

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--

Today's Date:

		2	0		
Month	Day	Year	Year		

Infusion Date:

		2	0		
Month	Day	Year	Year		

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--



Neuroblastoma Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

		2	0		
Month	Day	Year	Year		

Date of HSCT for which this form is being completed: ☐

		2	0		
Month	Day	Year	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 239.

Clinical and Laboratory Characteristics at Diagnosis

1. What was the date of diagnosis of Neuroblastoma?

Month	Day	Year	Year						

Specify the site(s) of primary tumor(s) at diagnosis:

Number of tumors present

- | | | | | | | |
|-----|--------------------------------|-------------------------------|---------------------------|---|-----|--|
| 2. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Adrenal gland | → | 3. | |
| 4. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Bone | → | 5. | |
| 6. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Bone marrow | → | 7. | |
| 8. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Cerebellum | → | 9. | |
| 10. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Cerebrospinal fluid (CSF) | → | 11. | |
| 12. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Cerebrum | → | 13. | |
| 14. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Cranial nerves | → | 15. | |
| 16. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Liver | → | 17. | |
| 18. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Lymph nodes | → | 19. | |
| 20. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Mediastinum | → | 21. | |
| 22. | 1 <input type="checkbox"/> yes | 2 <input type="checkbox"/> no | Paraspinal ganglion | → | 23. | |

CIBMTR Form 2026 (NEU) v1.0 (1-11) July 2007
Copyright © 2007 National Marrow Donor Program and
The Medical College of Wisconsin, Inc. All rights reserved.
For internal use only: Document F00524 version 1.0 Replaces: n/a

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).

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:

CIBMTR Center Number:

CIBMTR Recipient ID:

Laboratory Values at Diagnosis of Neuroblastoma

62. WBC:

1 known → .
 2 not known

Specify units:

1 x 10⁹/L (x 10³/mm³)
 2 x 10⁶/L

63. Hemoglobin (untransfused):

1 known → .
 2 not known

1 g/dL
 2 g/L
 3 mmol/L

64. Platelets (untransfused):

1 known → .
 2 not known

1 x 10⁹/L (x 10³/mm³)
 2 x 10⁶/L

65. Hematocrit:

1 known → %
 2 not known

Specify the following tumor marker analyses performed at diagnosis:

66. Homovanillic acid (HVA):

1 known → . μg/mg creatinine
 2 not known

67. Neuron specific enolase:

1 known → . ng/mL
 2 not known

68. Serum ferritin:

1 known → ng/mg or μg/L
 2 not known

69. Vanilmandelic acid (VMA):

1 known → . μg/mg creatinine
 2 not known

70. LDH:

1 known → .
 2 not known

1 U/L
 2 μkat/L

71. Upper limit of normal for LDH:

72. Other tumor marker analysis:

1 known →
 2 not known

73. Specify other analysis: _____

74. Specify level and units: _____

75. Was a DNA analysis performed at diagnosis?

1 yes →
 2 no
 3 unknown

Specify the tissue(s) analyzed:

76. 1 yes 2 no Bone marrow

77. 1 yes 2 no First degree tumor

78. 1 yes 2 no Other tissue →

79. Specify other tissue: _____

Specify ploidy:

80. Modal number:

1 known →
 2 not known

81. DNA index:

1 known → .
 2 not known

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--

Today's Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%; text-align: center;">2</td><td style="width: 10%; text-align: center;">0</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>	2	0				
2	0									
Month	Day	Year								

Infusion Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 100%;"></td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 10%; text-align: center;">2</td><td style="width: 10%; text-align: center;">0</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>	2	0				
2	0									
Month	Day	Year								

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify any methods used to determine the presence of proto-oncogenes:

82. N-myc amplification:

- 1 known →
2 not known

83. Were proto-oncogenes detected?

- 1 yes →
2 no

84. Specify copy number:

--	--	--	--	--	--	--	--	--	--

85. trk A expression:

- 1 known →
2 not known

86. Specify expression of proto-oncogenes:

- 1 high
2 low
3 absent

87. Were any other molecular abnormalities present?

- 1 yes →
2 no
3 unknown

88. Specify other molecular abnormality: _____

89. Is a copy of the DNA report attached?

- 1 yes
2 no

90. Was a cytogenetic analysis performed at diagnosis?

- 1 yes →
2 yes, but no
 evaluable
 metaphases
3 no
4 unknown

Specify the tissue(s) analyzed:

