LYMPHOMA FORMS

The guidelines and figures below are specific to Lymphoma studies. The information in this manual does NOT represent a complete set of required forms for any lymphoma study. Please refer Master Forms Set located on the Study Abstract Page for the forms used and refer to the most recent version of the appropriate protocol for data submission requirements.

Lymphoma Prestudy Guidelines

Stage of Disease at Diagnosis

**Ann Arbor Stage of Disease:** This item records the combination clinical-pathological Ann Arbor stage at the time of initial diagnosis. The definitions for categorizing stage of disease according to the modified Ann Arbor Staging Criteria (AJCC, Manual for Staging of Cancer, 7th Ed., 2010) are shown below.

- **Stage I**
  
  Involvement of a single lymphatic site (i.e., nodal region, Waldeyer’s ring, thymus, or spleen) (I); or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE) (rare in Hodgkin’s lymphoma).

- **Stage II**
  
  Involvement of two or more lymph node regions on the same side of the diaphragm (II); or localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm (IIIE).

- **Stage III**
  
  Involvement of lymph node regions on both sides of the diaphragm (III), which also may be accompanied by extralymphatic extension in association with adjacent lymph node involvement (IIIE) or by involvement of the spleen (IIIS) or both (IIIE, S). Splenic involvement is designated by the letter S.

- **Stage IV**
  
  Diffuse or disseminated involvement of one or more extralymphatic organs with or without associated lymph node involvement, or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Stage IV includes any involvement of the liver or bone marrow, lungs (other than by direct extension from another site), or cerebrospinal fluid.

For the majority of patients, initial diagnosis and registration on protocol will occur during the same time frame. In some instances, however, a patient may be eligible for registration on protocol after failing a prior therapy regimen.

**Systemic Symptoms:** This item records information regarding the patient’s systemic symptoms at the time of initial diagnosis.
A - Asymptomatic when the patient had no systemic symptoms (weight loss, fever, or night sweats as defined below).

B - Systemic Symptoms when the patient had one or more of the following symptoms: unexplained weight loss of more than 10% of body weight in the last six months (record the total number of kilograms lost during the last six months), unexplained fever with temperatures above 38 degrees Celsius, or night sweats.

Bulky Disease: For patients with non-Hodgkin's lymphoma, record the following information regarding bulky disease present at the time of registration.

SWOG defines bulky disease as any tumor mass greater than 10 cm in diameter (greatest diameter) as measured by clinical exam, X-ray or CT scan; or a mediastinal mass > 1/3 chest diameter as measured by X-ray or CT scan. Resected tumors must meet the bulky disease criteria at the completion of the debulking procedure. For example, a tumor measuring 13 cm x 10 cm resected to a size of 5 cm x 5 cm, no longer meets the bulky disease definition. In addition, an enlarged spleen does not qualify as bulky disease.

Lymphoma Histologic Type

Hodgkin's Disease
Check other, Hodgkin's, specify when the diagnosis is Hodgkin's paragranuloma; Hodgkin's nodular paragranuloma; Hodgkin's granuloma; Hodgkin's sarcoma; or Hodgkin's disease, NOS.

Non-Hodgkin's Lymphoma

Working Formulation and REAL Classification: Please refer to Figure 12 on Page 5 for Non-Hodgkin's lymphoma classification guidelines.

Current Laboratory Values
This item records values for laboratory tests done prior to registration on protocol.

Prior Treatment
Prior treatment refers to any disease-related treatment that the patient received prior to registration on the current protocol. Prior treatment pertains only to the cancer being treated on protocol, not other diseases or malignancies the patient may have had.

Current Lymphatic Tissue Involvement
For patients with lymph node/lymphatic site involvement at the time of registration on protocol, this section is designed to record specific information regarding nodal areas with measurable and/or evaluable disease. Confirmation of involvement may be based on clinical, X-ray, or pathologic evidence.

Current Extranodal Involvement
For patients with extranodal involvement or extranodal direct extension at the time of registration on protocol, this section is designed to record specific information regarding sites with measurable and/or evaluable disease. Confirmation of extranodal involvement or direct extension may be based on clinical, X-ray, or pathologic evidence.

