Disease Assessment at Diagnosis

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

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:

   Bone Sarcoma
   □ calcaneus
   □ femur
   □ fibula
   □ humerus
   □ metacarpal
   □ metatarsal
   □ multifocal
   □ patella
   □ pelvis
   □ radius
   □ rib
   □ scapula
   □ skull
   □ sternum
   □ tibia
   □ ulna
   □ vertebra
   □ other bone location

   Soft Tissue Sarcoma
   □ abdominal wall
   □ buttock
   □ chest wall
   □ foot
   □ gastrointestinal
   □ genitourinary
   □ great vessels
   □ gynecologic
   □ hand
   □ head and neck
   □ heart
   □ lower arm
   □ lower leg
   □ lung / pleura
   □ mediastinum
   □ retroperitoneum
   □ upper arm
   □ upper leg
   □ other viscera
   □ other soft tissue location

   5. Specify: ____________________________

   6. Specify: ____________________________

   7. Specify: ____________________________

   8. 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.

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
9. What were the two largest dimensions of tumor mass at diagnosis? [ ] cm 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. [ ] yes 2 [ ] no 3 [ ] unknown Abdominal – diffuse
15. [ ] yes 2 [ ] no 3 [ ] unknown Bone marrow
16. [ ] yes 2 [ ] no 3 [ ] unknown Central nervous system (CNS)
17. [ ] yes 2 [ ] no 3 [ ] unknown Liver
18. [ ] yes 2 [ ] no 3 [ ] unknown Lungs
19. [ ] yes 2 [ ] no 3 [ ] unknown Lymph nodes – distant
20. [ ] yes 2 [ ] no 3 [ ] unknown Lymph nodes – regional
21. [ ] yes 2 [ ] no 3 [ ] unknown Skin
22. [ ] 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. [ ] yes 2 [ ] no 3 [ ] unknown Chemotherapy
26. [ ] yes 2 [ ] no 3 [ ] unknown Radiation
27. [ ] yes 2 [ ] no 3 [ ] unknown Other treatment

28. Specify treatment: _______________________

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
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  
2 no evaluable metaphases  
3 no abnormalities

31. Results of tests after diagnosis to prior to the preparative regimen:
1 yes abnormalities identified  
2 no evaluable metaphases on any tests  
3 no abnormalities on any tests after diagnosis and before the preparative regimen

Specify abnormalities identified:

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

76. Is a copy of the cytogenetic or FISH report attached?
1 yes  
2 no
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?

<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>78. yes 2 no</td>
<td>115. yes 2 no</td>
</tr>
<tr>
<td>Date therapy started</td>
<td>79.</td>
<td>116.</td>
</tr>
<tr>
<td>Date therapy stopped</td>
<td>80.</td>
<td>117.</td>
</tr>
<tr>
<td>Number of cycles</td>
<td>81. unknown/not applicable</td>
<td>118. unknown/not applicable</td>
</tr>
</tbody>
</table>

- cisplatin (Platinol, CDDP)
- cyclophosphamide (Cytoxan)
- dacarbazine (DTIC)
- doxorubicin (Adriamycin)
- ifosfamide (ifex)
- imatinib (Gleevec)
- melphalan (L-PAM, Alkeran)
- sunitinib (Sutent, SU11248)
- topotecan (Hycamtin)
- vincristine (VCR, Oncovin)
- cisplatin (Platinol, CDDP)
- etoposide (VP-16, VePesid)
- dacarbazine (DTIC)
- doxorubicin (Adriamycin)
- imatinib (Gleevec)
- melphalan (L-PAM, Alkeran)
- sunitinib (Sutent, SU11248)
- vincristine (VCR, Oncovin)

- Radiation Therapy
- Surgical Biopsy/Resection

Copy this page to report more than 2 lines of therapy; check here if additional pages are attached.
CIBMTR recipient ID: CIBMTR center number: 

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

153. Upper limit of normal for alkaline phosphatase:
   1. IU/L
   2. µkat/L

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

157. Signed:
   Person completing form

   Please print name: ____________________________
   Phone: (_________) ____________________________
   Fax: (_________) ____________________________
   E-mail address: ____________________________

CIBMTR Form 2024 (SAR) v1.0 (5–5) July 2007
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