Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: *An Enrollment Form should be completed for each TCGA qualified case upon qualification notice from the BCR. All information provided on this form should include activity from the Date of Initial Pathologic Diagnosis to the most recent Date of Last Contact with the patient. Questions regarding this form should be directed to the Tissue Source Site's (TSS) primary Clinical Outreach Contact at the BCR.*

The following definitions for the use of "Unknown" and "Not Evaluated" on this form are as follows:

Unknown: This answer option should only be selected if the TSS cannot answer the question because the answer is not known at the TSS. If this answer option is selected for a question that is part of the TCGA required data set, the TSS must complete a discrepancy note providing the reason why the answer is unknown.

Not Evaluated: This answer option should be selected by the TSS if it is known that the information being requested cannot be obtained due to the test not being performed.

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
1	Has this TSS received permission from NCI to provide time intervals as a substitute for requested dates on this form?	☐ Yes ☐ No	Please note that time intervals must be recorded in place of dates where designated throughout this form if you have selected "yes" in the box to the left. ***Note 1: Provided time intervals must begin with the date of initial pathologic diagnosis. (i.e., biopsy or resection)*** ***Note 2: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.***
2	Histological Subtype	☐ Diffuse large B-cell lymphoma (DLBCL), NOS (any anatomic site, nodal or extranodal) ☐ Primary mediastinal (thymic) DLBCL ☐ Primary DLBCL of the CNS ☐ Primary cutaneous DLBCL, leg type ☐ EBV positive DLBCL of the elderly ☐ DLBCL associated with chronic inflammation	3081934 Using the patient's pathology/laboratory report, select the histology and/or subtype of the tumor submitted for TCGA. ***Note: All other subtypes not listed are excluded from this study.***
3	Site(s) of Nodal involvement (For Primary Clinical Involvement at Time of Diagnosis) *[Please check all boxes that apply]*	**Nodal** ☐Axillary ☐Iliac common ☐Occipital ☐Submandibular ☐Cervical ☐Iliac external ☐Paraaortic ☐Submandibular ☐Epitrochlear ☐Inguinal ☐Parotid ☐Supraclavicular ☐Femoral ☐Mediastinal ☐Popliteal ☐Retroperitoneal ☐Hilar ☐Mesenteric ☐Splenic ☐Lymph Node-NOS (Not Otherwise Specified)	2180591 Using the patient's medical record check all applicable boxes to identify the lymph node chain(s) that were involved by diffuse large B-cell lymphoma at the time of initial diagnosis.
4	Site (s) of Extranodal Involvement (For Primary Clinical Involvement at Time of Diagnosis) (Please check all boxes that apply)	**Extranodal** ☐Adrenal ☐Bone ☐Breast ☐Peripheral blood ☐Skin ☐Bone marrow ☐Soft Tissue(Muscle,Ligaments,Subcutaneous) **Central Nervous System** ☐Brain ☐Epidural ☐Leptomeninges **ENT & Eye** ☐Sinus ☐Trachea ☐Oropharynx ☐Parotid Gland ☐Larynx ☐Intraocular ☐Nasopharynx ☐Salivary Gland ☐Nasal Soft Tissue ☐Peri-orbital Soft Tissue ☐Thyroid **Gastrointestinal / Abdominal** ☐Liver ☐Stomach ☐Esophagus ☐Small Intestine ☐Colon ☐Appendix ☐Gallbladder ☐Peritoneum (ascites) ☐Rectum ☐Pancreas **Genito-urinary Tract** ☐ Epididymis ☐ Ovary ☐ Testes ☐ Kidney ☐ Prostate ☐ Uterus	3288482 Using the patient's medical record check all applicable boxes to identify the anatomic location of all site(s) of extranodal involvement by diffuse large B-cell lymphoma at the time of initial diagnosis.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
4 **Continued**	Site (s) of Extranodal Involvement **Part 2** (For Primary Clinical Involvement at Time of Diagnosis)	**Mediastinal / Intra-thoracic** ☐ Heart ☐ Pericardium ☐ Lung ☐ Mediastinal Soft Tissue ☐ Other Extranodal Site (please specify) ☐ Pleura / Pleural Effusion	3288482 Using the patient's medical record check all applicab anatomic location of all site(s) of extranodal involver lymphoma at the time of initial diagnosis.
5	Other Specified Site of Extranodal Involvement At Diagnosis (For Primary Clinical Involvement)	_____	3234303 If there is extranodal tumor involvement of other specified sites not included on the provided list, specify the other anatomic site(s) of extranodal involvement.
6	Number of Extranodal Sites of Involvement	____ ____	3233242 Provide the total number of extranodal sites with lymphoma involvement. Use the previous three questions to determine this number. This information, along with other data provided, will be used by the Analysis Working Group (AWG) to calculate the International Prognostic Index (IPI).
