Disease Assessment at the Time of Best Response to HSCT

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 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)

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.”

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6 not assessed (NA)
7 not evaluable, toxic death (NETD)
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:

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:

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:
Post-HSCT Treatment for Sarcoma

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

<table>
<thead>
<tr>
<th>Line of Therapy</th>
<th>1st Line of Therapy</th>
<th>2nd Line of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was therapy planned?</td>
<td>1 yes 2 no</td>
<td>1 yes 2 no</td>
</tr>
<tr>
<td>Systemic Therapy</td>
<td>22.</td>
<td>23.</td>
</tr>
<tr>
<td>Date therapy started:</td>
<td>24. Month Day Year</td>
<td>25. Month Day Year</td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td>26. Month Day Year</td>
<td>27. Month Day Year</td>
</tr>
<tr>
<td>Number of cycles:</td>
<td>28.</td>
<td>29.</td>
</tr>
<tr>
<td>cisplatin (Platinol, CDDP)</td>
<td>30.</td>
<td>31.</td>
</tr>
<tr>
<td>cyclophosphamide (Cytoxan)</td>
<td>32.</td>
<td>33.</td>
</tr>
<tr>
<td>dacarbazine (DTIC)</td>
<td>34.</td>
<td>35.</td>
</tr>
<tr>
<td>doxorubicin (Adriamycin)</td>
<td>36.</td>
<td>37.</td>
</tr>
<tr>
<td>etoposide (VP-16, VePesid)</td>
<td>38.</td>
<td>39.</td>
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<tr>
<td>ifosfamide (Ifex)</td>
<td>40.</td>
<td>41.</td>
</tr>
<tr>
<td>imatinib (Gleevec)</td>
<td>42.</td>
<td>43.</td>
</tr>
<tr>
<td>melphalan (L-PAM, Alkeran)</td>
<td>44.</td>
<td>45.</td>
</tr>
<tr>
<td>vincristine (VCR, Oncovin)</td>
<td>46.</td>
<td>47.</td>
</tr>
<tr>
<td>other systemic therapy</td>
<td>48.</td>
<td>49.</td>
</tr>
<tr>
<td>specify other therapy</td>
<td>50.</td>
<td>51.</td>
</tr>
<tr>
<td>Radiation Therapy:</td>
<td>52.</td>
<td>53.</td>
</tr>
<tr>
<td>Date therapy started:</td>
<td>54. Month Day Year</td>
<td>55. Month Day Year</td>
</tr>
<tr>
<td>Date therapy stopped:</td>
<td>56. Month Day Year</td>
<td>57. Month Day Year</td>
</tr>
<tr>
<td>Local / regional</td>
<td>58.</td>
<td>59.</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>60. cGy (rads)</td>
<td>61. cGy (rads)</td>
</tr>
<tr>
<td>Sites of non-contiguous metastases</td>
<td>62.</td>
<td>63.</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>64. cGy (rads)</td>
<td>65. cGy (rads)</td>
</tr>
<tr>
<td>Other radiation therapy site</td>
<td>66.</td>
<td>67.</td>
</tr>
<tr>
<td>Specify other radiation site</td>
<td>68.</td>
<td>69.</td>
</tr>
<tr>
<td>Specify total dose:</td>
<td>70. cGy (rads)</td>
<td>71. cGy (rads)</td>
</tr>
<tr>
<td>Surgical Biopsy/Resection:</td>
<td>72.</td>
<td>73.</td>
</tr>
<tr>
<td>Date of surgery:</td>
<td>74. Month Day Year</td>
<td>75. Month Day Year</td>
</tr>
<tr>
<td>Type of surgery (see codes at left)</td>
<td>76.</td>
<td>77.</td>
</tr>
<tr>
<td>Specifiy other surgery (code 6)</td>
<td>78.</td>
<td>79.</td>
</tr>
<tr>
<td>Site of surgery:</td>
<td>80.</td>
<td>81.</td>
</tr>
</tbody>
</table>

**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
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: ____________
     Month Day Year

106. Signed: ____________________________

     Please print name: ____________________________

     Phone: (_________) ____________________________

     Fax: (_________) ____________________________

     E-mail address: ____________________________