# Form 2021 R2.0: Small Cell Lung Cancer Pre-HSCT Data

**Center:**

**CRID:**

## Key Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence Number</td>
<td></td>
</tr>
<tr>
<td>Date Received</td>
<td></td>
</tr>
<tr>
<td>CIBMTR Center Number</td>
<td></td>
</tr>
<tr>
<td>CIBMTR Recipient ID</td>
<td></td>
</tr>
<tr>
<td>Today's Date</td>
<td></td>
</tr>
<tr>
<td>Infusion Date</td>
<td></td>
</tr>
<tr>
<td>HSCT Type (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>Autologous</td>
<td></td>
</tr>
<tr>
<td>Allogeneic, unrelated</td>
<td></td>
</tr>
<tr>
<td>Allogeneic, related</td>
<td></td>
</tr>
<tr>
<td>Syngeneic (identical twin)</td>
<td></td>
</tr>
<tr>
<td>Product Type (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>Marrow</td>
<td></td>
</tr>
<tr>
<td>PBSC</td>
<td></td>
</tr>
<tr>
<td>Cord blood</td>
<td></td>
</tr>
<tr>
<td>Other product</td>
<td></td>
</tr>
</tbody>
</table>

Specify any diagnostic test(s) performed:

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy</td>
<td>yes</td>
</tr>
<tr>
<td>Core needle biopsy</td>
<td>yes</td>
</tr>
<tr>
<td>Fine needle aspirate</td>
<td>yes</td>
</tr>
</tbody>
</table>

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**Disease Assessment at Diagnosis**

**Questions:** 1 - 13

1. What was the date of diagnosis of Small Cell Lung Cancer? __ __ __ __ - __ __ __ __

2. What was the histology of the primary tumor at diagnosis?
   - small cell lung cancer
   - mixed small cell / non-small cell lung cancer
   - other histology

3. Specify other histology: ____________________________

Specify any diagnostic test(s) performed:

<table>
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</tbody>
</table>

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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 89.
Sputum cytology

- yes  
- no  

Surgical resection

- yes  
- no  

Other test

- yes  
- no  

10 Specify other diagnostic test: __________________________

11 What was the location of the primary tumor at diagnosis?

- right lung  
- left lung  
- both lungs  
- Other site  

12 Specify primary tumor location: __________________________

13 What was the extent of the disease at diagnosis?

- limited -- tumor(s) confined to one hemithorax and regional lymph nodes (including hilar, ipsilateral and contralateral mediastinal, and ipsilateral and contralateral supravacuicular lymph nodes) and ipsilateral pleural effusions (whether or not cytology positive)  
- extensive -- any involvement which does not meet the definition of limited disease

14 Specify the Tumor stage at diagnosis:

- T0 -- no evidence of primary tumor  
- TIS -- carcinoma in situ  
- T1 -- tumor ≤ 3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than lobar bronchi (i.e., the tumor does not invade the main bronchus, with the exception of superficially invasive tumor limited to the bronchial wall)  
- T2 -- requires any of the following:
  - tumor > 3 cm  
  - invades the mainstem bronchus but is no closer than 2 cm to the carina,  
  - invades the visceral pleura, or  
  - is associated with atelectasis or obstructive pneumonitis that extends to the hilum but does not involve the entire lung  
- T3 -- tumor of any size that invades the chest wall (including superior sulcus tumors), the diaphragm, the mediastinal or parietal pleura or the mainstem bronchus within 2 cm of the carina (but does not involve the carina); or tumor of any size that is associated with atelectasis or obstructive pneumonitis of the entire lung  
- T4 -- tumor of any size that invades the mediastinum, heart, great vessels, trachea, esophagus, vertebral bodies or carina; or tumor that is associated with a malignant pleural effusion

15 Specify the Lymph Node stage at diagnosis:

- N0 -- no regional lymph node metastases present  
- N1 -- ipsilateral peribronchial, hilar lymph nodes or both present, including direct extension  
- N2 -- ipsilateral mediastinal, subcarinal lymph nodes or both present  
- N3 -- contralateral mediastinal or hilar nodes or both; ipsilateral or contralateral scalene nodes, or supravacuicular lymph nodes present