7	Percentage of Follicular Component in DLBCL	☐ < or = to 10% ☐ >10%	3232840 Using the pathology report, indicate the percentage of the follicular component within the diffuse large B-cell lymphoma sample that was removed from the patient. ***Note: If the follicular component is greater than 10%, this is an exclusion criterion.***
8	Is Patient HIV Positive?	☐ Positive ☐ Unknown ☐ Negative ☐ Not Evaluated	2180464 Indicate whether the patient is HIV positive (+) or negative (-). ***Note: If patient is HIV+, this is an exclusionary criterion.***
9	Has the Patient Had Any Prior Cancer Diagnosed?	☐ No ☐ History of Prior Malignancy ☐ History of Synchronous / Bilateral Malignancy	3382736 Indicate whether the patient has a history of prior malignancies. ***Note 1: If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.*** ***Note 2: If the patient has any history of prior malignancies, including synchronous or bilateral malignancies, please complete an "Other Malignancy Form" for each malignancy diagnosed prior to the procurement of the tissue submitted for TCGA. If the patient has a history of multiple diagnoses of basal and/or squamous cell skin cancers, complete an "Other Malignancy Form" for the first diagnosis for each of these types.***
10	History of Neo-adjuvant Treatment for Tumor Specimen Submitted for TCGA	☐ No ☐ Radiation Prior to Sample Procurement ☐ Pharmaceutical Treatment Prior to Sample Procurement ☐ Both Pharmaceutical and Radiation Treatment Prior to Sample Procurement	3382737 Indicate whether the patient received therapy for the current tumor prior to the resection of the tissue submitted for TCGA. ***Note: Systemic therapy and certain localized therapies (those administered to the same site as the TCGA submitted tissue) given prior to the resection of the sample submitted for TCGA is exclusionary. If the patient has had prior treatment, the TSS should contact the BCR for further instruction.***
11	Is This a Prospective Tissue Collection?	☐ Yes ☐ No	3088492 Indicate whether the TSS providing tissue is contracted for prospective tissue collection. If the submitted tissue was collected for the specific purpose of TCGA, the tissue has been collected prospectively.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
12	Is This a Retrospective Tissue Collection?	☐ Yes ☐ No	3088528 Indicate whether the TSS providing tissue is contracted for retrospective tissue collection. If the submitted tissue was collected prior to the date the TCGA contract was executed, the tissue has been collected retrospectively.
13	Gender	☐ Male ☐ Female	2200604 Provide the patient's gender using the defined categories. Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.
Date of Birth			
14	Month of Birth	☐☐ (MM)	2896950 Provide the month the patient was born.
15	Day of Birth	☐☐ (DD)	2896952 Provide the day the patient was born
16	Year of Birth	☐☐☐☐ (YYYY)	2896954 Provide the year the patient was born
17	Number of Days from Date of Initial Pathologic Diagnosis to Date of Birth	_____	3008233 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the patient's date of the birth. ***Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.***
18	Race	☐ American Indian or Alaska Native (A person having origins in any original peoples of North and South America, and maintains tribal affiliation) ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam) ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa) ☐ Black or African American (A person having origins in any black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used ☐ Native Hawaiian or other Pacific Islander (A person having origins in any original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) ☐ Not Evaluated (Not provided or available) ☐ Unknown (Could not be determined or unsure)	2192199 Provide the patient's race using the defined categories. Only one box may be checked.
19	Ethnicity	☐ Not Hispanic or Latino (A person not meeting the definition for Hispanic or Latino) ☐ Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race) ☐ Not Evaluated (Not provided or available) ☐ Unknown (Could not be determined or unsure)	2192217 Provide the patient's ethnicity using the defined categories.
20	Patient Weight (at time of biospecimen procurement) (In kilograms)	___ ___ ___. ___ (kg)	651 Record the weight of the patient measured in kilograms.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
21	Patient Height (at time of biospecimen procurement) (In centimeters)	___ ___ ___. ___ (cm)	649 Record the height of the patient measured in centimeters.
22	Maximum Tumor Dimension	☐☐☐ cm	64215 After review of the entire medical record, record the length of the largest dimension/ diameter of a tumor, regardless of anatomical plane.
