



# Breast Cancer Post-HSCT Data

## Registry Use Only

Sequence  
Number:

Date  
Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:  /  /  20

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

HSCT type:  autologous  allogeneic, unrelated  allogeneic, related  syngeneic (identical twin)

Product type:  marrow  PBSC  cord blood  other product, specify: \_\_\_\_\_

Visit:  100 day  6 month  1 year  2 years  > 2 years, specify:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

Questions followed by the symbol indicate additional information necessary to complete the question is referenced in the forms instruction manual.

## Disease Assessment at the Time of Best Response to HSCT

Best response is based on response to the HSCT, but does NOT include response to any therapy given for disease relapse or progression post-HSCT. When determining the best response to HSCT, compare the post-HSCT disease status to the status immediately prior to the preparative regimen, regardless of time since HSCT. This comparison is meant to capture the BEST disease status in response to HSCT that occurred in the reporting interval, even if a subsequent disease relapse or progression occurred during the same reporting interval. If a recipient already achieved their best response in a previous reporting interval, confirm the best response and check the box to indicate "date previously reported."

1. Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any post-HSCT treatment planned as of Day 0.) (see definitions on page 3)

- 1  CR
- 2  CRU
- 3  PR
- 4  SD
- 5  PD
- 6  NA
- 7  not evaluable, toxic death

2. Date the best response first began:  /  /  20  date previously reported

3. Did the recipient experience any disease progression post-HSCT?

- 1  yes
- 2  no
- 3  unknown

4. Date of progression / relapse:  /  /  20  date unknown

5. Was there subsequent disease stability or regression without further therapy (so-called graft-versus-tumor effect)?

- 1  yes
- 2  no
- 3  unknown

6. Did this change in disease status qualify as a partial response or better if compared to a post-HSCT imaging study? (see page 3 for criteria to define partial response)

- 1  yes
- 2  no

7. Date of response:  /  /  20  date unknown  date previously reported

### Post-HSCT Treatment for Breast Cancer

8. Was therapy given for breast cancer since the date of the last report?

- 1  yes  
2  no

Line of Therapy:	1st Line of Therapy	2nd Line of Therapy
Was post-HSCT therapy planned as of Day 0?	9. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
<b>Systemic Therapy:</b>	10. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 47	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 107
Date therapy started:	11. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	71. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
Number of cycles:	12. <input type="text"/> <input type="text"/> <input type="checkbox"/> unknown/not applicable	72. <input type="text"/> <input type="text"/> <input type="checkbox"/> unknown/not applicable
Was therapy given prior to any surgery (neoadjuvant)?	13. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5-fluorouracil (5-FU, Adrucil)	14. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
anastrozole (Arimidex)	15. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
bevacizumab (Avastin)	16. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
capecitabine (Xeloda)	17. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cisplatin (Platinol, CDDP)	18. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cyclophosphamide (CTX)	19. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
daunorubicin (Cerubidine)	20. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
daunorubicin liposomal	21. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	81. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
docetaxel (Taxotere)	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin (Adriamycin)	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin liposomal (Doxil)	24. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
epirubicin (Ellence)	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
exemestane (Aromasin)	26. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
gemcitabine (Gemzar)	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
goserelin acetate (Zoladex)	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
idarubicin (Idamycin)	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
lapatinib (Tykerb)	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
letrozole (Femara)	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
megestrol (Megace)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
methotrexate (MTX, Folex)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
mitoxantrone (Novantrone)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
paclitaxel (Abraxane, Taxol)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
pamidronate (Aredia)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
tamoxifen (Nolvadex)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
thiotepa (Thioplex)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
toremifene (Fareston)	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
trastuzumab (Herceptin)	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 42	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 102
specify number of doses	41. <input type="text"/> <input type="text"/>	101. <input type="text"/> <input type="text"/>
vinblastine (VLB, Velban)	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vinorelbine (Navelbine)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
zoledronic acid (Zometa)	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other systemic therapy	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other therapy	46. _____	106. _____
<b>Radiation Therapy:</b>	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 54	107. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 114
Date therapy started:	48. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	108. <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
Local / regional	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 51	109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 111
Specify total dose:	50. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	110. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)
Other radiotherapy site	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 54	111. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 114
Specify other radiation site:	52. _____	112. _____
Specify total dose:	53. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	113. <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)

CIBMTR Center Number:

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**Surgery (not biopsy):** 54. 1  yes 2  no → cont. with q. 60 114. 1  yes 2  no → cont. with q. 120

Date of surgery: 55.      115.

Month Day Year Month Day Year

lumpectomy 56. 1  yes 2  no ..... 116. 1  yes 2  no

mastectomy 57. 1  yes 2  no ..... 117. 1  yes 2  no

other surgery 58. 1  yes 2  no ..... 118. 1  yes 2  no

specify other surgery 59. \_\_\_\_\_ 119. \_\_\_\_\_

**Was recipient on a study?** 60. 1  yes 2  no → cont. with q. 62 120. 1  yes 2  no → cont. with q. 122

specify study: 61. \_\_\_\_\_ 121. \_\_\_\_\_

**Best Response to Line of Therapy:** 62. Non-Bone 64. Bone 122. Non-Bone 124. Bone  
(see definitions below) Response Code Response Code Response Code Response Code  
(see codes below) (see codes below) (see codes below) (see codes below)

If non-bone code is "1" was the complete response pathologically confirmed? 63. 1  yes 2  no ..... 123. 1  yes 2  no

Date response established: 65.      125.

Month Day Year Month Day Year

Did disease relapse/progress following this line of therapy? 66. 1  yes 2  no ..... 126. 1  yes 2  no

Date of relapse/progression: 67.      127.

Month Day Year Month Day Year

Specify site(s) of relapse/progression: 68. \_\_\_\_\_ 128. \_\_\_\_\_

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

**Non-Bone Best Response Codes — 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)
- 7 not evaluable, toxic death (NETD)

**Bone Best Response Codes**

- 1 no prior bone disease
- 2 symptomatic improvement, no progression
- 3 symptomatic and radiographic (not bone scan only) improvement
- 4 no response
- 5 progressive disease
- 6 not assessed / radiographic data not available

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### Disease Status at the Time of Assessment for this Reporting Period

129. What was the current disease status?

- 1  complete remission
- 2  not in complete remission

130. Date the current disease status was established in the reporting period:

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

131. Signed: \_\_\_\_\_

*Person completing form*

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

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

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

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