



Ovarian Cancer Pre-HSCT Data

Registry Use Only

Sequence
Number:

Date
Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / /
Month Day Year

Date of HSCT for which this form is
being completed: / /
Month Day Year

HSCT type: autologous allogeneic, allogeneic, syngeneic
unrelated related (identical twin)

Product type: marrow PBSC cord blood other product,
specify: _____

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient’s medical records.

If this is a report of a second (or subsequent) transplant, check here and continue with question 166.

Disease Assessment at Diagnosis

1. What was the date of pathologic diagnosis of Ovarian Cancer? / /
Month Day Year

2. What was the stage of ovarian cancer at diagnosis?

- 1 in situ
- 2 IA — growth limited to one ovary; no ascites; no tumor on the external surfaces, capsule intact
- 3 IB — growth limited to both ovaries; no ascites; no tumor on the external surfaces, capsule intact
- 4 IC — either stage IA or IB tumor on the surface of one or both ovaries; capsule ruptured; ascites present containing malignant cells; or positive peritoneal washings
- 5 IIA — extension and/or metastases to the uterus and/or fallopian tubes
- 6 IIB — extension to other pelvic tissues
- 7 IIC — either stage IIA or IIB tumor on the surface of one or both ovaries; capsule(s) ruptured; ascites present containing malignant cells; or positive peritoneal washings
- 8 IIIA — tumor grossly limited to the true pelvis with negative nodes but with histologically confirmed microscopic seeding of abdominal peritoneal surfaces
- 9 IIIB — tumor of one or both ovaries; histologically confirmed implants of abdominal peritoneal surfaces, none > 2 cm in diameter; node negative
- 10 IIIC — abdominal implants > 2 cm in diameter and/or positive retroperitoneal or inguinal nodes
- 11 IV — growth involving one or both ovaries with distant metastases; if pleural effusion is present, there must be positive cytologic test results to allot a case to stage IV; parenchymal liver metastasis equals stage IV
- 12 stage unknown

CIBMTR Center Number:

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3. What was the histology of ovarian cancer at diagnosis?

- 1 adenosquamous
- 2 clear cell
- 3 endometrioid
- 4 germ cell
- 5 granulosa
- 6 mixed mullerian
- 7 mucinous
- 8 papillary
- 9 serous
- 10 other histology →
- 11 histology unknown

4. Specify histology:

5. What was the grade of tumor at diagnosis?

- 1 0 — borderline malignant
- 2 1 — well differentiated
- 3 2 — moderately differentiated
- 4 3–4 — poorly differentiated or undifferentiated
- 5 tumor grade unknown

6. Were any non-contiguous, extra-abdominal sites of metastases present at diagnosis?

- 1 yes →
- 2 no
- 3 unknown

Specify site(s) of metastases present at diagnosis:

- 7. 1 yes 2 no Central nervous system
- 8. 1 yes 2 no Diaphragm
- 9. 1 yes 2 no Liver – parenchymal
- 10. 1 yes 2 no Liver – surface; omentum; peritoneum
- 11. 1 yes 2 no Lung
- 12. 1 yes 2 no Lymph nodes – distant
- 13. 1 yes 2 no Lymph nodes – regional
- 14. 1 yes 2 no Mesentery
- 15. 1 yes 2 no Pelvis
- 16. 1 yes 2 no Pleura
- 17. 1 yes 2 no Other site →

18. Specify site:

19. Did the recipient have a family history of cancer in first-degree relatives (parents, siblings, and children) at the time of diagnosis?

- 1 yes →
- 2 no
- 3 unknown

20. Specify the total number of first-degree relatives affected by cancer:

Specify the type(s) of cancer experienced by first-degree relatives:

- 21. 1 yes 2 no Breast cancer
- 22. 1 yes 2 no Colorectal carcinoma
- 23. 1 yes 2 no Ovarian cancer
- 24. 1 yes 2 no Other cancer →

25. Specify cancer:

26. Did the recipient have a family history of cancer in second-degree relatives (grandparents, grandchildren, aunts / uncles, nieces / nephews, and half-siblings) at the time of diagnosis?

- 1 yes →
- 2 no
- 3 unknown

27. Specify the total number of second-degree relatives affected by cancer:

Specify the type(s) of cancer experienced by second-degree relatives:

- 28. 1 yes 2 no Breast cancer
- 29. 1 yes 2 no Colorectal carcinoma
- 30. 1 yes 2 no Ovarian cancer
- 31. 1 yes 2 no Other cancer →

32. Specify cancer:

CIBMTR Center Number:

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Pre-HSCT Treatment for Ovarian Cancer

33. Was therapy given (including surgery and neoadjuvant / adjuvant therapy) between diagnosis and the start of the preparative regimen?