91. 1 yes 2 no Bone marrow

92. 1 yes 2 no First degree tumor

93. 1 yes 2 no Other tissue →

94. Specify other tissue: _____

95. Number of metaphases:

- 1 known →
2 not known

--	--	--	--	--	--	--	--	--	--

96. Was the karyotype abnormal?

- 1 yes →
2 no
3 unknown

Specify the karyotype abnormalities:

97. 1 yes 2 no 3 unknown 1p-

98. 1 yes 2 no 3 unknown 14q-

99. 1 yes 2 no 3 unknown 17q+

100. 1 yes 2 no 3 unknown +17

101. 1 yes 2 no 3 unknown Other

abnormality →

102. Specify: _____

103. Is a copy of the cytogenetic report attached?

- 1 yes
2 no

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

Month	Day	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

Infusion Date:

Month	Day	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

104. Specify the International Neuroblastoma Staging System (INSS) disease stage at diagnosis:

- 1 Stage 1 — localized tumor with complete gross excision, with or without microscopic residual disease; representative ipsilateral lymph nodes negative for tumor microscopically (nodes attached to and removed with the primary tumor may be positive)
- 2 Stage 2A — localized tumor with incomplete gross excision; representative ipsilateral nonadherent lymph nodes negative for tumor microscopically
- 3 Stage 2B — localized tumor with or without complete gross excision, with ipsilateral nonadherent lymph nodes positive for tumor; enlarged contralateral lymph nodes must be negative microscopically
- 4 Stage 3 — unresectable unilateral tumor infiltrating across the midline (defined as the vertebral column; tumors originating on one side and crossing the midline must infiltrate to or beyond the opposite side of the vertebral column), with or without regional lymph node involvement; or localized unilateral tumor with contralateral regional lymph node involvement; or midline tumor with bilateral extension by infiltration (unresectable) or by lymph node involvement
- 5 Stage 4 — any primary tumor with dissemination to distant lymph nodes, bone, bone marrow, liver, skin and/or other organs (except as defined for Stage 4S)
- 6 Stage 4S — localized primary tumor (as defined for Stages 1, 2A, or 2B), with dissemination limited to skin, liver, and/or bone marrow (marrow involvement in Stage 4S should be minimal; i.e., < 10% of total nucleated cells identified as malignant on bone marrow biopsy or on marrow aspirate; more extensive marrow involvement would be considered to be Stage 4; the MIBG scan (if performed) should be negative in the marrow). Stage 4S is limited to infants < 1 year of age.
- 7 unknown →

If the INSS cannot be determined, then the Pediatric Oncology Group (POG) Staging System — or — The Evans Group Staging System may be reported:

105. Specify the POG Stage:

- 1 A — complete gross excision of primary tumor, margins histologically negative or positive. Intracavitary lymph nodes not intimately adhered to and removed with resected tumor must be histologically free of tumor. If primary is in abdomen or pelvis, liver must be histologically free of tumor.
- 2 B — incomplete gross resection of primary. Lymph nodes and liver must be histologically free of tumor.
- 3 C — complete or incomplete gross resection of primary. Intracavitary nodes (cavity of primary) histologically positive for tumor. Liver histologically free of tumor.
- 4 D — disseminated disease beyond intracavitary nodes in bone marrow, bone, liver, skin or lymph nodes beyond cavity containing primary tumor.
- 5 unknown

106. Specify the Evans Stage:

- 1 I — tumor confined to the organ structure of origin
- 2 II — tumors extending in continuity beyond the organ or structure of origin but not crossing the midline. Regional lymph nodes on the homolateral side may be involved.
- 3 III — tumors extending in continuity beyond the organ or structure of origin but not crossing the midline. Regional lymph nodes on the homolateral side may be involved.
- 4 IV — remote disease involving skeleton, soft tissues, distant lymph node groups, etc.
- 5 IV-S — patients with local stage I or II disease but who have remote disease confined to one or more of the following: liver, skin, bone marrow (with no evidence of bone metastases on complete skeletal survey)
- 6 unknown

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--

Today's Date:

<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px; text-align: center;">20</table>
Month	Day	Year

Infusion Date:

<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px; text-align: center;">20</table>
Month	Day	Year

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

CIBMTR Recipient ID:

