoma</li> </ul>

### 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:**

<b>Age at diagnosis:</b>	_____ years (this is calculated automatically in the database)					
<b>LDH levels elevated:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
<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	<input type="checkbox"/> Unknown
<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 <input type="checkbox"/> Unknown
<b>&gt; 1 extranodal site involved:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
<b>&gt; 4 nodal sites involved:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
<b>Haemoglobin &lt; 120g/L:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
<b>White Blood Cell count:</b>	_____ x 10 <sup>9</sup> /L		<input type="checkbox"/> Not evaluated	<input type="checkbox"/> Unknown		
<b>CNS Involvement:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not evaluated	<input type="checkbox"/> 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)

<b>IPI:</b> (for LBCL (except Primary large B-cell lymphoma of immune-privileged sites) and FLBL)	<b>MIPI:</b> (for Mantle cell lymphoma)	<b>FLIPI:</b> (for Follicular lymphoma (except FLBL))	<b>ISSWM:</b> (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** (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 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 all LBCL	<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 above mentioned B-cell lymphomas	<b>Other chromosome abnormalities; specify:</b> _____	<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** (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	<b>TP53 mutation</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
Burkitt lymphoma or all LBCL	<b>MYC rearrangement</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
All LBCL	<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 above mentioned B-cell lymphomas	<b>Other molecular markers; specify:</b> _____	<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** (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	<b>SOX 11</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
Burkitt lymphoma or all LBCL	<b>MYC</b>	<input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Not evaluated
LBCL	<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 above mentioned B-cell lymphomas	<b>Other immunophenotype; specify:</b> _____	<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-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"><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)  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