NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
NATIONAL CANCER REGISTRY PROGRAMME
Indian Council of Medical Research

PATTERNS OF CARE AND SURVIVAL STUDIES
Proforma for Lymphoma & Leukemia

A. IDENTIFYING INFORMATION

1. Name of Participating Centre ..... Centre Code ☐☐☐

2. HBCR Registration Number ☐☐☐☐☐☐☐
(First 2 digits are for year of registration and the next 5 digits for actual registration number) *Year* *Reg. No.*

3.1 (a) Name of Source of Registration..... Code ☐☐☐
(Reporting Institution (RI) / Hospital)

(b) Name of Department / Unit, etc. ..... Code ☐☐☐

(c) Name of Physician..... Mobile No.....

3.2 Hospital Registration Number.....

3.3 Date of Registration at Source of Registration / Date of Reporting at this Hospital ☐☐☐☐☐☐☐☐
dd mm yyyy

3.4 Case Registered ☐
(1) Out-patient (OP) (2) In-patient (IP) (3) OP and IP
(4) Not Registered – Clinical Consultation / Opinion (5) Not Registered – Pathology Consultation / Opinion (8) Others (*specify*) .....

4. Other Sources of Registration / Referral *(Hospitals, Laboratories, Nursing Homes,etc.)* :

4.1 Name.....
☐☐☐ *Code* ☐☐☐☐☐☐☐☐☐☐ *Hospital / LAB / N.H. No.* ☐☐☐☐☐☐☐☐ *dd mm yyyy*

4.2 Name.....
☐☐☐ *Code* ☐☐☐☐☐☐☐☐☐☐ *Hospital / LAB / N.H. No.* ☐☐☐☐☐☐☐☐ *dd mm yyyy*

5. Date of First Diagnosis ☐☐☐☐☐☐☐☐
(Date of first attendance to any hospital for this disease) (*generally the earliest of the dates in 3.3 or 4 above)* *dd mm yyyy*

6.1 Full Name of Patient *(at least one name is compulsory)*

....
First Second Last

6.2 Aadhaar (Unique Identification) No. .....

7.1 Name of Relative / Next of Kin *(including parent)* / Accompanying Person

Father..... ..... *Mobile No.* Mother..... ..... *Mobile No.*

Spouse..... ..... *Mobile No.* Son..... ..... *Mobile No.*

Daughter..... ..... *Mobile No*

Others *(Friend / accompanying person)* .... *Mobile No.*

7.2. Code of Relative / Next of Kin *(including parent)* / Accompanying Person ☐
(1) Father (2) Mother (3) Husband
(4) Wife (5) Son (6) Daughter
(7) Other Relative / Friend / Neighbour (8) Others *(including accompanying person)*..... (9) Unknown

■ = *Mandatory;* ■ = *Recommended;* ■ = *Optional*

8. Place of Residence: Place of Usual Residence *(where the person has been residing for the past one year (at least))*

***Urban Areas** (Town / cities)*

House No. .....

Road / Street Name .....

Area / Locality .....

Ward / Corporation /Division

Name of City / Town.....

Non-urban / Rural Areas

House No. and Ward .....

Name of Gram Panchayat / Village, etc:

.....

Name of Sub-Unit of District *(Taluk / Tehsil / Other)*:

.....

Name of PHC / Sub Centre .....

Name of District *(in Capitals)* ..... Postal Pin Code

Telephone No(s): Off. ..... Res. .....

Mobile No. ..... Email ID .....

9. Duration of Stay *(at the permanent place of residence (in years)*

10. Other Addresses:

10.1 Local Address

.....

.....

Name of City/Town/District.....

Pin Code

10.2 Second (Office / Caretaker / Family Doctor) Address

.....

.....

Name of City/Town/District.....

Pin Code

10.3 Native Place Address

.....

.....

Name of City/Town/District.....

Pin Code

11. Place of Birth

.....

.....

Name of City/Town/District .....

