

# ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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## Ovarian Cancer Pre-HSCT Data

### Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Recipient ID:

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Today's Date:

				2	0		
Month	Day	Year					

Date of HSCT for which this form is being completed:

				2	0		
Month	Day	Year					

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 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





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- 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

<p><b>Radiation Therapy:</b> 77. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 92</p> <p>Date therapy started: 78. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>Date therapy stopped: 79. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>Local / regional 80. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 82</p> <p>Specify total dose 81. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>Sites of non-contiguous extra-abdominal metastases 82. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 84</p> <p>Specify total dose 83. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>Whole abdominal / pelvic 84. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 86</p> <p>Specify total dose 85. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>Intra-abdominal radioactive phosphate (P32) 86. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 88</p> <p>Specify total dose 87. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> microcuries (μCi)</p> <p>Other radiotherapy site 88. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 91</p> <p>Specify other radiation site 89. _____</p> <p>Specify total dose 90. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>Fractionation schedule: 91. <input type="checkbox"/> single <input type="checkbox"/> single daily <input type="checkbox"/> multiple daily <input type="checkbox"/> other schedule</p>							Month	Day	Year										Month	Day	Year																																		<p>143. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 158</p> <p>144. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>145. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>146. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 148</p> <p>147. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>148. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 150</p> <p>149. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>150. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 152</p> <p>151. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>152. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 154</p> <p>153. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> microcuries (μCi)</p> <p>154. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 157</p> <p>155. _____</p> <p>156. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</p> <p>157. <input type="checkbox"/> single <input type="checkbox"/> single daily <input type="checkbox"/> multiple daily <input type="checkbox"/> other schedule</p>							Month	Day	Year										Month	Day	Year																																	
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<p><b>Abdominal Surgery:</b> 92. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 96</p> <p>Date of surgery: 93. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>Type of abdominal surgery (see codes at left) 94. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>Specify surgery (code 8) 95. _____</p>							Month	Day	Year										<p>158. <input type="checkbox"/> yes <input type="checkbox"/> no → cont. with q. 162</p> <p>159. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>160. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>161. _____</p>							Month	Day	Year																																																																																	
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Month	Day	Year																																																																																																											
<p><b>Best Response to Line of Therapy:</b> (see definitions below)</p> <p>Date response evaluated: 97. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>Did disease relapse/progress following this line of therapy? 98. <input type="checkbox"/> yes . . . . . <input type="checkbox"/> no</p> <p>Date of relapse/progression: 99. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p>							Month	Day	Year										Month	Day	Year				<p>162. <input type="checkbox"/> CR <input type="checkbox"/> SD <input type="checkbox"/> CRU <input type="checkbox"/> PD <input type="checkbox"/> PR <input type="checkbox"/> NA</p> <p>163. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p> <p>164. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>165. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table></p>							Month	Day	Year										Month	Day	Year																																																															
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Copy this page to report more than 2 lines of therapy; check here  if additional pages are attached.

- 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)

**Fax this form to your designated campus (Milwaukee 414-456-6165 or Minneapolis 612-627-5895).**

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

		20
Month	Day	Year

Infusion Date:

		20
Month	Day	Year

CIBMTR Center Number:

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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

- 1  known —————>  % of upper limit of normal
- 2  not known

Specify imaging performed:

Specify imaging method:

Specify results:

Was tumor present?

		yes	no		normal	abnormal	
169. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Bone imaging	→	170. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Bone scan	→	171. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
		173. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	CT	→	174. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
		176. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	MRI	→	177. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
		179. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	X-ray	→	180. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
182. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Chest x-ray	→	183. 1 <input type="checkbox"/>	2 <input type="checkbox"/>		→	184. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
185. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no CT scan of chest	→	186. 1 <input type="checkbox"/>	2 <input type="checkbox"/>		→	187. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
188. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no CT scan of abdomen	→	189. 1 <input type="checkbox"/>	2 <input type="checkbox"/>		→	190. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
191. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no CT scan of pelvis	→	192. 1 <input type="checkbox"/>	2 <input type="checkbox"/>		→	193. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
194. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Head imaging	→	195. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	CT	→	196. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
		198. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	MRI	→	199. 1 <input type="checkbox"/>	2 <input type="checkbox"/>
201. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no PET scan	→	202. 1 <input type="checkbox"/>	2 <input type="checkbox"/>		→	203. 1 <input type="checkbox"/>	2 <input type="checkbox"/>

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. 1  yes 2  no Central nervous system
- 205. 1  yes 2  no Diaphragm
- 206. 1  yes 2  no Liver – parenchymal
- 207. 1  yes 2  no Liver – surface; omentum; peritoneum
- 208. 1  yes 2  no Lung
- 209. 1  yes 2  no Lymph nodes – distant
- 210. 1  yes 2  no Lymph nodes – regional
- 211. 1  yes 2  no Mesentery
- 212. 1  yes 2  no Pelvis
- 213. 1  yes 2  no Pleura
- 214. 1  yes 2  no Other site

215. Specify new site:

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## 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:

		2	0		
Month	Day	Year			

219. Signed: \_\_\_\_\_  
*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_