

# Minimum Dataset Development for Hematopoietic Stem Cell Transplantation (HSCT) Recipient Registry in Iran

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## SUPPLEMENTARY

Pre-HSCT					
No	Question	CIBMTR	EBMT	CVR	Accept/Reject
Center identification					
1	Hospital		✓	1	Accept
2	Unit		✓	1	Accept
3	Contact person	✓	✓	1	Accept
4	Contact person -Email	✓	✓	1	Accept
5	country	✓		1	Accept
6	Center code	✓	✓	1	Accept
General recipient information					
7	Date of this report	✓	✓	1	Accept

8	Unique patient number (national code)	✓	✓	1	Accept
9	First name	✓	✓	1	Accept
10	Last name	✓	✓	1	Accept
11	Father's name			1	Accept
12	Date of birth	✓	✓	1	Accept
13	Sex (at birth)	✓	✓	1	Accept
14	Insurance type			1	Accept
15	Insurance number			1	Accept
16	Medical record number			0.6	Reject
17	Registry patient number	✓	✓	0.6	Reject
18	Ethnicity	✓		1	Accept
19	Race	✓		1	Accept
20	Country of residence	✓		1	Accept
21	Phone number-Home / Work	✓		1	Accept
22	Phone number-Cell phone	✓		1	Accept
23	Email			1	Accept
24	Residence address	✓		1	Accept
25	Postal code/Zip code	✓		1	Accept
26	Blood type (for allogeneic HCTs only)	✓		1	Accept
27	Rh factor (for allogeneic HCTs only)	✓		1	Accept
28	Is the recipient participating in a clinical trial? If yes, specify the name of study/trial	✓	✓	1	Accept
29	Is a subsequent HCT planned as part of the overall treatment protocol or planned multiple (sequential) graft protocol?	✓	✓	1	Accept
<b>Pre-transplantation</b>					
30	First transplant for this patient?	✓	✓	1	Accept
31	number of prior HSCTs	✓		1	Accept
32	type of prior HSCT	✓	✓	1	Accept

33	date of prior HSCT	✓	✓	1	Accept
34	Was the prior HCT performed at a different institution?	✓	✓	1	Accept
35	Has patient or partner become pregnant after prior transplant? If yes, go to next question	✓	✓	0.6	Reject
36	Did the pregnancy result in a live birth?	✓		0.6	Reject
37	Was the patient or partner pregnant at any time in this reporting period?	✓		0.6	Reject
38	Reason: Graft failure/insufficient hematopoietic recovery	✓		1	Accept
39	Reason: Persistent primary disease	✓		1	Accept
40	Reason: Recurrent primary disease	✓		1	Accept
41	Reason: Planned subsequent HCT, per protocol	✓		1	Accept
42	Reason: New malignancy (including PTLD and EBV lymphoma)	✓		1	Accept
43	Reason: Insufficient chimerism	✓		1	Accept
44	Reason: Other	✓		1	Accept
45	Date of graft failure/rejection	✓		1	Accept
46	Date of relapse	✓		1	Accept
47	Date of secondary malignancy	✓		1	Accept
48	Specify other reason	✓		1	Accept
49	Has the recipient ever had a prior cellular therapy?	✓		0.6	Reject
50	Date of the prior cellular therapy	✓		0.6	Reject
51	Source for the prior cellular therapy	✓		0.6	Reject
<b>Donor information</b>					
52	Multiple donors?	✓	✓	1	Accept
53	Specify number of multiple donors	✓	✓	1	Accept
<b>Specify donor type for the product</b>					

54	Product donor type: Autologous	✓	✓	1	Accept
55	Product donor type: Allogeneic, unrelated	✓	✓	1	Accept
56	Product donor type: Allogeneic, related	✓	✓	1	Accept
<b>Specify product type</b>					
57	Product type: Bone marrow	✓	✓	1	Accept
58	Product type: PBSC	✓	✓	1	Accept
59	Product type: Single cord blood unit	✓	✓	1	Accept
60	Product type: Other product (go to question 61)	✓	✓	-1	Reject
61	Specify other product	✓	✓	-1	Reject
62	Was the product manipulated prior to infusion?	✓	✓	1	Accept
63	Is the product genetically modified?	✓	✓	0.2	Reject
<b>Specify the HLA match type</b>					
64	HLA match type: Syngeneic (monozygotic twin)	✓	✓	1	Accept
65	HLA match type: HLA-identical sibling (may include non-monozygotic twin)	✓	✓	1	Accept
66	HLA match type: HLA-matched other relative	✓	✓	1	Accept
67	HLA match type: HLA-mismatched relative	✓	✓	1	Accept
68	HLA match type: Unrelated donor	✓	✓	1	Accept
69	Degree of mismatch: 1 HLA locus mismatch	✓	✓	1	Accept
70	Degree of mismatch: ≥2 HLA loci mismatch	✓	✓	1	Accept
71	Specify the biological relationship of the donor to the recipient	✓		1	Accept
<b>Specify HLA mismatches between donor and patient (0=match; 1=one mismatch; 2=2 mismatches; N/E=not evaluated)</b>					
72	Antigenic HLA-A		✓	1	Accept
73	Antigenic HLA-B		✓	1	Accept
74	Antigenic HLA-C		✓	1	Accept
75	Antigenic HLA-DRB1		✓	1	Accept

76	Antigenic HLA-DQB1		✓	1	Accept
77	Antigenic HLA-DPB1		✓	1	Accept
78	Allelic HLA-A		✓	1	Accept
79	Allelic HLA-B		✓	1	Accept
80	Allelic HLA-C		✓	1	Accept
81	Allelic HLA-DRB1		✓	1	Accept
82	Allelic HLA-DQB1		✓	1	Accept
83	Allelic HLA- DPB1		✓	1	Accept
84	Was this donor used for any prior HCTs? (for this recipient)	✓		1	Accept
85	Code of donor registry/ CB bank	✓	✓	1	Accept
86	Specify the donor code type (ION, BMDW, NMDP)	✓	✓	1	Accept
87	Name of donor registry/ CB bank	✓	✓	1	Accept
88	Donor ID (ID given by the donor registry or the CB bank listed above)	✓	✓	1	Accept
89	Patient ID (ID given by the donor registry or the CB bank listed above)	✓	✓	1	Accept
90	Donor date of BIRTH	✓	✓	1	Accept
91	Donor gender (at birth)	✓	✓	1	Accept
92	Donor CMV status (for Allogeneic)	✓	✓	1	Accept
93	Donor blood type	✓		1	Accept
94	Donor Rh factor	✓		1	Accept
95	Did this donor provide more than one stem cell product	✓	✓	0.6	Reject
96	Specify number of products infused from this donor	✓	✓	1	Accept
97	Specify the number of these products intended to achieve hematopoietic engraftment	✓		1	Accept
98	What agents were used to mobilize the autologous recipient for this HCT? (Autologous only)	✓		1	Accept
99	Name of product (gene therapy recipients)	✓		0.2	Reject