16 Specify the Metastatic stage at diagnosis:

- M0 -- no distant metastases present  
- M1 -- distant metastases present
Specify any site(s) of disease at diagnosis (not including lung parenchyma):

17  Adrenal glands
    yes  no

18  Bone
    yes  no

19  Bone Marrow
    yes  no

20  Brain parenchyma
    yes  no

21  Cerebrospinal fluid (CSF)
    yes  no

22  Liver
    yes  no

23  Lymph nodes
    yes  no

24  Mediastinum
    yes  no

25  Pericardium
    yes  no

26  Pleura (includes pleural effusion)
    yes  no

27  Skin / subcutaneous
    yes  no

28  Other site:
    yes  no

29  Specify other disease site:

Specify any disease staging test(s) performed at diagnosis:

30  Abdomen computed tomography (CT) scan
    yes  no

31  Bone marrow aspirate / biopsy
    yes  no

32  Bone scan
    yes  no
### Laboratory Studies at Diagnosis

#### Questions: 45 - 49

<table>
<thead>
<tr>
<th>Question</th>
<th>Known</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDH at diagnosis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper limit of normal for LDH:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carcinoembryonic antigen (CEA) at diagnosis:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Form 2021 R2.0: Small Cell Lung Cancer Pre-HSCT Data

**Center:**

**CRID:**

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**Error Correction Form**

**Sequence Number:**

**CIBMTR Recipient ID:**

**CIBMTR Center Number:**

**Today’s Date:**

**Infusion Date:**

**Initials:**

---

1. Bronchoscopy
   - [ ] yes
   - [ ] no

2. Chest CT scan
   - [ ] yes
   - [ ] no

3. Head CT or MRI
   - [ ] yes
   - [ ] no

4. Mediastinoscopy
   - [ ] yes
   - [ ] no

5. Thoracoscopy
   - [ ] yes
   - [ ] no

6. Thoracotomy
   - [ ] yes
   - [ ] no

7. Other test
   - [ ] yes
   - [ ] no

**Specify other staging test:**

---

**Enter age-appropriate Karnofsky or Lansky score**

If the recipient is 16 years of age or older, complete the Karnofsky Scale. If the recipient is younger than 16 years of age, complete the Lansky Scale.

**Specify weight loss:**

---

**LDH at diagnosis:**

- [ ] Known
- [ ] Not known

**Unit:**

- [ ] U/L
- [ ] µkat/L

**Upper limit of normal for LDH:**

---

**Carcinoembryonic antigen (CEA) at diagnosis:**

- [ ] Known
- [ ] Not known

**Unit:**

- [ ] ng/mL
- [ ] µg/L

---

Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.
50. Was therapy given between diagnosis and the start of the preparative regimen?
   - [ ] yes
   - [ ] no

