

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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Central Nervous System Tumor Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

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		2	0		
Month	Day	Year			

Date of HSCT for which this form is being completed:

		2	0		
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.

Questions followed by the symbol indicate additional information necessary to complete the question is referenced in the forms instruction manual.

If this is a report of a second or subsequent transplant, check here and continue with question 121.

Disease Assessment at Diagnosis

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

Month Day Year

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

High-Grade Astrocytoma

- 1 anaplastic astrocytoma
- 2 anaplastic mixed glioma
- 3 anaplastic oligodendroglioma
- 4 glioblastoma multiforme
- 5 other high-grade glial tumor →

 3. Specify: _____

Primitive Neuroectodermal Tumor (PNET)

- 6 brainstem PNET
- 7 cerebral neuroblastoma/PNET
- 8 ependymoblastoma
- 9 medulloblastoma/Posterior fossa PNET
- 10 pineoblastoma/Pineal region PNET
- 11 other PNET →

 4. Specify: _____

Ependymoma

- 12 anaplastic (malignant) ependymoma
- 13 cellular (low-grade) ependymoma

Central Nervous System (CNS) Germ Cell Tumor
(Primary site CNS, not germ cell tumor metastasis)

- 14 pure choriocarcinoma
- 15 pure endodermal sinus tumor
- 16 pure germinoma
- 17 mixed tumors with 15 and/or 14 and 16
- 18 mixed tumors (as in 17) with immature / mature teratoma elements

Other Tumor

- 19 aggressive low-grade glial tumors
- 20 anaplastic astroblastoma
- 21 primary brain sarcomas
- 22 rhabdoid tumors

Brainstem Tumor

- 23 brainstem tumor without pathologic diagnosis
- 24 brainstem tumor with pathologic diagnosis →

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

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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Infusion Date:

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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 cerebrotretinal angiomas (Von Hippel-Lindau disease)
- 2 encephalotrigeminal angiomas (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: _____

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Pre-HSCT Treatment for CNS Tumor

22. Was therapy given between diagnosis and the start of the preparative regimen?

- 1 yes →
2 no

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.

	1st Line of Therapy	2nd Line of Therapy																
Date therapy started:	23. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	72. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
Month	Day	Year	Year															
Month	Day	Year	Year															
Date therapy stopped:	24. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year	73. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>Month</td><td>Day</td><td>Year</td><td>Year</td></tr></table>					Month	Day	Year	Year
Month	Day	Year	Year															
Month	Day	Year	Year															
Systemic Therapy:	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 46	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 95																
Number of cycles:	26. <table border="1" style="width: 20px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable	75. <table border="1" style="width: 20px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable																
Treatment:																		
bleomycin (BLM, Blenoxane)	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
carboplatin (Paraplatin)	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
cisplatin (Platinol, CDDP)	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
corticosteroids	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
cyclophosphamide (Cytoxan)	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
etoposide (VP-16, VePesid)	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	81. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
ifosfamide (Ifex)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
melphalan (L-PAM, Alkeran)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
methotrexate (MTX, Folex)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
nitrosourea (carmustine)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
procarbazine (Matulane)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
temozolomide (Temodar)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
thiotepa (Thioplex)	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
topotecan (Hycamtin)	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
vincristine (VCR, Oncovin)	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	90. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
other therapy	42. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																
specify other therapy	43. _____	92. _____																
Hematopoietic growth factor?	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 46	93. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 95																
# of chemo cycles used with:	45. 1 <input type="checkbox"/> < 5 2 <input type="checkbox"/> ≥ 5 3 <input type="checkbox"/> unknown	94. 1 <input type="checkbox"/> < 5 2 <input type="checkbox"/> ≥ 5 3 <input type="checkbox"/> unknown																
Radiation Therapy:																		
Whole brain	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 65	95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 114																
Specify total dose:	47. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 49	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 98																
	48. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	97. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Local cranial	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 51	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 100																
Specify total dose:	50. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	99. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Craniospinal	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 53	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 102																
Specify total dose:	52. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	101. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Gamma knife / radiosurgery	53. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 55	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 104																
Specify total dose:	54. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	103. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Interstitial irradiation / brachytherapy	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 57	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 106																
Specify total dose:	56. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	105. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Radioactive instillation	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 59	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 108																
Specify total dose:	58. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	107. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Local spinal	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 61	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 110																
Specify total dose:	60. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	109. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																
Other site	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 64	110. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 113																
Specify other site:	62. _____	111. _____																
Specify total dose:	63. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	112. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																

