CCC Coder ID: _____

Member ID: __ __ - __ __ __ __ __ __ - __ Case #: _____ CCC ID: _____

Other Case #s: _____ Date completed: __ __ /__ __ / __ __ (MM/DD/YY)

Histology: _____

---

1. Was any cancer-directed surgery done as part of primary treatment for lymphoma?

☐$_0$ No
☐$_9$ Unknown if cancer-directed surgery performed (e.g., death certificate ONLY)
→ **Go to Question 2.**

☐$_1$ Yes

1.1 Type of surgery: (**Mark all that apply.**)
☐$_1$ Splenectomy ☐$_3$ Lymph node dissection
☐$_2$ Local tumor excision ☐$_8$ Other surgery **(Specify)**: _____

1.2 Surgery Date: __ __ /__ __ /__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Month Day Year

2. Was molecular testing documented in the medical records as part of the initial work-up?

☐$_1$ Yes
↓
Go to Question 2.1.

☐$_0$ No
☐$_2$ Recommended, unknown if done
☐$_9$ Unknown
→ **Go to Question 3.**

Mark all that apply:

2.1 **Specify Test**	**Date**	**Result**	**Assay Type (See table)**
Expressions			
☐$_1$ CD10	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	☐$_0$ Negative ☐$_2$ Borderline ☐$_1$ Positive ☐$_9$ Unknown	
☐$_2$ BCL6	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	☐$_0$ Negative ☐$_2$ Borderline ☐$_1$ Positive ☐$_9$ Unknown	
☐$_3$ MUM1 (Interferon regulatory factor 4 [IRF4])	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	☐$_0$ Negative ☐$_2$ Borderline ☐$_1$ Positive ☐$_9$ Unknown	
☐$_4$ BCL2	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	☐$_0$ Negative ☐$_2$ Borderline ☐$_1$ Positive ☐$_9$ Unknown	
Translocations			
☐$_5$ ALK	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	Translocation present: ☐$_0$ No ☐$_2$ Equivocal ☐$_1$ Yes ☐$_9$ Unknown	
☐$_6$ MYC (c-MYC)	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	Translocation present: ☐$_0$ No ☐$_2$ Equivocal ☐$_1$ Yes ☐$_9$ Unknown	
☐$_7$ BCL2	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	Translocation present: ☐$_0$ No ☐$_2$ Equivocal ☐$_1$ Yes ☐$_9$ Unknown	
☐$_8$ BCL6	__ __/__ __/__ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown	Translocation present: ☐$_0$ No ☐$_2$ Equivocal ☐$_1$ Yes ☐$_9$ Unknown	

Specify Test (Translocations cont'd.)	Date	Result	Assay Type (See table)
☐ 9 IGH/ Immunoglobulin	__ __ /__ __ /__ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown	Translocation present: ☐ 0 No ☐ 2 Equivocal ☐ 1 Yes ☐ 9 Unknown	
☐ 88 Other **(Specify)**: _____ _____	__ __ /__ __ /__ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown	Translocation present: ☐ 0 No ☐ 2 Equivocal ☐ 1 Yes ☐ 9 Unknown	
☐ 99 Unknown	__ __ /__ __ /__ __ ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown	Translocation present: ☐ 0 No ☐ 2 Equivocal ☐ 1 Yes ☐ 9 Unknown	

Assay Table

Assay		
1	Immunohistochemistry (IHC)	Typically a stained slide from tumor sample
2	Flow Cytometry	Flow trumps an IHC test when both tests are completed
3	Fluorescence based in situ hybridization (FISH)	FISH trumps an IHC test when both tests are completed
4	Gene Expression Profiling (GEP)	Typically done on a tumor sample
5	Karyotype	
8	Other, Specify	
9	Unknown	

3. Was chemotherapy, immune-modulating, or targeted therapy administered as part of the first course of therapy? Do not include conditioning chemo (BMT/SCT).

☐$_1$ Yes ↓

☐$_0$ No
☐$_2$ Recommended, unknown if done
☐$_9$ Unknown
→ **Go to Question 4.**

3.1 Regimen Name: _____ Code: _____
☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Administration route: ☐$_1$ Oral ☐$_8$ Other: _____
(Mark all that apply.) ☐$_2$ IV ☐$_9$ Unknown

3.2 Regimen Name: _____ Code: _____
☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Administration route: ☐$_1$ Oral ☐$_8$ Other: _____
(Mark all that apply.) ☐$_2$ IV ☐$_9$ Unknown

3.3 Regimen Name: _____ Code: _____
☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Administration route: ☐$_1$ Oral ☐$_8$ Other: _____
(Mark all that apply.) ☐$_2$ IV ☐$_9$ Unknown