- 1 yes →
 2 no

Line of Therapy:	1st Line of Therapy						2nd Line of Therapy								
Systemic Therapy:	34.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 77			100.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 143					
Date therapy started:	35.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	101.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
		Month	Day	Year				Month	Day	Year					
Date therapy stopped:	36.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	102.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
		Month	Day	Year				Month	Day	Year					
Number of cycles:	37.	<input type="text"/>	<input type="checkbox"/> unknown/not applicable			103.	<input type="text"/>	<input type="checkbox"/> unknown/not applicable							
Was therapy given prior to any surgery (neoadjuvant)?	38.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no		104.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no							
		IV	IP	IV & IP	Route Unk	Not Given Unk	IV	IP	IV & IP	Route Unk	Not Given Unk				
aldesleukin (interleukin-2)	39.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	105.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
altretamine (Hexalen)	40.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	106.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
anastrozole (Arimidex)	41.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	107.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
bevacizumab (Avastin)	42.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	108.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
capecitabine (Xeloda)	43.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	109.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
carboplatin (Paraplatin)	44.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	110.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
cisplatin (CDDP, Platinol)	45.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	111.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
cyclophosphamide (CTX)	46.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	112.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
cytarabine (Ara-C, Cytosar-U)	47.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	113.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
docetaxel (Taxotere)	48.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	114.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
doxorubicin (Adriamycin)	49.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	115.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
doxorubicin liposomal (Doxil)	50.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	116.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
epirubicin (Ellence)	51.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	117.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
erlotinib (Tarceva)	52.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	118.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
etoposide (VP-16, VePesid)	53.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	119.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
exemestane (Aromasin)	54.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	120.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
fluorouracil (5-FU, Adrucil)	55.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	121.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
fulvestrant (Faslodex)	56.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	122.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
gemcitabine (Gemzar)	57.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	123.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
ifosfamide (Ifex)	58.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	124.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
imatinib (Gleevec)	59.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	125.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
interferon-α (Roferon-α)	60.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	126.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
irinotecan (Camptosar)	61.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	127.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
lapatinib (Tykerb)	62.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	128.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
letrozole (Femara)	63.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	129.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
mitoxantrone (Novantrone)	64.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	130.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
oxaliplatin (Eloxatin)	65.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	131.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
paclitaxel (Taxol)	66.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	132.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
prednisone (Sterapred)	67.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	133.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
sorafenib (Nexavar)	68.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	134.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
sunitinib (Sutent, SU11248)	69.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	135.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
tamoxifen (Nolvadex)	70.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	136.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
thiotepa (Thioplex)	71.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	137.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
topotecan (Hycamtin)	72.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	138.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
vinblastine (Velban, VLB)	73.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	139.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
vinorelbine (Navelbine)	74.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	140.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
other therapy	75.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	...	141.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
specify other therapy	76.														

CIBMTR Center Number:

CIBMTR Recipient ID:

Radiation Therapy: 77. 1 yes 2 no → cont. with q. 92 143. 1 yes 2 no → cont. with q. 158

Date therapy started: 78. 144.
Month Day Year Month Day Year

Date therapy stopped: 79. 145.
Month Day Year Month Day Year

Local / regional 80. 1 yes 2 no → cont. with q. 82 146. 1 yes 2 no → cont. with q. 148

Specify total dose 81. cGy (rads) 147. cGy (rads)

Sites of non-contiguous extra-abdominal metastases 82. 1 yes 2 no → cont. with q. 84 148. 1 yes 2 no → cont. with q. 150

Specify total dose 83. cGy (rads) 149. cGy (rads)

Whole abdominal / pelvic 84. 1 yes 2 no → cont. with q. 86 150. 1 yes 2 no → cont. with q. 152

Specify total dose 85. cGy (rads) 151. cGy (rads)

Intra-abdominal radioactive phosphate (P32) 86. 1 yes 2 no → cont. with q. 88 152. 1 yes 2 no → cont. with q. 154

Specify total dose 87. microcuries (μCi) 153. microcuries (μCi)

Other radiotherapy site 88. 1 yes 2 no → cont. with q. 91 154. 1 yes 2 no → cont. with q. 157

Specify other radiation site 89. _____ 155. _____

Specify total dose 90. cGy (rads) 156. cGy (rads)

Fractionation schedule: 91. 1 single 2 single daily 157. 1 single 2 single daily
3 multiple daily 4 other schedule 3 multiple daily 4 other schedule

Abdominal Surgery: 92. 1 yes 2 no → cont. with q. 96 158. 1 yes 2 no → cont. with q. 162

Date of surgery: 93. 159.
Month Day Year Month Day Year

Type of abdominal surgery (see codes at left) 94. 160.

Specify surgery (code 8) 95. _____ 161. _____

Best Response to Line of Therapy: (see definitions below)

96. 1 CR 4 SD 162. 1 CR 4 SD
2 CRU 5 PD 2 CRU 5 PD
3 PR 6 NA 3 PR 6 NA

Date response evaluated: 97. 163.
Month Day Year Month Day Year

Did disease relapse/progress following this line of therapy? 98. 1 yes 2 no 164. 1 yes 2 no

Date of relapse/progression: 99. 165.
Month Day Year Month Day Year

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

- Codes for Type of Abdominal Surgery**
- 1 total resection with microscopic residual disease only
 - 2 optimal cytoreduction with largest residual tumor size < 1 cm
 - 3 suboptimal resection with largest residual tumor size ≥ 1 cm
 - 4 resection, diameter of residual disease unknown
 - 5 biopsy only (not debulking)
 - 6 removal of extra-abdominal metastatic lesion
 - 7 second look surgery only
 - 8 other abdominal surgery, specify