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Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

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Month	Day	Year

Infusion Date:

<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px; text-align: center;">20</table>
Month	Day	Year

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Fractionation schedule	64. 1 <input type="checkbox"/> single 2 <input type="checkbox"/> single daily 3 <input type="checkbox"/> multiple daily 4 <input type="checkbox"/> other schedule	113. 1 <input type="checkbox"/> single 2 <input type="checkbox"/> single daily 3 <input type="checkbox"/> multiple daily 4 <input type="checkbox"/> other schedule
Surgical Biopsy/Resection: <i>(see codes below)</i>	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q.	68 114. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q.
Type of surgery	66. <table border="1" style="width: 40px; height: 20px;"></table>	115. <table border="1" style="width: 40px; height: 20px;"></table>
Size of residual tumor after surgery	67. <table border="1" style="width: 40px; height: 20px;"></table>	116. <table border="1" style="width: 40px; height: 20px;"></table>
Was this line of therapy given for stem cell priming?	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	117. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Best Response to Line of Therapy: <i>(see definitions below)</i>	69. 2 <input type="checkbox"/> CR 3 <input type="checkbox"/> CRU 4 <input type="checkbox"/> PR 5 <input type="checkbox"/> NR 6 <input type="checkbox"/> PD 7 <input type="checkbox"/> not assessed	118. 1 <input type="checkbox"/> CCR 2 <input type="checkbox"/> CR 3 <input type="checkbox"/> CRU 4 <input type="checkbox"/> PR 5 <input type="checkbox"/> NR 6 <input type="checkbox"/> PD 7 <input type="checkbox"/> not assessed
Date response evaluated:	70. <table style="display: inline-table; margin-right: 10px;"><table border="1" style="width: 40px; height: 20px;"></table> / <table border="1" style="width: 40px; height: 20px;"></table> / <table border="1" style="width: 80px; height: 20px;"></table></table>	119. <table style="display: inline-table; margin-right: 10px;"><table border="1" style="width: 40px; height: 20px;"></table> / <table border="1" style="width: 40px; height: 20px;"></table> / <table border="1" style="width: 80px; height: 20px;"></table></table>
Did patient relapse/progress following this line of therapy?	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	120. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Copy this page to report more than 2 lines of therapy; check here <input type="checkbox"/> 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 →

128. Specify 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 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	131. Date of bone scan: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: x-small;">Month</td><td style="text-align: center; font-size: x-small;">Day</td><td colspan="3" style="text-align: center; font-size: x-small;">Year</td></tr></table> <input type="checkbox"/> date unknown						Month	Day	Year		
Month	Day	Year									
133. MRI 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	134. Date of MRI: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: x-small;">Month</td><td style="text-align: center; font-size: x-small;">Day</td><td colspan="3" style="text-align: center; font-size: x-small;">Year</td></tr></table> <input type="checkbox"/> date unknown						Month	Day	Year		
Month	Day	Year									

132. Was the bone scan positive for CNS tumor? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

135. Was the MRI positive for CNS tumor? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> 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: 138. Was any tumor present in the biopsy? 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Specify the test(s) used: 139. Cytogenetics 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no 141. Immunohistochemistry 1 <input type="checkbox"/> yes → 2 <input type="checkbox"/> no	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: x-small;">Month</td> <td style="text-align: center; font-size: x-small;">Day</td> <td colspan="2" style="text-align: center; font-size: x-small;">Year</td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> date unknown			2	0			Month	Day	Year			
		2	0										
Month	Day	Year											
140. Specify cytogenetic results: 1 <input type="checkbox"/> positive for tumor involvement 2 <input type="checkbox"/> negative	142. Specify immunohistochemistry results: 1 <input type="checkbox"/> positive for tumor involvement 2 <input type="checkbox"/> negative												

