1. If this form is being completed for a 100-day visit, what was the recipient’s disease status at 30 days post-HSCT? (Compared to last measurement of disease before transplantation.) (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, toxic death
7. not evaluable
8. unknown / not tested / > 100-day follow-up

2. Date of disease status measurement at Day 30:

3. Specify reason disease status is unevaluable:

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) — Progression or recurrence after remission. 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, toxic death (NETD)
7. Not evaluable (NE), specify reason
4. What was the recipient’s best response to HSCT? (Compared to last measurement of disease before transplantation; do not include results gained from post-HSCT therapy.) (See page 1 for complete descriptions of response codes.)

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, toxic death
7. not evaluable
8. unknown / not tested

5. Date the best response first began: [ ] [ ] [ ]

6. Specify reason disease status is unevaluable: ________________________________

7. Did the recipient experience any disease progression post-HSCT?

1. yes
2. no
3. unknown

8. Date of progression / relapse: [ ] [ ] [ ]

9. Was there subsequent disease stability or regression without further therapy (so-called graft-versus-tumor effect)?

1. yes
2. no
3. unknown

10. 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
3. unknown

11. Date of response: [ ] [ ] [ ]

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
## ERROR CORRECTION FORM

### 1st Line of Therapy

<table>
<thead>
<tr>
<th>Was therapy planned?</th>
<th>Date started therapy:</th>
<th>Date stopped therapy:</th>
<th>Systemic therapy:</th>
<th>Number of cycles:</th>
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<tbody>
<tr>
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<td>Month Day Year</td>
<td>Month Day Year</td>
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<td>□ yes □ unknown/not applicable</td>
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### Treatment:

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### Radiation Therapy:

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<th>Local / regional:</th>
<th>Specify total dose:</th>
<th>Sites of non-contiguous metastases:</th>
<th>Specify total dose:</th>
<th>Other site(s):</th>
<th>Specify other:</th>
<th>Specify total dose:</th>
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</thead>
<tbody>
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### Surgery:

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<tr>
<th>Surgery:</th>
<th>Resection of primary tumor:</th>
<th>Resection of metastases:</th>
<th>Specify site(s) of metastases:</th>
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<tbody>
<tr>
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<td>□ yes □ no</td>
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### Best Response to Line of Therapy:

<table>
<thead>
<tr>
<th>Best Response to Line of Therapy:</th>
<th>Date response evaluated:</th>
<th>Did patient relapse/progression following this line of therapy?:</th>
<th>Date of relapse/progression:</th>
<th>Specify site(s) of relapse:</th>
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</thead>
<tbody>
<tr>
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<td>Month Day Year</td>
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<td>Month Day Year</td>
<td>Month Day Year</td>
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### Best Response Code Definitions (see question 1 for complete descriptions)

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<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td>Complete response</td>
<td>Complete response with unknown</td>
<td>Partial response</td>
<td>4 Stable disease</td>
<td>Progressive disease</td>
<td>Not evaluable, toxic death</td>
<td>Not evaluable, specify reason</td>
<td>Unknown / not tested</td>
</tr>
</tbody>
</table>

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Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
86. Were more than 2 instances of post-HSCT therapy given?

1. yes
2. no

Copy and complete page 3 until all instances of therapy have been reported.

Current Status of Renal Carcinoma

87. What was the recipient's disease status at this visit? (Compare 100-day measurement of disease to status before transplantation; all other time points compare to previous visit.) (For recipients who died prior to day 100, report disease status at the time of death.) (See page 1 for complete descriptions of response codes.)

1. complete response
2. complete response with persistent imaging abnormalities of unknown significance
3. partial response
4. stable disease
5. progression or recurrence after remission
6. therapy- / immune-induced complete response after post-HSCT recurrence
7. not evaluable, toxic death
8. not evaluable
9. unknown / not tested

88. Date of disease progression / recurrence: [Month] [Day] [Year]

89. Specify reason disease status is unevaluable: __________________________________________

90. Signed: __________________________

Person completing form

Please print name: _________________________________________________________________

Phone: (___________) ______________________________________________________________

Fax: (___________) ________________________________________________________________

E-mail address: _________________________________________________________________