

CIBMTR Center Number:

CIBMTR Recipient ID:

13. What was the extent of the disease at diagnosis?

- 1 limited — tumor(s) confined to one hemithorax and regional lymph nodes (including hilar, ipsilateral and contralateral mediastinal, and ipsilateral and contralateral supraclavicular lymph nodes) and ipsilateral pleural effusions (whether or not cytologically positive)
- 2 extensive — any involvement which does not meet the definition of limited disease

TNM Stage at Diagnosis

14. Specify the **Tumor stage** at diagnosis:

- 1 T0 — no evidence of primary tumor
- 2 TIS — carcinoma in situ
- 3 T1 — tumor \leq 3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than lobar bronchi (i.e., the tumor does not invade the main bronchus, with the exception of superficially invasive tumor limited to the bronchial wall)
- 4 T2 — requires any of the following:
 - tumor > 3 cm
 - invades the mainstem bronchus but is no closer than 2 cm to the carina
 - invades the visceral pleura, or
 - is associated with atelectasis or obstructive pneumonitis that extends to the hilum but does not involve the entire lung
- 5 T3 — tumor of any size that invades the chest wall (including superior sulcus tumors), the diaphragm, the mediastinal or parietal pleura or the mainstem bronchus within 2 cm of the carina (but does not involve the carina); or tumor of any size that is associated with atelectasis or obstructive pneumonitis of the entire lung
- 6 T4 — tumor of any size that invades the mediastinum, heart, great vessels, trachea, esophagus, vertebral bodies or carina; or tumor that is associated with a malignant pleural effusion

15. Specify the **lymph Node stage** at diagnosis:

- 1 N0 — no regional lymph node metastases present
- 2 N1 — ipsilateral peribronchial, hilar lymph nodes or both present, including direct extension
- 3 N2 — ipsilateral mediastinal, subcarinal lymph nodes or both present
- 4 N3 — contralateral mediastinal or hilar nodes or both; ipsilateral or contralateral scalene nodes, or supraclavicular lymph nodes present

Note: supraclavicular, scalene, paratracheal, pretracheal, paraesophageal, carinal, subcarinal, aortic, anterior and posterior mediastinal, hilar, intrapulmonic, and peribronchial lymph nodes are considered regional nodes.

16. Specify the **Metastatic stage** at diagnosis:

- 1 M0 — no distant metastases present
- 2 M1 — distant metastases present

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Specify any site(s) of disease at diagnosis (not including lung parenchyma):

- 17. 1 yes 2 no Adrenal glands
- 18. 1 yes 2 no Bone
- 19. 1 yes 2 no Bone marrow
- 20. 1 yes 2 no Brain parenchyma
- 21. 1 yes 2 no Cerebrospinal fluid (CSF)
- 22. 1 yes 2 no Liver
- 23. 1 yes 2 no Lymph nodes (*confirm lymph node areas listed at question 15*)
- 24. 1 yes 2 no Mediastinum
- 25. 1 yes 2 no Pericardium
- 26. 1 yes 2 no Pleura (includes pleural effusion)
- 27. 1 yes 2 no Skin / subcutaneous
- 28. 1 yes 2 no Other site

29. Specify other disease site:

Specify any disease staging test(s) performed at diagnosis:

- 30. 1 yes 2 no Abdomen computed tomography (CT) scan
- 31. 1 yes 2 no Bone marrow aspirate / biopsy
- 32. 1 yes 2 no Bone scan
- 33. 1 yes 2 no Bronchoscopy
- 34. 1 yes 2 no Chest CT scan
- 35. 1 yes 2 no Head CT or MRI
- 36. 1 yes 2 no Mediastinoscopy
- 37. 1 yes 2 no Thoracoscopy
- 38. 1 yes 2 no Thoracotomy
- 39. 1 yes 2 no Other test

40. Specify other staging test:

41. Enter age-appropriate Karnofsky or Lansky score at diagnosis:

(See complete scale on page 11 of Form 2000 — Recipient Baseline Data)

42. Did the recipient experience involuntary weight loss in the 6 months prior to diagnosis?

- 1 yes
- 2 no
- 3 unknown

43. Specify weight loss: % of total body weight

44. Does the recipient have a family history of lung cancer (among first- and second-degree relatives)?

- 1 yes
- 2 no
- 3 unknown

Laboratory Studies at Diagnosis

Report findings prior to any first treatment for small cell lung cancer.

45. LDH at diagnosis:

- 1 known .
 - 2 not known
- 1 U/L
2 $\mu\text{kat/L}$

46. Upper limit of normal for LDH:

.

