



**Sarcoma
Pre-HSCT Data**

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / / (20)

Date of HSCT for which this form is being completed: / / (20)

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (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 152.

Disease Assessment at Diagnosis

1. What was the date of diagnosis of bone or soft tissue Sarcoma? / /

2. On the CIBMTR Form 2000 — Recipient Baseline Data, was the primary disease for which the HSCT was performed (question 9) either “bone sarcoma (excluding Ewing family tumors)” (solid tumors option 10) or “soft tissue sarcoma (excluding Ewing family tumors)” (solid tumors option 21)?

1 yes no → 3. Specify bone or soft tissue sarcoma: _____

4. Primary site of sarcoma at diagnosis: (check only one)

- Bone Sarcoma**
- 1 calcaneus
 - 2 femur
 - 3 fibula
 - 4 humerus
 - 5 metacarpal
 - 6 metatarsal
 - 7 multifocal
 - 8 patella
 - 9 pelvis
 - 10 radius
 - 11 rib
 - 12 scapula
 - 13 skull
 - 14 sternum
 - 15 tibia
 - 16 ulna
 - 17 vertebra
 - 18 other bone location

- Soft Tissue Sarcoma**
- 19 abdominal wall
 - 20 buttock
 - 21 chest wall
 - 22 foot
 - 23 gastrointestinal
 - 24 genitourinary
 - 25 great vessels
 - 26 gynecologic
 - 27 hand
 - 28 head and neck
 - 29 heart
 - 30 lower arm
 - 31 lower leg
 - 32 lung / pleura
 - 33 mediastinum
 - 34 retroperitoneum
 - 35 upper arm
 - 36 upper leg
 - 37 other viscera
 - 38 other soft tissue location

5. Specify: _____

6. Specify: _____

7. Specify: _____

8. Specify: _____

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

CIBMTR Center Number:

CIBMTR Recipient ID:

9. What were the two largest dimensions of tumor mass at diagnosis? x cm

10. Tumor mass was assessed by:

- 1 apparent by palpation
- 2 apparent by visualization
- 3 plain film / x-ray without contrast
- 4 plain film / x-ray with contrast
- 5 CT scan
- 6 MRI scan
- 7 radioisotope scan
- 8 ultrasound
- 9 other method →
- 10 unknown

11. Specify assessment method:

12. (For soft-tissue sarcoma only) What was the soft-tissue sarcoma grade at diagnosis?

- 1 low
- 2 intermediate
- 3 high
- 4 unknown

13. Were metastases present at diagnosis?

- 1 yes →
- 2 no
- 3 unknown

Specify the site(s) of metastases at diagnosis:

- 14. 1 yes 2 no 3 unknown Abdominal – diffuse
- 15. 1 yes 2 no 3 unknown Bone marrow
- 16. 1 yes 2 no 3 unknown Central nervous system (CNS)
- 17. 1 yes 2 no 3 unknown Liver
- 18. 1 yes 2 no 3 unknown Lungs
- 19. 1 yes 2 no 3 unknown Lymph nodes – distant
- 20. 1 yes 2 no 3 unknown Lymph nodes – regional
- 21. 1 yes 2 no 3 unknown Skin
- 22. 1 yes 2 no 3 unknown Other site →

23. Specify site:

24. On the CIBMTR Form 2000 — Recipient Baseline Data, was there a history of malignancy other than the primary disease for which this HSCT is being performed (question 22, answered “yes”)?

- 1 yes →
- 2 no
- 3 unknown

Specify any treatment(s) given for the other malignancy:

- 25. 1 yes 2 no 3 unknown Chemotherapy
- 26. 1 yes 2 no 3 unknown Radiation
- 27. 1 yes 2 no 3 unknown Other treatment →

28. Specify treatment:

CIBMTR Center Number:

CIBMTR Recipient ID:

29. Was a cytogenetic analysis of the tumor mass performed at any time?

- 1 yes
- 2 no
- 3 unknown

30. Results of test at diagnosis:

- 1 yes abnormalities identified
- 2 no evaluable metaphases
- 3 no abnormalities

Complete questions 32–53 in the table below

31. Results of tests after diagnosis to prior to the preparative regimen:

- 1 yes abnormalities identified
- 2 no evaluable metaphases on any tests
- 3 no abnormalities on any tests after diagnosis and before the preparative regimen

Complete questions 54–75 in the table below

Specify abnormalities identified:

