Standard Operating Protocol
Data entry to LYMPHOMA registry

1. Purpose

1.1 To create a uniform system and define a policy in entering data into the various fields in the LYMPHOMA database

2. Scope and Responsibilities

2.1 HCC
2.2 HCC LYMPHOMA Committee
2.3 CDMC
2.4 Data operators

3. Definitions

3.1 Null values: Null is the absence of a recorded value for a field. A null value differs from a value of zero in that zero may represent the measure of an attribute, while a null value indicates that no measurement has been taken.

3.1.1 In the HCC registry- unless otherwise indicated ; 99999 will represent null values

3.2 Date: Format dd-mm-yyyy

3.3 Date of birth : Format dd-mm-yyyy

3.3.1 If the exact birth date is not available then the year should be entered as 01-01-yyyy where yyyy is the year of birth

3.4 **Febrile Neutropenia : This** is **defined** as an oral temperature >38.5°C or two consecutive readings of >38.0°C for 2 h and an absolute neutrophil count $<0.5 \times 10^9$/l, or expected to fall below 0.5×10^9/l.

3.5 Invasive fungal infection to be defined as per the EORTC criteria.

3.6 **Intensity of conditioning regimen**: Reduced intensity, myeloablative and non myeloablative conditioning will be defined as per the Reduced-Intensity Conditioning Regimen Workshop, convened by the Center for International Blood and Marrow Transplant Research (CIBMTR) during the Bone Marrow Transplantation Tandem Meeting in 2006 or https://www.cibmtr.org/manuals/fim/1/en/topic/q155-315-pre-hct-preparative-regimen-conditioning

3.7 **Donor type** : This will be defined as per the Donor category as mentioned in the forms instruction manual of CIBMTR.org available at https://www.cibmtr.org/manuals/fim/1/en/topic/donor-information

3.8 Complete remission will be defined as per standard LYMPHOMA response criteria. Available at https://www.cibmtr.org/manuals/fim/1/en/topic/Lymphoma-response-criteria

3.8.1 **Complete Remission (CR)**

Complete metabolic remission requires all of the following:

3.8.1.1 A score of 1, 2, or 3 with or without a residual mass on a PET 5 point scale; and

3.8.1.2 Disappearance of any previously non-measured lesions; and

3.8.1.3 No new lesions; and

3.8.1.4 No evidence of FDG-avid disease in the marrow

3.8.2 **Partial Remission – (PR)**

Partial metabolic remission requires all of the following:

3.8.2.1 Score 4 or 5 on a PET 5 point scale with reduced uptake compared with baseline; and

3.8.2.2 No **new** lesions.

3.8.3 **Stable Disease (SD)**

3.1.1.1 Does not meet metabolic criteria for complete remission, partial remission, or progressive disease SD-

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3.8.4 **Progressive Disease (PD)**

(after Partial Remission, Stable Disease), Relapsed Disease (after Complete Remission)

Metabolic progression or relapse requires at least one of the following:

3.8.4.1 Score 4 or 5 on a PET 5 point scale with increased uptake compared with baseline; or

3.8.4.2 Any new FDG-avid foci consistent with lymphoma; or

3.8.4.3 New or recurrent FDG avid foci in the bone marrow.

4 **Policy and data rules**

A. PATIENT INFORMATION

4.1 **Name/Initials** :Either full name or initials to be filled

4.2 **Hospital Number** : This is an alphanumeric filed and signifies original medical record number/HID number

4.3 **Patient Number :** Auto generated followed by Centre code

4.4 **Village/Town/City**: Residence of patient, whether from Village/Town/City

4.5 **Pin Code**: 06 digit numeric. In case patient is a foreign national, to enter 999999.

4.6 **Country**: Name of the country. Default is India

B. Baseline Data

4.7 **Date of Birth**: dd-mm-yyyy format which has to be entered using date-picker. If the exact birth date is not available then the year should be entered as 01-01-yyyy where yyyy is the year of birth

4.8 **Sex** : To enter male or female

4.9 **Height** :At time of diagnosis in cm

4.10 **Weight**: at time of diagnosis in kg

4.11 **Date of diagnosis**: Date when diagnosis was made at your Centre.

