

Renal Carcinoma 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 28.

1. What was the date of diagnosis of Renal Carcinoma? / /
Month Day Year

2. What was the histology at diagnosis of renal carcinoma?

- 1 adeno-carcinoma
- 2 epidermoid carcinoma
- 3 transitional cell carcinoma
- 4 uroepithelial carcinoma

Specify type:

- 3. 1 yes 2 no clear cell
- 7. 1 yes 2 no chromophobe
- 8. 1 yes 2 no papillary only
- 9. 1 yes 2 no sarcomatoid only renal cell

10. 1 yes 2 no other type

12. Was the histology mixed?

- 1 yes
- 2 no

13. Specify the most prominent type:

- 1 clear cell
- 2 chromophobe
- 3 papillary
- 4 sarcomatoid
- 5 50/50

Specify feature(s) described:

- 4. 1 yes 2 no granular
- 5. 1 yes 2 no papillary
- 6. 1 yes 2 no sarcomatoid

11. Specify type: _____

14. Specify types: _____

15. For the histology at diagnosis (question 2), is a copy of the pathology report or other documentation attached?

- 1 yes
- 2 no

CIBMTR Center Number:

CIBMTR Recipient ID:

16. Were tumor metastases present at diagnosis?

- 1 yes
- 2 no
- 3 unknown

Specify metastasis site(s):

- 17. 1 yes 2 no adrenal gland
- 18. 1 yes 2 no bone
- 19. 1 yes 2 no central nervous system (CNS)
- 20. 1 yes 2 no liver
- 21. 1 yes 2 no lung
- 22. 1 yes 2 no hilar or mediastinal nodes
- 23. 1 yes 2 no retroperitoneum / nodes
- 24. 1 yes 2 no second kidney
- 25. 1 yes 2 no other site

26. Specify site:

27. Was the metastatic disease confirmed by biopsy of metastatic site?

- 1 yes
- 2 no

Initial Renal Carcinoma Management

28. Was surgery performed before any other therapy was undertaken?

- 1 yes
- 2 no

29. Date of surgery:
Month Day Year

Specify the type(s) of surgery:

- 30. 1 yes 2 no arterial embolization
- 31. 1 yes 2 no radical nephrectomy
- 35. 1 yes 2 no simple nephrectomy
- 36. 1 yes 2 no parital nephrectomy
- 37. 1 yes 2 no resection of metastatic lesions

Specify any surgery to surrounding tissues:

- 32. 1 yes 2 no lymph node dissection
- 33. 1 yes 2 no renal vein resection
- 34. 1 yes 2 no vena caval resection

Specify metastasis site(s):

- 38. 1 yes 2 no adrenal gland
- 39. 1 yes 2 no bone
- 40. 1 yes 2 no central nervous system
- 41. 1 yes 2 no liver
- 42. 1 yes 2 no lung
- 43. 1 yes 2 no hilar or mediastinal nodes
- 44. 1 yes 2 no retroperitoneum / nodes
- 45. 1 yes 2 no second kidney

46. 1 yes 2 no other site → 47. Specify:

48. Was the recipient considered to be in complete remission following surgery?

- 1 yes
- 2 no

49. Did the disease metastasize or recur after resection but before any therapy (question 51)?

- 1 yes
- 2 no

50. Date of occurrence / recurrence: date unknown
Month Day Year

CIBMTR Center Number: [] [] [] [] [] [] [] [] [] []

