1. What was the date of pathologic diagnosis of Ovarian Cancer?

2. What was the stage of ovarian cancer at diagnosis?
   1. Ia — in situ
   2. Ib — growth limited to one ovary; no ascites; no tumor on the external surfaces, capsule intact
   3. Iib — growth limited to both ovaries; no ascites; no tumor on the external surfaces, capsule intact
   4. Iic — either stage IA or IB tumor on the surface of one or both ovaries; capsule ruptured; ascites present containing malignant cells; or positive peritoneal washings
   5. Iia — extension and/or metastases to the uterus and/or fallopian tubes
   6. Iib — extension to other pelvic tissues
   7. Iic — either stage IIA or IIB tumor on the surface of one or both ovaries; capsule(s) ruptured; ascites present containing malignant cells; or positive peritoneal washings
   8. Iiia — tumor grossly limited to the true pelvis with negative nodes but with histologically confirmed microscopic seeding of abdominal peritoneal surfaces
   9. Iiib — tumor of one or both ovaries; histologically confirmed implants of abdominal peritoneal surfaces, none > 2 cm in diameter; node negative
   10. Iiic — abdominal implants > 2 cm in diameter and/or positive retroperitoneal or inguinal nodes
   11. Iv — growth involving one or both ovaries with distant metastases; if pleural effusion is present, there must be positive cytologic test results to allot a case to stage IV; parenchymal liver metastasis equals stage IV
   12. Stage unknown
3. What was the histology of ovarian cancer at diagnosis?
   1. adenosquamous
   2. clear cell
   3. endometrioid
   4. germ cell
   5. granulosa
   6. mixed mullerian
   7. mucinous
   8. papillary
   9. serous
   10. other histology
   11. histology unknown

5. What was the grade of tumor at diagnosis?
   1. 0 — borderline malignant
   2. 1 — well differentiated
   3. 2 — moderately differentiated
   4. 3–4 — poorly differentiated or undifferentiated
   5. tumor grade unknown

6. Were any non-contiguous, extra-abdominal sites of metastases present at diagnosis?
   1. yes
   2. no
   3. unknown

   Specify site(s) of metastases present at diagnosis:
   7. 1. yes 2. no Central nervous system
   8. 1. yes 2. no Diaphragm
   9. 1. yes 2. no Liver — parenchymal
   10. 1. yes 2. no Liver — surface; omentum; peritoneum
   11. 1. yes 2. no Lung
   12. 1. yes 2. no Lymph nodes — distant
   13. 1. yes 2. no Lymph nodes — regional
   14. 1. yes 2. no Mesentery
   15. 1. yes 2. no Pelvis
   16. 1. yes 2. no Pleura
   17. 1. yes 2. no Other site

18. Specify site: __________________________

19. Did the recipient have a family history of cancer in first-degree relatives (parents, siblings, and children) at the time of diagnosis?
   1. yes
   2. no
   3. unknown

20. Specify the total number of first-degree relatives affected by cancer: __________

   Specify the type(s) of cancer experienced by first-degree relatives:
   21. 1. yes 2. no Breast cancer
   22. 1. yes 2. no Colorectal carcinoma
   23. 1. yes 2. no Ovarian cancer

24. 1. yes 2. no Other cancer

25. Specify cancer: __________________________

26. Did the recipient have a family history of cancer in second-degree relatives (grandparents, grandchildren, aunts / uncles, nieces / nephews, and half-siblings) at the time of diagnosis?
   1. yes
   2. no
   3. unknown

27. Specify the total number of second-degree relatives affected by cancer: __________

   Specify the type(s) of cancer experienced by second-degree relatives:
   28. 1. yes 2. no Breast cancer
   29. 1. yes 2. no Colorectal carcinoma
   30. 1. yes 2. no Ovarian cancer

31. 1. yes 2. no Other cancer

32. Specify cancer: __________________________
Pre-HSCT Treatment for Ovarian Cancer

33. Was therapy given (including surgery and neoadjuvant / adjuvant therapy) between diagnosis and the start of the preparative regimen?

