

# 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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## Sarcoma Pre-HSCT Data

### Registry Use Only

Sequence Number:

Date Received:


CIBMTR Center Number:

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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 152.**

### Disease Assessment at Diagnosis

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











  
Month      Day      Year

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 →  
 2  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

5. Specify: \_\_\_\_\_

6. Specify: \_\_\_\_\_

**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

7. Specify: \_\_\_\_\_

8. Specify: \_\_\_\_\_

CIBMTR Form 2024 (SAR) v1.0 (1–5) July 2007  
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**Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.**

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

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Sequence Number:

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<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

Infusion Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

CIBMTR Center Number:

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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: \_\_\_\_\_



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## 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

	1st Line of Therapy	2nd Line of Therapy																
<b>Systemic Therapy:</b>	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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	116. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
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Month	Day	Year	Year															
Date therapy stopped:	80. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	117. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
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Month	Day	Year	Year															
Number of cycles:	81. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <input type="checkbox"/> unknown/not applicable			118. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <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. _____																
<b>Radiation Therapy:</b>	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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	134. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
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Date therapy stopped:	98. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	135. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
Month	Day	Year	Year															
Month	Day	Year	Year															
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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> cGy (rads)					137. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> cGy (rads)					139. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> cGy (rads)					142. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> cGy (rads)												
<b>Surgical Biopsy/Resection:</b>	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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	144. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
Month	Day	Year	Year															
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Type of surgery (see codes on page 5)	108. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		145. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>															
Specify other surgery (code 6)	109. _____	146. _____																
Site of surgery:	110. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both	147. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both																
<b>Best Response to Line of Therapy:</b> (see definitions on page 5)	111. 1 <input type="checkbox"/> CR 4 <input type="checkbox"/> SD 2 <input type="checkbox"/> CRU 5 <input type="checkbox"/> PD 3 <input type="checkbox"/> PR 6 <input type="checkbox"/> NA	148. 1 <input type="checkbox"/> CR 4 <input type="checkbox"/> SD 2 <input type="checkbox"/> CRU 5 <input type="checkbox"/> PD 3 <input type="checkbox"/> PR 6 <input type="checkbox"/> NA																
Date response evaluated:	112. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	149. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
Month	Day	Year	Year															
Month	Day	Year	Year															
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. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	151. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
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<b>Copy this page to report more than 2 lines of therapy; check here <input type="checkbox"/> if additional pages are attached.</b>																		

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Initials:

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Today's Date:

Month	Day	Year		Year		Year		Year		Year		Year		Year		Year		Year	

Infusion Date:

Month	Day	Year		Year		Year		Year		Year		Year		Year		Year		Year	

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## 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   $\mu$ kat/L

153. Upper limit of normal for alkaline phosphatase:

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## 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		Year		Year		Year		Year		Year		Year		Year		Year	

157. Signed: \_\_\_\_\_

Person completing form

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

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

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

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