23	Anatomic Site of Maximum Tumor Bulk *(Select one anatomic site from nodal and extranodal sites)*	_____	3233300 Using the question above, indicate the anatomic site of the maximum tumor bulk. Only one anatomic site should be listed. The anatomic site listed should be included in either the nodal or extranodal sites of involvement listed in Questions 3 or 4.
Date of Initial Pathologic Diagnosis		***Note:*** *of Tumor Associated with Tissue Procurement for TCGA*	
24	Month of Initial Pathologic Diagnosis	☐☐ (MM)	2896956 Provide the month the patient was initially diagnosed with the malignancy submitted for TCGA.
25	Day of Initial Pathologic Diagnosis	☐☐ (DD)	2896958 Provide the day the patient was initially diagnosed with the malignancy submitted for TCGA.
26	Year of Initial Pathologic Diagnosis	☐☐☐☐ (YYYY)	2896960 Provide the year the patient was initially diagnosed with the malignancy submitted for TCGA.
27	AJCC Cancer Staging Handbook Edition	☐ First Edition (1978-1983) ☐ Second Edition (1984-1988) ☐ Third Edition (1989-1992) ☐ Fourth Edition (1993-1997) ☐ Fifth Edition (1998-2002) ☐ Sixth Edition (2003-2009) ☐ Seventh Edition (2010- Current)	2722309 Indicate the AJCC Cancer Staging Edition that was used to answer the following staging questions. Note: Seventh Edition is preferred
28	Tumor Stage (Follow Ann Arbor criteria)	☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV	3203222 Using the patient's pathology/laboratory report in conjunction with the patient's medical record, select the clinical or pathological stage as defined by the American Joint Committee on Cancer (AJCC).
29	Are "B" Symptoms Present?	☐ Yes ☐ No	2902402 Using the patient's medical record, indicate whether there is documentation of "B" symptoms. ***Note: "B" symptoms are defined as unexplained fevers, drenching night sweats, or unexplained weight loss of more than 10% of usual body weight in the six months prior to lymphoma diagnosis.***
30	Lymphomatous Involvement of Extranodal ("E") Site	☐ Yes ☐ No	3364582 Using the patient's medical record, indicate whether there is documentation of extranodal site involvement. ***Note: If the answer is "Yes", the anatomic site(s) of extranodal involvement should be included in Question 4.***
31	Performance Status Score: Eastern Cooperative Oncology Group (at Diagnosis)	☐ 0 Asymptomatic ☐ 1 Symptomatic, but fully ambulatory ☐ 2 Symptomatic, in bed less than 50% of day ☐ 3 Symptomatic, in bed more than 50% of day, but not bed-ridden ☐ 4 Bed-ridden ☐ Not Evaluated ☐ Unknown	88 Provide the patient's Eastern Cooperative Oncology Group (ECOG) score using the defined categories. This score represents the functional performance status of the patient.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
32	What is the LDH Lab Value?	___ ___ ___ IU	2798766 Record the result of the LDH lab test performed during the staging workup.
33	LDH Upper Limit of Normal Value (For Reporting Facility)	___ ___ ___ IU	2953115 Record the upper limit of the normal range of the LDH lab test performed at the reporting facility.
34	Vital Status	☐ Living ☐ Deceased	5 Indicate whether the patient was living or deceased at the date of last contact.
Date of Last Contact			
35	Month of Last Contact	☐☐ (MM)	2897020 Provide the month of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). ***Note:*** *Do not answer this question if the patient is deceased.*
36	Day of Last Contact	☐☐ (DD)	2897022 Provide the day of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). ***Note:*** *Do not answer this question if the patient is deceased.*
37	Year of Last Contact	☐☐☐☐ (YYYY)	2897024 Provide the year of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). ***Note:*** *Do not answer this question if the patient is deceased.*
38	Number of Days from Date of Initial Pathologic Diagnosis to Date of Last Contact	_____	3008273 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of last contact. ***Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.***
Date of Death		☐ Not Applicable (Patient is Alive)	
39	Month of Death	☐☐ (MM)	2897026 If the patient is deceased, provide the month of death.
40	Day of Death	☐☐ (DD)	2897028 If the patient is deceased, provide the day of death.
41	Year of Death	☐☐☐☐ (YYYY)	2897030 If the patient is deceased, provide the year of death.
42	Number of Days from Date of Initial Pathologic Diagnosis to Date of Death	_____	3165475 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of death. ***Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.***
43	Tumor Status	☐ Tumor Free ☐ With Tumor ☐ Tumor Status Unknown	2759550 Indicate whether the patient was tumor/disease free at the date of last contact or death.
44	Was Bone Marrow Biopsy Performed	☐ Yes ☐ No ☐ Unknown	2180833 Indicate if a bone marrow biopsy was performed