C. **Baseline Parameters**

4.12 **Co morbidities**: Diabetes, Hypertension, IHD, Known other diseases at the time of diagnosis. Tick whichever is applicable out of these.

4.13 **Previous malignancy (other than lymphoma):**Yes/No if Yes Specify__

4.14 **Viral Markers:**

4.14.1 HBsAg:Positive/Negative/Not Done

4.14.2 Hepatitis B core Ab:Positive/Negative/Not Done

4.14.3 HCV:Positive/Negative/Not Done

4.14.4 HIV:Positive/Negative/Not Done

If HIV positive: CD4 counts at diagnosis –opens only if HIV positive

4.15 **Symptomatic** : Yes / No

If yes-Duration of symptoms prior to Diagnosis in Days-please calculate in days the number of days patient had symptoms of the current illness prior to diagnosis at YOUR CENTER-you will get this at your first evaluation by the doctor –history section.

4.16 **B symptoms:** Yes / No (Fever/Weight loss)

4.17 **H/O Smoking:** Yes / No

4.18 **Charlson comorbidity index:**

4.18.1 None

4.18.2 a) MI b) CHF c) CVA d) COPD e) CTD f) PUD

4.18.3 a) CVA (Hemiplegia) b) Moderate renal failure c) DM and organ failure d) Past history of cancer

4.18.4 MOD or severe liver Disease

4.18.5 Others (Autoimmune/Hypothyroid/active TB) Specify_____

4.19 **Previous Treatment :Yes/No**

Any treatment for treatment for the lymphoma prior to registration at your center-you will get this at first evaluation by the Doctor-Treatment history section steroids mean prednisolone/omnacortil/dexamethasone/ methylprednisolone. If yes,

4.19.1 Steroids alone
4.19.2 Chemotherapy
4.19.3 Details of prior therapy (Chemotherapy)
If Yes, previous treatment duration
4.19.4 1week /2weeks /3-4weeks/>4weeks

4.20 **ECOG Performance status** Mandatory field. One of the options to be selected
4.20.1 Fully active, able to carry on all pre-disease performance without restriction
4.20.2 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
4.20.3 Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
4.20.4 Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4.20.5 Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
4.20.6 Not Available

4.21 **Hepatomegaly**:Yes /No-Enlargement of Liver
4.22 **Splenomegaly:** Yes /No-Enlargement of spleen
4.23 **Waldeyer ring involvement:** Yes /No (Tonsillar involvement)
4.24 **Histological diagnosis**: Yes /No
4.25 **IHC:** Yes /No -For the purpose of this entry, only those patient with biopsy will be included
4.26 **Bone marrow or peripheral blood based diagnosis IPT/ IHC**: Yes/No
4.27 **Type Of Lymphoma**
4.27.1 Hodgkin (subtype-Drop down single option only possible)
4.27.1.1 NLPHL
4.27.1.2 CHL, NS
4.27.1.3 CHL, MC
4.27.1.4 CHL, LP
4.27.1.5 CHL, LD
4.27.1.6 CHL, subtype unknown
4.27.2 Non Hodgkin - Histological subtypes-Subtype Known **:** Yes /No if Yes,
4.27.2.1 **B cell**
4.27.2.1.1 High grade B cell, NOS
4.27.2.1.2 Low grade B cell lymphoma or LPD, NOS
4.27.2.1.3 DLBCL,NOS-
If DLBCL/HGBCL, mention the following**:**
4.27.2.1.3.1 MYC expression by IHC:
If done +ve/-ve mention (%)
4.27.2.1.3.2 BCL2 expression by IHC:
If done +ve/-ve mention (%)
4.27.2.1.3.3 BCL6 expression by IHC:
If done +ve/-ve mention (%)
4.27.2.1.4 DHL or THL: yes /No/FISH not done
4.27.2.1.5 COO subtype: GCB/Non GCB/Not known
4.27.2.1.6 Other Remarks on histological subtype of lymphoma .