Pin Code

12. Age *(in years)*

Date of Birth *dd mm yyyy*

13. Age Estimated by:

(1) Patient (2) Person Accompanying Patient (3) Social Investigator (8) Others (*specify*)..... (9) Unknown

14. Sex (1) Male (2) Female (8) Others

B. BASIC DEMOGRAPHIC PARAMETERS

1. Marital Status

(1) Unmarried (2) Married (3) Widowed (4) Divorced (5) Separated (8) Others (*specify*)..... (9) Unknown

2. Mother Tongue

(01) Assamese	(02) Bengali	(03) Guajarati	(04) Hindi	(05) Kannada	(06) Kashmiri	(07) Malayalam
(08) Marathi	(09) Oriya	(10) Punjabi	(11) Sanskrit	(12) Sindhi	(13) Tamil	(14) Telugu
(15) Urdu	(16) English	(17) Konkani	(18) Bhutia	(19) Manipuri	(20) Mizo	(21) Nepali
(22) Lepcha	(23) Rajasthani	(88) Others (*specify*).....		(99) Unknown		

3. Religion

(1) Hindu (2) Muslim (3) Christian (4) Sikh

(5) Jain (6) Neo-Budhist (7) Parsi (8) Indigenous Faith / Others (*specify*)..... (9) Unknown

4. Cultural Group / Background *(Refer procedure manual for codes)*

5. Education

(0) Not applicable (for children below 5 years) (1) Illiterate (2) Literate (3) Primary (4) Middle

(5) Secondary (6) Technical after matric (7) College & Above (8) Others (*specify*)..... (9) Unknown

C. DIAGNOSTIC DETAILS

1. **Diagnostic Status at Registration at Source of Registration / Reporting Institution (RI)**

(0) Not Registered at RI (1) Microscopically Confirmed (2) Suspected (Microscopically/Radiologically)

(3) Unequivocal clinical Diagnosis (4) Suspected clinically/ To rule out Malignancy (8) Others (*specify*)..... (9) Unknown

■ = *Mandatory;* ■ = *Recommended;* ■ = *Optional*

2 Method of Diagnosis

(1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques (8) Others (*specify*)..... (9) Unknown ☐

Microscopic (if 2 above)	X-Ray / Imaging Techniques (if 3 above)	Others (if 8 above) ☐☐
(1) Histology of Primary	(1) X-Ray	(2) Surgery without Histology
(2) Histology of Metastasis	(2) Isotopes	(3) Specific Biochemical and /or Immunological Tests
(6) Cytology of Primary	(3) Angiography	Specify Test(s) .....
(7) Cytology of Metastasis	(4) Ultrasonogram	(8) Others *(specify)* .....
(10) Flowcytometry	(5) CT	
(11) Cytogenetics	(6) MRI	
(12) IHC	(7) PET scan	
(8) Others *(specify)*.....	(8) All others *(specify)*.....	

