

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:

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



Renal Carcinoma Pre-HSCT Data

Registry Use Only

Sequence Number:

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

Date Received:

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

CIBMTR Center Number:

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

CIBMTR Recipient ID:

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

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 28.

1. What was the date of diagnosis of Renal Carcinoma?

 /

 /

Month Day Year

2. What was the histology at diagnosis of renal carcinoma?

- 1 adeno-carcinoma
- 2 epidermoid carcinoma
- 3 transitional cell carcinoma
- 4 uroepithelial carcinoma

Specify type:

- 3. 1 yes 2 no clear cell
- 7. 1 yes 2 no chromophobe
- 8. 1 yes 2 no papillary only
- 9. 1 yes 2 no sarcomatoid only renal cell
- 10. 1 yes 2 no other type

Specify feature(s) described:

- 4. 1 yes 2 no granular
- 5. 1 yes 2 no papillary
- 6. 1 yes 2 no sarcomatoid

11. Specify type: _____

12. Was the histology mixed?

- 1 yes
- 2 no

13. Specify the most prominent type:

- 1 clear cell
- 2 chromophobe
- 3 papillary
- 4 sarcomatoid
- 5 50/50

14. Specify types: _____

15. For the histology at diagnosis (question 2), is a copy of the pathology report or other documentation attached?

- 1 yes
- 2 no

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:

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

16. Were tumor metastases present at diagnosis?

- 1 yes →
 2 no
 3 unknown

Specify metastasis site(s):

17. 1 yes 2 no adrenal gland
 18. 1 yes 2 no bone
 19. 1 yes 2 no central nervous system (CNS)
 20. 1 yes 2 no liver
 21. 1 yes 2 no lung
 22. 1 yes 2 no hilar or mediastinal nodes
 23. 1 yes 2 no retroperitoneum / nodes
 24. 1 yes 2 no second kidney
 25. 1 yes 2 no other site →

26. Specify site: _____

27. Was the metastatic disease confirmed by biopsy of metastatic site?

- 1 yes
 2 no

Initial Renal Carcinoma Management

28. Was surgery performed before any other therapy was undertaken?

- 1 yes →
 2 no

29. Date of surgery:

--

 /

--

 /

--

--

--

--

Month Day Year

Specify the type(s) of surgery:

30. 1 yes 2 no arterial embolization
 31. 1 yes 2 no radical nephrectomy →
 35. 1 yes 2 no simple nephrectomy
 36. 1 yes 2 no parital nephrectomy
 37. 1 yes 2 no resection of metastatic lesions →

Specify any surgery to surrounding tissues:

32. 1 yes 2 no lymph node dissection
 33. 1 yes 2 no renal vein resection
 34. 1 yes 2 no vena caval resection

Specify metastasis site(s):

38. 1 yes 2 no adrenal gland
 39. 1 yes 2 no bone
 40. 1 yes 2 no central nervous system
 41. 1 yes 2 no liver
 42. 1 yes 2 no lung
 43. 1 yes 2 no hilar or mediastinal nodes
 44. 1 yes 2 no retroperitoneum / nodes
 45. 1 yes 2 no second kidney

46. 1 yes 2 no other site → 47. Specify: _____

48. Was the recipient considered to be in complete remission following surgery?

- 1 yes
 2 no

49. Did the disease metastasize or recur after resection but before any therapy (question 51)?

- 1 yes →
 2 no

50. Date of occurrence / recurrence:

--

 /

--

 /

--

--

--

--

--

 date unknown
Month Day Year

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:

