Lymphoma Pre-infusion Data

1.PATIENT IDENTIFICATION

Hospital: AID (ABMTRR id):

UPN: DOB: __/__/__

Name ID: Infusion date: __/__/__

PART A: DISEASE CLASSIFICATION

Date of diagnosis: __/__/__ (of this histology)

Lymphoma histology at time of infusion: _____

If DLBCL - germinal center B-cell type or activated B-cell type, subtype based on

- ☐ Immunohistochemistry (e.g. Han's algorithm)
- ☐ Gene expression profile
- ☐ Unknown method

Transformation from CLL: Y | N

If yes: Was 17p abnormality detected: Y | N

Transformation from different lymphoma histology: Y | N

If yes, original histology: _____

Date of original diagnosis: __/__/__

PET (or PET/CT) positive **at latest assessment prior to infusion**:

Y | N | Not done

If yes, Date of scan: __/__/__

Deauville score: _____

DISEASE STATUS AT INFUSION

Disease status at time of infusion: _____

Date assessed: __/__/__

Number of treatment lines between diagnosis and infusion: ___

PART B: LYMPHOMA PRE-INFUSION

If this form has been completed for a previous cell therapy infusion, then skip the diagnosis questions and go directly to Section 4

Lymphoma histology: _____

Diagnosis pathology report submitted to Registry: Y | N
(prior to any transformation)

1. DIAGNOSIS (*prior to any transformation*)

Lymphoma histology at diagnosis: _____

Diagnosis pathology report submitted to Registry: Y | N

Immunohistochemical stains performed: Y | N | Unk

BCL-2	Pos | Neg | Unk	% pos ___
BCL-6	Pos | Neg | Unk	% pos ___
CD5	Pos | Neg | Unk	
CD10	Pos | Neg | Unk	
CD30	Pos | Neg | Unk	
C-MYC	Pos | Neg | Unk	% pos ___
Cyclin D1	Pos | Neg | Unk	
EBER ISH	Pos | Neg | Unk	
Ki-67	Pos | Neg | Unk	% pos ___
MUM1	Pos | Neg | Unk	
SOX11	Pos | Neg | Unk	

Were cytogenetics performed: Y | N | Unk

Tested via FISH: Y | N | Unk

- Abnormalities identified | no abnormalities
- Specify abnormalities:_____

Report submitted: Y | N

Tested via karyotyping: Y | N | Unk

- Abnormalities identified | No evaluable metaphases | no abnormalities
- Specify abnormalities:_____

Report submitted: Y | N

2. LABORATORY VALUES AT DIAGNOSIS

	Value
WBC x10^9/L Mantle cell, Hodgkins only	
Hb g/L Follicular, Hodgkins only	
Abs lymphocyte count x10^9/L Hodgkins only	
Lymphocyte % Hodgkins only	
Serum albumin g/L Hodgkins only	
LDH U/L	
LDH ULN U/L	

3. NODAL AND ORGAN INVOLVEMENT AT DIAGNOSIS

PET (or PET/CT) positive: Y | N | Not done

Known nodal involvement: Y | N

If yes: Total number nodal regions involved:

excluding follicular: ☐ 1 ☐ ≥2 ☐ Unknown

follicular only: ☐ ≥ 5 ☐ < 5 ☐ Unknown

Largest nodal mass (max dimensions) ____ x ____ cm

Extranodal or splenic involvement: Y | N | Unk

Site(s) of involvement: _____

Stage of organ involvement: I | II | III | IV | Unknown

B symptoms present: Y | N | Unk

ECOG score: _____ ☐ Unknown

4. DISEASE TRANSFORMATION

If transformed from CLL, then go directly to Section 7

If not transformed from CLL, then continue with following questions

Pathology at transformation submitted to Registry: Y | N

Transformation date same as diagnosis date

☐ Yes (concurrent diagnosis) - go to Disease Treatment

☐ No - Date of transformation: __/__/__

If no, complete the rest of this section and sections 5 and 6

Immunohistochemical stains performed: Y | N | Unk

BCL-2	Pos | Neg | Unk	% pos ___
BCL-6	Pos | Neg | Unk	% pos ___
CD5	Pos | Neg | Unk	
CD10	Pos | Neg | Unk	
CD30	Pos | Neg | Unk	
C-MYC	Pos | Neg | Unk	% pos ___
Cyclin D1	Pos | Neg | Unk	
EBER ISH	Pos | Neg | Unk	
Ki-67	Pos | Neg | Unk	% pos ___
MUM1	Pos | Neg | Unk	
SOX11	Pos | Neg | Unk	