3. Anatomical Site of Specimen / Biopsy / Smear .....

4. Complete Pathological Diagnosis: *(With complete description of Primary Site of Tumour and Morphological Diagnosis)*

4.1 Primary Site of Tumour – Topography .....

4.2 Morphology / Histology .....

4.3 Pathology Slide No. ☐ Date ☐☐☐☐☐☐☐☐ *dd mm yyyy*

5. Coding According to ICD- O- 3:

5.1 Primary Site of Tumor - Topography ..... C ☐☐☐.☐
(Include sub-site if any)

5.2 Primary Histology - Morphology ..... M ☐☐☐☐/☐
If morphology is that of metastasis mention Primary Site above

6. Site of Tumour (ICD-10) ..... C ☐☐.☐

7. Multiple Primaries at Presentation (1) Yes (2) No ☐
If Yes, specify:

7.1 Number of Multiple Primaries ☐☐

7.2 Sites.....

7.3 Histology.....

7.4 Date of Diagnosis of Multiple Primaries ☐☐☐☐☐☐☐☐ *dd mm yyyy*

8. Disease Status at Diagnosis:

8.1	Hemoglobin Level (g/dL)	(1) Yes	(2) No	If Yes,	☐☐☐.☐
8.2	Total Leucocyte Count (Cells/mm^3)	(1) Yes	(2) No	If Yes,	☐☐☐☐☐☐
8.3	Lymphocyte Percentage (%)	(1) Yes	(2) No	If Yes,	☐☐
8.4	Immature Cell Percentage (%)	(1) Yes	(2) No	If Yes,	☐☐
8.5	Total Platelet Count (/µL)	(1) Yes	(2) No	If Yes,	☐☐☐☐☐☐☐
8.6	Serum Albumin (g/dL)	(1) Yes	(2) No	If Yes,	☐.☐
8.7	Serum LDH level (Units/L)	(1) Yes	(2) No	If Yes,	☐☐☐☐
8.8	CNS Involvement:	(1) Yes	(2) No		☐
8.9	Bone Marrow Involvement:	(1) Yes	(2) No		☐
8.10	Testicular involvement:	(1) Yes	(2) No		☐

8.11 Molecular Markers:

	Type	Sub- Type	Method of Diagnosis	Expression
(i)	CD Marker	.....	.....	(1) Presence (2) Absence ☐
(ii)	FMC	.....	.....	(1) Presence (2) Absence ☐
(iii)	Bcl	.....	.....	(1) Presence (2) Absence ☐
(iv)	ZAP	.....	.....	(1) Presence (2) Absence ☐
(v)	ALK	.....	.....	(1) Presence (2) Absence ☐
(vi)	TCR	.....	.....	(1) Presence (2) Absence ☐
(vii)	MPO	.....	.....	(1) Presence (2) Absence ☐
(viii)	Tdt	.....	.....	(1) Presence (2) Absence ☐
(ix)	HLA – DR	.....	.....	(1) Presence (2) Absence ☐
(x)	Others, specify			

D. DETAILS OF SOCIO ECONOMIC STATUS

1. Occupation (1) Employed (2) Unemployed ☐

   If Employed, (1) Mines (2) Chemical Industries, Specify (Paint, Lead) ..... (8) Others (Specify) ..... ☐

   Years of Employment ☐☐

2. Family Income/Month ☐☐☐☐☐☐☐

3. Number of Family Members Adults ☐☐ Children (Below 18 years) ☐☐

4. Parents Education (For Childhood Cancers)

4.1 Father: ☐

(1) Illiterate (2) Literate (3) Primary
(4) Middle (5) Secondary (6) Technical after matric
(7) College & Above (8) Others (*specify*)..... (9) Unknown

4.2 Mother: ☐

(1) Illiterate (2) Literate (3) Primary
(4) Middle (5) Secondary (6) Technical after matric
(7) College & Above (8) Others (*specify*)..... (9) Unknown

E. RISK FACTORS AND COMORBIDITIES

1. For Childhood Cancers only

1.1 Father's Occupation ..... Years ☐☐

1.2 Mother's Occupation ..... Years ☐☐

1.3 Maternal Age at the Time of Conception (years) ☐☐

1.4 Type of Child-Birth (1) Full – term (2) Pre- term ☐

1.5 Smoking Status of Father (1) Current (2) Past (3) Never ☐ Years ☐☐

1.6 Smoking Status of Mother (1) Current (2) Past (3) Never ☐ Years ☐☐

1.7 Other Risk Factors, specify .....

2. For Adult Patients

2.1 Smoking Status (1) Current (2) Past (3) Never ☐ Years ☐☐

2.2 Alcohol Intake (1) Current (2) Past (3) Never ☐ Years ☐☐

3. Family History of Same Cancer (1) Yes (2) No ☐ If yes, specify (Degree / Type) .....

4. Family History of Other Cancer (1) Yes (2) No ☐ If yes, specify (Degree / Type) .....

5. Genetic Predisposition Condition (1) Yes (2) No ☐ If yes, specify .....

6. Exposure to Ionizing Radiation (1) Yes (2) No ☐ If yes, Years ☐☐

7. Exposure to Cytotoxic Drugs (1) Yes (2) No ☐ If yes, Years ☐☐

8. Other Risk Factors (1) Yes (2) No ☐ If yes, specify .....

9. Comorbid Conditions

Comorbid Conditions	Yes	No	Comorbid Conditions	Yes	No
(a) Tuberculosis	☐	☐	(g) COPD	☐	☐
(b) Hypertension	☐	☐	(h) Hepatitis B	☐	☐
(c) Diabetes	☐	☐	(i) Hepatitis C	☐	☐
(d) Ischaemic Heart Disease	☐	☐	(j) AIDS/ HIV +ve	☐	☐
(e) Bronchial Asthma	☐	☐	(k) Others (*specify*).....	☐	☐
(f) Allergic Conditions (*specify*).....	☐	☐			