4.27.2.1.7 T-cell Rich B cell lymphoma
4.27.2.1.8 Double Hit lymphoma
4.27.2.1.9 Primary Mediastinal B cell lymphoma
4.27.2.1.10 Primary CNS lymphoma
4.27.2.1.11 Burkitt lymphoma
4.27.2.1.12 B-lymphoblastic Lymphoma
4.27.2.1.13 Plasmablastic lymphoma
4.27.2.1.14 Follicular lymphoma Grade 3B
4.27.2.1.15 Follicular Grade 1-3A
4.27.2.1.16 Mantle cell lymphoma
4.27.2.1.17 Marginal Zone lymphoma
4.27.2.1.18 Small lymphocytic lymphoma

4.27.2.2 **T cell**

4.27.2.2.1 Peripheral T cell lymphoma (PTCL-NOS)
4.27.2.2.2 Angio-immunoblastic T cell lymphoma (AITL)
4.27.2.2.3 Anaplastic large cell lymphoma, ALK negative
4.27.2.2.4 Anaplastic Large cell lymphoma, ALK positive
4.27.2.2.5 T lymphoblastic lymphoma
4.27.2.2.6 NK T cell, nasal
4.27.2.2.7 NK T cell, other
4.27.2.2.8 Cutaneous T cell lymphoma- Mycosis
4.27.2.2.9 Cutaneous T cell lymphoma- Sezary
4.27.2.2.10 Adult T Leukemia Lymphoma (ATLL)
4.27.2.2.11 Large granular lymphocytic leukemia (LGL)
4.27.2.2.12 T-Prolymphocytic leukemia (T-PLL)
4.27.2.2.13 T-Chronic lymphoproliferative disease - NOS
4.27.2.2.14 Subcutaneous panniculitis-like T cell lymphoma (SPTCL)
4.27.2.2.15 Hepatosplenic gamma delta
4.27.2.2.16 Other T cell, specify_____

4.27.3 **Chronic Lymphocytic Leukemia (CLL)**

4.28 Ki 67 / MIB Done :Not done/If done mention %_____(IHC report)
4.29 Staging evaluation**:** Yes/No If yes, /
4.29.1 PET-CT/CECT /ultrasound and X ray/BM

4.30 No of LN regions involved -(from 0-10)
4.30.1 Supradiaph /infradiaph/both

4.31 Splenic involvement by lymphoma: Yes/No (Splenomegaly or lesions in spleen)
4.32 Bone marrow biopsy **:**Yes/No -Involvement by lymphoma.
4.33 Largest disease mass (cm) (longest dimension)
4.33.1 Location of largest disease- Drop down of sites

4.34 Bulky mediastinum**:** Yes/No- Size >10cm o for Hodgkin lymphoma

4.35 Extra-nodal involvement**:** Yes/ No

4.35.1 If yes, mention SITE (Multiple options possible)
Brain /Stomach/Ileo-caecal/Liver/Testis /Bone /Bone marrow/Skin/Soft tissue/ Orbit/PNS/Bladder/Breast /Anal canal/renal/adrenal/lung/Others specify_____

4.36 CSF done **:**Yes /No

4.36.1 If done: Positive /Negative

4.36.2 Cytology based /flow based analysis

4.37 **CNS** involvement: Yes/No/Not Available

4.37.1 Any patient with brain or spinal cord lesions or CSF positivity

4.38 Whether this is a primary extra nodal lymphoma: Yes/ No
If yes, Primary site____

4.39 Other investigations at (baseline): At the time of Diagnosis at your center

4.39.1 Hb: Numeric field in gm/dl

4.39.2 WLC at diagnosis in/mm3: These parameters recorded at date of diagnosis (as recorded above) or any higher TLC recorded prior to registration