			during initial staging workup.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

45	Presence of Malignant Cells in Bone Marrow by Histology	☐ Yes ☐ No ☐ Unknown	2180550 Indicate if malignant cells are histologically confirmed in the patient's bone marrow at the time of initial staging workup.
46	Histology of Bone Marrow Sample	☐ Concordant Histology ☐ Discordant Histology ☐ Unknown	3233401 If malignant cells are present in the bone marrow at the time of initial staging workup, determine if the histologic diagnosis of the bone marrow is concordant with the previously diagnosed DLBCL.

Prognostic/Predictive/Lifestyle Factors Used for Tumor Prognosis or Responsiveness to Treatment			
Question# 47 - 67	**Tests Performed for Immunophenotypic Analysis**	**Methodology Used for Immunophenotypic Analysis**	**Results of Immunophenotypic Analysis**
Section Notes And Working Instructions:			
Note: Check all that apply	3234614 Indicate all tests performed for immunophenotypic analysis in order to classify clonal subgroups.	64540 If immunophenotypic analysis was performed, indicate the testing method used to perform each analysis.	3234626 If immunophenotypic analysis was performed, provide the results of each analysis.
47	☐ CD19	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
48	☐ CD10 > 30%	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
49	☐ BCL2	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
50	☐ P53 >20%	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
51	☐ CD20	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
52	☐ MUM1 > 30%	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
53	☐ CD138	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
54	☐ CD22	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
55	☐ BCL6 >30%	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
56	☐ CD23	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
57	☐ CD79a	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
58	☐ PAX5	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
59	☐ CD5	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
60	☐ HHV8	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
61	☐ CD30	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
62	☐ Cytoplasmic Ig	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
63	☐ CD15	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
64	☐ Surface Ig	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
65	☐ EBER	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
66	☐ Cyclin D1	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate
67	☐ ALK	☐ Immunohistochemistry ☐ Flow Cytometry	☐ Positive ☐ Negative ☐ Indeterminate