10. Immunization Status

10.1 For Childhood

(1) Complete as per age (2) Incomplete (3) Not Done (9) Unknown ☐

10.2 For Adults

Hepatitis B

(1) Complete (2) Incomplete (3) Not Done (9) Unknown ☐

F. DETAILS OF STAGING

1. B symptoms (1) Yes (2) No ☐

2. **Staging System Followed** ☐

(1) Ann Arbor with Cotswolds Modification (2) St Jude Classification
(3) Rai Classification (4) Other Staging System Followed

If,

(1) Stage at Presentation ☐

(1) I (2) II (3) III (4) IV

Sub- stage:
(i) X ☐ (ii) E ☐ (iii) S ☐

(2) Stage at Presentation ☐

(1)I (2) II (3) III (4) IV

(3) Stage at Presentation ☐

(1) 0 (2) I (3) II (4) III (5) IV

(4) Others (specify) .....

G. DETAILS OF CANCER DIRECTED TREATMENT (CDT)

1. **Treatment Given Prior to Registration at Reporting Institution (RI)** ☐

(1) Yes (2) No (9) Unknown

If Yes,

1.1 Type of Prior Treatment Given — Date of Completion of Treatment

(a) Surgery ☐
Type ..... Site ..... dd mm yyyy

(b) Radiotherapy ☐
Type ..... Site ..... dd mm yyyy

(c) Chemotherapy ☐
Type ..... Drugs ..... Dose ..... dd mm yyyy

(d) Others (*specify*) ☐ ..... dd mm yyyy

2. **Treatment at Reporting Institution**

2.1 Intention to Treat ☐

(1) Curative (2) Palliative (3) Observation

2.2 If Palliative yes,

(1) Palliative RT only
(2) Palliative RT + CT
(3) Palliative CT only
(4) Pain & Symptom Relief Drugs (specify) .....
(5) Palliative Surgery
(8) Others (*specify*) .....

2.3 Type of Cancer Directed Treatment Planned at Reporting Institution

(a) Surgery
(b) Radiotherapy
(c) Chemotherapy
(d) Others (*specify*).....

3. ECOG Performance Status Score (0 to 5):

(0) Fully active, able to carry on all pre-disease performance without restriction

(1) 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

(2) Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours

(3) Capable of only limited self care, confined to bed or chair more than 50% of waking hours

(4) Completely disabled. Cannot carry on any self care. Totally confined to bed or chair

(5) Dead

4. Chemotherapy

4.1 (0) Chemotherapy (CT) not planned
(1) Yes, CT given as planned
(2) Yes, CT given, but incomplete
(3) CT planned but not taken

If (0), (2) or (3) above, specify reasons

(1) Renal Insufficiency
(2) Other Medical Conditions
(3) Cost of Treatment
(8) Others (*specify*) .....

If (1) or (2) above,

4.2 Anthropometric Measurement

Height (cm) Weight (Kg) Mid Arm Circumference (Only for children) (cm)

BSA (m^2)

4.3 Treatment Protocols

(a) HL (Hodgkin Lymphoma)

(1) ABVD
(2) OEPA
(3) COPP
(4) BEACOPP
(5) COPDAC
(6) ABVE-PC
(7) OPPA
(8) Others (*specify*).....

