

FOLLOW-UP: INSERT VIII
Breast Cancer

FOR REGISTRY USE ONLY:

I.D. - -

Date received: _____

TEAM IUBMID

(Institutional Unique Blood or Marrow Transplant Identification Number)

Registry: *IBMTR* *ABMTR* (circle one)

Date of transplant for which this form is being completed:

Month Day Year

Date of report:

Month Day Year

Follow-up Information

*** Report data for date of last contact as reported in Q.3 of Follow-up Core Form or immediately prior to death.**

1. Was planned post transplant treatment (treatment before progressive disease) given since date of last report?

- 1 Yes
0 No

Go to Q.9

2. Was disease restaged prior to planned posttransplant treatment?

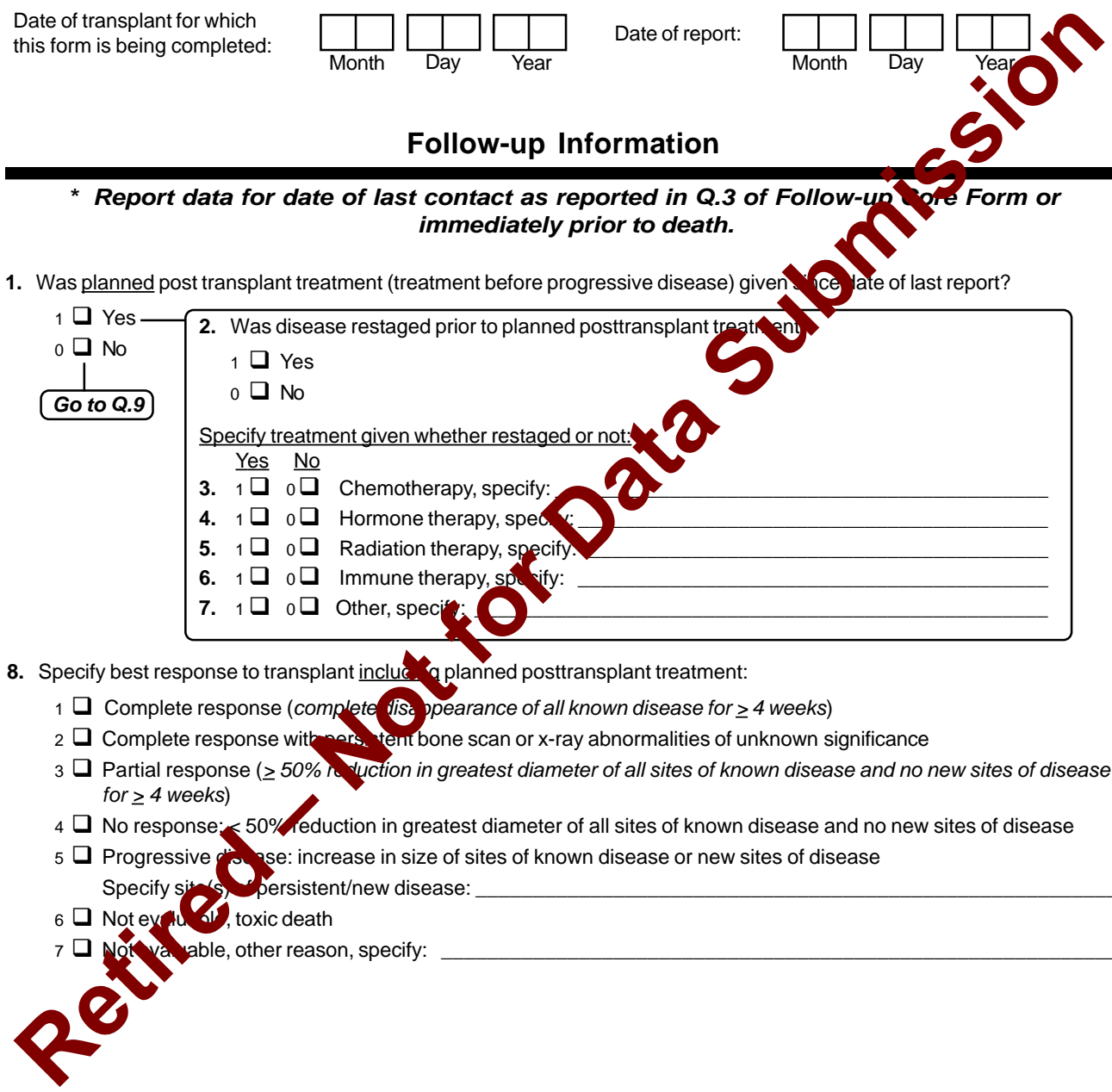
- 1 Yes
0 No

Specify treatment given whether restaged or not:

- | | Yes | No | |
|----|----------------------------|----------------------------|-----------------------------------|
| 3. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Chemotherapy, specify: _____ |
| 4. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Hormone therapy, specify: _____ |
| 5. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Radiation therapy, specify: _____ |
| 6. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Immune therapy, specify: _____ |
| 7. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Other, specify: _____ |

8. Specify best response to transplant including planned posttransplant treatment:

- 1 Complete response (*complete disappearance of all known disease for ≥ 4 weeks*)
- 2 Complete response with persistent bone scan or x-ray abnormalities of unknown significance
- 3 Partial response (*$\geq 50\%$ reduction in greatest diameter of all sites of known disease and no new sites of disease for ≥ 4 weeks*)
- 4 No response: *$< 50\%$ reduction in greatest diameter of all sites of known disease and no new sites of disease*
- 5 Progressive disease: increase in size of sites of known disease or new sites of disease
Specify site(s) of persistent/new disease: _____
- 6 Not evaluable, toxic death
- 7 Not evaluable, other reason, specify: _____



TEAM

IUBMID

9. Most recent status of breast cancer: (for patients who died, report status at time of death)

- 1 Free of breast cancer; no recurrence posttransplant
- 2 Free of breast cancer except for persistent scan abnormalities of unknown significance, no recurrence posttransplant
- 3 Persistent breast cancer without progression (never achieved CR or PR)
- 4 Progressive disease (never achieved CR or PR)

Date of progression Site(s): _____
Month Day Year

- 5 Recurrent disease (relapse after complete remission)

Date of progression Site(s): _____
Month Day Year

- 6 Free of breast cancer after posttransplant recurrence

Date of recurrence Site(s): _____
Month Day Year

- 7 Not evaluable; explain: _____

10. Date current status established

Month Day Year

First site(s) of progression/recurrence:

	Yes	No	
11.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Lymph node
12.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Bone marrow
13.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	CNS
14.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Liver
15.	1 <input checked="" type="checkbox"/>	0 <input type="checkbox"/>	Lung
16.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Local (chest wall)
17.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Contralateral breast
18.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify: _____

Retired - Not for Data Submission