

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:



Sarcoma Pre-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, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

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 152.

Disease Assessment at Diagnosis

1. What was the date of diagnosis of bone or soft tissue Sarcoma?

Month Day Year

2. On the CIBMTR Form 2000 — Recipient Baseline Data, was the primary disease for which the HSCT was performed (question 9) either "bone sarcoma (excluding Ewing family tumors)" (solid tumors option 10) or "soft tissue sarcoma (excluding Ewing family tumors)" (solid tumors option 21)?

- yes no

3. Specify bone or soft tissue sarcoma:

4. Primary site of sarcoma at diagnosis: (check only one)

Bone Sarcoma

- 1 calcaneus
- 2 femur
- 3 fibula
- 4 humerus
- 5 metacarpal
- 6 metatarsal
- 7 multifocal
- 8 patella
- 9 pelvis
- 10 radius
- 11 rib
- 12 scapula
- 13 skull
- 14 sternum
- 15 tibia
- 16 ulna
- 17 vertebra
- 18 other bone location

5. Specify:

6. Specify:

Soft Tissue Sarcoma

- 19 abdominal wall
- 20 buttock
- 21 chest wall
- 22 foot
- 23 gastrointestinal
- 24 genitourinary
- 25 great vessels
- 26 gynecologic
- 27 hand
- 28 head and neck
- 29 heart
- 30 lower arm
- 31 lower leg
- 32 lung / pleura
- 33 mediastinum
- 34 retroperitoneum
- 35 upper arm
- 36 upper leg
- 37 other viscera
- 38 other soft tissue location

7. Specify:

8. Specify:

CIBMTR Form 2024 (SAR) v1.0 (1–5) July 2007
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Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).

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Month	Day	2	0	<input type="text"/>	<input type="text"/>
		Year			

Infusion Date:

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Month	Day	2	0	<input type="text"/>	<input type="text"/>
		Year			

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9. What were the two largest dimensions of tumor mass at diagnosis? x cm

10. Tumor mass was assessed by:

- 1 apparent by palpation
- 2 apparent by visualization
- 3 plain film / x-ray without contrast
- 4 plain film / x-ray with contrast
- 5 CT scan
- 6 MRI scan
- 7 radioisotope scan
- 8 ultrasound
- 9 other method →
- 10 unknown

11. Specify assessment method: _____

12. (For soft-tissue sarcoma only) What was the soft-tissue sarcoma grade at diagnosis?

- 1 low
- 2 intermediate
- 3 high
- 4 unknown

13. Were metastases present at diagnosis?

- 1 yes →
- 2 no
- 3 unknown

Specify the site(s) of metastases at diagnosis:

- 14. 1 yes 2 no 3 unknown Abdominal – diffuse
- 15. 1 yes 2 no 3 unknown Bone marrow
- 16. 1 yes 2 no 3 unknown Central nervous system (CNS)
- 17. 1 yes 2 no 3 unknown Liver
- 18. 1 yes 2 no 3 unknown Lungs
- 19. 1 yes 2 no 3 unknown Lymph nodes – distant
- 20. 1 yes 2 no 3 unknown Lymph nodes – regional
- 21. 1 yes 2 no 3 unknown Skin
- 22. 1 yes 2 no 3 unknown Other site →

23. Specify site: _____

24. On the CIBMTR Form 2000 — Recipient Baseline Data, was there a history of malignancy other than the primary disease for which this HSCT is being performed (question 22, answered "yes")?

- 1 yes →
- 2 no
- 3 unknown

Specify any treatment(s) given for the other malignancy:

- 25. 1 yes 2 no 3 unknown Chemotherapy
- 26. 1 yes 2 no 3 unknown Radiation
- 27. 1 yes 2 no 3 unknown Other treatment →

28. Specify treatment: _____

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29. Was a cytogenetic analysis of the tumor mass performed at any time?