(b) NHL (Non-Hodgkin Lymphoma)

(i) Pediatric

(1) MCP 842
(2) MCP 841(LL)
(3) LMB 89/96
(4) BFM (B) 90/95
(5) BFM (TLL) 90/95
(6) ICICLE
(7) COPADM
(8) Others (Specify- Select from Below)

If Others: (1) CHOP
(2) R-CHOP
(3) ALCL 99

Rituximab given: (1) Yes (2) No

ii) Adults (NHL / CLL)

(1) CHOP (2) CHOP like (3) CEOP (4) Bendamustine

(5) Fludarabine + Cyclophosphamide (6) Fludarabine (7) Chlorambucil (8) CVP

(9) Lenalidomide (10) Ibrutinib (11) GDP (12) EPOCH

(13) DHAP (14) COPADM (15) Hyper CVAD (16) GMALL

(17) BFM – 90 (ALL) (18) BFM – 90 (NHL) (88) Other Regimens (*specify*).....

Rituximab given: (1) Yes (2) No

Additional (other drug) (*specify*).....

(c) ALL (Acute Lymphocytic Leukemia)

(1) MCP 841 (2) BFM 90/ 95/2002/2009 (3) COG (4) ICICLE

(5) UKALL XI/ XII (6) GMALL (7) Hyper CVAD (8) Others (specify) .....

(d) AML (Acute Myeloid Leukemia)

(i) Pediatric

MRC 10/12

Induction: (1) AD (3+7 or 3+10) (2) ADE (3) CDA (8) Others (*specify*) .....

Consolidation: (1) HDARAC (2) CLASP (3) HAM (8) Others (*specify*) .....

(ii) Adults

Induction: Number of Cycles

(1) 3+7 Specify- Anthracycline (2) IDA (3) DNR

(4) 3+7+ Third drug- Specify 3rd drug - (i) Cladribine (ii) Fludarabine (iii) Etoposide

Consolidation:

HiDAC- Number of Cycles

Others (*specify*) .....

(e) APML/ M3 (Acute Promyeloid Leukemia)

(i) ATRA (1) Induction (2) Consolidation (3) Maintenance

(ii) Arsenic (1) Induction (2) Consolidation (3) Maintenance

(iii) Anthracycline (1) Induction (2) Consolidation (3) Maintenance

(iv) Cytarabine (1) Induction (2) Consolidation (3) Maintenance

(v) 6MP + MTX (1) Induction (2) Consolidation (3) Maintenance

(vi) Others (specify) .....

(f) CML (Chronic Myeloid Leukemia)

(1) Imatinib (2) Dasatinib (3) Nilotinib (4) Busulfan

(5) ALL like therapy (6) AML like therapy (7) Steroid (8) Others (specify) .....

(g) Other Hematologic Malignancies

(1) Yes (2) No

If Yes, Treatment Given (specify) .....

4.3.1 Number of Cycles ☐☐

4.3.2 Date of Start of Chemotherapy ☐☐☐☐☐☐☐☐ *dd mm yyyy*

4.3.3 Treatment Completed (1) Yes (2) No ☐

If Yes,

Date of Completion of Chemotherapy ☐☐☐☐☐☐☐☐ *dd mm yyyy*

If No,

Reasons (1) Complete Response/Remission (2) Partial Response (3) No response (4) Progressive Disease ☐
(5) Toxicity (6) LFU (7) Death

4.4. Toxicities (1) Yes (2) No ☐

If yes (Record if Grade III & above)

(a) Nephrotoxicity ☐ (b) Hepatotoxicity ☐ (c) Ototoxicity ☐

(d) Neurotoxicity ☐ (e) Cardiotoxicity ☐ (f) Pulmotoxicity ☐ (g) Any Others (specify) ..... ☐

5. Radiotherapy

5.1 (0) Radiotherapy (RT) not planned (1) Yes, RT given as planned ☐
(2) Yes, RT given, but incomplete (3) RT planned but not taken
(*Specify reason*) ..... (*Specify reason*) .....
(8) Others (*specify*) .....