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
68	MIB-1 Positive: Percentage Range (4+ scale)	☐ 0 – 25% ☐ 51 - 75% ☐ 26 – 50% ☐ 76 – 100%	3233414 Provide the percentage range of MIB-1 positive cells identified through immunophenotypic analysis.
B-Cell Genotype			
69	Methodology Used to Determine B-Cell Genotype	☐ IgH PCR ☐ IgH Southern ☐ IgK PCR ☐ IgK Southern	3233449 If B-cell genotype was performed, indicate the testing method used.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
70	IgH Genotype Results	☐ Clonal ☐ Nonclonal ☐ Not Tested	3233560 If B-cell genotype was performed, indicate the results of the IgH.
71	IgK Genotype Results	☐ Clonal ☐ Nonclonal ☐ Not Tested	3233565 If B-cell genotype was performed, indicate the results of the IgK.

Question# 72 - 79	Genetic Abnormalities for Which Patient was Tested	Methodology Used in Testing for Genetic Abnormality	Results of Testing for Genetic Abnormality
Section Notes And Working Instructions:			
Note: Check all that apply	3234675 Indicate all genetic abnormalities for which the patient was tested.	3234684 If the patient was tested for a specific genetic abnormality, indicate the testing method used to perform each analysis.	3234680 If the patient was tested for a specific genetic abnormality, provide the results of each genetic test.
72	☐ C-MYC	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
73	☐ BCL2	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
74	☐ BCL6	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
75	☐ ALK	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
76	☐ C-REL	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
77	☐ 9p21	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
78	☐ CCND1	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
79	☐ MALT1	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other

Question# 80 - 84	Other Genetic Abnormality for Which the Patient Was Tested	Methodology Used in Testing for Genetic Abnormality	Results of Testing for Genetic Abnormality
Section Notes And Working Instructions:			
Note: Check all that apply	3234685 Specify any other genetic abnormalities not in the provided list for which the patient was tested.	3234684 If the patient was tested for a specific genetic abnormality, indicate the testing method used to perform each analysis.	3234680 If the patient was tested for a specific genetic abnormality, provide the results of each genetic test.
80	☐ Other Genetic Abnormality For Which Patient Was Tested (please specify) _____	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question# 80 - 84	Other Genetic Abnormality for Which the Patient Was Tested	Methodology Used in Testing for Genetic Abnormality	Results of Testing for Genetic Abnormality
81	☐ Other Genetic Abnormality For Which Patient Was Tested (please specify) _____	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
82	☐ Other Genetic Abnormality For Which Patient Was Tested (please specify) _____	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
83	☐ Other Genetic Abnormality For Which Patient Was Tested (please specify) _____	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other
84	☐ Other Genetic Abnormality For Which Patient Was Tested (please specify) _____	☐ PCR ☐ FISH ☐ Southern Blot ☐ Cytogenetics	☐ Normal ☐ Loss ☐ Amplification ☐ Gain ☐ Translocation ☐ Other