4.39.3 Platelet: Platelet counts in /mm3 at time of diagnosis at your centre

4.39.4 Differential count (/100)N___L___E__M /others

4.39.5 LDH: Elevated/ Not elevated based on reference value in IU/L

4.39.6 Serum Albumin g/dl:

4.39.7 Creatine mg/dl:

4.39.8 Bilirubin mg/dl:

4.39.9 ESR (mm in 1st hour):_____

4.39.10 Beta2 microglobulin value : in Units

4.39.11 Serum electrophoresis :Yes/No

4.39.11.1 If yes**,** Serum M component :Present / Absent

4.39.12 FISH – studies: Yes / No- At the time of Diagnosis at your center

4.39.13 Molecular testing by PCR: Yes/No

CLL

4.39.13.1 17p- Mutated/WT/Not Done

4.39.13.2 13 q -Mutated/WT/Not Done

4.39.13.3 11q23- Mutated/WT/Not Done

4.39.13.4 trisomy 12- Mutated/WT/Not Done

4.39.13.5 6q- Mutated/WT/Not Done

4.39.13.6 IgHv rearrangements- Mutated/WT/Not Done

Other NHL

4.39.13.7 BRAF -Mutated/WT/Not Done

4.39.13.8 MYD88- Mutated/WT/Not Done

4.39.13.9 P53 -Mutated/WT/Not Done

4.39.13.10 DUSP22 -Mutated/WT/Not Done

4.39.13.11 Cyclin D1- Mutated/WT/Not Done

4.39.13.12 TCR rearrangements- Mutated/WT/Not Done

4.39.13.13 8;14 and other Burkitts- Mutated/WT/Not Done

4.39.13.14 11;14- Mutated/WT/Not Done

4.39.13.15 14;18 -Mutated/WT/Not Done

4.39.13.16 Others

4.40 **Final stage:** I/II/III/IV/not staged

4.41 **Treatment received:** Yes / No

4.41.1 If No, reason,-Enter only if no treatment was given at your center /Multiple option can be chosen

4.41.1.1 Financial constraints (Inability to meet the costs of therapy represent- Economic)

4.41.1.2 Socio-cultural barrier (Inability to arrange support during stay or language barrier represent)

4.41.1.3 Unawareness and apathy (Denial of disease or utility of conventional therapy represent)

4.41.1.4 Opted to take treatment at another center

4.41.1.5 Age Factor

4.41.1.6 Poor performance status

4.41.1.7 Others

5 **Initial Treatment plan and start of therapy**-To be completed within 4 weeks of start of therapy .

5.1 Treatment given:Yes/No

5.1.1 Type of RX plan

5.1.1.1 chemotherapy

5.1.1.2 only radiation

5.1.1.3 both

5.1.1.4 debulking surgery

5.1.1.5 Watchful waiting (Wait and watch – no treatment)

5.2 **Prephase used :** Yes/No

5.2.1 If yes,

5.2.1.1 pre-phase Date____

5.2.1.2 specify doses and duration –Free text

5.3 Date of start of definitive treatment____

5.4 Specify initial protocol used

5.4.1 For NHL

5.4.1.1 CHOP/COP /Bendamustine based.

5.4.1.2 Oral chemotherapy.

5.4.1.3 EPOCH-DA.

5.4.1.4 Hyper-CVAD.

5.4.1.5 Pediatric Burkitt-type protocol.

5.4.1.6 GMALL NHL protocol

5.4.1.7 CHOP E

5.4.1.8 Lenalidomide Yes No

5.4.1.9 Rituximab yes /No

5.4.1.10 FC Bendamustine IBrutinib Venetoclax Lenalidomide

5.4.1.11 Rituximab Yes/ No

5.4.1.12 Cladribine

5.4.1.13 Others-Specify _____(ALL protocol / others)

5.4.2 For Hodgkin lymphoma

5.4.2.1 ABVD/Esc-BEACOPP/S-BEACOPP/COPP/Oral chemotherapy

5.4.2.2 Nivolumab

5.4.2.3 Brentuximab

5.4.3 For CLL

5.4.3.1 Bendamustine

5.4.3.2 Fludarabine/Cyclophosphamide

5.4.3.3 Chlorambucil

5.4.3.4 Other oral

5.4.3.5 Rituximab Yes No (MANDATORY to enter)

5.4.3.6 Ibrutinib

5.4.3.7 Venetoclax

5.4.3.8 Other

5.4.3.9 Other specify

5.4.4 CNS directed therapy:Yes/No

5.4.4.1 If yes-No of ITs__

5.4.4.2 IT-Yes/No

5.4.4.3 HDMTX-Yes/No

6 **Treatment course in the first 8 months** –to enter within 8 months of start of therapy.

