

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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Renal Carcinoma Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

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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.

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

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

15. For the histology at diagnosis (question 2), is a copy of the pathology report or other documentation attached?
1 yes
2 no

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Today's Date:

		20
Month	Day	Year

Infusion Date:

		20
Month	Day	Year

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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 partial 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:

Month	Day	Year

date unknown

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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.	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year				88. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year			
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Date stopped therapy: 53.	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year				89. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year			
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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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> 2 <input type="checkbox"/> unknown/not applicable			91. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> 2 <input type="checkbox"/> unknown/not applicable																							
Treatment:																										
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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:																										
Local / regional: 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																									
Specify total dose: 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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)					108. <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: 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																									
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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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)					113. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)																					
Surgery:																										
Resection of primary tumor: 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. 118																									
Resection of metastases: 79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	115. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																									
Specify site(s) 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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year				120. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year				
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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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year				122. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="2"> </td></tr></table>			2	0			Month	Day	Year				
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Specify site(s) of relapse: 87. _____	123. _____																									

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Line of Therapy	3rd Line of Therapy	4th Line of Therapy																																
Date started therapy: 124. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year							160. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year					
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Date stopped therapy: 125. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year							161. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year					
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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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> 2 <input type="checkbox"/> unknown/not applicable				163. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table> 2 <input type="checkbox"/> unknown/not applicable																														
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Erlotinib: 129. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no		165. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																																
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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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)						180. <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: 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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)						182. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> cGy (rads)						185. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 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 (see definitions on page 5) 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: _____																																
Date response evaluated: 156. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year							192. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year					
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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. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year							194. <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td>2</td><td>0</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>			2	0					Month	Day	Year					
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Specify site(s) of relapse: 159. _____		195. _____																																

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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:

				2	0		
Month	Day	Year					

Infusion Date:

				2	0		
Month	Day	Year					

CIBMTR Center Number:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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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: _____