- 1 yes
 2 no
 3 unknown

30. Results of test at diagnosis:

- 1 yes abnormalities identified → **Complete questions 32–53 in the table below**
 2 no evaluable metaphases
 3 no abnormalities

31. Results of tests after diagnosis to prior to the preparative regimen:

- 1 yes abnormalities identified → **Complete questions 54–75 in the table below**
 2 no evaluable metaphases on any tests
 3 no abnormalities on any tests after diagnosis and before the preparative regimen

Specify abnormalities identified:

Cytogenetic abnormality	At diagnosis	Any test result between diagnosis and preparative regimen
Translocation		
t(1;13)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(1;16)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(2;13)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(7;16)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(7;22)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(11;22)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;14)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;15)	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;16)	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;19)	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(12;22)	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(13;22)	43. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(17;22)	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(21;22)	45. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(X;17)	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
t(X;18)	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Deletion		
del(16q) / 16q–	48. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
del(17q) / 17q–	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Insertion		
ins(19p) / 19p+	50. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other		
complex (≥ 3 distinct abnormalities)	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other abnormality	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other abnormality:	53. _____	75. _____

76. Is a copy of the cytogenetic or FISH report attached?

- 1 yes
 2 no

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Pre-HSCT Treatment for Sarcoma

77. Was therapy given (including surgery and neo-adjuvant or adjuvant therapy) between diagnosis and the start of the preparative regimen?

- 1 yes →
2 no

	1st Line of Therapy	2nd Line of Therapy																								
Systemic Therapy:	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 96	115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 133																								
Date therapy started:	79. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				116. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
Month	Day	Year																								
Month	Day	Year																								
Date therapy stopped:	80. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				117. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
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Number of cycles:	81. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> unknown/not applicable			118. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> unknown/not applicable																						
cisplatin (Platinol, CDDP)	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	119. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
cyclophosphamide (Cytoxan)	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
dactinomycin (Actinomycin D)	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	121. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
dacarbazine (DTIC)	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	122. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
doxorubicin (Adriamycin)	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	123. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
etoposide (VP-16, VePesid)	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	124. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
ifosfamide (Ifex)	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	125. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
imatinib (Gleevec)	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	126. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
melphalan (L-PAM, Alkeran)	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	127. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
sunitinib (Sutent, SU11248)	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	128. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
topotecan (Hycamtin)	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	129. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
vincristine (VCR, Oncovin)	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
other systemic therapy	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
specify other therapy	95. _____	132. _____																								
Radiation Therapy:	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 106	133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 143																								
Date therapy started:	97. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				134. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
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Month	Day	Year																								
Date therapy stopped:	98. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				135. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
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Month	Day	Year																								
Local / regional	99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 101	136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 138																								
Specify total dose	100. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)					137. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)																				
Sites of non-contiguous metastases	101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 103	138. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 140																								
Specify total dose	102. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)					139. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)																				
Other radiation therapy site	103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 106	140. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 143																								
Specify other radiation site	104. _____	141. _____																								
Specify total dose	105. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)					142. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)																				
Surgical Biopsy/Resection:	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 111	143. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 148																								
Date of surgery:	107. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				144. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
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Type of surgery (see codes on page 5)	108. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td></tr></table>		145. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td></tr></table>																							
Specify other surgery (code 6)	109. _____	146. _____																								
Site of surgery:	110. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both	147. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both																								
Best Response to Line of Therapy: (see definitions on page 5)	111. 1 <input type="checkbox"/> CR 4 <input type="checkbox"/> SD 2 <input type="checkbox"/> CRU 5 <input type="checkbox"/> PD 3 <input type="checkbox"/> PR 6 <input type="checkbox"/> NA	148. 1 <input type="checkbox"/> CR 4 <input type="checkbox"/> SD 2 <input type="checkbox"/> CRU 5 <input type="checkbox"/> PD 3 <input type="checkbox"/> PR 6 <input type="checkbox"/> NA																								
Date response evaluated:	112. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				149. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
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Did disease relapse/progress following this line of therapy?	113. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	150. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Date of relapse/progression:	114. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year				151. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td> </td><td> </td></tr></table>							Month	Day	Year			
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Copy this page to report more than 2 lines of therapy; check here if additional pages are attached.

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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

Codes for 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)

Laboratory Studies Prior to the Start of the Preparative Regimen

152. Serum alkaline phosphatase:

- 1 known → .
2 not known

- 1 IU/L →
2 μ kat/L

153. Upper limit of normal for alkaline phosphatase:

 .

Disease Status at the Last Assessment Prior to the Start of the Preparative Regimen

154. What was the disease status at the last evaluation prior to the preparative regimen? (see definitions above)

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

155. Specify reason: _____

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

Month Day Year
 20
Month Day Year

157. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____