If (1) or (2) above,

5.2 Indication of RT: (1) Prophylactic (2) Therapeutic ☐

5.3 Details of RT

(a) Technique ☐

(1) IFRT (Involved -Field Radiation Therapy) (2) INRT (Involved-Node Radiotherapy)
(3) ISRT (Involved- Site Radiation Therapy) (4) EFRT (Extended-Field Radiation Therapy)
(5) TSET (Total Skin Electron Therapy) (6) TBI (Total Body Irradiation)
(7) CSI (Cranio Spinal Irradiation) / Cranial irradiation) (8) Others *(specify)* .....

(b) Phase (1) Induction (2) Consolidation (3) Maintenance ☐

5.4 Details of External RT

5.4.1 Total Tumour Dose (cGy) ☐☐☐☐

5.4.2 Total No. of Fractions ☐☐

5.4.3 Fractions / week ☐

5.4.4 Region(s) of Irradiation .....

5.4.5 Date of Start ☐☐☐☐☐☐☐☐ *dd mm yyyy*

5.4.6 Date of Completion ☐☐☐☐☐☐☐☐ *dd mm yyyy*

5.4.7 Interruption (1) Yes (2) No ☐

If Yes, ☐

Reasons (1) Complete Response/Remission (2) Partial Response (3) No response
(4) Progressive Disease (5) Toxicity (6) LFU (7) Death

6. Transplant

Hematopoietic Stem Cell Transplant (1) Yes (2) No ☐

If Yes, ☐

(1) Autologous (2) Allogenic

Date ☐☐☐☐☐☐☐☐ *dd mm yyyy*

7. CNS (Intrathecal Systemic Therapy) (1) Yes (2) No ☐

Date of Start ☐☐☐☐☐☐☐☐ *dd mm yyyy* Date of Completion ☐☐☐☐☐☐☐☐ *dd mm yyyy*

8. Surgery (1) Yes (2) No ☐

If Yes,

Type ..... Date ☐☐☐☐☐☐☐☐ *dd mm yyyy*

9. Completion of Cancer Directed Treatment (1) Yes (2) No ☐

9.1 If Yes, Date of Treatment Completed ☐☐☐☐☐☐☐☐ *dd mm yyyy*

9.2 If No,

Reasons – (1) Complete Response/Remission (2) Partial Response (3) No response (4) Progressive Disease (5) Toxicity (6) LFU (7) Death ☐

9.3 Date of Last contact- ☐☐☐☐☐☐☐☐ *dd mm yyyy*

10. Treatment Response

(1) Complete Response/Remission (2) Partial Response (3) No Response (4) Progressive Disease ☐

10.1 Date of Assessment of Response ☐☐☐☐☐☐☐☐ *dd mm yyyy*

10.2 CML – Response:

Date

(i) CHR (Complete Hematological Response): (1) Yes (2) No (3) Not Done ☐ ☐☐☐☐☐☐☐☐ *dd mm yyyy*

(ii) cCyR (Complete Cytogenetic Response): (1) Yes (2) No (3) Not Done ☐ ☐☐☐☐☐☐☐☐ *dd mm yyyy*

(iii) MMR (Major Molecular Response): (1) Yes (2) No (3) Not Done ☐ ☐☐☐☐☐☐☐☐ *dd mm yyyy*

11. ECOG SCORE (0-5) ☐

(0) Fully active, able to carry on all pre-disease performance without restriction

(1) 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

(2) Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours

(3) Capable of only limited self care, confined to bed or chair more than 50% of waking hours

(4) Completely disabled. Cannot carry on any self care. Totally confined to bed or chair

(5) Dead

12. Status at Treatment Completion

(1) Alive (2) Dead

If Dead,

12.1 Cause of Death as per Medical Certificate of Cause of Death (MCCD)

(a) Immediate Cause ICD-10

(b) Antecedent Cause ICD-10

(c) Other Significant conditions.....

12.2 Date of Death

dd mm yyyy

13. Remarks *(add additional sheet (s) if necessary)*

= *Mandatory;* = *Recommended;* = *Optional*

FOLLOW-UP INFORMATION *(USE SEPARATE PAGE FOR EACH VISIT)*

1. **Due Date for follow up** dd mm yyyy | **Date of Actual Follow-up** dd mm yyyy | **Follow-up Visit No.** ☐☐

2. Method of Follow-up

(0) No follow-up (1) Hospital visit (2) By post ☐
(3) Through telephone (4) Home visit (8) Others (*specify*).....