CIBMTR Recipient ID: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

51. Did the recipient receive therapy prior to the preparative regimen?

1 yes →
2 no

	Line of Therapy			1st Line of Therapy			2nd Line of Therapy											
Date started therapy:	52.	[] []	[] []	2	0	[] []	88.	[] []	[] []	2	0	[] []						
		Month	Day			Year		Month	Day			Year						
Date stopped therapy:	53.	[] []	[] []	2	0	[] []	89.	[] []	[] []	2	0	[] []						
		Month	Day			Year		Month	Day			Year						
Systemic therapy:	54.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 70			90.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 106												
Number of cycles:	55.	[] []	2 <input type="checkbox"/> unknown/not applicable			91.	[] []	2 <input type="checkbox"/> unknown/not applicable										
Treatment:																		
Bevacizumab:	56.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				92.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Erlotinib:	57.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				93.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Floxuridine:	58.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				94.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
5-fluorouracil (5-FU):	59.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				95.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Gemcitabine:	60.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				96.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
High-dose interleukin-2 (IL2) (IV bolus or infusion):	61.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				97.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Subcutaneous interleukin-2 (IL-2):	62.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				98.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Interferon-α:	63.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				99.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Provera:	64.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				100.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Sorafenib:	65.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				101.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Sunitinib (SU11248):	66.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				102.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Thalidomide:	67.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				103.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Other:	68.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				104.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Specify other:	69.				105.													
Radiation Therapy:	70.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 78			106.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 114								
Local / regional:	71.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 73			107.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 109								
Specify total dose:	72.	[] [] [] []	cGy (rads)			108.	[] [] [] []	cGy (rads)										
Sites of non-contiguous metastases:	73.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 75			109.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 111								
Specify total dose:	74.	[] [] [] []	cGy (rads)			110.	[] [] [] []	cGy (rads)										
Other site(s):	75.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 78			111.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 114								
Specify other site:	76.				112.													
Specify total dose:	77.	[] [] [] []	cGy (rads)			113.	[] [] [] []	cGy (rads)										
Surgery:	78.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 82			114.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 120								
Resection of primary tumor:	79.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				115.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Resection of metastases:	80.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no				116.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no									
Specify site(s) of metastases:	81.				117.													
Best Response to Line of Therapy: <i>(see definitions on page 5)</i>	82.	1 <input type="checkbox"/> CR	2 <input type="checkbox"/> CRU	3 <input type="checkbox"/> PR	4 <input type="checkbox"/> SD	5 <input type="checkbox"/> PD	6 <input type="checkbox"/> Unknown	7 <input type="checkbox"/> NE →	83. Specify:	118.	1 <input type="checkbox"/> CR	2 <input type="checkbox"/> CRU	3 <input type="checkbox"/> PR	4 <input type="checkbox"/> SD	5 <input type="checkbox"/> PD	6 <input type="checkbox"/> Unknown	7 <input type="checkbox"/> NE →	119. Specify:
Date response evaluated:	84.	[] []	[] []	2	0	[] []	120.	[] []	[] []	2	0	[] []						
		Month	Day			Year		Month	Day			Year						
Did patient relapse/progress following this line of therapy?	85.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 88			121.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 124								
Date of relapse/progression:	86.	[] []	[] []	2	0	[] []	122.	[] []	[] []	2	0	[] []						
		Month	Day			Year		Month	Day			Year						
Specify site(s) of relapse:	87.				123.													

CIBMTR Center Number: [] [] [] [] [] [] []

CIBMTR Recipient ID: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Continued from previous page. Copy and complete this page for more than 4 instances.

Line of Therapy	3rd Line of Therapy	4th Line of Therapy
Date started therapy: 124.	[] [] [] [] [] [] [] [] Month Day Year	160. [] [] [] [] [] [] [] [] Month Day Year
Date stopped therapy: 125.	[] [] [] [] [] [] [] [] Month Day Year	161. [] [] [] [] [] [] [] [] Month Day Year
Systemic therapy: 126.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 142	162. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 178
Number of cycles: 127.	[] [] 2 <input type="checkbox"/> unknown/not applicable	163. [] [] 2 <input type="checkbox"/> unknown/not applicable
Treatment:		
Bevacizumab: 128.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	164. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Erlotinib: 129.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	165. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Floxuridine: 130.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	166. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5-fluorouracil (5-FU): 131.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	167. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Gemcitabine: 132.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	168. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
High-dose interleukin-2 (IL2) (IV bolus or infusion): 133.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	169. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Subcutaneous interleukin-2 (IL-2): 134.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	170. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Interferon-α: 135.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	171. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Provera: 136.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	172. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Sorafenib: 137.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	173. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Sunitinib (SU11248): 138.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	174. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Thalidomide: 139.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	175. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other: 140.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	176. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify other: 141.	_____	177. _____
Radiation Therapy: 142.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 150	178. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 186
Local / regional: 143.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 145	179. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 181
Specify total dose: 144.	[] [] [] [] cGy (rads)	180. [] [] [] [] cGy (rads)
Sites of non-contiguous metastases: 145.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 147	181. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 183
Specify total dose: 146.	[] [] [] [] cGy (rads)	182. [] [] [] [] cGy (rads)
Other site(s): 147.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 150	183. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 186
Specify other site: 148.	_____	184. _____
Specify total dose: 149.	[] [] [] [] cGy (rads)	185. [] [] [] [] cGy (rads)
Surgery: 150.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 154	186. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 190
Resection of primary tumor: 151.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	187. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Resection of metastases: 152.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	188. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site(s) of metastases: 153.	_____	189. _____
Best Response to Line of Therapy: 154.	1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 155. Specify: _____	190. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 191. Specify: _____
(see definitions on page 5)		
Date response evaluated: 156.	[] [] [] [] [] [] [] [] Month Day Year	192. [] [] [] [] [] [] [] [] Month Day Year
Did patient relapse/progress following this line of therapy? 157.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 160	193. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 196
Date of relapse/progression: 158.	[] [] [] [] [] [] [] [] Month Day Year	194. [] [] [] [] [] [] [] [] Month Day Year
Specify site(s) of relapse: 159.	_____	195. _____

CIBMTR Center Number:

CIBMTR Recipient ID:

Renal Carcinoma Status

196. What was the disease status immediately prior to the preparative regimen? (Should match status after last line of therapy.)
(Disease status based on response criteria described below.)

- 1 complete response
- 2 complete response with persistent imaging abnormalities of unknown significance
- 3 partial response
- 4 stable disease
- 5 progressive disease
- 6 not evaluable →
- 7 unknown / not tested

197. Specify reason:

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 evaluable (NE), specify reason

198. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____