	(Autologous only)				
<b>HSCT</b>					
100	Date of diagnosis for primary disease	✓	✓	1	Accept
101	What was the primary disease for which the HCT was performed?	✓	✓	1	Accept
102	What scale was used to determine the recipient's functional status?	✓	✓	0.6	Reject
103	Performance score	✓	✓	0.6	Reject
104	Weight	✓	✓	1	Accept
105	Height	✓	✓	1	Accept
106	Was there any co-existing disease or organ impairment at time of patient assessment just prior to the preparative regimen?	✓	✓	1	Accept
107	Comorbidity- Solid tumor, previously present		✓	1	Accept
108	Comorbidity- Inflammatory bowel disease	✓	✓	1	Accept
109	Comorbidity-Rheumatologic	✓	✓	1	Accept
110	Comorbidity-Infection	✓	✓	1	Accept
111	Comorbidity-Diabetes	✓	✓	1	Accept
112	Comorbidity-Renal	✓	✓	1	Accept
113	Comorbidity- Hepatic	✓	✓	1	Accept
114	Comorbidity- Arrhythmia	✓	✓	1	Accept
115	Comorbidity- Cardiac	✓	✓	1	Accept
116	Comorbidity- Cerebrovascular disease	✓	✓	1	Accept
117	Comorbidity- Heart valve disease	✓	✓	1	Accept
118	Comorbidity- Pulmonary	✓	✓	1	Accept
119	Comorbidity- Obesity	✓	✓	1	Accept
120	Comorbidity- Peptic ulcer	✓	✓	1	Accept
121	Comorbidity- Psychiatric disturbance	✓	✓	1	Accept
122	Comorbidity- invasive fungal infection	✓		1	Accept

123	Comorbidity- skin malignancy	✓		1	Accept
124	Comorbidity- hematologic malignancy	✓		1	Accept
125	Comorbidity- Prior malignancy	✓		1	Accept
126	Specify prior malignancy	✓		1	Accept
127	Were there any other major clinical abnormalities prior to the preparative regimen?		✓	1	Accept
128	Specify the major clinical abnormality		✓	1	Accept
129	Was the recipient on dialysis immediately prior to start of preparative regimen?	✓		1	Accept
130	Glomerular filtration rate (GFR) before start of the preparative regiment (pediatric only)	✓		-1	Reject
131	Does the recipient have known complex congenital heart disease? (Pediatric only)	✓		-1	Reject
132	Has the patient been infected with COVID-19 (SARS-CoV-2) based on a positive test result at any time prior to the start of the preparative regimen/infusion?	✓		1	Accept
133	Did the patient require hospitalization for management of COVID-19 infection?	✓		1	Accept
134	Is there a history of mechanical ventilation	✓		1	Accept
135	Source of the stem cells (for Autologous)		✓	1	Accept
136	Graft manipulation <i>ex-vivo</i> (other than for RBC removal or volume reduction) (for Autologous)		✓	1	Accept
137	Genetic manipulation of the graft (for Autologous)		✓	-1	Reject
138	Patient CMV status (for Allogeneic)	✓	✓	1	Accept
139	Lab value- Serum ferritin	✓		1	Accept
140	Lab value- Serum albumin	✓		1	Accept
141	Lab value- Platelets	✓		1	Accept
142	Were platelets transfused $\leq 7$ days before date of test?	✓		1	Accept
143	Did the recipient have a prior solid organ transplant? (If yes go to next question)	✓		1	Accept
144	Specify organ	✓		1	Accept

145	Year of prior solid organ transplant	✓		1	Accept
146	Preparative (conditioning) regimen given?	✓	✓	1	Accept
147	Classify the recipient's prescribed preparative regimen (Allogeneic only)	✓	✓	1	Accept
148	Reason for not being myeloablative		✓	1	Accept
149	Was irradiation planned as part of the pre-HSCT preparative regimen?	✓	✓	1	Accept
150	What was the prescribed radiation field?	✓	✓	1	Accept
151	Total prescribed radiation dose as per protocol	✓	✓	1	Accept
152	Date started	✓		1	Accept
153	Was the radiation fractionated?	✓	✓	1	Accept
154	Total number of fractions	✓	✓	1	Accept
<b>Indicate total prescribed cumulative dose for preparative regimen (given before day 0)</b>					
155	Ara-C (cytarabine)	✓	✓	1	Accept
156	ALG, ATG (ALS/ ATS)		✓	0.6	Reject
157	Bleomycin		✓	1	Accept
158	Busulfan	✓	✓	0.6	Reject
159	BCNU	✓	✓	0.6	Reject
160	Bexxar(Tositumomab) (radio labelled MoAB)	✓	✓	0.6	Reject
161	Bendamustine	✓		0.6	Reject
162	CCNU	✓	✓	0.6	Reject
163	Campath (AntiCD 52)		✓	0.6	Reject
164	Carboplatin	✓	✓	0.6	Reject
165	Cisplatin		✓	0.6	Reject
166	Clofarabine	✓	✓	0.6	Reject
167	Corticosteroids		✓	0.6	Reject
168	Cyclophosphamide	✓	✓	0.6	Reject
169	Daunorubicin		✓	1	Accept



170	Doxorubicin (adriamycine)		✓	1	Accept
171	Epirubicin		✓	0.6	Reject
172	Etoposide (VP16)	✓	✓	0.6	Reject
173	Fludarabine	✓	✓	0.6	Reject
174	Gemcitabine	✓		0.6	Reject
175	Gemtuzumab		✓	0.6	Reject
176	Idarubicin		✓	1	Accept
177	Ifosfamide	✓	✓	0.6	Reject
178	Imatinib mesylate		✓	0.6	Reject
179	Melphalan	✓	✓	0.6	Reject
180	Methylprednisolone (solu-Medrol)	✓		0.6	Reject
181	Mitoxantrone		✓	0.6	Reject
182	Paclitaxel		✓	0.6	Reject
183	Pentostatin	✓		0.6	Reject
184	Propylen glycol-free melphalan (Evomela)	✓		0.6	Reject
185	Rituximab (mabthera, antiCD20)	✓	✓	0.6	Reject
186	Teniposide		✓	0.6	Reject
187	Thiotepa	✓	✓	0.6	Reject
188	Treosulphan	✓	✓	0.6	Reject
189	Zevalin (radiolabelled MoAB)	✓	✓	0.6	Reject
190	Other radiolabelled MoAB, specify		✓	0.6	Reject
191	Other MoAB, specify		✓	0.6	Reject
192	Other, specify		✓	0.6	Reject
193	Indicate prescribed dose units (mg/m <sup>2</sup> , mg/Kg, mg×h/L, ,CSS)	✓		1	Accept
194	Specify administration (Busulfan only) (Oral,IV, both)	✓		1	Accept
<b>GvHD prophylaxis</b>					