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
85	Patient History of Prior Immunological Disease	☐ Rheumatoid Arthritis ☐ Ulcerative Colitis ☐ Sjogren's Syndrome ☐ Hashimoto's Thyroiditis ☐ Systemic Lupus Erythematosus ☐ Other (please specify) ☐ Crohn's Disease ☐ Unknown	3233628 Indicate if the patient has a history of any prior immunological diseases. Check all that apply.
86	Other Specified Patient History of Prior Immunological Disease	_____	3233629 If the patient has a history of other prior immunological diseases not provided in the list, provide the specific type of prior immunologic disease.
87	Patient History of Prior Immunosuppressive Therapy for Immunologic Disease (check all that apply)	☐Methotrexate ☐Azathioprine ☐None ☐Cyclophosphamide ☐Anti-TNF Therapy ☐Other (please specify) ☐Unknown	3233638 Indicate the type of immunosuppressive therapy the patient received for any prior immunological disease listed in the two prior questions.
88	Other Specified Patient History of Prior Immunosuppressive Therapy for Immunological Disease	_____	2873928 If the patient has a history of prior immunosuppressive therapy not listed in the prior question, provide the specific type of prior immunosuppressive therapy.
89	Patient History of Relevant Prior Infectious Disease	☐ Hepatitis B ☐ H. Pylori ☐ Hepatitis C ☐ Other (please specify)	3233642 Indicate if the patient has a history of any relevant prior infectious diseases. If none, do not answer the question.
90	Other Specified Patient History of Relevant Prior Infectious Disease	_____	3233643 If the patient has a history of relevant prior infectious disease not provided in the prior question, provide the specific type of infectious disease.
91	EBV Status (of Malignant Cells)	☐ Positive ☐ Not Performed ☐ Negative	2003961 Provide the result of the lab test to detect the presence of Epstein/Barr Virus antibody in the patient.
92	If Positive, Percentage of EBV Positive Malignant Cells (Do not include background positives)	___ ___ ___%	3233649 If the patient's EBV status was positive, provide the percentage of EBV positive malignant cells. Do not include the number of background positives.

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
93	Methodology Used to Determine EBV Status of Malignant Cells	☐ EBER *in situ* Hybridization ☐ LMP Immunohistochemistry ☐ EBV PCR	3233656 If the patient's EBV status was positive, provide the testing method used to determine the EBV status of the malignant cells.
Primary Treatment			
94	Adjuvant (Initial) Radiation Therapy	☐ Yes ☐ No ☐ Unknown	2005312 Indicate whether the patient had adjuvant/ post-operative radiation therapy. **Note:** ***If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.***
95	Adjuvant (Initial) Pharmaceutical Therapy	☐ Yes ☐ No ☐ Unknown	2785850 Indicate whether the patient had adjuvant/ post-operative pharmaceutical therapy. ***Note: If the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed***
96	Measure of Success of Outcome at the Completion of Initial First Course Treatment	☐ CR (Complete Remission/Response) ☐ PR (Partial Remission/Response) ☐ SD (Stable Disease) ☐ PD (Progressive Disease) ☐ Not Applicable ☐ Unknown	2786727 Provide the patient's response to their initial first course treatment. ***Note: For lymphoma patients, success of outcome should be determined according to the Cheson Criteria.***
New Tumor Event			
97	PET Scan Results (Performed within 2 Months After Completion of Treatment)	☐ Positive ☐ Negative ☐ Indeterminate ☐ Not Done	2603749 Provide the results of the PET Scan which was performed to identify the absence or presence of disease within two months after the completion of the first course of treatment.
Complete Questions Below Only if Patient Has New Tumor Event (Tumor Progression) after Initial Treatment.			
Date of New Tumor Event After Initial Treatment (Date of First Tumor Progression After Initial Treatment)			
98	New Tumor Event After Initial Treatment	☐ Yes ☐ No ☐ Unknown	3121376 Indicate whether the patient had a new tumor event (e.g. metastatic, progression, or new primary tumor) after their initial treatment for the tumor submitted to TCGA. If the patient had multiple new tumor events, a follow-up form should be completed for each new tumor event.
99	Month of New Tumor Event	☐☐ (MM)	3104044 If the patient had a new tumor event, provide the month of diagnosis for this new tumor event.
100	Day of New Tumor Event	☐☐ (DD)	3104042 If the patient had a new tumor event, provide the day of diagnosis for this new tumor event.
101	Year of New Tumor Event	☐☐☐☐ (YYYY)	3104046 If the patient had a new tumor event, provide the year of diagnosis for this new tumor event.
102	Number of Days from Date of Initial Pathologic Diagnosis to Date of New Tumor Event After Initial Treatment	_____	3392464 Provide the number of days from the date the patient was initially pathologically diagnosed with the disease described on this form to the date of new tumor event after initial treatment. ***Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.***