107. Are other family members known to have neuroblastoma or ganglioneuroma?

- 1 yes
- 2 no
- 3 unknown

Specify the family member(s) diagnosed with neuroblastoma or ganglioneuroma:

108. 1 yes 2 no 3 unknown Father

109. 1 yes 2 no 3 unknown Mother

110. 1 yes 2 no 3 unknown Sister

112. 1 yes 2 no 3 unknown Brother

114. 1 yes 2 no 3 unknown Other relative

111. Specify the number of sisters affected:

 number unknown

113. Specify the number of brothers affected:

 number unknown

115. Specify relationship: _____

116. Does the recipient have a family history of other genetic diseases in first-degree blood relatives?

- 1 yes
- 2 no
- 3 unknown

Specify the diagnoses present in the immediate family:

117. 1 yes 2 no 3 unknown Beckwith-Wiedemann syndrome (EMG syndrome)

118. 1 yes 2 no 3 unknown Nesidioblastosis

119. 1 yes 2 no 3 unknown Neurofibromatosis

120. 1 yes 2 no 3 unknown Trisomy 18

121. 1 yes 2 no 3 unknown Other disease

122. Specify genetic disease: _____

123. Did spontaneous regression of the recipient's tumor occur?

- 1 yes
- 2 no
- 3 unknown

124. Did the recipient undergo surgery as part of the initial disease treatment plan?

- 1 yes
- 2 no

125. Specify surgery timepoint:

- 1 at diagnosis
- 2 after induction chemotherapy
- 3 unknown

126. Specify the histological diagnosis of resected tissue:

- 1 ganglioneuroblastoma
- 2 ganglioneuroma
- 3 neuroblastoma

<p>Specify the site(s) of surgery:</p> <p>127. Abdomen</p> <p>1 <input type="checkbox"/> yes → 128. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 129.</p> <p>2 <input type="checkbox"/> no</p> <p>3 <input type="checkbox"/> unknown</p> <p>130. Head or neck</p> <p>1 <input type="checkbox"/> yes → 131. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 132.</p> <p>2 <input type="checkbox"/> no</p> <p>3 <input type="checkbox"/> unknown</p> <p>133. Mediastinum</p> <p>1 <input type="checkbox"/> yes → 134. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 135.</p> <p>2 <input type="checkbox"/> no</p> <p>3 <input type="checkbox"/> unknown</p>	<p>Extent of surgery: <i>(see definitions below)</i></p> <p>Gross Near Subtotal Partial Biopsy</p>	<p>Date of surgery:</p> <p>Month Day Year</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--

Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<p>Specify the site(s) of surgery:</p> <p>136. Pelvis 1 <input type="checkbox"/> yes → 137. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 138. 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown</p> <p>139. Other site 1 <input type="checkbox"/> yes → 140. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 141. 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown</p> <p>142. Specify other surgery site: _____</p>	<p>Extent of surgery: <i>(see definitions below)</i></p> <p style="text-align: center;">Gross Near Subtotal Partial Biopsy</p>	<p>Date of surgery:</p> <p style="text-align: center;">Month Day Year</p>
--	---	---

Extent of Surgery Codes

1 Gross total resection — > 95% resection, no radiographic residual tumor

2 Near total resection — 90-95% resection, minimal radiographic residual tumor

3 Subtotal resection — 51-89% resection, moderate radiographic residual tumor

4 Partial resection — 10-50% resection, significant radiographic residual tumor

5 Biopsy only — < 10% resection, no radiographic change post-op from pre-op

143. Did the recipient undergo radiotherapy as part of the initial disease treatment plan?

- 1 yes →
 2 no
 3 unknown

<p>Specify the site(s) of radiotherapy:</p> <p>144. Primary tumor bed after resection 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</p> <p>147. Other site 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no</p>	<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 70%;">145. Specify total number of fractions given: <table border="1" style="width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> </tr> <tr> <td>146. Specify the dose per fraction: <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</td> </tr> </table> <table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 70%;">148. Specify other radiotherapy site: _____</td> </tr> <tr> <td>149. Specify total number of fractions given: <table border="1" style="width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> </tr> <tr> <td>150. Specify the dose per fraction: <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)</td> </tr> </table>	145. Specify total number of fractions given: <table border="1" style="width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>			146. Specify the dose per fraction: <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)					148. Specify other radiotherapy site: _____	149. Specify total number of fractions given: <table border="1" style="width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>			150. Specify the dose per fraction: <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)				
145. Specify total number of fractions given: <table border="1" style="width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>																		
146. Specify the dose per fraction: <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)																		
148. Specify other radiotherapy site: _____																		
149. Specify total number of fractions given: <table border="1" style="width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table>																		
150. Specify the dose per fraction: <table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)																		