195	Was GVHD prophylaxis planned? (Allografts only) (If yes go to next question)		✓	1	Accept
<b>Additional drugs/ intervention given in the pre-transplant period</b>					
196	ALG (Anti-Lymphocyte Globulin), ALS (Anti-Lymphocyte Serum), ATG (Anti-Thymocyte Globulin, ATS (Anti-Thymocyte Serum) (if yes go to next question otherwise go to question 202)	✓	✓	1	Accept
197	Specify animal origin (horse, rabbit, other)	✓	✓	1	Accept
198	Total prescribed dose	✓		0.6	Reject
199	Abatacept	✓		0.6	Reject
200	Anti CD25 (MoAB in ivo)	✓	✓	0.6	Reject
201	Bortezomib	✓		1	Accept
202	Campath (MoAB in vivo; can be "in the bag")	✓	✓	0.6	Reject
203	CD 34 enriched (CD34+ selection)	✓		0.6	Reject
204	Systemic corticosteroids	✓	✓	0.6	Reject
205	Cyclosporine	✓	✓	0.6	Reject
206	Cyclophosphamide	✓	✓	0.6	Reject
207	Defibrotide	✓		0.6	Reject
208	Etanercept		✓	0.6	Reject
209	Filgotinib	✓		0.6	Reject
210	Tacrolimus (FK 506)	✓	✓	0.6	Reject
211	Infliximab		✓	0.6	Reject
212	KGF	✓		0.6	Reject
213	Maraviroc	✓		0.6	Reject
214	Methotrexate (MTX) (Amethopterin)	✓	✓	0.6	Reject
215	Mycophenolate	✓	✓	0.6	Reject
216	Ruxolotinib	✓		0.6	Reject
217	Sirolimus	✓		0.6	Reject
218	Tocilizumab	✓		0.6	Reject

219	Ursodiol	✓		0.6	Reject
220	Other monoclonal antibody, specify		✓	0.6	Reject
221	Other agent (in vivo), specify		✓	0.6	Reject
222	Extra-corporeal photopheresis (ECP)	✓	✓	0.6	Reject
223	Ex-vivo T-cell depletion	✓		0.6	Reject
224	Blinded randomized trial	✓		0.6	Reject
225	Is additional post-HCT therapy planned?	✓		0.6	Reject
<b>Acute Myelogenous Leukemia/Acute Myeloid Leukemia (AML)</b>					
No	Question	CIBMTR	EBMT	CVR	Accept/ Reject
1	AML classification	✓	✓	1	Accept
<b>AML classification: AML with recurrent genetic abnormalities</b>					
2	AML with t (8;21) (q22; q22); RUNX1-RUNX1T1		✓	1	Accept
3	AML with inv (16) (p13.1;q22) or t (16;16) (p13.1;q22); CBFB-MYH11		✓	1	Accept
4	Acute promyelocytic leukemia with t (15;17) (q22;q12); PML/RARA		✓	1	Accept
5	AML with t (9;11) (p22; q23); MLLT3-MLL		✓	1	Accept
6	AML with t (6;9) (p23; q24); DEK-NUP214		✓	1	Accept
7	AML with inv (3) (q21; q26.2) or t(3;3) (q21;q26.2); RPN1-EVI1		✓	1	Accept
8	AML (megakaryoblastic) with t (1;22) (p13;q13); RBM15-MKL1		✓	1	Accept
9	AML with myelodysplasia related changes		✓	1	Accept
<b>AML classification: AML not otherwise categorized (NOS)</b>					
10	AML with minimal differentiation (FAB M0)		✓	0.2	Reject
11	AML without maturation (FAB M1)		✓	0.2	Reject
12	AML with maturation (FAB M2)		✓	0.6	Reject
13	Acute myelomonocytic leukemia (FAB M4)		✓	0.6	Reject

14	Acute monoblastic and monocytic leukemia (FAB M5)		✓	0.6	Reject
15	Acute erythroid leukemia (FAB M6)		✓	0.6	Reject
16	Acute megakaryoblastic leukemia (FAB M7)		✓	0.6	Reject
17	Acute basophilic leukemia		✓	0.6	Reject
18	Acute panmyelosis with myelofibrosis		✓	0.6	Reject
19	Myeloid sarcoma (Granulocytic sarcoma)		✓	0.6	Reject
20	Myeloid proliferations related to down syndrome		✓	0.6	Reject
21	Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)		✓	1	Accept
22	Therapy related myeloid neoplasia (old "Secondary Acute Leukemia") related to prior treatment but NOT after a previous diagnosis of MDS or MDS/MPN		✓	1	Accept
23	Did AML transform from MDS or MPN?	✓	✓	1	Accept
24	Is the disease (AML) therapy related?	✓		1	Accept
25	Did the recipient have a predisposing condition?	✓	✓	0.6	Reject
26	Is this a donor cell leukemia? (If the patient has received an allograft prior to the diagnosis of acute leukemia)		✓	1	Accept
27	predisposing condition: Aplastic anemia		✓	0.6	Reject
28	predisposing condition: Fanconi anemia	✓	✓	0.6	Reject
29	predisposing condition: Bloom syndrome	✓	✓	0.6	Reject
30	predisposing condition: Down syndrome	✓		0.6	Reject
31	predisposing condition: Dyskeratosis congenita	✓		0.6	Reject
32	predisposing condition: Unknown		✓	0.6	Reject
33	predisposing condition: Other condition	✓		0.6	Reject
34	Specify other condition	✓		1	Accept
35	Was cytogenetics tested at diagnosis? (Karyotyping or FISH)	✓	✓	1	Accept
36	Were cytogenetics tested <i>via</i> FISH?	✓		0.6	Reject

37	Was cytogenetics tested <i>via</i> karyotyping?	✓		1	Accept
38	If cytogenetics test is abnormal: Is Karyotype complex?		✓	1	Accept
39	If cytogenetics test is abnormal: Is Karyotype monosomal?		✓	1	Accept
40	Specify number of distinct cytogenetics abnormalities	✓		1	Accept
41	Transcribe the complete karyotype		✓	1	Accept
42	Result of cytogenetics test	✓	✓	1	Accept
<b>Specify cytogenetics abnormalities</b>					
43	-5	✓		1	Accept
44	-7	✓		1	Accept
45	-17	✓		0.6	Reject
46	-18	✓		0.6	Reject
47	-X	✓		0.6	Reject
48	-Y	✓		0.6	Reject
49	+4	✓		0.6	Reject
50	+8	✓		0.6	Reject
51	+11	✓		0.6	Reject
52	+13	✓		0.6	Reject
53	+14	✓		0.6	Reject
54	+21	✓		0.6	Reject
55	+22	✓		0.6	Reject
56	t (6;9)	✓	✓	1	Accept
57	t (8;21)	✓	✓	1	Accept
58	t (9;22)	✓		1	Accept
59	t (15;17) and variants	✓	✓	1	Accept
60	t (16;16)	✓	✓	1	Accept

