



Renal Carcinoma Post-HSCT Data

Registry Use Only

Sequence
Number:

Date
Received:

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.

1. If this form is being completed for a 100-day visit, what was the recipient's disease status at 30 days post-HSCT?
(Compared to last measurement of disease before transplantation.) (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, toxic death
- 7 not evaluable →
- 8 unknown / not tested / > 100-day follow-up

2. Date of disease status measurement at Day 30:
Month Day Year

3. Specify reason disease status is unevaluable: _____

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) — Progression or recurrence after remission. 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, toxic death (NETD)
- 7 Not evaluable (NE), specify reason

CIBMTR Center Number:

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Specify treatment(s) given post-HSCT:

		1st Line of Therapy			2nd Line of Therapy			
Was therapy planned?	12.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	49.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Date started therapy:	13.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	50.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>
		Month	Day	Year		Month	Day	Year
Date stopped therapy:	14.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	51.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>
		Month	Day	Year		Month	Day	Year
Systemic therapy:	15.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 31	52.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 68
Number of cycles:	16.	<input type="text"/>	<input type="text"/>	2 <input type="checkbox"/> unknown/not applicable	53.	<input type="text"/>	<input type="text"/>	2 <input type="checkbox"/> unknown/not applicable
Treatment:								
5-fluorouracil (5-FU):	17.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	54.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Bevacizumab:	18.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	55.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Erlotinib:	19.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	56.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Floxuridine:	20.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	57.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Gemcitabine:	21.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	58.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
High-dose interleukin-2 (IL2) (IV bolus or infusion):	22.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	59.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Subcutaneous IL2:	23.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	60.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Interferon-α:	24.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	61.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Provera:	25.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	62.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Sorafenib:	26.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	63.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Sunitinib (SU11248):	27.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	64.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Thalidomide:	28.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	65.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Other:	29.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	66.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Specify other:	30.	.....			67.	.....	
Radiation Therapy:	31.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 39	68.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 76
Local / regional:	32.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 34	69.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 71
Specify total dose:	33.	<input type="text"/>	<input type="text"/>	<input type="text"/> cGy (rads)	70.	<input type="text"/>	<input type="text"/>	<input type="text"/> cGy (rads)
Sites of non-contiguous metastases:	34.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 36	71.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 73
Specify total dose:	35.	<input type="text"/>	<input type="text"/>	<input type="text"/> cGy (rads)	72.	<input type="text"/>	<input type="text"/>	<input type="text"/> cGy (rads)
Other site(s):	36.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 39	73.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 76
Specify other:	37.	.....			74.	.....	
Specify total dose:	38.	<input type="text"/>	<input type="text"/>	<input type="text"/> cGy (rads)	75.	<input type="text"/>	<input type="text"/>	<input type="text"/> cGy (rads)
Surgery:	39.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 43	76.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 80
Resection of primary tumor:	40.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	77.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Resection of metastases:	41.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	78.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
Specify site(s) of metastases:	42.	.....			79.	.....	
Best Response to Line of Therapy:	43.	1 <input type="checkbox"/> CR	2 <input type="checkbox"/> CRU	3 <input type="checkbox"/> PR	80.	1 <input type="checkbox"/> CR	2 <input type="checkbox"/> CRU	3 <input type="checkbox"/> PR
(see definitions below)		4 <input type="checkbox"/> SD	5 <input type="checkbox"/> PD	6 <input type="checkbox"/> NETD		4 <input type="checkbox"/> SD	5 <input type="checkbox"/> PD	6 <input type="checkbox"/> NETD
		7 <input type="checkbox"/> NE	→ 44. Specify:			7 <input type="checkbox"/> NE	→ 81. Specify:	
		8 <input type="checkbox"/> Unknown / not tested				8 <input type="checkbox"/> Unknown / not tested		
Date response evaluated:	45.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	82.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>
		Month	Day	Year		Month	Day	Year
Did patient relapse/progress following this line of therapy?	46.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 49	83.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 86
Date of relapse/progression:	47.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	84.	<input type="text"/>	<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/>
		Month	Day	Year		Month	Day	Year
Specify site(s) of relapse:	48.	.....			85.	.....	
Best Response Code Definitions (see question 1 for complete descriptions)								
1 Complete response	4 Stable disease	7 Not evaluable, specify reason						
2 Complete response with unknown	5 Progressive disease	8 Unknown / not tested						
3 Partial response	6 Not evaluable, toxic death							

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86. Were more than 2 instances of post-HSCT therapy given?

- 1 yes → **Copy and complete page 3 until all instances of therapy have been reported.**
2 no

Current Status of Renal Carcinoma

87. What was the recipient's disease status at this visit? (Compare 100-day measurement of disease to status before transplantation; all other time points compare to previous visit.) (For recipients who died prior to day 100, report disease status at the time of death.) (See page 1 for complete descriptions of response codes.)

- 1 complete response
2 complete response with persistent imaging abnormalities of unknown significance
3 partial response
4 stable disease
5 progression or recurrence after remission →
6 therapy- / immune-induced complete response after post-HSCT recurrence →

88. Date of disease progression / recurrence:
Month Day Year

7 not evaluable, toxic death

8 not evaluable → 89. Specify reason disease status is unevaluable: _____

9 unknown / not tested

90. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____