

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Visit:

100 day
 6 month

 year

Today's Date:

Month	Day	20		Year															

Infusion Date:

Month	Day	20		Year															

CIBMTR Center Number:

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Initials:

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Sarcoma Post-HSCT Data

Registry Use Only

Sequence Number:

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Date Received:

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CIBMTR Center Number:

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CIBMTR Recipient ID:

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Today's Date:

Month	Day	20		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: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

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 planned post-HSCT treatment.) (see below for descriptions of response codes)

- 1 CR
- 2 CRU
- 3 PR
- 4 SD
- 5 PD
- 6 NA
- 7 NETD

2. Date the best response first began:

Month	Day	20		Year															

date of the best response previously reported

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 assessed (NA)
- 7 not evaluable, toxic death (NETD)

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Sequence Number:

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Visit:

- 100 day
 6 month
 year

Today's Date:

/ /
Month Day Year

Infusion Date:

/ /
Month Day Year

CIBMTR Center Number:

Initials:

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CIBMTR Recipient ID:

3. Was the best response documented surgically?

- 1 yes
2 no
3 unknown

4. Specify type of surgery:

- 1 biopsy only
2 partial resection
3 gross total resection with involved margins
4 total resection with clean margins < 2 cm
5 total resection with clean margins > 2 cm
6 other

surgery → 5. Specify surgery:

Relapse or Progression Post-HSCT

6. Has the disease relapsed or progressed since the date of the last report?

- 1 yes
2 no
3 unknown

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

8. *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

9. 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

10. Date of response:

/ /
Month Day Year

date unknown

Specify site(s) of disease progression / recurrence:

11. 1 yes 2 no 3 unknown Abdominal – diffuse
12. 1 yes 2 no 3 unknown Bone marrow
13. 1 yes 2 no 3 unknown Central nervous system (CNS)
14. 1 yes 2 no 3 unknown Liver
15. 1 yes 2 no 3 unknown Lungs
16. 1 yes 2 no 3 unknown Lymph nodes – distant
17. 1 yes 2 no 3 unknown Lymph nodes – regional
18. 1 yes 2 no 3 unknown Skin
19. 1 yes 2 no 3 unknown Other site → 20. Specify site:

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Today's Date:

		20		
Month	Day	Year		

Infusion Date:

		20		
Month	Day	Year		

CIBMTR Center Number:

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Initials:

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CIBMTR Recipient ID:

Post-HSCT Treatment for Sarcoma

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

- 1 yes →
2 no

	1st Line of Therapy	2nd Line of Therapy
Line of Therapy:		
Was therapy planned?	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Systemic Therapy:	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 41	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 82
Date therapy started:	24. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	65. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
Date therapy stopped:	25. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	66. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
Number of cycles:	26. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <input type="checkbox"/> unknown/not applicable	67. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <input type="checkbox"/> unknown/not applicable
cisplatin (Platinol, CDDP)	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
cyclophosphamide (Cytosan)	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
dactinomycin (Actinomycin D)	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
dacarbazine (DTIC)	30. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
doxorubicin (Adriamycin)	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	72. 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	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
ifosfamide (Ifex)	33. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
imatinib (Gleevec)	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	75. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
melphalan (L-PAM, Alkeran)	35. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
sunitinib (Sutent, SU11248)	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
topotecan (Hycamtin)	37. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
vincristine (VCR, Oncovin)	38. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	79. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
other systemic therapy	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
specify other therapy	40. _____	81. _____
Radiation Therapy:	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 51	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 92
Date therapy started:	42. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	83. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
Date therapy stopped:	43. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	84. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
Local / regional	44. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 46	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 87
Specify total dose	45. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> cGy (rads)	86. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> cGy (rads)
Sites of non-contiguous metastases	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 48	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 89
Specify total dose	47. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> cGy (rads)	88. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> cGy (rads)
Other radiation therapy site	48. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 51	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 92
Specify other radiation site	49. _____	90. _____
Specify total dose	50. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> cGy (rads)	91. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> cGy (rads)
Surgical Biopsy/Resection:	51. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 58	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 99
Date of surgery:	52. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>	93. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>
Type of surgery (see codes at left)	53. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	94. <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
Specify other surgery (code 6)	54. _____	95. _____
Site of surgery:	55. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both	96. 1 <input type="checkbox"/> primary lesion 2 <input type="checkbox"/> metastatic lesion 3 <input type="checkbox"/> both
Was the extent of resection radiographically confirmed?	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown
Was any persistent, viable tumor detected?	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no 3 <input type="checkbox"/> unknown

Codes for Type of Surgery

1 biopsy only

2 partial resection

3 gross total resection with involved margins

4 total resection with clean margins < 2 cm

5 total resection with clean margins > 2 cm

6 other surgery, specify

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Visit:

100 day
 6 month

 year

Today's Date:

		2	0
Month	Day	Year	Year

Infusion Date:

		2	0
Month	Day	Year	Year

CIBMTR Center Number:

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Initials:

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<p>Best Response to Line of Therapy: (see definitions on page 1)</p> <p>Date response evaluated: 59. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>Did disease relapse/progress following this line of therapy? 60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no</p> <p>Date of relapse/progression: 61. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>Specify site(s) of relapse: 62. _____</p>	<p>58. 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"/> NA 7 <input type="checkbox"/> NETD</p>	<p>99. 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"/> NA 7 <input type="checkbox"/> NETD</p> <p>100. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no</p> <p>102. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>103. _____</p>
<p>Copy this page to report more than 2 lines of therapy; check here <input type="checkbox"/> if additional pages are attached.</p>		

Disease Status at the Time of Assessment for This Reporting Period

104. What is the current disease status?

- 1 complete remission
- 2 not in complete remission

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

		2	0
Month	Day	Year	Year

106. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____