61	t (1;22)		✓	1	Accept
62	trisomy 8		✓	1	Accept
63	inv (16)	✓	✓	1	Accept
64	del (3q)/ 3q-	✓		1	Accept
65	del (9q)/ 9q-	✓		0.6	Reject
66	del (11q)/ 11q-	✓		0.6	Reject
67	del (16q)/ 16q-	✓		0.6	Reject
68	del (17q)/ 17q-	✓		0.6	Reject
69	del (20q)/ 20q-	✓		0.6	Reject
70	del (21q)/ 21q-	✓		0.6	Reject
71	12p any abnormality	✓		1	Accept
72	(11q23) any abnormality		✓	1	Accept
73	(11q23) abnormality: t (9;11)	✓	✓	1	Accept
74	(11q23) abnormality: t (10;11)		✓	1	Accept
75	(11q23) abnormality: t (11;19)		✓	1	Accept
76	(11q23) abnormality: t (6;11)		✓	1	Accept
77	Other (11q23) abnormality		✓	1	Accept
78	(3q26) (EVI1) any abnormality		✓	0.6	Reject
79	(3q26) abnormality: inv (3)	✓	✓	1	Accept
80	(3q26) abnormality: t (3;3)	✓	✓	1	Accept
81	(3q26) abnormality: t (2;3) (p21; q26)		✓	1	Accept
82	Other (3q26) abnormality		✓	0.6	Reject
83	abn 5 type		✓	1	Accept
84	abn 5 type: del (5q)/ 5q-	✓	✓	1	Accept
85	abn 5 type: add (5q)		✓	1	Accept
86	abn 5 type: monosomy 5		✓	1	Accept
87	abn 5 type: other abn (5q)		✓	1	Accept

88	abn 7 type		✓	1	Accept
89	abn 7 type: del (7q)/ 7q-	✓	✓	1	Accept
90	abn 7 type: monosomy 7		✓	1	Accept
91	abn 7 type: add (7q)		✓	1	Accept
92	abn 7 type: other abn (7q)		✓	1	Accept
93	abn (17p)		✓	1	Accept
94	Specify other abnormality	✓	✓	1	Accept
<b>Molecular markers</b>					
95	Were tests for molecular markers performed (e.g., PCR, NGS) at diagnosis?	✓	✓	0.6	Reject
<b>Select each molecular marker as “Positive”, “negative” or “Not done”</b>					
96	AML1-ETO (RUNX1/RUNXT1)		✓	0.6	Reject
97	CBFB-MYH11		✓	0.6	Reject
98	PML-RAR $\alpha$		✓	0.6	Reject
<b>MLL-Rearrangement/mutation</b>					
99	MLLT3 (AF9)-MLL		✓	0.6	Reject
100	MLL-PTD (partial tandem duplication)		✓	0.6	Reject
101	MLLT4 (AF6)-MLL		✓	0.6	Reject
102	ELL-MLL		✓	0.6	Reject
103	MLLT1 (ENL)-MLL		✓	0.6	Reject
104	MLLT10 (AF10)-MLL		✓	0.6	Reject
105	Other MLL-rearrangement		✓	0.6	Reject
106	Specify other MLL-rearrangement		✓	0.6	Reject
107	DEK-NUP214(CAN)		✓	0.6	Reject
108	RPN1-EVI1		✓	0.6	Reject
109	RBM15-MKL1		✓	0.6	Reject
110	NPM1 mutation		✓	1	Accept
111	CEBPA mutation	✓	✓	1	Accept

112	Specify CEBPA mutation	✓		1	Accept
113	FLT3-TKD	✓		1	Accept
114	FLT3-ITD (Internal Tandem Duplication)		✓	1	Accept
115	FLT3-ITD mutation	✓		1	Accept
116	FLT3-ITD allelic ratio	✓		0.6	Reject
117	Specify FLT3-ITD allelic ratio	✓		0.6	Reject
118	DNMT3A		✓	0.6	Reject
119	ASXL1		✓	0.6	Reject
120	TP53		✓	0.6	Reject
121	RUNX1		✓	0.6	Reject
122	c-KIT		✓	1	Accept
123	IDH1	✓		0.6	Reject
124	IDH2	✓		0.6	Reject
125	KIT	✓		1	Accept
126	NPM1	✓		1	Accept
127	Another molecular marker	✓		0.6	Reject
128	Specify another molecular marker	✓		0.6	Reject
129	Other		✓	0.6	Reject
130	Specify other		✓	0.6	Reject
131	Did the recipient have central nervous system leukemia at any time prior to the start of the preparative regimen / infusion? (Only CNS leukemia)	✓	✓	1	Accept
<b>Involvement at diagnosis</b>					
132	Bone marrow		✓	1	Accept
133	CNS		✓	1	Accept
134	Testis/ovary		✓	1	Accept
135	other		✓	1	Accept
<b>What was the disease status?</b>					



136	Primary induction failure	✓	✓	1	Accept
137	1 <sup>st</sup> Complete remission	✓	✓	1	Accept
138	2 <sup>nd</sup> Complete remission	✓	✓	1	Accept
139	≥ 3 <sup>rd</sup> Complete remission	✓	✓	1	Accept
140	1 <sup>st</sup> relapse	✓	✓	1	Accept
141	2 <sup>nd</sup> relapse	✓	✓	1	Accept
142	≥ 3 <sup>rd</sup> relapse	✓	✓	1	Accept
143	No treatment	✓		1	Accept
144	How many cycles of inclusion therapy were required to achieve 1 <sup>st</sup> complete remission?	✓		1	Accept
145	Was the recipient in remission by flow cytometry?	✓	✓	1	Accept
146	Was the recipient in remission by cytogenetics?			1	Accept
147	Was the recipient in remission by molecular?		✓	1	Accept
148	Date of last relapse before this HSCT	✓	✓	0.6	Reject
149	Date assessed	✓		0.6	Reject
<b>Acute Lymphoblastic Leukemia (ALL)</b>					
150	Specify ALL classification	✓		1	Accept
<b>ALL classification</b>					
151	B lymphoblastic leukemia /lymphoma-with t (9;22) (q34; q11.2); BCR-ABL1		✓	1	Accept
152	B lymphoblastic leukemia /lymphoma-with t (v;11q23); MLL rearranged		✓	0.6	Reject
153	B lymphoblastic leukemia/lymphoma-with t (1;19) (q23;p13.3); E2A-PBX1		✓	0.6	Reject
154	B lymphoblastic leukemia /lymphoma -with t (12;21) (p13;q22); TEL-AML1 (ETV-RUNX1)		✓	0.6	Reject
155	B lymphoblastic leukemia /lymphoma-with hyperdiploidy		✓	1	Accept
156	B lymphoblastic leukemia /lymphoma-with hypodiploidy		✓	1	Accept

157	B lymphoblastic leukemia /lymphoma-with t (5;14) (q31;q32); IL3-IGH		✓	0.6	Reject
158	B lymphoblastic leukemia /lymphoma-Not Otherwise Specified (NOS)		✓	0.6	Reject
159	Other B lymphoblastic leukemia/lymphoma		✓	0.6	Reject
160	T lymphoblastic leukemia/lymphoma		✓	1	Accept
161	Did the recipient have a predisposing condition?	✓		1	Accept
<b>Specify condition</b>					
162	Condition: Aplastic Anemia	✓		0.6	Reject
163	Condition: Bloom syndrome	✓		0.6	Reject
164	Condition: Down syndrome	✓		0.6	Reject
165	Condition: Fanconi anemia	✓		1	Accept
166	Condition: other condition	✓		0.6	Reject
167	Secondary origin: Related to prior exposure to therapeutic or radiation		✓	1	Accept
168	If the patient has received an allograft prior to the diagnosis of acute leukemia: Is this a donor cell leukemia?		✓	1	Accept
169	Were tyrosine kinase inhibitors ( <i>i.e.</i> , imatinib mesylate) given for pre-HCT therapy at any time prior to the start of the preparative regimen?	✓		1	Accept
<b>Laboratory studies</b>					
170	Was cytogenetics tested? (Karyotyping or FISH)	✓	✓	1	Accept
171	Was cytogenetics tested <i>via</i> FISH?	✓		1	Accept
172	Was cytogenetics tested <i>via</i> karyotyping?	✓		1	Accept
173	Complex karyotype		✓	1	Accept
174	Transcribe the complete karyotype		✓	1	Accept
175	Results of tests	✓	✓	1	Accept
176	Specify number of distinct cytogenetics abnormalities	✓		1	Accept
<b>Specify abnormalities</b>					

