1. Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any planned post-HSCT surgical resection or irradiation.)

1/3 complete response – no tumor; no metastatic sites
2/3 very good partial response – primary tumor decreased by 90–99%; no metastatic sites; scar may be present, mediastinal nodes ≤1.5 cm diameter; residual 99Tc bone changes allowed
3/3 partial response – primary tumor decreased by ≥50%; all measurable metastatic sites decreased by >50%
4/3 no response / stable disease – no new lesions; <50% reduction but <25% increase in any existing lesion
5/3 progressive disease – any new lesion; increase of any measurable lesion by ≥25%; previously negative bone marrow positive for tumor
6/3 not assessed

16. Specify the date best response first began:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

Disease Assessment at the Time of Best Response to HSCT

Best response is based on response to the HSCT, but does NOT include response to any therapy given for disease relapse or progression post-HSCT. When determining the best response to HSCT, compare the post-HSCT disease status to the status immediately prior to the preparative regimen, regardless of time since HSCT. This comparison is meant to capture the BEST disease status in response to HSCT that occurred in the reporting interval, even if a subsequent disease relapse or progression occurred during the same reporting interval. If a recipient already achieved their best response in a previous reporting interval, confirm the best response and check the box to indicate “date previously reported.”

1. Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any planned post-HSCT surgical resection or irradiation.)

1/3 complete response – no tumor; no metastatic sites
2/3 very good partial response – primary tumor decreased by 90–99%; no metastatic sites; scar may be present, mediastinal nodes ≤1.5 cm diameter; residual 99Tc bone changes allowed
3/3 partial response – primary tumor decreased by ≥50%; all measurable metastatic sites decreased by >50%
4/3 no response / stable disease – no new lesions; <50% reduction but <25% increase in any existing lesion
5/3 progressive disease – any new lesion; increase of any measurable lesion by ≥25%; previously negative bone marrow positive for tumor
6/3 not assessed

16. Specify the date best response first began:

Specify the site(s) of persistent tumor:

2/3 yes 2/3 no Adrenal glands
3/3 yes 2/3 no Bone
4/3 yes 2/3 no Bone marrow
5/3 yes 2/3 no Brain parenchyma
6/3 yes 2/3 no Cerebrospinal fluid (CSF)
7/3 yes 2/3 no Liver
8/3 yes 2/3 no Lymph nodes
9/3 yes 2/3 no Mediastinum
10/3 yes 2/3 no Pericardium
11/3 yes 2/3 no Pleura (includes pleural effusion)
12/3 yes 2/3 no Primary tumor
13/3 yes 2/3 no Skin / subcutaneous
14/3 yes 2/3 no Other site

15. Specify site:

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

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
Relapse or Progression Post-HSCT

17. Has the disease relapsed or progressed since the date of the last report?
   1  yes  2  no  3  unknown

18. Date of relapse / progression: ____________
   Month  Day  Year  date unknown

19. Allogeneic HSCTs only: Was there subsequent disease stability or regression without further therapy (so-called graft-versus-tumor effect)?
   1  yes  2  no  3  unknown

20. Did this change in disease status qualify as a partial response or better if compared to a post-HSCT imaging study? (see page 1 for criteria to define partial response)
   1  yes  2  no

21. Date of response: ____________
   Month  Day  Year  date unknown

Post-HSCT Planned Treatment for Small Cell Lung Cancer

22. Was planned treatment given, per protocol, since the date of the last report? (Include any maintenance therapy but exclude any treatment for disease relapse / progression.)
   1  yes  2  no

Specify therapy given:
23. 1  yes  2  no  Chemotherapy
24. 1  yes  2  no  Radiation

Specify radiation field:
25. 1  central nervous system  2  thorax  3  other field

26. Specify radiation field: _______________________

27. 1  yes  2  no  Surgery

Specify surgery site:
28. 1  brain  2  lung  3  other site

29. Specify surgery site: _______________________

30. 1  yes  2  no  Other therapy

31. Specify other therapy: _______________________

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
32. Did the small cell lung cancer relapse or progress since the date of the last report?

