

# ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Visit:

100 day  
 6 month  


--	--

 year

Today's Date:

Month	Day	Year																	

Infusion Date:

Month	Day	Year																	

CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## Renal Carcinoma Post-HSCT Data

Registry Use Only

Sequence Number:

Date Received:


CIBMTR Center Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Today's Date:

Month	Day	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.**

- 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: 

Month	Day	Year																	
3. Specify reason disease status is unevaluable: \_\_\_\_\_

### Response Evaluation Criteria in Solid Tumors (RECIST)

- Complete response (CR) — Disappearance of all target lesions for a period of at least one month
- Complete response with persistent imaging abnormalities of unknown significance (CRU)
- 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
- 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
- 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
- Not evaluable, toxic death (NETD)
- Not evaluable (NE), specify reason

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:

- 100 day  
 6 month  
  year

Today's Date:

/  /  **20**

Month Day Year

Infusion Date:

/  /  **20**

Month Day Year

CIBMTR Center Number:

Initials:

CIBMTR Center Number:

CIBMTR Recipient ID:

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:  /  /  **20**

Month Day Year

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:  /  /  **20**   date unknown

Month Day Year

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

11. Date of response:

/  /  **20**

Month Day Year

date unknown

# ERROR CORRECTION FORM

Sequence Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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:

--	--	--	--	--	--	--	--

Initials:

--

CIBMTR Center Number:

--	--	--	--	--	--

CIBMTR Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specify treatment(s) given post-HSCT:

	1st Line of Therapy	2nd Line of Therapy
Was therapy planned?	12. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	49. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Date started therapy:	13. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>	50. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>
Date stopped therapy:	14. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>	51. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>
<b>Systemic therapy:</b>	15. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 31	52. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 68
Number of cycles:	16. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable	53. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable
<b>Treatment:</b>		
5-fluorouracil (5-FU):	17. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	54. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Bevacizumab:	18. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	55. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Erlotinib:	19. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	56. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Floxuridine:	20. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Gemcitabine:	21. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	58. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
High-dose interleukin-2 (IL2)		
(IV bolus or infusion):	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Subcutaneous IL2:	23. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Interferon-α:	24. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Provera:	25. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Sorafenib:	26. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Sunitinib (SU11248):	27. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Thalidomide:	28. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other:	29. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify other:	30. _____	67. _____
<b>Radiation Therapy:</b>	31. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 39	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 76
Local / regional:	32. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 34	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 71
Specify total dose:	33. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> cGy (rads)	70. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> cGy (rads)
Sites of non-contiguous metastases:	34. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 36	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 73
Specify total dose:	35. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> cGy (rads)	72. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> cGy (rads)
Other site(s):	36. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 39	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 76
Specify other:	37. _____	74. _____
Specify total dose:	38. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> cGy (rads)	75. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> cGy (rads)
<b>Surgery:</b>	39. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 43	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 80
Resection of primary tumor:	40. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	77. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Resection of metastases:	41. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site(s) of metastases:	42. _____	79. _____
<b>Best Response to Line of Therapy:</b>	43. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR	80. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR
(see definitions below)	4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NETD	4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NETD
	7 <input type="checkbox"/> NE → 44. Specify: _____	7 <input type="checkbox"/> NE → 81. Specify: _____
	8 <input type="checkbox"/> Unknown / not tested	8 <input type="checkbox"/> Unknown / not tested
Date response evaluated:	45. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>	82. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>
Did patient relapse/progress following this line of therapy?	46. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 49	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 86
Date of relapse/progression:	47. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>	84. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">2</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center;">0</table>
Specify site(s) of relapse:	48. _____	85. _____
<b>Best Response Code Definitions (see question 1 for complete descriptions)</b>		
1 Complete response	4 Stable disease	7 Not evaluable, specify reason
2 Complete response with unknown	5 Progressive disease	8 Unknown / not tested
3 Partial response	6 Not evaluable, toxic death	

# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Visit:

100 day

6 month

year

Today's Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

Infusion Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

CIBMTR Center Number:

Initials:

CIBMTR Center Number:

CIBMTR Recipient ID:

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:

20	<input type="text"/>	<input type="text"/>
Month	Day	Year

89. Specify reason disease status is unevaluable: \_\_\_\_\_

90. Signed: \_\_\_\_\_

*Person completing form*

Please print name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_