177	-7	✓		0.6	Reject
178	+4	✓		0.6	Reject
179	+8	✓		0.6	Reject
180	+17	✓		0.6	Reject
181	+21	✓		0.6	Reject
182	t (1;19)	✓	✓	0.6	Reject
183	t (2;8)	✓		0.6	Reject
184	t (4;11)	✓	✓	0.6	Reject
185	t (5;14)	✓		0.6	Reject
186	t (5;14) (q31; q32)		✓	0.6	Reject
187	t (8;14)	✓		0.6	Reject
188	t (8;22)	✓		0.6	Reject
189	t (9;22)	✓	✓	1	Accept
190	t (10;14)	✓		0.6	Reject
191	t (11;14)	✓		0.6	Reject
192	t (12;21)	✓	✓	0.6	Reject
193	del (6q)/ 6q-	✓		0.6	Reject
194	del (9p)/9p-	✓		0.6	Reject
195	del (12p)/ 12p-	✓		0.6	Reject
196	add (14q)	✓		0.6	Reject
197	(11q23) any abnormality	✓	✓	0.6	Reject
198	9p any abnormality	✓		0.6	Reject
199	12p any abnormality	✓		0.6	Reject
200	Hyperdiploidy (>46)		✓	1	Accept
201	Hyperdiploidy (>46) :50-66 chromosome		✓	1	Accept
202	Hyperdiploidy (>46): Trisomy		✓	1	Accept
203	Hyperdiploidy (>46): Specify extra chromosome		✓	1	Accept

204	Hyperdiploidy (>46): Other hyperdiploid karyotype (if select go to next question otherwise go to question 436)		✓	1	Accept
205	Hyperdiploidy (>46): Number of chromosomes		✓	1	Accept
206	Hyperdiploid (>50)	✓		1	Accept
207	Hypodiploid (<46)	✓	✓	1	Accept
208	Hypodiploid (<46): Low hypodiploid, 32-39 chromosomes		✓	1	Accept
209	Hypodiploid (<46): Near haploid, 24-31 chromosomes		✓	1	Accept
210	Hypodiploid (<46): Monosomy (if select go to next question otherwise go to question 442)		✓	1	Accept
211	Hypodiploid (<46): Specify		✓	1	Accept
212	Hypodiploid (<46): Other (if select go to next question otherwise go to question 444)		✓	1	Accept
213	Hypodiploid (<46): Number of chromosomes		✓	1	Accept
214	iAMP21	✓		0.6	Reject
215	Trisomy8		✓	0.6	Reject
216	Other abnormality	✓	✓	0.6	Reject
217	Were tests for molecular markers performed (e.g., PCR, NGS) at diagnosis?	✓	✓	1	Accept
<b>Specify molecular markers</b>					
218	BCR-ABL molecular product of t (9;22) (q34; q11.2)	✓	✓	1	Accept
219	MLL-rearrangement/mutation (if not present go to question 502)		✓	1	Accept
220	MLL-rearrangement/mutation: AFF1(AF4)-MLL molecular product of t (4;11) (q21;q23)		✓	0.6	Reject
221	MLL-rearrangement/mutation: MLLT1(ENL)-MLL molecular product of t (11;19) (q23;p13.3)		✓	0.6	Reject
222	MLL-rearrangement/mutation: MLLT3(AF9)-MLL molecular product of t (9;11) (p22;q23)		✓	0.6	Reject
223	MLL-rearrangement/mutation: Other MLL-		✓	0.6	Reject

	rearrangement (if not present go to question b)				
224	MLL-rearrangement/mutation: specify other MLL-rearrangement		✓	0.6	Reject
225	TEL(ETV6)-AML1(RUNX1) molecular product of t(12;21) (p13;q22)	✓	✓	0.6	Reject
226	IL3-IGH molecular product of translocation t (5;14) (q31;q32)		✓	0.6	Reject
227	TCF3-PBX1 Molecular product of translocation (1;19) (q23; p13.3)		✓	0.6	Reject
228	IKZF1 (IKAROS)		✓	0.6	Reject
229	NOTCH1 and FBXW7		✓	0.6	Reject
230	Other (if not present go to question c)	✓	✓	0.6	Reject
231	Specify other	✓	✓	0.6	Reject
<b>Status at HSCT</b>					
<b>What was the disease status?</b>					
232	Primary induction failure	✓	✓	1	Accept
233	1 <sup>st</sup> Complete hematological Remission (CR)	✓	✓	1	Accept
234	2 <sup>nd</sup> Complete hematological Remission (CR)	✓	✓	1	Accept
235	≥ 3 <sup>rd</sup> Complete hematological Remission (CR)	✓	✓	1	Accept
236	1 <sup>st</sup> relapse	✓	✓	1	Accept
237	2 <sup>nd</sup> relapse	✓	✓	1	Accept
238	≥ 3 <sup>rd</sup> relapse	✓	✓	1	Accept
239	No treatment	✓		1	Accept
<b>Type of remission</b>					
240	Cytogenetic remission		✓	1	Accept
241	Molecular remission		✓	1	Accept
242	How many cycles of induction therapy were required to achieve 1 <sup>st</sup> complete remission?	✓		1	Accept
243	Was the recipient in remission by flow cytometry?	✓		1	Accept

244	Date of most recent relapse	✓		1	Accept
245	Date assessed	✓		1	Accept
246	Date of this HSCT		✓	1	Accept
<b>Other acute leukemia</b>					
247	Date of initial diagnosis		✓	1	Accept
248	Specify acute leukemia of ambiguous lineage and other myeloid neoplasm classification	✓		1	Accept
<b>Classification: Acute leukemia of ambiguous lineage</b>					
249	Acute undifferentiated leukemia		✓	1	Accept
250	Mixed phenotype NOS: Mixed phenotype B/myeloid, NOS		✓	1	Accept
251	Mixed phenotype NOS: Mixed phenotype T/myeloid, NOS		✓	1	Accept
252	Natural Killer (NK)-cell lymphoblastic leukemia/lymphoma		✓	1	Accept
253	Other		✓	1	Accept
254	Specify other	✓	✓	1	Accept
255	Secondary origin? Related to prior exposure to therapeutic drugs or radiation		✓	1	Accept
256	If the patient has received an allograft prior to the diagnosis of acute leukemia: Is this a donor cell leukemia?		✓	1	Accept
<b>Status at HSCT</b>					
<b>What was the disease status?</b>					
257	Primary induction failure	✓	✓	1	Accept
258	1 <sup>st</sup> Complete hematological Remission (CR)	✓	✓	1	Accept
259	2 <sup>nd</sup> Complete hematological Remission (CR)	✓	✓	1	Accept
260	≥ 3 <sup>rd</sup> Complete hematological Remission (CR)	✓	✓	1	Accept
261	1 <sup>st</sup> relapse	✓	✓	1	Accept
262	2 <sup>nd</sup> relapse	✓	✓	1	Accept

