



Sarcoma Post-HSCT Data

Registry Use Only

Sequence
Number:

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Date
Received:

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CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:
Month Day Year

Date of HSCT for which this form is
being completed:
Month Day Year

HSCT type: autologous allogeneic, allogeneic, syngeneic
unrelated related (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.

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 planned post-HSCT treatment.) (see below for descriptions of response codes)

- 1 CR
- 2 CRU
- 3 PR
- 4 SD
- 5 PD
- 6 NA
- 7 NETD

2. Date the best response first began:
Month Day Year

date of the best response previously reported

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)

CIBMTR Center Number:

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3. Was the best response documented surgically?

- 1 yes
- 2 no
- 3 unknown

4. Specify 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

5. Specify surgery:

Relapse or Progression Post-HSCT

6. Has the disease relapsed or progressed since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

7. Date of progression / relapse:

Month

Day

2 0
Year

date unknown

8. *Allogeneic HSCTs only*: Was there subsequent disease stability or regression without further therapy (so-called graft-versus-tumor effect)?

- 1 yes
- 2 no
- 3 unknown

9. Did this change in disease status qualify as a partial response or better if compared to a post-HSCT imaging study? (see page 1 for criteria to define partial response)

- 1 yes
- 2 no

10. Date of response:

Month

Day

2 0
Year

date unknown

Specify site(s) of disease progression / recurrence:

- 11. 1 yes 2 no 3 unknown Abdominal – diffuse
- 12. 1 yes 2 no 3 unknown Bone marrow
- 13. 1 yes 2 no 3 unknown Central nervous system (CNS)
- 14. 1 yes 2 no 3 unknown Liver
- 15. 1 yes 2 no 3 unknown Lungs
- 16. 1 yes 2 no 3 unknown Lymph nodes – distant
- 17. 1 yes 2 no 3 unknown Lymph nodes – regional
- 18. 1 yes 2 no 3 unknown Skin
- 19. 1 yes 2 no 3 unknown Other site

20. Specify site:

Post-HSCT Treatment for Sarcoma

21. Was any treatment given for persistent, relapsed or progressive disease since the date of the last report?

- 1 yes →
 2 no

Line of Therapy:	1st Line of Therapy	2nd Line of Therapy
Was therapy planned?	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Systemic Therapy:	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 41	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 82
Date therapy started:	24. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	65. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year
Date therapy stopped:	25. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	66. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year
Number of cycles:	26. <input type="text"/> <input type="checkbox"/> unknown/not applicable	67. <input type="text"/> <input type="checkbox"/> unknown/not applicable
cisplatin (Platinol, CDDP)	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cyclophosphamide (Cytoxan)	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
dactinomycin (Actinomycin D)	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
dacarbazine (DTIC)	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin (Adriamycin)	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
etoposide (VP-16, VePesid)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
ifosfamide (Ifex)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
imatinib (Gleevec)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
melphalan (L-PAM, Alkeran)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
sunitinib (Sutent, SU11248)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
topotecan (Hycamtin)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vincristine (VCR, Oncovin)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other systemic therapy	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other therapy	40. _____	81. _____
Radiation Therapy:	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 51	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 92
Date therapy started:	42. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	83. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year
Date therapy stopped:	43. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	84. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year
Local / regional	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 46	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 87
Specify total dose	45. <input type="text"/> cGy (rads)	86. <input type="text"/> cGy (rads)
Sites of non-contiguous metastases	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 48	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 89
Specify total dose	47. <input type="text"/> cGy (rads)	88. <input type="text"/> cGy (rads)
Other radiation therapy site	48. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 51	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 92
Specify other radiation site	49. _____	90. _____
Specify total dose	50. <input type="text"/> cGy (rads)	91. <input type="text"/> cGy (rads)
Surgical Biopsy/Resection:	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 58	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 99
Date of surgery:	52. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	93. <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year
Type of surgery (see codes at left)	53. <input type="text"/>	94. <input type="text"/>
Specify other surgery (code 6)	54. _____	95. _____
Site of surgery:	55. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both	96. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both
Was the extent of resection radiographically confirmed?	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown
Was any persistent, viable tumor detected?	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown

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