Cytogenetic abnormality	At diagnosis	Any test result between diagnosis and preparative regimen
Translocation		
t(1;13)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(1;16)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(2;13)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(7;16)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(7;22)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(11;22)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;14)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;15)	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;16)	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;19)	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;22)	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(13;22)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(17;22)	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(21;22)	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(X;17)	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(X;18)	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Deletion		
del(16q) / 16q-	48. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(17q) / 17q-	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Insertion		
ins(19p) / 19p+	50. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other		
complex (≥ 3 distinct abnormalities)	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other abnormality	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other abnormality:	53. _____	75. _____

76. Is a copy of the cytogenetic or FISH report attached?

- 1 yes
- 2 no

Pre-HSCT Treatment for Sarcoma

77. Was therapy given (including surgery and neo-adjuvant or 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:	78. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 96	115. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 133
Date therapy started:	79. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	116. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date therapy stopped:	80. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	117. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Number of cycles:	81. <input type="text"/> <input type="text"/>	<input type="checkbox"/> unknown/not applicable		118. <input type="text"/> <input type="text"/>	<input type="checkbox"/> unknown/not applicable	
cisplatin (Platinol, CDDP)	82. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	119. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
cyclophosphamide (Cytoxan)	83. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	120. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
dactinomycin (Actinomycin D)	84. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	121. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
dacarbazine (DTIC)	85. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	122. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
doxorubicin (Adriamycin)	86. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	123. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
etoposide (VP-16, VePesid)	87. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	124. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
ifosfamide (Ifex)	88. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	125. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
imatinib (Gleevec)	89. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	126. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
melphalan (L-PAM, Alkeran)	90. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	127. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
sunitinib (Sutent, SU11248)	91. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	128. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
topotecan (Hycamtin)	92. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	129. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
vincristine (VCR, Oncovin)	93. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	130. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
other systemic therapy	94. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	131. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
specify other therapy	95. _____			132. _____		
Radiation Therapy:	96. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 106	133. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 143
Date therapy started:	97. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	134. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date therapy stopped:	98. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	135. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Local / regional	99. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 101	136. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 138
Specify total dose	100. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cGy (rads)		137. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cGy (rads)	
Sites of non-contiguous metastases	101. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 103	138. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 140
Specify total dose	102. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cGy (rads)		139. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cGy (rads)	
Other radiation therapy site	103. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 106	140. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 143
Specify other radiation site	104. _____			141. _____		
Specify total dose	105. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cGy (rads)		142. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	cGy (rads)	
Surgical Biopsy/Resection:	106. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 111	143. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no →	cont. with q. 148
Date of surgery:	107. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	144. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Type of surgery (see codes on page 5)	108. <input type="text"/>			145. <input type="text"/>		
Specify other surgery (code 6)	109. _____			146. _____		
Site of surgery:	110. 1 <input type="checkbox"/> primary lesion			147. 1 <input type="checkbox"/> primary lesion		
	2 <input type="checkbox"/> metastatic lesion			2 <input type="checkbox"/> metastatic lesion		
	3 <input type="checkbox"/> both			3 <input type="checkbox"/> both		
Best Response to Line of Therapy: (see definitions on page 5)	111. 1 <input type="checkbox"/> CR	4 <input type="checkbox"/> SD		148. 1 <input type="checkbox"/> CR	4 <input type="checkbox"/> SD	
	2 <input type="checkbox"/> CRU	5 <input type="checkbox"/> PD		2 <input type="checkbox"/> CRU	5 <input type="checkbox"/> PD	
	3 <input type="checkbox"/> PR	6 <input type="checkbox"/> NA		3 <input type="checkbox"/> PR	6 <input type="checkbox"/> NA	
Date response evaluated:	112. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	149. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Did disease relapse/progress following this line of therapy?	113. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	150. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Date of relapse/progression:	114. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	151. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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

CIBMTR Center Number:

CIBMTR Recipient ID:

Codes for Type of Surgery

- 1 biopsy only
- 2 partial resection
- 3 gross total resection with involved margins
- 4 total resection with clean margins < 2 cm
- 5 total resection with clean margins > 2 cm
- 6 other surgery, specify

Codes for 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)

Laboratory Studies Prior to the Start of the Preparative Regimen

152. Serum alkaline phosphatase:

- 1 known → .
- 2 not known
- 1 IU/L →
- 2 μ kat/L

153. Upper limit of normal for alkaline phosphatase:

.

Disease Status at the Last Assessment Prior to the Start of the Preparative Regimen

154. What was the disease status at the last evaluation prior to the preparative regimen? (see definitions above)

- 1 CR
- 2 CRU
- 3 PR
- 4 SD
- 5 PD
- 6 NA →
- 7 unknown

155. Specify reason:

156. Date of the most recent assessment for disease status prior to the preparative regimen:

Month

Day

Year

157. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____