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--

Today's Date:

		2	0			
Month	Day	Year	Year			

Infusion Date:

		2	0			
Month	Day	Year	Year			

CIBMTR Center Number:

--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

172. Did the recipient undergo surgery, chemotherapy or other cytotoxic treatment for persistent or recurrent disease after the initial treatment but prior to the preparative regimen?

- 1 yes →
2 no

	1st Line of Therapy	2nd Line of Therapy																				
Date started therapy: 173.	<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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year		206. <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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year	
Month	Day	Year	Year																			
Month	Day	Year	Year																			
Date stopped therapy: 174.	<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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year		207. <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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year	
Month	Day	Year	Year																			
Month	Day	Year	Year																			
Systemic Therapy: 175. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 189	208. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 222																					
Number of cycles: 176. <table border="1" style="width: 20px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable	209. <table border="1" style="width: 20px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable																					
Treatment:																						
Adriamycin: 177. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	210. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Cisplatin: 178. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	211. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Cyclophosphamide: 179. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	212. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Dacarbazine (DTIC): 180. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	213. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Etoposide (VP-16): 181. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	214. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Ifosfamide (IFEX): 182. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	215. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Melphalan (L-PAM): 183. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	216. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Retinoids: 184. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	217. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Teniposide (VM26): 185. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	218. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Vincristine: 186. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	219. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Other therapy: 187. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	220. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																					
Specify other therapy: 188. _____	221. _____																					
Radiation Therapy: 189. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 197	222. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 230																					
Primary tumor bed: 190. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 193	223. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 226																					
Specify number of fractions: 191. <table border="1" style="width: 20px; height: 20px;"></table> cGy (rads)	224. <table border="1" style="width: 20px; height: 20px;"></table> cGy (rads)																					
Specify dose / fraction: 192. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	225. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																					
Other site: 193. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 197	226. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 230																					
Specify other site: 194. _____	227. _____																					
Specify number of fractions: 195. <table border="1" style="width: 20px; height: 20px;"></table> cGy (rads)	228. <table border="1" style="width: 20px; height: 20px;"></table> cGy (rads)																					
Specify dose / fraction: 196. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	229. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																					
Surgical Biopsy/Resection: 197. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 201	230. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 234																					
Specify site: 198. _____	231. _____																					
Type of surgery: 199. 1 <input type="checkbox"/> gross total 2 <input type="checkbox"/> near total 3 <input type="checkbox"/> subtotal 4 <input type="checkbox"/> partial 5 <input type="checkbox"/> biopsy <i>(see definitions at q. 167)</i>	232. 1 <input type="checkbox"/> gross total 2 <input type="checkbox"/> near total 3 <input type="checkbox"/> subtotal 4 <input type="checkbox"/> partial 5 <input type="checkbox"/> biopsy																					
Histologic diagnosis: 200. 1 <input type="checkbox"/> neuroblastoma 2 <input type="checkbox"/> ganglioneuroblastoma 3 <input type="checkbox"/> ganglioneuroma	233. 1 <input type="checkbox"/> neuroblastoma 2 <input type="checkbox"/> ganglioneuroblastoma 3 <input type="checkbox"/> ganglioneuroma																					
Best Response to Line of Therapy: 201. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> VGPR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> MR 5 <input type="checkbox"/> NR 6 <input type="checkbox"/> PD <i>(see definitions below)</i> 7 <input type="checkbox"/> NE → 202. Specify reason: 8 <input type="checkbox"/> Unk	234. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> VGPR 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> MR 5 <input type="checkbox"/> NR 6 <input type="checkbox"/> PD 7 <input type="checkbox"/> NE → 235. Specify reason: 8 <input type="checkbox"/> Unk																					
Date response evaluated: 203. <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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year		236. <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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year		
Month	Day	Year	Year																			
Month	Day	Year	Year																			
Did patient relapse/progress following this line of therapy? 204. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 206	237. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 239																					
Date of relapse/progression: 205. <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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year		238. <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><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td><td></td></tr></table>						Month	Day	Year	Year		
Month	Day	Year	Year																			
Month	Day	Year	Year																			

Copy and complete this page to report more than 2 lines of therapy.