3.4 Regimen Name: _____ Code: _____
☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Administration route: ☐$_1$ Oral ☐$_8$ Other: _____
(Mark all that apply.) ☐$_2$ IV ☐$_9$ Unknown

3.5 Regimen Name: _____ Code: _____
☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy
Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Administration route: ☐$_1$ Oral ☐$_8$ Other: _____
(Mark all that apply.) ☐$_2$ IV ☐$_9$ Unknown

4. Was radiation therapy given as part of the first course of therapy?

☐ 1 Yes ☐ 0 No ☐ 2 Recommended, unknown if done ☐ 9 Unknown → **Go to Question 5.**

4.1 What type of radiation was administered? (**Mark all that apply.**)

☐ 1 External beam radiation therapy (EBRT) at tumor site

☐ 8 Other **(Specify):** _____

☐ 9 Unknown

4.2 Start date: __ __ /__ __ /__ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

Stop date: __ __ /__ __ /__ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

Total dosage of radiation received: _____ cGy/Rad ☐ 9 Unknown

5. Was radioimmunotherapy (radio labeled monoclonal antibodies) administered as part of the first course of therapy?

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

6. Was endocrine-targeted/hormone therapy given?

☐ 1 Yes ☐ 0 No ☐ 2 Recommended, unknown if done ☐ 9 Unknown → **Go to Question 7.**

6.1 Agent Name: _____ Code: _____

Use: ☐ 1 Intermittent use ☐ 2 Continuous use ☐ 9 Unknown

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

End date or last documented use: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 3 Current use ☐ 9 Unknown

6.2 Agent Name: _____ Code: _____

Use: ☐ 1 Intermittent use ☐ 2 Continuous use ☐ 9 Unknown

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

End date or last documented use: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 3 Current use ☐ 9 Unknown

7. Were other treatments administered?

☐ 1 Yes ☐ 0 No ☐ 9 Unknown → **Go to Question 8.**

7.1 Type of treatment: **(Mark all that apply.)**

☐ 1 Watchful waiting
☐ 2 Bone marrow transplant
☐ 3 Stem cell transplant → **Go to Question 7.1.1.**
☐ 8 Other **(Specify):** _____

7.1.1 Data of Procedure: __ __ / __ __ / __ __ (Month / Day / Year)

7.1.2 Donor type

☐ 1 Autologous
☐ 2 Allogeneic →
☐ 9 Unknown

Donor Details (Relationship):

☐ 1 Father ☐ 4 Twin ☐ 9 Unknown
☐ 2 Mother ☐ 5 Child
☐ 3 Sibling ☐ 6 Unrelated

7.1.3 Conditioning regimen **(Mark all that apply.)**

☐ 1 Chemotherapy **(Names):** _____
☐ 2 Total body irradiation (**Dosage):** _____
☐ 8 Other **(Specify):** _____

7.1.4 Graft vs. Host disease requiring medical intervention

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

7.1.4.1 ☐ 1 Acute ☐ 2 Chronic ☐ 3 Both acute and chronic

8. Has the participant ever been disease-free since the initial diagnosis/treatment?

☐ 1 Yes →
☐ 0 No
☐ 9 Unknown

8.1 Date as documented in the medical records*: __ __ / __ __ / __ __ (Month / Day / Year)

* If no evidence of recurrence or metastasis: Record **most recent** documented disease-free date.
If documented recurrence or metastasis: Record **first** known disease-free date, if one exists.

9. Was there a new or evolved lymphoma diagnosed? Code whether or not a disease-free interval exists.

☐$_1$ Yes ☐$_0$ No ☐$_9$ Unknown

↓

9.1 Histology: ☐$_1$ Same disease process ☐$_2$ Different disease process ☐$_9$ Unknown

Specify histology: _____

Diagnosis date: __ __ / __ __ / __ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Month Day Year

9.2 Histology: ☐$_1$ Same disease process ☐$_2$ Different disease process ☐$_9$ Unknown

Specify histology: _____

Diagnosis date: __ __ / __ __ / __ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Month Day Year

10. Did a recurrence or metastasis occur after the initial diagnosis and after a documented disease-free interval?

☐$_1$ Yes ☐$_0$ No
☐$_9$ Unknown

↓

10.1 Site(s): **(Mark all that apply.)**

☐$_1$ Liver ☐$_4$ Lymph nodes
☐$_2$ Bone marrow ☐$_8$ Other **(Specify):** _____
☐$_3$ Brain ☐$_9$ Unknown

10.2 Diagnosis date: __ __ / __ __ / __ __ ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown
Month Day Year

Comments: _____