<table>
<thead>
<tr>
<th>Site</th>
<th>Date of Relapse / Progression</th>
<th>Date unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenal glands</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Bone</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Bone marrow</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Brain parenchyma</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Cerebrospinal fluid</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Liver</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Lung (primary tumor)</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Lymph nodes</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Mediastinum</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Pericardium</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Pleura (includes pleural effusion)</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Skin / subcutaneous</td>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Other site</td>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

Specify the method(s) used to establish the diagnosis of disease relapse or progression:

60. 1 yes 2 no Biopsy

61. Was small cell lung cancer detected?
   1 yes
   2 no

62. 1 yes 2 no Diagnostic radiology (x-ray, CT scan, bone scan)

63. Was small cell lung cancer detected?
   1 yes
   2 no

64. 1 yes 2 no Other test

65. Specify test: ________________

66. Was small cell lung cancer detected?
   1 yes
   2 no
Post-HSCT Treatment for Small Cell Lung Cancer

67. Was any treatment given for persistent, relapsed or progressive disease since the date of the last report?

1 [ ] yes
2 [ ] no

68. Was surgery performed?

1 [ ] yes
2 [ ] no

Specify the site(s) of tumor resection:

69. 1 [ ] yes 2 [ ] no Brain

70. Specify date of surgery:

Month [ ] Day [ ] Year [ ]

71. 1 [ ] yes 2 [ ] no Lung

72. Specify date of surgery:

Month [ ] Day [ ] Year [ ]

73. Specify lung surgery performed:

1 [ ] lobectomy
2 [ ] pneumonectomy
3 [ ] wedge

74. 1 [ ] yes 2 [ ] no Other site

75. Specify date of surgery:

Month [ ] Day [ ] Year [ ]

76. Specify site:

77. Was radiation given?

1 [ ] yes
2 [ ] no

Specify the radiation site(s):

78. 1 [ ] yes 2 [ ] no Cranial

79. Specify total dose:

cGy (rads)

80. Specify reason for cranial radiation:

1 [ ] prophylaxis
2 [ ] therapy

81. Date therapy started:

Month [ ] Day [ ] Year [ ]

82. Number of fractions:

83. 1 [ ] yes 2 [ ] no Thorax

84. Specify total dose:

cGy (rads)

85. Specify field:

1 [ ] involved (including boost or conedown)
2 [ ] extended (before boost or conedown)

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
93. Was chemotherapy given?
1 yes 2 no

86. Date therapy started:

87. Number of fractions:

88. 1 yes 2 no Other site

89. Specify total dose:
cGy (rads)

90. Specify site(s):

91. Date therapy started:

92. Number of fractions:

94. Specify the date the first cycle of chemotherapy began:

95. Specify the date the last cycle of chemotherapy began:

96. Specify the total number of chemotherapy cycles given:

Specify the chemotherapeutic agent(s) used:
97. 1 yes 2 no Carboplatin
98. 1 yes 2 no Cisplatin
99. 1 yes 2 no Cyclophosphamide
100. 1 yes 2 no Doxorubicin
101. 1 yes 2 no Etoposide (VP16)
102. 1 yes 2 no Ifosfamide
103. 1 yes 2 no Taxol
104. 1 yes 2 no Topotecan
105. 1 yes 2 no Vinblastine
106. 1 yes 2 no Vincristine
107. 1 yes 2 no Vinorelbine
108. 1 yes 2 no Other agent

109. Specify agent:
Disease Status at the Time of Assessment for This Reporting Period

110. What is the current disease status?
   1 □ complete remission
   2 □ not in complete remission

111. Date the current disease status was established in this reporting period:

   [ ] [ ] [ ] Month Day Year

112. Signed: ________________________________

   Person completing form

   Please print name: ________________________________

   Phone number: (________) ________________________________

   Fax number: (________) ________________________________

   E-mail address: ________________________________