263	$\geq 3^{\text{rd}}$ relapse	✓	✓	1	Accept
264	No treatment	✓		1	Accept
<b>Type of remission</b>					
265	Cytogenetic remission		✓	1	Accept
266	Molecular remission		✓	1	Accept
267	Date assessed	✓		1	Accept
<b>Chronic Myelogenous Leukemia (CML)</b>					
268	Date of initial diagnosis		✓	1	Accept
<b>CML classification</b>					
269	Translocation (9;22)		✓	1	Accept
270	bcr-abl		✓	1	Accept
271	Was therapy given prior to this HCT?	✓	✓	1	Accept
272	Date treatment started		✓	1	Accept
<b>Treatment pre-HSCT</b>					
273	Combination chemotherapy	✓		1	Accept
274	Hydroxyurea (Droxia, Hydrea)	✓		1	Accept
275	Tyrosine kinase inhibitor	✓	✓	1	Accept
276	Tyrosine kinase inhibitor: Imatinib mesylate		✓	1	Accept
277	Tyrosine kinase inhibitor: Nilotinib		✓	1	Accept
278	Tyrosine kinase inhibitor: Dasatinib		✓	1	Accept
279	Tyrosine kinase inhibitor: Bosutinib		✓	1	Accept
280	Tyrosine kinase inhibitor: Ponatinib		✓	1	Accept
281	Tyrosine kinase inhibitor: Other TKI (if no go to question 688)		✓	1	Accept
282	Tyrosine kinase inhibitor: specify other TKI		✓	1	Accept
283	Other chemotherapy ( if no go to question 690)		✓	1	Accept
284	Specify Other chemotherapy		✓	1	Accept
285	Interferon- $\alpha$ (Intron, Roferon) (include PEG)	✓		1	Accept

286	Other therapy	✓		1	Accept
287	Specify other therapy	✓		1	Accept
<b>Status at HSCT</b>					
288	Date of this HSCT		✓	1	Accept
What was the disease status?					
289	Complete hematologic response (CHR) preceded only by chronic phase	✓		1	Accept
290	Complete Hematologic Response (CHR) preceded by accelerated phase and/or blast phase	✓		0.6	Reject
291	Chronic Phase (CP)	✓	✓	1	Accept
292	Accelerated phase	✓	✓	1	Accept
293	Blast crisis	✓	✓	1	Accept
294	What is the number of Chronic phase (CP)?	✓	✓	1	Accept
295	What is the number of Accelerated phase?	✓	✓	1	Accept
296	What is the number of Blast crisis?	✓	✓	1	Accept
297	Specify level of response	✓		1	Accept
<b>Type of remission in Chronic Phase (CP)</b>					
298	Hematological		✓	1	Accept
299	Cytogenetic		✓	1	Accept
300	Molecular		✓	1	Accept
301	Date assessed	✓		1	Accept
<b>Chronic Lymphocytic Leukemia (CLL)</b>					
302	Date of initial diagnosis		✓	1	Accept
303	Specify other leukemia classification	✓		1	Accept
304	Chronic Lymphocytic Leukemia (CLL)/small lymphocytic lymphoma		✓	1	Accept
305	Richter's syndrome (if no go question a)		✓	1	Accept
306	Transformed from a previous known CLL?	✓	✓	1	Accept
307	Date of original CLL diagnosis		✓	1	Accept



308	What is chromosome analysis?		✓	1	Accept
<b>Specify chromosome analysis</b>					
309	Trisomy 12		✓	1	Accept
310	Del 13q14		✓	1	Accept
311	Del 11q22-23		✓	1	Accept
312	del (17p)		✓	1	Accept
313	Other (if no go to question 721)		✓	1	Accept
314	Specify other		✓	1	Accept
315	Was any 17p abnormality detected?	✓		1	Accept
<b>Molecular marker</b>					
316	TP53 mutations		✓	1	Accept
<b>Treatment pre-HSCT</b>					
317	What is treatment pre-HSCT (primary treatment)? (If no go to question 726)		✓	1	Accept
318	Date treatment started		✓	0.6	Reject
319	Specify regimen details		✓	0.6	Reject
320	Date treatment ended		✓	0.6	Reject
<b>Status at HSCT</b>					
<b>What is status at HSCT?</b>					
321	Complete Remission (CR)	✓	✓	1	Accept
322	Partial Remission (PR)	✓	✓	1	Accept
323	Stable Disease (SD)	✓	✓	1	Accept
324	Progressive Disease (PD)	✓	✓	1	Accept
325	untreated	✓		1	Accept
326	Untreated relapse		✓	1	Accept
327	Never treated		✓	0.2	Reject
328	Not assessed	✓		0.2	Reject
329	Date assessed	✓		1	Accept

Chronic Prolymphocytic Leukemia (PLL and other)					
330	Date of initial diagnosis		✓	1	Accept
331	Specify the other leukemia classification	✓		1	Accept
332	Prolymphocytic Leukemia (PLL): B-cell		✓	1	Accept
333	Prolymphocytic Leukemia (PLL): T-cell		✓	1	Accept
334	Hairy cell leukemia		✓	1	Accept
335	Other (if no go to question a)	✓	✓	1	Accept
336	Specify other	✓	✓	1	Accept
Specify chromosome analysis (PLL only)					
337	inv (14)/ t (14:14) (q11q32)		✓	1	Accept
338	del (14) (q12)		✓	1	Accept
339	t (11:14) (q23; q11)		✓	1	Accept
340	t (7:14) (q35: q32.1)		✓	1	Accept
341	t (X:14) (q35: q11)		✓	1	Accept
342	idic(8) (p11)		✓	1	Accept
343	Other (specify)		✓	1	Accept
344	Specify other		✓	1	Accept
345	Was any 17p abnormality detected?	✓		1	Accept
Immunophenotyping of T-cells (T-cell PLL only)					
346	CD4+		✓	1	Accept
347	CD8+		✓	1	Accept
348	Lymphocyte count		✓	1	Accept
Status at HSCT					
349	Date of this HSCT		✓	1	Accept
What was the disease status?					
350	Complete Remission (CR)	✓	✓	1	Accept
351	Partial Remission (PR)	✓	✓	1	Accept