<table>
<thead>
<tr>
<th>Line of Therapy</th>
<th>1st Line of Therapy</th>
<th>2nd Line of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic Therapy</td>
<td>Date therapy started:</td>
<td>Date therapy stopped:</td>
</tr>
<tr>
<td>doxorubicin liposomal (Doxil)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>cisplatin (CDDP, Platinol)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>carboplatin (Paraplatin)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>gemcitabine (Gemzar)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>capecitabine (Xeloda)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>docetaxel (Taxotere)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>carboplatin (CDDP, Platinol)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>cyclophosphamide (CTX)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>cytarabine (Ara-C, Cytosar-U)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>doxorubicin (Adriamycin)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>doxorubicin liposomal (Doxil)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>epirubicin (Ellence)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>erlotinib (Tarceva)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>etoposide (VP-16, VePesid)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>exemestane (Aromasin)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>fluorouracil (5-FU, Adrucil)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>fulvestrant (Faslodex)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>gemcitabine (Gemzar)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ifosfamide (Ifex)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>imatinib (Gleevec)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>interferon-α (Roferon-α)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>irinotecan (Camptosar)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>lapatinib (Tykerb)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>letrozole (Femara)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>mitoxantrone (Novantrone)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>oxaliplatin (Elotin)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>paclitaxel (Taxol)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>prednisone (Sterapred)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>sorafenib (Nexavar)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>sunitinib (Sutent, SU11248)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>tamoxifen (Nolvadex)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>thiotepa (Thiopepa)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>totopotecan (Hycammin)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>vinblastine (Velban, VLB)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>vinorelbine (Navelbine)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>other therapy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>specify other therapy</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

CIBMTR Center Number: __________  CIBMTR Recipient ID: __________  Initials: __________
### Radiation Therapy:

- **Date therapy started:**
  - Month: 78
  - Day: 144
  - Year: 1

- **Date therapy stopped:**
  - Month: 79
  - Day: 145
  - Year: 1

- **Local / regional:**
  - Yes: 80
  - No: 82

- **Specify total dose:**
  - Whole abdominal / pelvic: 83
  - C Gy (rads): 147
  - Intra-abdominal radioactive phosphate (P32): 86
  - C Gy (rads): 151
  - Other radiotherapy site: 88
  - C Gy (rads): 155

- **Specify sites of non-contiguous extra-abdominal metastases:**
  - Yes: 82
  - No: 84

- **Specify total dose:**
  - Whole abdominal / pelvic: 85
  - C Gy (rads): 151
  - Intra-abdominal radioactive phosphate (P32): 87
  - C Gy (rads): 153
  - Other radiotherapy site: 88
  - C Gy (rads): 155

- **Specify other radiation site:**
  - Yes: 91
  - No: 92

- **Specify total dose:**
  - Whole abdominal / pelvic: 93
  - C Gy (rads): 151
  - Intra-abdominal radioactive phosphate (P32): 96
  - C Gy (rads): 157

- **Fractionation schedule:**
  - Single: 94
  - Single daily: 97
  - Multiple daily: 98
  - Other schedule: 99

- **Abdominal Surgery:**
  - Total resection with microscopic residual disease only: 1
  - Optimal cytoreduction with largest residual tumor size < 1 cm: 2
  - Suboptimal resection with largest residual tumor size ≥ 1 cm: 3
  - Resection, diameter of residual disease unknown: 4
  - Biopsy only (not debulking): 5
  - Removal of extra-abdominal metastatic lesion: 6
  - Second look surgery only: 7
  - Other abdominal surgery: 8

### Abdominal Surgery:

- **Date of surgery:**
  - Month: 92
  - Day: 159
  - Year: 1

- **Type of abdominal surgery:**
  - Total resection with microscopic residual disease only: 1
  - Optimal cytoreduction with largest residual tumor size < 1 cm: 2
  - Suboptimal resection with largest residual tumor size ≥ 1 cm: 3
  - Resection, diameter of residual disease unknown: 4
  - Biopsy only (not debulking): 5
  - Removal of extra-abdominal metastatic lesion: 6
  - Second look surgery only: 7
  - Other abdominal surgery: 8

### Best Response to Line of Therapy:

- **Date response evaluated:**
  - Month: 97
  - Day: 163
  - Year: 1

- **Did disease relapse/progress following this line of therapy?**
  - Yes: 98
  - No: 99

---

**Codes for Disease 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. 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
3. 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
4. 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
5. Not assessed (NA)
166. Indicate the WHO sensitivity of the ovarian carcinoma to any chemotherapy administered prior to the preparative regimen: (Response to last chemotherapy given prior to HSCT; chemotherapy must include ≥2 cycles of treatment given ≤6 months prior to HSCT.)