3. Status at Follow-up

(1) Alive (2) Dead ☐

If alive,

4. Immunization Status

(i) For Childhood

(1) Complete as per age (2) Incomplete (3) Not Done (9) Unknown ☐

(ii) For Adults

Hepatitis B

(1) Complete (2) Incomplete (3) Not Done (9) Unknown ☐

5. **Relapse** (1) Yes (2) No (9) Unknown ☐

5.1 If yes, Date of Relapse dd mm yyyy

5.2 Site of Relapse .....

5.3 Treatment for Relapse (1) Yes (2) No ☐

5.4 If Yes, Date of start dd mm yyyy | Date of completion dd mm yyyy

5.5 Type of Treatment — Details

(a) Surgery ☐ .....
(b) Radiotherapy ☐ .....
(c) Chemotherapy ☐ .....
(d) Others (specify) ☐ .....

5.6 If No, Specify reason .....

5.7 If Chemotherapy

Height (cm) ☐☐☐ Weight (kg) ☐☐☐ Mid Arm Circumference (Only for children) (cm) ☐☐☐

BSA (m^2) ☐.☐☐

5.8 Relapse Lymphomas ☐

(1) ICE (2) MINE (3) GDP
(4) ESHAP (5) DHAP (6) BEAM (8) Others (specify) .....

(i) Rituximab given: (1) Yes (2) No ☐

5.9 Response Following Treatment of Relapse

(1) Complete Response/Remission (2) Partial Response (3) No response (4) Progressive Disease ☐

Date of Assessment of Response dd mm yyyy

5.10 For CML – Response:

(i) CHR (Complete Hematological Response) (1) Yes (2) No (3) Not Done ☐ Date dd mm yyyy

(ii) cCyR (Complete Cytogenetic Response) (1) Yes (2) No (3) Not Done ☐ Date dd mm yyyy

(iii) MMR (Major Molecular Respone) (1) Yes (2) No (3) Not Done ☐ Date dd mm yyyy

■ = *Mandatory;* ■ = *Recommended;* ■ = *Optional*

5.11. Late Complications of CDT (Record if Grade III & above)

(1) Yes (2) No ☐

If Yes,

(a) Nephrotoxicity ☐ (b) Hepatotoxicity ☐ (c) Ototoxicity ☐ (d) Neurotoxicity ☐

(e) Cardiotoxicity ☐ (f) Pulmotoxicity ☐ (g) Growth Retardation ☐ (h) Endocrine/ Sexual dysfunction ☐

(i) Infertility ☐ (j) Any other, specify ..... ☐

6. Second Primary

(1) Yes, evidence of second primary (2) No evidence of second primary ☐

If Yes,

6.1 Site of Second Primary (ICD-O-3) (Topography) C ☐☐.☐

6.2 Histology of Second Primary (ICD-O-3) (Morphology) M ☐☐☐/☐

6.3 Metastatic Site of Second Primary (ICD-O-3) C ☐☐.☐

6.4 Metastatic Histology of Second primary M ☐☐☐/☐

6.5 Method of Diagnosis

(1) Clinical Only (*specify*)..... (2) Microscopic (*specify*)..... ☐

(3) X-Ray/ Imaging Techniques (*specify*)..... (8) Others (*specify*).....

6.6 Date of Diagnosis ☐☐ ☐☐ ☐☐☐☐
dd *mm* *yyyy*

6.7 Details of Treatment and Outcome:

7. If Dead,

7.1 Cause of Death as per Medical Certificate of Cause of Death (MCCD)

(a) Immediate Cause ..... ICD-10 ☐☐☐☐

(b) Antecedent Cause ..... ICD-10 ☐☐☐☐

(c) Other Significant conditions.....

7.2 Date of Death ☐☐ ☐☐ ☐☐☐☐
dd *mm* *yyyy*

8. **Remarks** (*add additional sheet(s) if necessary*)

■ = *Mandatory;* ■ = *Recommended;* ■ = *Optional*