352	Stable Disease (SD)	✓	✓	1	Accept
353	Progressive Disease (PD)	✓	✓	1	Accept
354	Untreated relapse		✓	0.6	Reject
355	untreated	✓		0.2	Reject
356	Never treated		✓	0.2	Reject
357	Not assessed	✓		0.2	Reject
358	Date assessed	✓		1	Accept
<b>Lymphomas</b>					
<b>NO</b>	<b>Question</b>	<b>CIBMTR</b>	<b>EBMT</b>	<b>CVR</b>	<b>Accept/ Reject</b>
<b>B-cell Non-Hodgkin Lymphomas (NHL)</b>					
1	Date of initial diagnosis		✓	1	Accept
2	Specify the lymphoma histology (at infusion)	✓		1	Accept
3	Specify other lymphoma histology	✓		1	Accept
<b>B-cell neoplasms</b>					
4	Splenic marginal zone lymphoma (if select go to question 35)		✓	1	Accept
5	Extranodal marginal zone lymphoma of Mucosa Associated Lymphoid Tissue (MALT) (if select go to question 35)		✓	1	Accept
6	Nodal marginal zone lymphoma (if select go to question 35)		✓	1	Accept
7	Lymphoplasmacytic Lymphoma (LPL): Waldenstrom macroglobulinemia (LPL with monoclonal IgM) (if select go to next question otherwise question 9)		✓	1	Accept
8	International Prognostic Scoring System for Waldenström's Macroglobulinemia (ISSWM) ( go to question 35)		✓	1	Accept
9	Follicular lymphoma (if select go to next question otherwise question 12)		✓	1	Accept
10	Grading		✓	1	Accept
11	Prognostic score (FLIPI) ( go to question 35)		✓	1	Accept

12	Primary cutaneous follicle center lymphoma (if select go to question 35)		✓	1	Accept
13	Mantle cell lymphoma (if select go to next question otherwise question 16)		✓	1	Accept
14	Grading		✓	1	Accept
15	Prognostic score (MIPI) (go to question 35)		✓	1	Accept
16	Diffuse large B-cell lymphoma (DLBCL), (NOS): T-cell/histiocyte rich large B cell lymphoma		✓	1	Accept
17	Diffuse large B-cell lymphoma (DLBCL), (NOS): Primary DLBCL of the CNS		✓	1	Accept
18	Diffuse large B-cell lymphoma (DLBCL), (NOS): Primary cutaneous DLBCL, leg type		✓	1	Accept
19	Diffuse large B-cell lymphoma (DLBCL), (NOS): EBV positive DLBCL of the elderly		✓	1	Accept
20	DLBCL associated with chronic inflammation		✓	1	Accept
21	Lymphomatoid granulomatosis		✓	1	Accept
22	Primary mediastinal (thymic) large B-cell lymphoma		✓	1	Accept
23	Intravascular large B-cell lymphoma		✓	1	Accept
24	ALK positive large B-cell lymphoma		✓	1	Accept
25	Plasmablastic lymphoma		✓	1	Accept
26	Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease		✓	1	Accept
27	Primary Effusion Lymphoma (PEL)		✓	1	Accept
28	Burkitt Lymphoma (BL)		✓	1	Accept
29	B-cell lymphoma, unclassifiable, with features intermediate between Diffuse Large B-cell Lymphoma and Burkitt Lymphoma (Intermediate DLCBL/BL)		✓	1	Accept
30	B-cell lymphoma, unclassifiable, with features intermediate between Diffuse Large B-cell Lymphoma and classical Hodgkin lymphoma (Intermediate DLCBL/HD)		✓	1	Accept
31	Other B-cell (if no go to question 32)		✓	1	Accept

32	Specify other B-cell		✓	1	Accept
33	International Prognostic Index (IPI)		✓	1	Accept
34	KI-67 (Proliferation index)		✓	1	Accept
35	Is the lymphoma histology reported at transplant a transformation from CLL?	✓		1	Accept
36	Was any 17p abnormality detected?	✓		1	Accept
37	Transformed from another type of lymphoma? (if yes go to next question otherwise question 41)	✓	✓	1	Accept
38	Date of original diagnosis	✓	✓	1	Accept
39	Indicate the type of the original lymphoma	✓	✓	1	Accept
40	Specify other lymphoma histology	✓		1	Accept
<b>Assignment of DLBCL subtype was based on</b>					
41	Immunohistochemistry	✓		1	Accept
42	Gene expression profile	✓		-1	Reject
43	Unknown method	✓		-1	Reject
<b>Selected B-cell Non-Hodgkin Lymphomas (NHL)</b>					
<b>Mantle cell lymphoma</b>					
<b>Waldenstrom macroglobulinaemia</b>					
<b>Burkitt lymphoma or "Intermediate DLBCL/ Burkitt Lymphoma"</b>					
44	Date of this HSCT		✓	1	Accept
45	Chromosome Analysis at any time before HSCT		✓	1	Accept
<b>Indicate chromosome analysis as 'present', 'Absent' and 'Not evaluated'</b>					
46	del 17p (Mantle cell lymphoma or Waldenstrom macroglobulinaemia only)		✓	1	Accept
47	t (2;8) (BL or "Intermediate DLBCL/Burkitt Lymphoma" only)		✓	1	Accept
48	t (8;14) (BL or "Intermediate DLBCL/Burkitt Lymphoma" only)		✓	1	Accept
49	t (8;22) (BL or "Intermediate DLBCL/Burkitt Lymphoma" only)		✓	1	Accept

50	t (14;18) (BL or "Intermediate DLCBL/Burkitt Lymphoma" only)		✓	1	Accept
51	myc rearrangement (BL or "Intermediate DLCBL/Burkitt Lymphoma" only)		✓	1	Accept
52	BCL-2 rearrangement (BL or "Intermediate DLCBL/Burkitt Lymphoma" only)		✓	1	Accept
53	BCL-6 rearrangement (BL or "Intermediate DLCBL/Burkitt Lymphoma" only)		✓	1	Accept
54	Immunophenotyping at any time before HSCT done?		✓	-1	Reject
<b>Indicate Immunophenotype / immunochemistry analysis as ‘present’, ‘Absent’ and ‘Not evaluated’</b>					
55	SOX 11 (Mantle cell lymphoma)		✓	-1	Reject
56	MYC (Burkitt Lymphoma or "Intermediate DLCBL/Burkitt Lymphoma")		✓	1	Accept
57	BCL-2/IgH (Intermediate DLCBL/Burkitt Lymphoma)  BCL-6		✓	1	Accept
58	BCL-6 (Intermediate DLCBL/Burkitt Lymphoma)		✓	1	Accept
59	Molecular markers analysis ( <i>i.e.</i> PCR) at any time before HSCT done?		✓	1	Accept
<b>Indicate Molecular Markers analysis as ‘present’, ‘Absent’ and ‘Not evaluated’</b>					
60	TP53 mutation (Mantle cell lymphoma)		✓	1	Accept
61	myc rearrangement (Burkitt Lymphoma or "Intermediate DLCBL/Burkitt Lymphoma")		✓	1	Accept
62	BCL-2 rearrangement (Intermediate DLCBL/Burkitt Lymphoma)		✓	1	Accept
63	BCL-6 rearrangement (Intermediate DLCBL/Burkitt Lymphoma)		✓	1	Accept
	T-cell Non Hodgkin Lymphomas (NHL)				
64	Date of initial diagnosis		✓	1	Accept