- 6.1 Number of cycles of chemotherapy given (initial planned chemotherapy)
- 6.2 Date of D1 of last course of chemotherapy:
- 6.3 Dose compromise :Yes/No (decreased dose)
  - 6.3.1 If yes, reasons
    - 6.3.1.1 Toxicity /Medicine unavailability/Other logistic issues/Patient progressed before completion/Others(specify)
- 6.4 Regimen modification:Yes/No
  - 6.4.1 Regimen type:MIME,GCD,DHAP,mini BEAM,ICE,Other
    - 6.4.1.1 If yes, reasons**….** Toxicity/Medicine unavailability/Other logistic issues/Patient progressed before completion /Change in HPE
    - 6.4.1.2 Others-Mention
    - 6.4.1.3 No of cycles
    - 6.4.1.4 Date of last cycle
    - 6.4.1.5 Response to changed regimen: CR/ PR/ SD/ PD
- 6.5 Any infections post or during first line chemotherapy:Yes/No
  - 6.5.1 If yes,specify_____
- 6.6 Interim response assessed **:**Yes/No
  - 6.6.1 After how many cycles-
  - 6.6.2 If yes method of assessment-To specify
    - 6.6.2.1 clinical/Radiology/Both/Bone marrow
- 6.7 Interim response if by PET/CT: Deauville score_____
- 6.8 Interim Response **:**CR/PR/SD/PD
- 6.9 End therapy response assessed-Yes/No- This should be considered after radiation therapy also, if planned as part of first line therapy. For patients on continued treatment like ibrutinib or lenalidomide or oral chemotherapy which is continuing beyond 6-8 months, consider the assessment done around 6 month time from start of therapy
  - 6.9.1 If yes, method of assessment-To specify
    - 6.9.1.1 Clinical/Radiology/Both/Bone marrow/PET CT/CECT/Other radiology/Clinical Only
  - 6.9.2 If No, reason for not assessed-To specify
    - 6.9.2.1 Patient default /logistic issues/other _____
- 6.10 Response assessment end of therapy-CR/PR/PD/SD
- 6.11 If less than CR, is any second line treatment planned?- Yes/No (Salvage therapy if given)
  - 6.11.1 If yes**,** please go to second line treatment form also to open
- 6.12 Delay in therapy – Yes/No
  - 6.12.1 If yes, reasons
    - 6.12.1.1 Toxicity/Medicine unavailability/Patient default /Others
- 6.13 SEPARATE SECTION (only for Hodgkin lymphoma)
  - 6.13.1 Response adapted therapy-To specify
  - 6.13.2 Interim scan Deauville score-To specify
  - 6.13.3 Change of therapy regimen-To specify
  - 6.13.4 No of cycles-To specify
  - 6.13.5 Date of completion-To specify

6.14 For CLL

6.14.1 If yes method of assessment-clinical/Radiology/Both/Bone marrow

6.14.2 Response : Hematological improvement only-CR/PR/SD/PD

6.14.3

7 **Radiation therapy details-** to be completed within 4 weeks radiation therapy and 12 months of start of treatment.