47. Carcinoembryonic antigen (CEA) at diagnosis:

- 1 known .
 - 2 not known
- 1 ng/mL
2 $\mu\text{g/L}$

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Pre-HSCT Treatment for Small Cell Lung Cancer

48. Was therapy given between diagnosis and the start of the preparative regimen??

- 1 yes →
- 2 no

Line of Therapy	1st Line of Therapy	2nd Line of Therapy
Date therapy started: 49.	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	87. <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Date therapy stopped: 50.	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	88. <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Systemic therapy:	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 69	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 107
Number of cycles: 52.	<input type="text"/> <input type="text"/> <input type="checkbox"/> unknown/not applicable	90. <input type="text"/> <input type="text"/> <input type="checkbox"/> unknown/not applicable
carboplatin (Paraplatin) 53.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cisplatin (Platinol, CDDP) 54.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cyclophosphamide (Cytoxan) 55.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
docetaxel (Taxotere) 56.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin (Adriamycin) 57.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
etoposide (VP-16, VePesid) 58.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
gemcitabine (Gemzar) 59.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
ifosfamide (Ifex) 60.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
irinotecan (Camptosar) 61.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
paclitaxel (Taxol, Taxotere) 62.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
topotecan (Hycamtin) 63.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vinblastine (VLB, Velban) 64.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vincristine (VCR, Oncovin) 65.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vinorelbine (Navelbine) 66.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other chemotherapy 67.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other chemotherapy 68.	_____	106. _____
Radiation Therapy:	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 77	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 115
Central nervous system 70.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 72	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 110
Specify total dose: 71.	<input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	109. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)
Thorax 72.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 74	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 112
Specify total dose: 73.	<input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	111. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)
Other radiotherapy 74.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 77	112. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 115
Specify other radiation site: 75.	_____	113. _____
Specify total dose: 76.	<input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	114. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)
Surgery:	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 82	115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 120
Brain 78.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Lung 79.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	117. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other site 80.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	118. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other surgery site 81.	_____	119. _____
Was this line of therapy given for stem cell priming? 82.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Best Response to Line of Therapy: (see definitions on page 6)	83. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> VGPR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> NR / SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NA	121. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> VGPR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> NR / SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NA
Date response evaluated: 84.	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	122. <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Did patient relapse/progress following this line of therapy? 85.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 87	123. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 125
Date of relapse/progression: 86.	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	124. <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

Copy this page to report more than 2 lines of therapy; check here if additional pages are attached.

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Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

Indicate new sites of disease involvement at any time after diagnosis but before the start of the preparative regimen for HSCT:
If reporting a second or subsequent HSCT, list sites of disease involvement between last HSCT and prior to the current preparative regimen / HSCT.

- 125. 1 yes 2 no Adrenal glands
- 126. 1 yes 2 no Bone
- 127. 1 yes 2 no Bone marrow
- 128. 1 yes 2 no Brain parenchyma
- 129. 1 yes 2 no Cerebrospinal fluid (CSF)
- 130. 1 yes 2 no Liver
- 131. 1 yes 2 no Lung (primary tumor)
- 132. 1 yes 2 no Lymph nodes
- 133. 1 yes 2 no Mediastinum
- 134. 1 yes 2 no Pericardium
- 135. 1 yes 2 no Pleura (includes pleural effusion)
- 136. 1 yes 2 no Skin / subcutaneous
- 137. 1 yes 2 no Other site

138. Specify other disease site:

139. Was the disease sensitive to chemotherapy, radiotherapy, or both prior to the preparative regimen?
(Response to last treatment regimen given ≤ 6 months prior to HSCT.) (see disease status definitions on page 6)
- 1 sensitive: ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease (CR, VGPR, PR)
 - 2 resistant: < 50% reduction in diameter of all disease sites or development of new disease sites (NR / SD, PD)
 - 3 untreated (or treated > 6 months prior to transplant)
 - 4 not assessable
 - 5 unknown

140. What was the disease status at the last evaluation prior to the preparative regimen? *(see definitions on page 6)*

- 1 no disease treatment given at any time
- 2 CR
- 3 VGPR
- 4 PR
- 4 NR / SD
- 5 PD
- 6 relapse from CR (untreated)
- 7 NA

Indicate any known site(s) of disease immediately prior to the preparative regimen:

- 141. 1 yes 2 no Adrenal glands
- 142. 1 yes 2 no Bone
- 143. 1 yes 2 no Bone marrow
- 144. 1 yes 2 no Brain parenchyma
- 145. 1 yes 2 no Cerebrospinal fluid (CSF)
- 146. 1 yes 2 no Liver
- 147. 1 yes 2 no Lymph nodes
- 148. 1 yes 2 no Mediastinum
- 149. 1 yes 2 no Pericardium
- 150. 1 yes 2 no Pleura (includes pleural effusion)
- 151. 1 yes 2 no Primary tumor
- 152. 1 yes 2 no Skin / subcutaneous
- 153. 1 yes 2 no Other site

154. Specify other disease site:

155. Date of the most recent assessment for disease status prior to the preparative regimen:
Month Day Year

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156. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____

Small Cell Lung Cancer Disease Response / Status

- 1 complete response (CR) – no tumor; no metastatic sites
- 2 very good partial response (VGPR) – primary tumor decreased by 90–99%; no metastatic sites; scar may be present, mediastinal nodes ≤ 1.5 cm diameter; residual ^{99}Tc bone changes allowed
- 3 partial response (PR) – primary tumor decreased by $\geq 50\%$; all measurable metastatic sites decreased by $> 50\%$
- 4 no response / stable disease (NR / SD) – no new lesions; $< 50\%$ reduction but $< 25\%$ increase in any existing lesion
- 5 progressive disease (PD) – any new lesion; increase of any measurable lesion by $\geq 25\%$; previously negative bone marrow positive for tumor
- 6 not assessed (NA)