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

		2	0				
Month	Day	Year					

Infusion Date:

		2	0				
Month	Day	Year					

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify any sites of tumor involvement at any time after diagnosis but prior to the preparative regimen:
(For subsequent HSCT reports, list sites between last HSCT and the preparative regimen for subsequent HSCT.)

- 239. 1 yes 2 no Adrenal gland
- 240. 1 yes 2 no Bone
- 241. 1 yes 2 no Bone marrow
- 242. 1 yes 2 no Cerebellum
- 243. 1 yes 2 no Cerebrospinal fluid (CSF)
- 244. 1 yes 2 no Cerebrum
- 245. 1 yes 2 no Cranial nerves
- 246. 1 yes 2 no Liver
- 247. 1 yes 2 no Lymph nodes
- 248. 1 yes 2 no Mediastinum
- 249. 1 yes 2 no Paraspinal ganglion
- 250. 1 yes 2 no Retro-orbital area
- 251. 1 yes 2 no Skin / subcutaneous tissue
- 252. 1 yes 2 no Other site

253. Specify other site:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Disease Status Immediately Prior to the Preparative Regimen

254. Were tumor marker analyses performed immediately prior to the preparative regimen?

- 1 yes
- 2 no

	Date of analysis:																		
	Month	Day	Year																
255. Homovanillic acid (HVA): 1 <input type="checkbox"/> known → <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> • <table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table> µg/mg creatinine 2 <input type="checkbox"/> not known						256.	<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		
257. Neuron specific enolase: 1 <input type="checkbox"/> known → <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td></tr></table> • <table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table> ng/mL 2 <input type="checkbox"/> not known				258.	<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>				
259. Serum ferritin: 1 <input type="checkbox"/> known → <table border="1" style="width: 60px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ng/mL 2 <input type="checkbox"/> not known							260.	<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>	
261. Vanilmandelic acid (VMA): 1 <input type="checkbox"/> known → <table border="1" style="width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table> • <table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table> µg/mg creatinine 2 <input type="checkbox"/> not known						262.	<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td></td></tr></table>		
263. Other tumor marker analysis: 1 <input type="checkbox"/> known → 2 <input type="checkbox"/> not known	264. Specify other analysis: _____ 265. Specify level and units: _____																		

ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td></td><td></td></tr></table>	2	0		
2	0									
Month	Day	Year								

Infusion Date:

<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td></tr></table>			<table border="1" style="width: 100%; height: 20px;"><tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td></td><td></td></tr></table>	2	0		
2	0									
Month	Day	Year								

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

266. Specify the disease status immediately prior to the preparative regimen: *(See question 167 for complete definitions.)*

- 1 complete response →
- 2 very good partial response
- 3 partial response →
- 4 minimal response →
- 5 no response →
- 6 progressive disease →
- 7 not evaluable →
- 8 not tested / unknown

267. Specify the total number of complete remissions:

--	--

Specify any known sites of disease immediately prior to the preparative regimen:

268. 1 yes 2 no Adrenal gland

269. 1 yes 2 no Bone

270. 1 yes 2 no Bone marrow →

274. 1 yes 2 no Cerebellum

275. 1 yes 2 no Cerebrospinal fluid (CSF)

276. 1 yes 2 no Cerebrum

277. 1 yes 2 no Cranial nerves

278. 1 yes 2 no Liver

279. 1 yes 2 no Lymph nodes

280. 1 yes 2 no Mediastinum

281. 1 yes 2 no Paraspinal ganglion

282. 1 yes 2 no Retro-orbital area

283. 1 yes 2 no Skin / subcutaneous tissue

284. 1 yes 2 no Other site →

285. Specify other site: _____

286. Specify the percent of cells positive for neuroblastoma:

--	--

 .

--

 %

Specify the method(s) used to evaluate the disease status immediately prior to the preparative regimen:

271. 1 yes 2 no Bone marrow morphology

272. 1 yes 2 no Flow cytometric analysis

273. 1 yes 2 no Immunofluorescence

287. Specify reason: _____

288. Specify the date the disease status was determined:

--	--

 /

--	--

 /

--	--	--	--

289. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____