51. Date therapy started: __ __ __ __ __ __
52. Date therapy stopped: __ __ __ __ __ __

53. Systemic therapy:
   - [ ] yes
   - [ ] no

54. Number of cycles: unknown / not applicable

55. Carboplatin (Paraplatin)
   - [ ] yes
   - [ ] no

56. Cisplatin (Platinol, CDDP)
   - [ ] yes
   - [ ] no

57. Cyclophosphamide (Cytoxan)
   - [ ] yes
   - [ ] no

58. Docetaxel (Taxotere)
   - [ ] yes
   - [ ] no

59. Doxorubicin (Adriamycin)
   - [ ] yes
   - [ ] no

60. Etoposide (VP16, VePesid)
   - [ ] yes
   - [ ] no

61. Gemcitabine (Gemzar)
   - [ ] yes
   - [ ] no

62. Ifosfamide (Ifex)
   - [ ] yes
   - [ ] no

63. Irinotecan (Camptosar)
   - [ ] yes
   - [ ] no

64. Paclitaxel (Taxol, Taxotere)
   - [ ] yes
   - [ ] no

65. Topotecan (Hycamtin)
   - [ ] yes
   - [ ] no

66. Vinblastine (VLB, Velban)
   - [ ] yes
   - [ ] no
67 Vincristine (VCR, Oncovin)
   yes □  no □

68 Vinorelbine (Navelbine)
   yes □  no □

69 Other chemotherapy:
   yes □  no □

70 Specify other chemotherapy _______________

71 Radiation therapy:
   yes □  no □

72 Central nervous system:
   yes □  no □

73 Specify total dose: _________________ cGy (rads)

74 Thorax:
   yes □  no □

75 Specify total dose: _________________ cGy (rads)

76 Other radiotherapy:
   yes □  no □

77 Specify other radiation site: _______________

78 Specify total dose: _________________ cGy (rads)

79 Surgery:
   yes □  no □

80 Brain:
   yes □  no □

81 Lung:
   yes □  no □

82 Other site:
   yes □  no □

83 Specify other surgery site: _______________

84 Was this line of therapy given for stem cell priming?
   yes □  no □

85 Best Response to Line of Therapy:
   CR □  VGPR □  PR □  NR / SD □  PD □  NA □

86 Date response evaluated: __ __ __ __ - __ __- __ __
Did the patient relapse/progress following this line of therapy?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

Date of relapse/progression: __ __ __ __ - __ __ - __ __

Indicate new sites of disease involvement at any time after diagnosis but before the start of the preparative regimen for HSCT: If reporting a second or subsequent HSCT, list sites of disease involvement between last HSCT and prior to the current preparative regimen / HSCT.

### Adrenal Glands
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Bone
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Bone Marrow:
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Brain parenchyma
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Cerebrospinal fluid (CSF)
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Liver
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Lung (primary tumor)
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Lymph nodes
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Mediastinum
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Pericardium
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Pleura (includes pleural effusion)
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Skin / subcutaneous
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

### Other Site
<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

Specify other disease site: ____________________

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What is the disease sensitive to chemotherapy, radiotherapy, or both prior to the preparative regimen?

Response to last treatment regimen given ≤ 6 months prior to HSCT.

- sensitive: ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease
- resistant: < 50% reduction in diameter of all disease sites or development of new disease sites
- untreated (or treated > 6 months prior to transplant)
- not assessable
- Unknown

What was the disease status at the last evaluation prior to the preparative regimen?

- no disease treatment given at any time
- CR -Complete response: no tumor; no metastatic sites
- VGR -Very good partial response: primary tumor decreased by 90-99%; no metastatic sites; scar may be present, mediastinal nodes ≤ 1.5 cm diameter; residual 99Tc bone changes allowed
- PR -Partial response: primary tumor decreased by ≥50%; all measurable metastatic sites decreased by 50%
- NR / SD -No response/stable disease: no new lesions; < 50% reduction but < 25% increase in any existing lesion
- PD -Progressive disease: any new lesion; increase of any measurable lesion by ≥ 25%; previously negative bone marrow positive for tumor
- relapse from CR (untreated)
- NA -Not assessed

Indicate any known site(s) of disease immediately prior to the preparative regimen:

105 Adrenal Glands
- yes
- no

106 Bone
- yes
- no

107 Bone Marrow
- yes
- no

108 Brain parenchyma
- yes
- no

109 Cerebrospinal fluid (CSF)
- yes
- no

110 Liver
- yes
- no

111 Lymph nodes
- yes
- no
Form 2021 R2.0: Small Cell Lung Cancer Pre-HSCT Data

Center: CRID:

112 Mediastinum
   yes  no

113 Pericardium
   yes  no

114 Pleura (includes pleural effusion)
   yes  no

115 Primary tumor
   yes  no

116 Skin / subcutaneous
   yes  no

117 Other site:
   yes  no

118 Specify other disease site: ________________________________

119 Date of the most recent assessment for disease status prior to the preparative regimen: __ __ __ __ - __ __

First Name: ________________________________ Last Name: ________________________________

Phone number: ________________________________ Fax number: ________________________________

E-mail address: ________________________________