The following is a list of extranodal sites.
### Bone Marrow
Any lymphoma of the bone marrow; bone marrow involvement must be confirmed by bone marrow biopsy or bone marrow aspiration. Bone marrow involvement is evaluable disease.

### Lung
Involvement of the lung.

### Pleura
Involvement of either the visceral or parietal pleura. Also included are instances of malignant pleural effusion.

### Stomach
Involvement of the stomach. This includes lymphomas which originate in the stomach.

### Liver
Involvement of the liver.

### Kidney
Involvement of the kidney.

### Bone
Involvement of bones.

### CNS/Brain
Involvement of the leptomeninges, epidura, and/or central nervous system. When no radiologic or radiographic scan was done, the absence of clinical symptoms is sufficient to code no.

### Head and Neck
Involvement of non-lymphatic structures of the head and neck which are not classified elsewhere. Record details of site(s) involved in the space provided. This item includes eye, orbit, paranasal sinuses, cheek, gum, or floor of mouth. (Waldeyer's ring, e.g., base of tongue, tonsils, is a lymphatic structure, and is included under Current Nodal Involvement on Page 5)

### Skin/subcutaneous
Infiltration of the skin or subcutaneous tissues.

### GI Tract
Any lymphoma involvement of the gastrointestinal tract organs or non-lymphatic structures which are not classified elsewhere. Record details of the involvement in the space provided. This includes the following sites: esophagus, small bowel, colon, rectum, pancreas, or Peyer's patches.

### Additional Involved Sites
Lymphoma present in organs, tissues or structures not noted above, e.g., genital organs, muscle, or other soft tissues; or additional lesions from sites reported above which will be used as lesions to follow response to therapy.

---

**Figure 12** on the following page is a detailed table that lists lymphatic sites and lymph node regions. **Figures 13 and 14** are Schematic Diagrams of Nodal and Extranodal Involvement. These diagrams are included to help locate extranodal sites which contain lymphoma at the time of registration on protocol.
### Anterior Cervical
- Inferior deep cervical
- Internal jugular
- Jugular, NOS
- Lingual
- Low Cervical
- Mandibular
- Maxillary
- Prearyngeal
- Subdigastic
- Sublingual
- Submandibular
- Submaxillary
- Submental
- Superficial cervical
- Superior deep cervical
- Suprathyroid
- Supraomohyoid

### Mediastinal
- Anterior
- Cardioesophageal
- Carinal
- Esophageal
- Intercostal
- Infratracheobronchial
- Laterotracheal
- Paracardial
- Paraseophageal
- Parasternal
- Paratracheal
- Posterior
- Pretracheal
- Sternal
- Subcarinal
- Tracheal
- Tracheobronchial

### Other head and neck
- Auricular
- Buccal
- Buccinator
- Facial
- Infraauricular
- Infraorbital
- Internal maxillary
- Internal parotid
- Occipital
- Parotid
- Posterior auricular
- Preeauricular
- Retroauricular

#### Abdominal, NOS
- Common duct
- Epigastric
- Gastric, left
- Gastric, right
- Gastrocolic
- Gastroduodenal
- Gastroepiploic, left
- Gastroepiploic, right
- Gastropancreatic
- Gerota's
- Greater curvature
- Greater omental
- Infra-jejunostomy
- Innominate
- Intra-abdominal
- Lumbar
- Pancreatic
- Paracaval
- Perigastric
- Posterior cecal
- Pyloric
- Retroduodenal
- Retrocrural
- Retropertioneal

#### Pelvic NOS
- Parametrial
- Perivesical
- Presymphysial

#### Other, NOS
- Anterior tibial
- Cubital
- Diaphragmatic nodes
- Epitrochlear
- Lateral sacral
- Paracervical
- Popliteal
- Sacral promontory
- Subtrochlear
- Thymus
- Tibial

### Hilar
- Bronchial
- Bronchopulmonary
- Pulmonary

### Iliac
- Common
- External
- Hypogastric
- Infragastric
- Intrapelvic
- Internal
- Lateral sacral
- Obturator

### Inguinal/Femoral
- Femoral nodes
- Lymph node of groin
- Lymph node of lower limb
- Node of Cloquet
- Rosenmueler node
- Subinguinal
- Superficial