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Today's Date:

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Month	Day	Year			

Infusion Date:

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Month	Day	Year			

CIBMTR Center Number:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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<p>143. Routine histopathology</p> <p>1 <input type="checkbox"/> yes →</p> <p>2 <input type="checkbox"/> no</p>	<table border="1" style="width: 100%;"> <tr> <td>144. Specify histopathology results:</td> </tr> <tr> <td>1 <input type="checkbox"/> positive for tumor involvement</td> </tr> <tr> <td>2 <input type="checkbox"/> negative</td> </tr> </table>	144. Specify histopathology results:	1 <input type="checkbox"/> positive for tumor involvement	2 <input type="checkbox"/> negative	
144. Specify histopathology results:					
1 <input type="checkbox"/> positive for tumor involvement					
2 <input type="checkbox"/> negative					
<p>145. Other test method</p> <p>1 <input type="checkbox"/> yes →</p> <p>2 <input type="checkbox"/> no</p>	<table border="1" style="width: 100%;"> <tr> <td>146. Specify other test: _____</td> </tr> <tr> <td>147. Specify test results:</td> </tr> <tr> <td>1 <input type="checkbox"/> positive for tumor involvement</td> </tr> <tr> <td>2 <input type="checkbox"/> negative</td> </tr> </table>	146. Specify other test: _____	147. Specify test results:	1 <input type="checkbox"/> positive for tumor involvement	2 <input type="checkbox"/> negative
146. Specify other test: _____					
147. Specify test results:					
1 <input type="checkbox"/> positive for tumor involvement					
2 <input type="checkbox"/> negative					

148. Was a bone scan performed within 30 days of the preparative regimen (other than that reported at question 129)?

- 1 yes →
- 2 no
- 3 unknown

<p>149. Date of bone scan:</p> <p>1 <input type="checkbox"/> yes →</p> <p>2 <input type="checkbox"/> no</p>	<table style="width: 100%;"> <tr> <td style="width: 15%;"><table border="1" style="width: 20px; height: 20px;"></table></td> <td style="width: 15%;"><table border="1" style="width: 20px; height: 20px;"></table></td> <td style="width: 15%;"><table border="1" style="width: 20px; height: 20px;">2</table></td> <td style="width: 15%;"><table border="1" style="width: 20px; height: 20px;">0</table></td> <td style="width: 15%;"><table border="1" style="width: 20px; height: 20px;"></table></td> <td style="width: 15%;"><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td></td> <td></td> <td></td> </tr> </table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;">2</table>	<table border="1" style="width: 20px; height: 20px;">0</table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	Month	Day	Year				<p><input type="checkbox"/> date unknown</p>
<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;">2</table>	<table border="1" style="width: 20px; height: 20px;">0</table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>									
Month	Day	Year												
<p>150. Was the bone scan positive for CNS tumor?</p> <p>1 <input type="checkbox"/> yes</p> <p>2 <input type="checkbox"/> no</p>														

151. What was the sensitivity of the CNS tumor to chemotherapy prior to the preparative regimen?

(Report response to last chemotherapy given prior to H SCT; 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

<p>Specify all sites of residual disease:</p> <p>153. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Cerebrospinal fluid (CSF)</p> <p>154. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Extraneural</p> <p>155. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Distant intracranial parenchymal</p> <p>156. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Intracranial leptomeningeal</p> <p>157. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Spinal leptomeningeal</p> <p>158. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Local primary site</p> <p>159. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no Other site →</p>	<table border="1" style="width: 100%;"> <tr> <td>160. Specify other site: _____</td> </tr> </table>	160. Specify other site: _____
160. Specify other site: _____		

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

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Month	Day	Year							

Infusion Date:

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Month	Day	Year							

CIBMTR Center Number:

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CIBMTR Recipient ID:

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

				2	0				
Month	Day	Year							

162. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____