65	Specify the lymphoma histology (at infusion)	✓		1	Accept
66	Specify other lymphoma histology	✓		1	Accept
<b>Mature T-cell and NK-cell neoplasms classification</b>					
67	T-cell large granular lymphocytic leukemia (if select go to question 91)		✓	1	Accept
68	Aggressive NK-cell leukemia		✓	1	Accept
69	Systemic EBV positive T-cell lymphoproliferative disease of childhood		✓	1	Accept
70	Hydroa vacciniforme-like lymphoma		✓	0.6	Reject
71	Adult T-cell leukemia/lymphoma		✓	1	Accept
72	Extranodal NK/T-cell lymphoma, nasal type		✓	1	Accept
73	Enteropathy-associated T-cell lymphoma		✓	1	Accept
74	Hepatosplenic T-cell lymphoma		✓	1	Accept
75	Subcutaneous panniculitis-like T-cell lymphoma		✓	1	Accept
76	Mycosis Fungoides (MF)		✓	1	Accept
77	Sézary syndrome		✓	0.6	Reject
78	Lymphomatoid papulosis		✓	0.6	Reject
79	Primary cutaneous anaplastic large cell lymphoma		✓	1	Accept
80	Primary cutaneous gamma-delta T-cell lymphoma		✓	1	Accept
81	Primary cutaneous CD8 positive aggressive epidermotropic cytotoxic T-cell lymphoma		✓	0.6	Reject
82	Primary cutaneous CD4 positive small/medium T-cell lymphoma		✓	0.6	Reject
83	Peripheral T-Cell Lymphoma NOS (PTCL)		✓	1	Accept
84	Angioimmunoblastic T-cell lymphoma		✓	1	Accept
85	Anaplastic Large-Cell Lymphoma (ALCL), ALK-positive		✓	1	Accept
86	Anaplastic Large-Cell Lymphoma (ALCL), ALK-negative		✓	1	Accept
87	Other T-cell		✓	1	Accept

88	Specify Other T-cell		✓	1	Accept
89	International Prognostic Index (IPI)		✓	1	Accept
90	ISCL/EORTC (only for Mycosis fungoides and Sezary syndrome)		✓	1	Accept
91	Is the lymphoma histology reported at transplant a transformation from CLL?	✓		1	Accept
92	Was any 17p abnormality detected?	✓		1	Accept
93	Transformed from another type of lymphoma? (if yes go to next question otherwise question f)	✓	✓	1	Accept
94	Date of original diagnosis	✓	✓	1	Accept
95	Indicate the type of the original lymphoma	✓	✓	1	Accept
96	Specify other lymphoma histology	✓		1	Accept
<b>Assignment of DLBCL subtype was based on</b>					
97	Immunohistochemistry	✓		1	Accept
98	Gene expression profile	✓		-1	Reject
99	Unknown method	✓		-1	Reject
<b>Hodgkin Lymphomas</b>					
100	Date of initial diagnosis		✓	1	Accept
101	Specify the lymphoma histology (at infusion)	✓		1	Accept
102	Classification	✓		1	Accept
103	Is the lymphoma histology reported at transplant a transformation from CLL?	✓		-0.2	Reject
104	Was any 17p abnormality detected?	✓		-0.2	Reject
105	Transformed from another type of lymphoma?	✓	✓	-0.2	Reject
106	Date of original diagnosis	✓	✓	-0.2	Reject
107	Indicate the type of the original lymphoma	✓	✓	-0.2	Reject
<b>Assignment of DLBCL subtype was based on</b>					
108	Immunohistochemistry	✓		1	Accept
109	Gene expression profile	✓		-1	Reject



110	Unknown method	✓		-1	Reject
<b>All Lymphomas</b>					
111	Treatment pre-HSCT (if yes go to next question)		✓	1	Accept
112	Date of treatment		✓	1	Accept
<b>Drugs given: Antibodies</b>					
113	Alemtuzumab (MabCampath) (CD52)		✓	1	Accept
114	Brentuximab (Adcetris) (CD30)		✓	1	Accept
115	Obinutuzumab (Gyzeva) (CD20)		✓	1	Accept
116	Ofatumumab (Azerra) (CD20)		✓	1	Accept
117	Rituximab (Mabthera) (CD20)		✓	1	Accept
118	other antibody		✓	-0.2	Reject
119	Specify other antibody		✓	-0.2	Reject
<b>Drugs given: Radioimmunotherapy</b>					
120	Bexxar (CD20) (radiolabelled MoAB)		✓	1	Accept
121	Zevalin (CD20) (radiolabelled MoAB)		✓	1	Accept
<b>Drugs given: Specific inhibitors</b>					
122	ABT-199 (BCL2-Inhibitor)		✓	1	Accept
123	Crizotinib (ALK-Inhibitor)		✓	1	Accept
124	CC-292 (B cell receptor kinase inhibitor)		✓	1	Accept
125	Ibrutinib (B cell receptor kinase inhibitor)		✓	1	Accept
126	Idelalisib (B cell receptor kinase inhibitor)		✓	1	Accept
127	other inhibitor		✓	0.6	Reject
128	Specify other inhibitor		✓	0.6	Reject
129	Relapse/progression under this drug		✓	1	Accept
<b>Drugs given: Other</b>					
130	Bortezomib (Velcade)		✓	1	Accept
131	Lenalidomide (Revlimid)		✓	1	Accept

132	Other		✓	0.6	Reject
133	Specify other		✓	1	Accept
134	Date of this HSCT	✓	✓	1	Accept
135	Number of prior lines of treatment	✓	✓	1	Accept
<b>Technique used for disease assessment</b>					
136	CT scan done	✓	✓	1	Accept
137	PET	✓	✓	1	Accept
138	Was the PET (or PET / CT) scan positive for lymphoma involvement at any disease site?	✓		1	Accept
139	Date of PET scan	✓		1	Accept
140	Deauville (five-point) score of the PET (or PET/CT) scan	✓		1	Accept
141	Deauville Scale 1: No uptake or no residual uptake	✓		1	Accept
142	Deauville Scale 2: Slight uptake, but below blood pool (mediastinum)	✓		1	Accept
143	Deauville Scale3: Uptake above mediastinal, but below or equal to uptake in the liver	✓		1	Accept
144	Deauville Scale 4: Uptake slightly to moderately higher than liver	✓		1	Accept
145	Deauville Scale 5: Markedly increased uptake or any new lesion	✓		1	Accept
<b>Status at HSCT</b>					
146	What was the disease status?	✓	✓	1	Accept
147	Never treated		✓	1	Accept
148	Complete Remission (CR): Unconfirmed (CRU*)		✓	1	Accept
149	Complete Remission (CR): Confirmed		✓	1	Accept
150	Partial Response (PR)-(with or without a prior CR)		✓	1	Accept
151	Stable disease		✓	1	Accept
152	Untreated relapse (from a previous CR) / untreated progression (from a previous PR)		✓	1	Accept

153	Chemo refractory relapse or progression, including primary refractory disease		✓	1	Accept
154	Disease status unknown		✓	1	Accept
155	Was this patient refractory to any line of chemotherapy before this HSCT?		✓	1	Accept
156	Number of Complete (CR, CRU) achieved by the patient prior to this HSCT		✓	1	Accept
157	Number of Partial remissions (PR) achieved by the patient prior to this HSCT		✓	1	Accept
158	Date assessed	✓	✓	1	Accept