

YHHN Data Collection: Mantle cell lymphoma

Please enter data into boxes, and amend any incorrect or missing details:

Patient Name:

HILIS ID:

Date of Birth:

NHS No:

HMDS Number:

Report Date:

Source:

Specimen:

Demographics:

| | | | |
|------------------------------|-------|---------------------------|--|
| Gender: | M / F | Date of diagnosis: | |
| Address at diagnosis: | | | |
| GP address: | | | |
| 1st appointment on: | | Palliative date: | |
| Date of death: | | | |

Antecedent / concurrent events:

| | |
|-------------------|------------------------------------|
| Event: | |
| Therapies: | chemotherapy / radiotherapy / both |

Treatment history:

| | | | |
|--------------------|------------------|------------------|--|
| Centre: | [name] | | |
| Treatment: | [treatment name] | | |
| Trial: | [trial name] | | |
| Start date: | | End date: | |
| | | Response: | |

Presentation data:

| | | | |
|-------------------|----------|------------------------|-----------------------|
| ECOG: | [0 - 4] | Hb: | [g/dL] |
| BM biopsy: | [Y/N] | WBC: | [x10 ⁹ /L] |
| Sweats: | [Y/N] | Lymphs: | [x10 ⁹ /L] |
| Fever: | [Y/N] | Albumin: | [g/L] |
| Wt. loss: | [Y/N] | β₂m: | [mg/L] |
| CT Scan: | [Y/N] | LDH: | [range] |
| Ann-Arbor: | [I - IV] | | |

Nodal involvement:

| Site | L R |
|--------------------|---|
| Waldeyer's ring: | <input type="checkbox"/> |
| Neck: | <input type="checkbox"/> <input type="checkbox"/> |
| Infraclavicular: | <input type="checkbox"/> <input type="checkbox"/> |
| Axillary/pectoral: | <input type="checkbox"/> <input type="checkbox"/> |
| Arm: | <input type="checkbox"/> <input type="checkbox"/> |
| Thymus: | <input type="checkbox"/> |
| Hilar: | <input type="checkbox"/> <input type="checkbox"/> |
| Mediastinal: | <input type="checkbox"/> |
| Para-aortic: | <input type="checkbox"/> |
| Spleen: | <input type="checkbox"/> |
| Mesenteric: | <input type="checkbox"/> |
| Iliac: | <input type="checkbox"/> <input type="checkbox"/> |
| Inguinal/femoral: | <input type="checkbox"/> <input type="checkbox"/> |
| Popliteal: | <input type="checkbox"/> <input type="checkbox"/> |
| Bulky disease: | <input type="checkbox"/> |

Extranodal involvement:

| Site | L R |
|--------------------|---|
| Blood: | <input type="checkbox"/> |
| Bone: | <input type="checkbox"/> |
| CNS: | <input type="checkbox"/> |
| GIT: | <input type="checkbox"/> |
| GU: | <input type="checkbox"/> |
| Liver: | <input type="checkbox"/> |
| Marrow: | <input type="checkbox"/> |
| Muscle: | <input type="checkbox"/> |
| Orbit: | <input type="checkbox"/> <input type="checkbox"/> |
| Pericardium: | <input type="checkbox"/> |
| Pulmonary: | <input type="checkbox"/> <input type="checkbox"/> |
| Salivary gland: | <input type="checkbox"/> <input type="checkbox"/> |
| Skin: | <input type="checkbox"/> |
| Thyroid: | <input type="checkbox"/> |
| Other: | |
| Extensive disease: | <input type="checkbox"/> |

Comments: