### Disease Assessment at Diagnosis

1. What was the date of pathologic diagnosis of the central nervous system (CNS) tumor? 

2. What was the primary disease for which the HSCT was performed?

   - High-Grade Astrocytoma
     1. anaplastic astrocytoma
     2. anaplastic oligodendroglioma
     3. glioblastoma multiforme
     4. other high-grade glial tumor

   - Primitive Neuroectodermal Tumor (PNET)
     1. brainstem PNET
     2. cerebral neuroblastoma/PNET
     3. ependymoblastoma
     4. medulloblastoma/Posterior fossa PNET
     5. pineoblastoma/Pineal region PNET

   - Ependymoma
     1. anaplastic (malignant) ependymoma
     2. cellular (low-grade) ependymoma

   - Central Nervous System (CNS) Germ Cell Tumor
     1. pure choriocarcinoma
     2. pure endodermal sinus tumor
     3. pure germinoma
     4. mixed tumors with 14 and/or 15 and/or 16 and/or 17
     5. mixed tumors (as in 17) with immature / mature teratoma elements

   - Other Tumor
     1. aggressive low-grade gliomas
     2. anaplastic astroblastoma
     3. primary brain sarcomas
     4. rhabdoid tumors

   - Brainstem Tumor
     23. brainstem tumor without pathologic diagnosis
     24. brainstem tumor with pathologic diagnosis

3. Specify:

4. Specify:

5. Specify pathologic diagnosis from astrocytomas (1–5) or other tumors (19–22):

Mail this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
6. What was the extent of the CNS tumor at diagnosis?

1. local (M0)
2. multifocal parenchymal (M0)
3. local / multifocal parenchymal + intracranial leptomeningeal (M2)
4. local / multifocal parenchymal + spinal leptomeningeal (M3)
5. local / multifocal parenchymal + intracranial + spinal leptomeningeal (M3)
6. local / multifocal parenchymal + extraneural (M4)
7. local / multifocal parenchymal + intracranial leptomeningeal + extraneural (M4)
8. local / multifocal parenchymal + spinal leptomeningeal + extraneural (M4)
9. local / multifocal parenchymal + intracranial + spinal leptomeningeal + extraneural (M4)

7. What was the primary CNS tumor site at diagnosis?

1. brainstem (medulla / pons / midbrain)
2. cerebral hemisphere
3. cerebellar hemisphere / vermis
4. optic chiasma / hypothalamus / suprasellar area
5. spinal cord
6. thalamus / basal ganglia / corpus callosum
7. extra-CNS primary site

8. Specify site: ____________________________

9. Does the recipient have a history of co-existing phakomatosis?

1. yes
2. no
3. unknown

10. Specify the co-existing phakomatosis:

1. cerebroretinal angiomatosis (Von Hippel-Lindau disease)
2. encephalotrigeminal angiomatosis (Sturge-Weber syndrome)
3. neurofibromatosis type 1
4. neurofibromatosis type 2
5. tuberous sclerosis (Bourneville disease)
6. other phakomatosis

11. Specify phakomatosis: ____________________________

12. At the time of diagnosis, did the recipient have a family history of cancer in first degree relatives under 40 years of age?

1. yes
2. no
3. unknown

Specify the cancer(s) present in first degree relatives:

13. 1  yes 2  no  Basal cell carcinoma
14. 1  yes 2  no  Brain tumors
15. 1  yes 2  no  Breast cancer
16. 1  yes 2  no  Colo-rectal carcinoma
17. 1  yes 2  no  Malignant nerve sheath tumors
18. 1  yes 2  no  Neurofibromas
19. 1  yes 2  no  Soft tissue sarcoma
20. 1  yes 2  no  Other cancer
21. Specify cancer: ____________________________
Pre-HSCT Treatment for CNS Tumor

22. Was therapy given 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>Date therapy started:</td>
<td>23. Month Day Year</td>
<td>72. Month Day Year</td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td>24. Month Day Year</td>
<td>73. Month Day Year</td>
</tr>
<tr>
<td>Systemic Therapy:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of cycles:</td>
<td>26. 1 yes 2 no</td>
<td>74. 1 yes 2 no</td>
</tr>
<tr>
<td>Treatment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bleomycin (BLM, Blenoxane)</td>
<td>27. 1 yes 2 no</td>
<td>76. 1 yes 2 no</td>
</tr>
<tr>
<td>carboplatin (Paraplatin)</td>
<td>28. 1 yes 2 no</td>
<td>77. 1 yes 2 no</td>
</tr>
<tr>
<td>cisplatin (Platinol, CDDP)</td>
<td>29. 1 yes 2 no</td>
<td>78. 1 yes 2 no</td>
</tr>
<tr>
<td>corticosteroids</td>
<td>30. 1 yes 2 no</td>
<td>79. 1 yes 2 no</td>
</tr>
<tr>
<td>cyclophosphamide (Cytoxan)</td>
<td>31. 1 yes 2 no</td>
<td>80. 1 yes 2 no</td>
</tr>
<tr>
<td>etoposide (VP-16, VePesid)</td>
<td>32. 1 yes 2 no</td>
<td>81. 1 yes 2 no</td>
</tr>
<tr>
<td>ifosfamide (Ifex)</td>
<td>33. 1 yes 2 no</td>
<td>82. 1 yes 2 no</td>
</tr>
<tr>
<td>melphalan (L-PAM, Alkeran)</td>
<td>34. 1 yes 2 no</td>
<td>83. 1 yes 2 no</td>
</tr>
<tr>
<td>methotrexate (MTX, Folex)</td>
<td>35. 1 yes 2 no</td>
<td>84. 1 yes 2 no</td>
</tr>
<tr>
<td>nitrosourea (carmustine)</td>
<td>36. 1 yes 2 no</td>
<td>85. 1 yes 2 no</td>
</tr>
<tr>
<td>procarbazine (Matulane)</td>
<td>37. 1 yes 2 no</td>
<td>86. 1 yes 2 no</td>
</tr>
<tr>
<td>temozolomide (Temodar)</td>
<td>38. 1 yes 2 no</td>
<td>87. 1 yes 2 no</td>
</tr>
<tr>
<td>thiotepa (Thioplex)</td>
<td>39. 1 yes 2 no</td>
<td>88. 1 yes 2 no</td>
</tr>
<tr>
<td>topotecan (Hycaclin)</td>
<td>40. 1 yes 2 no</td>
<td>89. 1 yes 2 no</td>
</tr>
<tr>
<td>vincristine (Oncovin)</td>
<td>41. 1 yes 2 no</td>
<td>90. 1 yes 2 no</td>
</tr>
<tr>
<td>other therapy</td>
<td>42. 1 yes 2 no</td>
<td>91. 1 yes 2 no</td>
</tr>
<tr>
<td>specify other therapy</td>
<td>43. 1 yes 2 no</td>
<td>92. 1 yes 2 no</td>
</tr>
<tr>
<td>Hematopoietic growth factor?</td>
<td>44. 1 yes 2 no</td>
<td>93. 1 yes 2 no</td>
</tr>
<tr>
<td>Radiation Therapy:</td>
<td>46. 1 yes 2 no</td>
<td>95. 1 yes 2 no</td>
</tr>
<tr>
<td>Whole brain</td>
<td>47. 1 yes 2 no</td>
<td>96. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>48. cGy (rads)</td>
<td>97. cGy (rads)</td>
</tr>
<tr>
<td>Local cranial</td>
<td>49. 1 yes 2 no</td>
<td>98. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>50. cGy (rads)</td>
<td>99. cGy (rads)</td>
</tr>
<tr>
<td>Craniospinal</td>
<td>51. 1 yes 2 no</td>
<td>100. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>52. cGy (rads)</td>
<td>101. cGy (rads)</td>
</tr>
<tr>
<td>Gamma knife / radiosurgery</td>
<td>53. 1 yes 2 no</td>
<td>102. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>54. cGy (rads)</td>
<td>103. cGy (rads)</td>
</tr>
<tr>
<td>Interstitial irradiation / brachytherapy</td>
<td>55. 1 yes 2 no</td>
<td>104. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>56. cGy (rads)</td>
<td>105. cGy (rads)</td>
</tr>
<tr>
<td>Radioactive instillation</td>
<td>57. 1 yes 2 no</td>
<td>106. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>58. cGy (rads)</td>
<td>107. cGy (rads)</td>
</tr>
<tr>
<td>Local spinal</td>
<td>59. 1 yes 2 no</td>
<td>108. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>60. cGy (rads)</td>
<td>109. cGy (rads)</td>
</tr>
<tr>
<td>Other site</td>
<td>61. 1 yes 2 no</td>
<td>110. 1 yes 2 no</td>
</tr>
<tr>
<td>Specify other site:</td>
<td>62. 1 yes 2 no</td>
<td>111. 1 yes 2 no</td>
</tr>
</tbody>
</table>

Note: if two agents or modalities (e.g., chemotherapy and radiation) were given in combination, then enter both therapies in the same column as a single line of therapy.
ERROR CORRECTION FORM

Sequence Number: ____________________________  CIBMTR Recipient ID: ____________________________  Initials: ____________________________

Today's Date: _______ _______ _______  Infusion Date: _______ _______ _______
Month  Day  Year  Month  Day  Year

CIBMTR Center Number: ____________________________  CIBMTR Recipient ID: ____________________________

Fractionation schedule 64. 1 □ single  2 □ single daily  113. 1 □ single  2 □ single daily
3 □ multiple daily  4 □ other schedule  3 □ multiple daily  4 □ other schedule

Surgical Biopsy/Resection: 65. 1 □ yes  2 □ no  114. 1 □ yes  2 □ no  117. 1 □ yes  2 □ no
(see codes below)

Type of surgery 66. 1 □ CR  2 □ CRU  115. 1 □ CR  2 □ CRU
3 □ NR  4 □ PD  116. 1 □ CR  2 □ CRU
Size of residual tumor after surgery (see codes below) 67. 1 □ ≤ 1.5 cm  2 □ > 1.5 cm
68. 1 □ ≤ 1.5 cm  2 □ > 1.5 cm
Was this line of therapy given for stem cell priming? 68. 1 □ yes  2 □ no

Best Response to Line of Therapy: 69. 1 □ not assessed  4 □ PR  5 □ NR  6 □ PD
(see definitions below) 118. 1 □ not assessed  4 □ PR  5 □ NR  6 □ PD

Date response evaluated: 70. 1 □ no  2 □ no  119. 1 □ no  2 □ no

Did patient relapse/progress following this line of therapy? 71. 1 □ yes  2 □ no

Copy this page to report more than 2 lines of therapy; check here □ if additional pages are attached.

Codes for Type of Surgery
1 Gross total resection — > 95% resection, no radiographic residual tumor
2 Near total resection — 90-95% resection, minimal radiographic residual tumor
3 Subtotal resection — 51-89% resection, moderate radiographic residual tumor
4 Partial resection — 10-50% resection, significant radiographic residual tumor
5 Biopsy only — < 10% resection, no radiographic change post-op from pre-op

Codes for Size of Residual Tumor after Surgery
1 None (no radiographic residual tumor)
2 Less than 1.5 cm, with radiographic residual tumor
3 1.5 to less than 3.0 cm
4 3.0 to 6.0 cm
5 > 6.0 cm
6 Not evaluable
7 Unknown

Codes for Central Nervous System Disease Best Response / Status
Use the following codes to indicate the recipient's overall radiographic / cytologic / tumor marker response:
1 Continued complete response (CCR) — continued absence of all disease after a complete response to a previous line of therapy
2 Complete response (CR) — complete disappearance of all sites of known disease for > 4 weeks
3 Complete response undetermined (CRU) — complete response with persistence of radiographic enhancing abnormalities of unknown significance
4 Partial response (PR) — ≥ 50% reduction in greatest diameter of all sites of known disease, and no new sites of disease for > 4 weeks
5 No response (NR) — < 50% reduction in greatest diameter of any known sites of disease, and no new sites of disease for > 4 weeks
6 Progressive disease (PD) — increase in size of any site of known disease, or any new sites of disease
7 Not assessed

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Disease Involvement Between Diagnosis and the Preparative Regimen

Specify all sites of disease involvement between diagnosis and the start of the preparative regimen:

121. 1 □ yes 2 □ no 3 □ unknown
   Cerebrospinal fluid

122. 1 □ yes 2 □ no 3 □ unknown
   Extraneural

123. 1 □ yes 2 □ no 3 □ unknown
   Distant intracranial parenchymal

124. 1 □ yes 2 □ no 3 □ unknown
   Intracranial leptomeningeal

125. 1 □ yes 2 □ no 3 □ unknown
   Spinal leptomeningeal

126. 1 □ yes 2 □ no 3 □ unknown
   Local primary site

127. 1 □ yes 2 □ no 3 □ unknown
   Other site

129. Was CNS tumor present in the recipient’s bone at any time between diagnosis and the preparative regimen?
   1 □ yes 2 □ no

Specify the test(s) used to determine involvement:

130. Bone scan
   1 □ yes 2 □ no

   131. Date of bone scan:
       Month Day Year □ date unknown

   132. Was the bone scan positive for CNS tumor?
       1 □ yes 2 □ no

133. MRI
   1 □ yes 2 □ no

   134. Date of MRI:
       Month Day Year □ date unknown

   135. Was the MRI positive for CNS tumor?
       1 □ yes 2 □ no

Disease Status at the Last Assessment Prior to the Preparative Regimen

136. Was a bone marrow aspirate / biopsy performed within 30 days of the preparative regimen?
   1 □ yes 2 □ no 3 □ unknown

   137. Specify the date the bone marrow biopsy was performed:
       Month Day Year □ date unknown

   138. Was any tumor present in the biopsy?
       1 □ yes 2 □ no

Specify the test(s) used:

139. Cytogenetics
   1 □ yes 2 □ no

   140. Specify cytogenetic results:
       1 □ positive for tumor involvement
       2 □ negative

141. Immunohistochemistry
   1 □ yes 2 □ no

   142. Specify immunohistochemistry results:
       1 □ positive for tumor involvement
       2 □ negative
148. Was a bone scan performed within 30 days of the preparative regimen (other than that reported at question 129)?
149. Date of bone scan: [ ] [ ] [ ]
150. Was the bone scan positive for CNS tumor?
1  yes
2  no

151. What was the sensitivity of the CNS tumor to chemotherapy prior to the preparative regimen?
(Report response to last chemotherapy given prior to HSCT; chemotherapy must be ≥ two cycles of treatment given < 6 months prior to the preparative regimen.) (see CNS disease status definitions on page 4)
1  sensitive: ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease (CR, CRU, PR)
2  resistant: < 50% reduction in diameter of all disease sites or development of new disease sites (NR, PD)
3  untreated, or treated > 6 months prior to transplant
4  not assessed, or chemotherapy < 2 cycles

Disease Status at the Last Assessment Prior to the Preparative Regimen
152. What was the disease status immediately prior to the preparative regimen? (see CNS disease status definitions on page 4)
1  complete response (CR)
2  complete response undetermined (CRU)
3  partial response (PR)
4  no response (NR)
5  progressive disease (PD)
6  not assessed
7  disease never treated
Specify all sites of residual disease:
153. 1  yes 2  no Cerebrospinal fluid (CSF)
154. 1  yes 2  no Extraneural
155. 1  yes 2  no Distant intracranial parenchymal
156. 1  yes 2  no Intracranial leptomeningeal
157. 1  yes 2  no Spinal leptomeningeal
158. 1  yes 2  no Local primary site
159. 1  yes 2  no Other site
160. Specify other site: ____________________________
ERROR CORRECTION FORM

Today's Date:  
Month Day Year  

Infusion Date:  
Month Day Year  

CIBMTR Recipient ID:  

CIBMTR Center Number:  

161. Date of the most recent assessment for disease status prior to the preparative regimen:  
Month Day Year  

162. Signed:  
Person completing form  
Please print name:  
Phone: (_______) ____________________________  
Fax: (_______) ____________________________  
E-mail address: ____________________________  

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