### Figure 12

<table>
<thead>
<tr>
<th>Anterior Cervical</th>
<th>Mediastinal</th>
<th>Other head and neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inferior deep cervical</td>
<td>Anterior</td>
<td>Auricular</td>
</tr>
<tr>
<td>Internal jugular</td>
<td>Cardioesophageal</td>
<td>Buccal</td>
</tr>
<tr>
<td>Jugular, NOS</td>
<td>Carinal</td>
<td>Buccinator</td>
</tr>
<tr>
<td>Lingual</td>
<td>Esophageal</td>
<td>Facial</td>
</tr>
<tr>
<td>Low Cervical</td>
<td>Intercostal</td>
<td>Infraauricular</td>
</tr>
<tr>
<td>Mandibular</td>
<td>Infratracheobronchial</td>
<td>Infraorbital</td>
</tr>
<tr>
<td>Maxillary</td>
<td>Laterotracheal</td>
<td>Internal maxillary</td>
</tr>
<tr>
<td>Prearyngeal</td>
<td>Paracardial</td>
<td>Internal parotid</td>
</tr>
<tr>
<td>Subdigastic</td>
<td>Paraseophageal</td>
<td>Occipital</td>
</tr>
<tr>
<td>Sublingual</td>
<td>Parasternal</td>
<td>Parotid</td>
</tr>
<tr>
<td>Submandibular</td>
<td>Paratracheal</td>
<td>Posterior auricular</td>
</tr>
<tr>
<td>Submaxillary</td>
<td>Posterior</td>
<td>Preeauricular</td>
</tr>
<tr>
<td>Submental</td>
<td>Pretracheal</td>
<td>Retroauricular</td>
</tr>
<tr>
<td>Superficial cervical</td>
<td>Sternal</td>
<td>Abdominal, NOS</td>
</tr>
<tr>
<td>Superior deep cervical</td>
<td>Subcarinal</td>
<td>Common duct</td>
</tr>
<tr>
<td>Suprathyroid</td>
<td>Tracheal</td>
<td>Epigastric</td>
</tr>
<tr>
<td>Supraomohyoid</td>
<td>Tracheobronchial</td>
<td>Gastric, left</td>
</tr>
</tbody>
</table>

#### Medial:
- Pectoral
- Posterior
- Subclavicular
- Subcapular

#### Hilar:
- Bronchial
- Bronchopulmonary
- Pulmonary

#### Iliac:
- Common
- External
- Hypogastric
- Infragastric
- Intrapelvic
- Internal
- Lateral sacral
- Obturator

#### Inguinal/Femoral:
- Femoral nodes
- Lymph node of groin
- Lymph node of lower limb
- Node of Cloquet
- Rosenmueler node
- Subinguinal
- Superficial

#### Other head and neck:
- Auricular
- Buccal
- Buccinator
- Facial
- Infraauricular
- Infraorbital
- Internal maxillary
- Internal parotid
- Occipital
- Parotid
- Posterior auricular
- Preeauricular
- Retroauricular

#### Abdominal, NOS:
- Common duct
- Epigastric
- Gastric, left
- Gastric, right
- Gastrocolic
- Gastroduodenal
- Gastroepiploic, left
- Gastroepiploic, right
- Gastropancreatic
- Gerota's
- Greater curvature
- Greater omental
- Infra-jejunostomy
- Innominate
- Intra-abdominal
- Lumbar
- Pancreatic
- Paracaval
- Perigastric
- Posterior cecal
- Pyloric
- Retroduodenal
- Retrocrural
- Retropertioneal

#### Pelvic NOS:
- Parametrial
- Perivesical
- Presymphysial

#### Other, NOS:
- Anterior tibial
- Cubital
- Diaphragmatic nodes
- Epitrochlear
- Lateral sacral
- Paracervical
- Popliteal
- Sacral promontory
- Subtrochlear
- Thymus
- Tibial
Schematic of Nodal Sites

Figure 13
Schematic of Extranodal Sites

**Figure 14**