7.1 **Radiation therapy**-Yes/No

If yes, Reason for RT

7.1.1 As plan of primary treatment (with chemotherapy as initial plan)

7.1.2 As only modality of treatment (Only RT, and no chemotherapy)

7.1.3 As consolidation for residual disease

7.1.4 Palliative RT

7.1.4.1 Site

7.1.4.2 Dose in Gy _____

7.1.4.3 No of fractions ____

7.1.4.4 Date of start_____

7.1.4.5 Date of completion_____

7.1.4.6 Field :IFRT/ISRT/INRT/Other

7.1.4.7 Any grade 3 or 4 acute toxicity: Yes/No

8 TOXICITIES- First line therapy

8.1 **First Line Therapy**

8.1.1 Major side effects during CHEMOTHERAPY

8.1.2 Tumor lysis :Yes /No

8.1.3 Neuropathy :Yes /No

8.1.4 Venous thrombosis: Yes /No

8.1.5 Febrile Neutropenia: Yes /No

8.1.6 Pulmonary toxicity

8.1.7 Cardiomyopathy :Yes /No

8.1.8 Infusional reactions

8.1.9 Skin toxicity

8.1.10 Others-To specify____

8.2 **Second Line Therapy**

8.2.1 Major side effects during CHEMOTHERAPY

8.2.2 Tumor lysis :Yes /No

8.2.3 Neuropathy :Yes /No

8.2.4 Venous thrombosis: Yes /No

8.2.5 Febrile Neutropenia: Yes /No

8.2.6 Pulmonary toxicity

8.2.7 Cardiomyopathy :Yes /No

8.2.8 Infusional reactions

8.2.9 Skin toxicity

8.2.10 Others- To specify____

9 **Transplant-** To complete within 6 weeks of transplant

9.1 Transplant: Yes/No

9.2 If yes specify

9.2.1 Autologous/Allogeneic-To specify

9.3 Date of transplant (HSCT): _____

9.4 Indication for doing transplant: To specify

9.4.1.1 Upfront for consolidation :For relapse disease

9.5 Donor:

9.5.1.1 Matched Related

9.5.1.2 Matched Unrelated

9.6 Pre-transplant disease status: CR/ not in CR

9.7 TRM 30 days: Yes/No (Death within 30 days from transplant)

9.8 TRM 100 days: Yes/No (Death within 100 days from transplant)

9.9 Post -transplant disease status 100 days: CR/ not in CR /Not assessed

10 **TREATMENT AT RELAPSE:** Separate relapse- Open only for those who are yes for progression/ relapse/ second line therapy yes at end of treatment due to PR

10.1 Salvage therapy-Yes/No

10.2 If yes Specify regimen_____

10.2.1 If yes, Intent/Curative /Palliative/Unknown or undecided

10.3 Type of salvage**:**

10.3.1.1 Chemotherapy alone

10.3.1.2 Chemo +RT

10.3.1.3 RT Alone

10.3.1.4 Chemo +HDT

10.4 Response of salvage: To specify___

11 Follow up-this has to be updated once in 6 month for 1st 2 years and there after annually

11.1 Maintenance: Yes /No- (Whether maintenance given or not)

11.1.1 Start date: Date of start of maintenance therapy

11.1.2 End date: Last date when maintenance/continuation treatment was prescribed.

11.1.3 Medicine used:

11.1.3.1Rituximab

11.1.3.2Lenalidomide

11.1.3.3Ibrutinib

11.1.3.4Other

11.1.4 Major side effects during maintenance: Yes /No

11.1.4.1 If yes, mention_____

11.2 Relapse/progression: Yes /No- Enter the date of clinical progression documented or radiological whichever is first. For patients who don't achieve complete response after initial therapy, the date of documented progression of disease would be considered as progression

11.2.1 Therapy for relapse :Yes /no

11.2.2 If yes :Progression date_____

11.2.3 If yes- separate page for 2 nd line treatment

11.2.4 Relapse/ progression Date:To specify

11.2.5 CNS relapse :yes/ no

11.2.6 Detection of relapse
11.2.6.1Patient symptoms
11.2.6.2Examination during follow up
11.2.6.3Radiology

11.3 DEATH(at any time after registration)-Yes/No
11.3.1 If yes, Date of Death-To specify
11.3.2 IN CR AT TIME OF DEATH**:** Yes /No /Unknown
11.3.3 Cause of Death- Cause of death as determined by the physicians. Must be verified by the physician
11.3.3.1Progressive disease
11.3.3.2Toxicity
11.3.3.3Infection
11.3.3.4Unrelated to disease (specify – free text)
11.3.3.5Unknown

11.4 Lost from follow up: Yes/No- For any patient who has not come for follow up and has no documented relapse/ death.

11.5 Date of Last follow up: date of last contact with the patient either direct visit to the center or by telephonic contact.

11.6 Disease status at last follow up:
11.6.1 CR
11.6.2 Not in CR
11.6.3 Not available
11.6.4 Palliation

11.7 Long term complication- Any of the complications which arise after completion of primary therapy as a consequence of the patient's treatment
11.7.1 If yes, specify,
11.7.1.1Avascular necrosis
11.7.1.2Neuropathy
11.7.1.3Cardiac toxicity
11.7.1.4Pulmonary toxicity
11.7.1.5Viral reactivation/ hepatitis
11.7.1.6Second malignancy- Any other cancer diagnosed in the patient which is not a relapse of ALL
11.7.1.7Others-To specify_____