1. sensitive — ≥50% reduction in bidimensional diameter of all disease sites with no new sites of disease; and ≥50% decrease in CA-125, if elevated
2. resistant — <50% reduction in disease or CA-125 elevation with chemotherapy within 6 months of HSCT
3. untreated — includes chemotherapy given more than 6 months prior to HSCT, or fewer than two treatment cycles
4. unknown

167. Indicate the WHO sensitivity of the ovarian carcinoma to any platinum-containing chemotherapy administered prior to the preparative regimen: (Response to last platinum therapy given prior to HSCT; therapy must include ≥2 cycles of treatment given ≤6 months prior to HSCT.)

1. sensitive — response to platinum with ≥50% reduction in bidimensional diameter of all disease sites with no new sites of disease; and ≥50% decrease in CA-125, if elevated (Note: a non-response to subsequent non-platinum chemotherapy does not affect designation.)
2. resistant — <50% response to platinum therapy in disease, or <50% decrease in CA-125, or elevation of CA-125, or relapse ≤6 months after last platinum chemotherapy
3. unknown

### Imaging and Laboratory Studies Prior to the Start of the Preparative Regimen

168. CA-125

1. known
2. not known

Specify imaging performed:

<table>
<thead>
<tr>
<th>Imaging Method</th>
<th>Specifying Imaging</th>
<th>Results</th>
<th>Tumor Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone imaging</td>
<td>yes 2 no</td>
<td>normal</td>
<td>171. 1</td>
</tr>
<tr>
<td>CT</td>
<td>173. 1 2</td>
<td>abnormal</td>
<td>2 172. 1</td>
</tr>
<tr>
<td>MRI</td>
<td>176. 1 2</td>
<td></td>
<td>174. 1</td>
</tr>
<tr>
<td>X-ray</td>
<td>179. 1 2</td>
<td></td>
<td>177. 1</td>
</tr>
<tr>
<td>Chest x-ray</td>
<td>yes 2 no</td>
<td>180. 1 2</td>
<td>181. 1 3 unk</td>
</tr>
<tr>
<td>CT scan of chest</td>
<td>yes 2 no</td>
<td>183. 1 2</td>
<td>184. 1 3 unk</td>
</tr>
<tr>
<td>CT scan of abdomen</td>
<td>yes 2 no</td>
<td>186. 1 2</td>
<td>187. 1 3 unk</td>
</tr>
<tr>
<td>CT scan of pelvis</td>
<td>yes 2 no</td>
<td>189. 1 2</td>
<td>190. 1 3 unk</td>
</tr>
<tr>
<td>Head imaging</td>
<td>yes 2 no</td>
<td>191. 1 2</td>
<td>192. 1 3 unk</td>
</tr>
<tr>
<td>MRI</td>
<td>194. 1 2</td>
<td></td>
<td>195. 1 2</td>
</tr>
<tr>
<td>PET scan</td>
<td>yes 2 no</td>
<td>198. 1 2</td>
<td>199. 1 2</td>
</tr>
</tbody>
</table>

Specify new sites of disease involvement at any time after diagnosis but before the preparative regimen: (If reporting a second or subsequent HSCT, list sites of disease involvement between last HSCT and before the current preparative regimen.)

204. yes 2 no Central nervous system
205. yes 2 no Diaphragm
206. yes 2 no Liver – parenchymal
207. yes 2 no Liver – surface; omentum; peritoneum
208. yes 2 no Lung
209. yes 2 no Lymph nodes – distant
210. yes 2 no Lymph nodes – regional
211. yes 2 no Mesentery
212. yes 2 no Pelvis
213. yes 2 no Pleura
214. yes 2 no Other site

215. Specify new site: ________________________________
Disease Status at the Last Assessment Prior to the Preparative Regimen

216. What was the disease status at the last evaluation prior to the preparative regimen? (see definitions on page 4)

1 [ ] complete response
2 [ ] complete response with persistent imaging abnormalities of unknown significance
3 [ ] partial response
4 [ ] stable disease
5 [ ] progressive disease
6 [ ] not assessed

217. Specify reason: ____________________________________________________________

218. Date of the most recent assessment for disease status prior to the preparative regimen: 

Month Day Year

219. Signed: ________________________________________________________________

Person completing form

Please print name: ___________________________________________________________

Phone: (_________) _______________________________________________________________________

Fax: (_________) __________________________________________________________________________

E-mail address: ______________________________________________________________________________