- Codes for Disease Response Evaluation Criteria in Solid Tumors (RECIST)**
- 1 complete response (CR) – disappearance of all target lesions for a period of at least one month
 - 2 complete response with persistent imaging abnormalities of unknown significance (CRU)
 - 3 partial response (PR) – At least 30% decrease in the sum of the longest diameter of measured lesions (target lesions) taking as reference the baseline sum of longest diameters
 - 4 stable disease (SD) – Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD, taking as reference the smallest sum of the longest diameters since the treatment started
 - 5 progressive disease (PD) – At least a 20% increase in the sum of the longest diameter of measured lesions (target lesions), taking as reference the smallest sum of the longest diameters recorded since the treatment started or the appearance of one or more new lesions
 - 6 not assessed (NA)

CIBMTR Center Number:

CIBMTR Recipient ID:

166. Indicate the WHO sensitivity of the ovarian carcinoma to any chemotherapy administered prior to the preparative regimen: (Response to last chemotherapy given prior to HSCT; chemotherapy must include ≥ 2 cycles of treatment given ≤ 6 months prior to HSCT.)

- 1 sensitive — ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease; and ≥ 50% decrease in CA-125, if elevated
- 2 resistant — < 50% reduction in disease or CA-125 elevation with chemotherapy within 6 months of HSCT
- 3 untreated — includes chemotherapy given more than 6 months prior to HSCT, or fewer than two treatment cycles
- 4 unknown

167. Indicate the WHO sensitivity of the ovarian carcinoma to any platinum-containing chemotherapy administered prior to the preparative regimen: (Response to last platinum therapy given prior to HSCT; therapy must include ≥ 2 cycles of treatment given ≤ 6 months prior to HSCT.)

- 1 sensitive — response to platinum with ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease; and ≥ 50% decrease in CA-125, if elevated (Note: a non-response to subsequent non-platinum chemotherapy does not affect designation.)
- 2 resistant — < 50% response to platinum therapy in disease, or < 50% decrease in CA-125, or elevation of CA-125, or relapse ≤ 6 months after last platinum chemotherapy
- 3 unknown

Imaging and Laboratory Studies Prior to the Start of the Preparative Regimen

168. CA-125 known not known → % of upper limit of normal

Specify imaging performed:	Specify imaging method:		Specify results:		Was tumor present?																													
	yes	no	normal	abnormal	yes	no	unk																											
169. <input type="checkbox"/> yes <input type="checkbox"/> no Bone imaging →	170. <input type="checkbox"/> yes <input type="checkbox"/> no Bone scan →	171. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	172. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	173. <input type="checkbox"/> yes <input type="checkbox"/> no CT →	174. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	175. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	176. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	177. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	178. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	179. <input type="checkbox"/> yes <input type="checkbox"/> no MRI →	180. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	181. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	182. <input type="checkbox"/> yes <input type="checkbox"/> no Chest x-ray →	183. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	184. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	185. <input type="checkbox"/> yes <input type="checkbox"/> no CT scan of chest →	186. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	187. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	188. <input type="checkbox"/> yes <input type="checkbox"/> no CT scan of abdomen →	189. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	190. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	191. <input type="checkbox"/> yes <input type="checkbox"/> no CT scan of pelvis →	192. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	193. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	194. <input type="checkbox"/> yes <input type="checkbox"/> no Head imaging →	195. <input type="checkbox"/> yes <input type="checkbox"/> no CT →	196. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	197. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	198. <input type="checkbox"/> yes <input type="checkbox"/> no MRI →	199. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	200. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk	201. <input type="checkbox"/> yes <input type="checkbox"/> no PET scan →	202. <input type="checkbox"/> normal <input type="checkbox"/> abnormal →	203. <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unk

Specify new sites of disease involvement at any time after diagnosis but before the preparative regimen: (If reporting a second or subsequent HSCT, list sites of disease involvement between last HSCT and before the current preparative regimen.)

- 204. yes no Central nervous system
- 205. yes no Diaphragm
- 206. yes no Liver – parenchymal
- 207. yes no Liver – surface; omentum; peritoneum
- 208. yes no Lung
- 209. yes no Lymph nodes – distant
- 210. yes no Lymph nodes – regional
- 211. yes no Mesentery
- 212. yes no Pelvis
- 213. yes no Pleura
- 214. yes no Other site →

215. Specify new site:

CIBMTR Center Number:

CIBMTR Recipient ID:

Disease Status at the Last Assessment Prior to the Preparative Regimen

216. What was the disease status at the last evaluation prior to the preparative regimen? (see definitions on page 4)

- 1 complete response
- 2 complete response with persistent imaging abnormalities of unknown significance
- 3 partial response
- 4 stable disease
- 5 progressive disease
- 6 not assessed →

217. Specify reason:

218. Date of the most recent assessment for disease status prior to the preparative regimen: / / 20
Month Day Year

219. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____