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

51. Did the recipient receive therapy prior to the preparative regimen?

- 1 yes →
2 no

Line of Therapy	1st Line of Therapy	2nd Line of Therapy																								
Date started therapy: 52.	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year			88. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year		
		2	0																							
Month	Day	Year	Year																							
		2	0																							
Month	Day	Year	Year																							
Date stopped therapy: 53.	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year			89. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year		
		2	0																							
Month	Day	Year	Year																							
		2	0																							
Month	Day	Year	Year																							
Systemic therapy: 54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 70	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 106																									
Number of cycles: 55. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> 2 <input type="checkbox"/> unknown/not applicable			91. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> 2 <input type="checkbox"/> unknown/not applicable																							
Treatment:																										
Bevacizumab: 56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Erlotinib: 57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Floxuridine: 58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
5-fluorouracil (5-FU): 59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Gemcitabine: 60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
High-dose interleukin-2 (IL2) (IV bolus or infusion): 61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Subcutaneous interleukin-2 (IL-2): 62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Interferon-α: 63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Provera: 64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Sorafenib: 65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Sunitinib (SU11248): 66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Thalidomide: 67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Other: 68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Specify other: 69. _____	105. _____																									
Radiation Therapy:																										
Local / regional: 70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 78	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 114																									
Local / regional: 71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 73	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 109																									
Specify total dose: 72. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> cGy (rads)					108. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> cGy (rads)																					
Sites of non-contiguous metastases: 73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 75	109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 111																									
Specify total dose: 74. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> cGy (rads)					110. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> cGy (rads)																					
Other site(s): 75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 78	111. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 114																									
Specify other site: 76. _____	112. _____																									
Specify total dose: 77. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> cGy (rads)					113. <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> cGy (rads)																					
Surgery:																										
Resection of primary tumor: 78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 82	114. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 120																									
Resection of metastases: 79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Specify site(s) of metastases: 80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Specify site(s) of metastases: 81. _____	117. _____																									
Best Response to Line of Therapy: <i>(see definitions on page 5)</i>																										
82. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 83. Specify: _____	118. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 119. Specify: _____																									
Date response evaluated: 84. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year			120. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year			
		2	0																							
Month	Day	Year	Year																							
		2	0																							
Month	Day	Year	Year																							
Did patient relapse/progress following this line of therapy? 85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 88	121. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 124																									
Date of relapse/progression: 86. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year			122. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="font-size: 8px;">Month</td><td style="font-size: 8px;">Day</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;">Year</td><td style="font-size: 8px;"></td><td style="font-size: 8px;"></td></tr></table>			2	0			Month	Day	Year	Year			
		2	0																							
Month	Day	Year	Year																							
		2	0																							
Month	Day	Year	Year																							
Specify site(s) of relapse: 87. _____	123. _____																									

ERROR CORRECTION FORM

Sequence Number:

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

CIBMTR Recipient ID:

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

Initials:

--	--

Today's Date:

<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Infusion Date:

<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

CIBMTR Center Number:

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

CIBMTR Center Number:

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

CIBMTR Recipient ID:

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

Continued from previous page. Copy and complete this page for more than 4 instances.

Line of Therapy	3rd Line of Therapy	4th Line of Therapy																								
Date started therapy: 124. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year					160. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year			
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
Date stopped therapy: 125. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year					161. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year			
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
Systemic therapy: 126. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 142		162. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 178																								
Number of cycles: 127. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> 2 <input type="checkbox"/> unknown/not applicable	<input type="text"/>	<input type="text"/>		163. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> 2 <input type="checkbox"/> unknown/not applicable	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>																									
<input type="text"/>	<input type="text"/>																									
Treatment:																										
Bevacizumab: 128. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		164. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Erlotinib: 129. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		165. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Floxuridine: 130. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		166. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
5-fluorouracil (5-FU): 131. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		167. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Gemcitabine: 132. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		168. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
High-dose interleukin-2 (IL2) (IV bolus or infusion): 133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		169. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Subcutaneous interleukin-2 (IL-2): 134. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		170. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Interferon-α: 135. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		171. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Provera: 136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		172. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Sorafenib: 137. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		173. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Sunitinib (SU11248): 138. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		174. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Thalidomide: 139. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		175. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Other: 140. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		176. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Specify other: 141. _____		177. _____																								
Radiation Therapy: 142. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 150		178. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 186																								
Local / regional: 143. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 145		179. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 181																								
Specify total dose: 144. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> cGy (rads)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		180. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> cGy (rads)	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Sites of non-contiguous metastases: 145. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 147		181. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 183																								
Specify total dose: 146. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> cGy (rads)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		182. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> cGy (rads)	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Other site(s): 147. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 150		183. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 186																								
Specify other site: 148. _____		184. _____																								
Specify total dose: 149. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> cGy (rads)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		185. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr></table> cGy (rads)	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
Surgery: 150. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 154		186. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 190																								
Resection of primary tumor: 151. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		187. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Resection of metastases: 152. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		188. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Specify site(s) of metastases: 153. _____		189. _____																								
Best Response to Line of Therapy: 154. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> Unknown (see definitions on page 5) 7 <input type="checkbox"/> NE → 155. Specify: _____		190. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 191. Specify: _____																								
Date response evaluated: 156. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year					192. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year			
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
Did patient relapse/progress following this line of therapy? 157. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 160		193. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 196																								
Date of relapse/progression: 158. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year					194. <table style="width: 100%;"><tr><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text" value="2"/></td><td style="width: 15%;"><input type="text" value="0"/></td><td style="width: 15%;"><input type="text"/></td><td style="width: 15%;"><input type="text"/></td></tr><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year			
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>																					
Month	Day	Year																								
Specify site(s) of relapse: 159. _____		195. _____																								

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:

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

Renal Carcinoma Status

196. What was the disease status immediately prior to the preparative regimen? (Should match status after last line of therapy.)
(Disease status based on response criteria described below.)

- 1 complete response
- 2 complete response with persistent imaging abnormalities of unknown significance
- 3 partial response
- 4 stable disease
- 5 progressive disease
- 6 not evaluable → 197. Specify reason:

- 7 unknown / not tested

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 evaluable (NE), specify reason

198. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____