Enrollment Form
Diffuse Large B Cell Lymphoma

Tissue Source Site (TSS) Name: _____ TSS Identifier: _____ TSS Unique Patient #: _____

Question#	Data Element Label	Data Entry Alternatives	CDE ID With Working Instructions
103	Site of First Malignant Lymphoma Progression	**Nodal** ☐ Axillary ☐ Iliac-external ☐ Parotid ☐ Cervical ☐ Inguinal ☐ Popliteal ☐ Epitrochlear ☐ Mediastinal ☐ Retroperitoneal ☐ Femoral ☐ Mesenteric ☐ Splenic ☐ Hilar ☐ Occipital ☐ Supraclavicular ☐ Iliac- common ☐ Paraaortic ☐ Submandibular ☐ Lymph Nodes - NOS **Extranodal** ☐ Adrenal ☐ Breast ☐ Skin ☐ Bone ☐ Peripheral blood ☐ Bone marrow ☐ Soft Tissue(Muscle,Ligaments,Subcutaneous) **Central Nervous System** ☐ Brain ☐ Epidural ☐ Leptomeninges **ENT & Eye** ☐ Intraocular ☐ Larynx ☐ Sinus ☐ Nasal Soft Tissue ☐ Parotid Gland ☐ Thyroid ☐ Nasopharynx ☐ Peri-orbital Soft Tissue ☐ Salivary Gland ☐ Oropharynx **Gastrointestinal / Abdominal** ☐ Ascites/Peritoneum ☐ Liver ☐ Rectum ☐ Appendix ☐ Colon ☐ Small Intestine ☐ Esophagus ☐ Pancreas ☐ Stomach ☐ Gallbladder **Genito-urinary Tract** ☐ Epididymis ☐ Ovary ☐ Testes ☐ Kidney ☐ Prostate ☐ Uterus **Mediastinal / Intra-thoracic** ☐ Heart ☐ Mediastinal Soft Tissue ☐ Pericardium ☐ Lung ☐ Pleura / Pleural Effusion ☐ Other (Please specify)	3282650 Provide the anatomic location (lymphatic or extralymphatic) of the site of first malignant lymphoma progression.
104	Other Specified Extranodal Site of First Malignant Lymphoma Progression	_____	3282651 If the extranodal site of first malignant lymphoma progression is not included in the provided list, specify the other anatomic location for the first malignant lymphoma progression.
105	Was Site of First Progression Biopsied?	☐ Yes ☐ No ☐ Unknown	2716366 If the patient has had progression of disease, indicate whether the site of first progression was biopsied.
106	If Site of First Malignant Lymphoma Progression was Biopsied, What was the Histologic Type?	☐ DLBCL ☐ Other Histologic Type (please specify)	3282652 Indicate the histologic diagnosis (type) of the tissue biopsied for the first progression of the malignant lymphoma.
107	If Site of First Malignant Lymphoma Progression was Biopsied, Other Specified Histologic Type	_____	3282653 If the first site of malignant lymphoma progression is not DLBCL, specify the other histologic diagnosis (type) of the tissue biopsied for the first progression of the malignant lymphoma.

Enrollment Form
Diffuse Large B Cell Lymphoma

108	Measure of Success of Outcome at the Completion of Initial First Course Treatment	☐ CR (Complete Remission/Response) ☐ PR (Partial Remission/Response) ☐ SD (Stable Disease) ☐ PD (Progressive Disease) ☐ Not Applicable ☐ Unknown	3282653 Provide the patient's outcome of treatment up to the point of the current follow-up data submission. ***Note: for lymphoma patients, success of outcome should be determined according to the Cheson Criteria***

Comments:
_____
_____
_____

Principal Investigator Name: _____ Principal Investigator Signature: _____

Date Signed (MM/DD/YYYY): _____