DISEASE TRANSFORMATION continued

Were cytogenetics performed: Y | N | Unk

Tested via FISH: Y | N | Unk

- Abnormalities identified | no abnormalities
- Specify abnormalities:_____

Tested via karyotyping: Y | N | Unk

- Abnormalities identified | No evaluable metaphases | no abnormalities
- Specify abnormalities:_____

Report(s) submitted: Y | N

5. LABORATORY VALUES AT TRANSFORMATION

Lab parameters at transformation	Value
WBC x10^9/L Mantle cell, Hodgkins only	
Hb g/L Follicular, Hodgkins only	
Abs lymphocyte count x10^9/L Hodgkins only	
Lymphocyte % Hodgkins only	
Serum Albumin g/L Hodgkins only	
LDH U/L	
LDH ULN U/L	

6. NODAL, ORGAN INVOLVEMENT AT TRANSFORMATION

PET (or PET/CT) positive: Y | N | Not done

Known nodal involvement: Y | N

If yes: Total number nodal regions involved

excl follicular: ☐ 1 ☐ ≥2 ☐ Unknown

follicular only: ☐ ≥ 5 ☐ < 5 ☐ Unknown

Largest nodal mass (max dimensions) ____ x ____ cm

Extranodal / splenic involvement? Y | N | Unk

Site(s) of involvement: _____

Stage of organ involvement: I | II | III | IV | Unknown

B symptoms present 6months prior transform: Y | N | Unk

ECOG score: _____ ☐ Unknown

7. DISEASE TREATMENT

Treatment was given after diagnosis: Y | N

Total number of lines of therapy given prior to cell therapy: ____

Complete this section as many times as required for each line given

Systemic therapy: Y | N

Date started: __/__/__ Date stopped: __/__/__

Number of cycles: ____

Specify regimen/agents: _____

This therapy line given to mobilised cells: Y | N

Intrathecal therapy: Y | N

☐Prophylaxis ☐Treatment CNS disease ☐Unknown

Date started: __/__/__ Date stopped: __/__/__

Specify therapy: _____

Intraocular therapy : Y | N

☐Prophylaxis ☐Treatment ocular disease ☐Unknown

Date started: __/__/__ Date stopped: __/__/__

Specify therapy:_____

Radiation therapy: Y | N

Date started: __/__/__ Date stopped: __/__/__

Extent of radiation field:

Radiation site(s):

Dose per fraction_____ Number fractions: _____

Total dose: _____ ☐ Gy ☐ cGy

Technique:

Surgery Y | N Date of surgery: __/__/__

Splenectomy: Y | N Other site: _____

Photopheresis: Y | N

Cell therapy: Y | N → if yes, complete CT form

Best response to line of therapy: (Radiographic criteria)

CR |PR | NR/SD | PD |Not done Date assessed: __/__/__

Best response to line of therapy: (Metabolic criteria)

CR |PR | NR/SD | PD |Not done Date assessed: __/__/__

This therapy given as maintenance / consolidation: Y | N

This line of therapy given as bridging to cell infusion: Y | N

Relapse/progression occurred after this therapy line: Y | N

If yes, date relapse/progression: __/__/__

8. DLBCL - complete if CR not achieved after 1st line therapy

LDH U/L: _____ LDH ULN, U/L: _____

Stage of organ involvement: I | II | III | IV | Unknown

ECOG score: _____ ☐ Unknown

Extranodal or splenic involvement: Y | N | Unk

If yes, site(s) of involvement: _____

9. DISEASE ASSESSMENT AT LAST EVALUATION PRIOR TO PREPARATIVE REGIMEN / INFUSION

Were cytogenetics performed: Y | N | Unk

Tested via FISH: Y | N | Unk

- Results: Abnormalities identified | no abnormalities
- Specify abnormalities:_____
-

Tested via karyotyping: Y | N | Unk

- Results: Abnormalities identified | No evaluable metaphases | no abnormalities
- Specify abnormalities:_____
-

Report(s) submitted: Y | N

	Value
Hb g/L Follicular, Hodgkins only	
Abs lymphocyte count x10^9/L Hodgkins only	

Minimal residual disease:

	BM|Blood| specify other	Pos|Neg|ND	Date sample
Flow cytometry			__/__/__
PCR			__/__/__
NGS, 3rd gen			__/__/__

Pathology report(s) submitted to Registry: Y | N

Known nodal involvement: Y | N

(follicular only If yes: Total number of nodal regions involved:

☐ ≥ 5 ☐ < 5 ☐ Unknown

Largest nodal mass (max dimensions) ____ x ____ cm

Extranodal or splenic involvement: Y | N | Unk

Site(s) of involvement: _____