

**INSERT XVIII**  
**CENTRAL NERVOUS SYSTEM TUMOR**

**FOR REGISTRY USE ONLY:**  
I.D. **M** - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]  
Date received: \_\_\_\_\_

TEAM [ ] [ ] [ ] [ ] IUBMID [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(Institutional Unique Blood or Marrow Transplant Identification Number)

Date of transplant for which this form is being completed: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

Registry (circle one): **IBMTR** **ABMTR**  
Date of report: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

**Pretransplant Information**

\* If this is a report of a second (or subsequent) transplant, check here  and code in Q.328

1. Primary disease for which transplant was performed:

**High-Grade Astrocytoma Group**

- 11  Anaplastic astrocytoma
- 12  Glioblastoma multiforme
- 13  Anaplastic oligodendroglioma
- 14  Anaplastic mixed glioma
- 19  Other high-grade glial tumors, specify: \_\_\_\_\_

**Primitive Neuroectodermal Tumor (PNET) Group**

- 21  Medulloblastoma/Posterior fossa PNET
- 22  Brainstem PNET
- 23  Pineoblastoma/Pineal region PNET
- 24  Cerebral neuroblastoma/PNET
- 25  Ependymoblastoma
- 29  Other PNET, specify: \_\_\_\_\_

**Ependymoma Group**

- 31  Cellular (low-grade) ependymoma
- 32  Anaplastic (malignant) ependymoma

**Central Nervous System (CNS) Germ Cell Tumor Group**

- 41  Pure germinoma
- 42  Pure endodermal sinus tumor
- 43  Pure choriocarcinoma
- 44  Mixed tumors with 42 and/or 43 and 41
- 45  Mixed tumors (as in 44) with immature/mature teratoma elements

**Other Tumor Group**

- 51  Embryoid tumors
- 52  Anaplastic astroblastoma
- 53  Aggressive low-grade glial tumors
- 54  Primary brain sarcomas
- 55  Primary CNS lymphomas
- 56  Non-CNS tumors metastatic to brain (Type: \_\_\_\_\_)

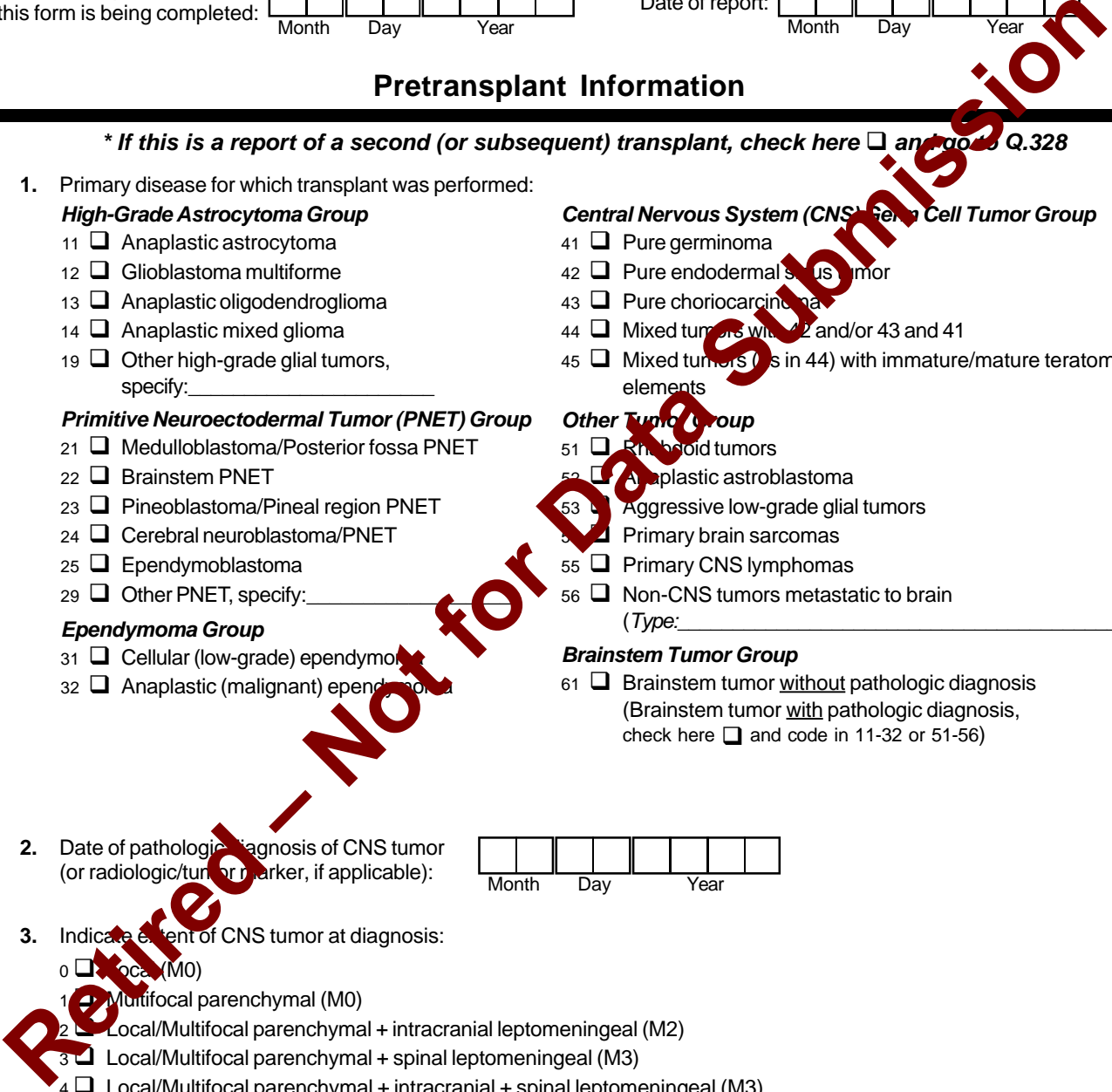
**Brainstem Tumor Group**

- 61  Brainstem tumor without pathologic diagnosis (Brainstem tumor with pathologic diagnosis, check here  and code in 11-32 or 51-56)

2. Date of pathologic diagnosis of CNS tumor (or radiologic/tumor marker, if applicable): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

3. Indicate extent of CNS tumor at diagnosis:

- 0  Local (M0)
- 1  Multifocal parenchymal (M0)
- 2  Local/Multifocal parenchymal + intracranial leptomeningeal (M2)
- 3  Local/Multifocal parenchymal + spinal leptomeningeal (M3)
- 4  Local/Multifocal parenchymal + intracranial + spinal leptomeningeal (M3)
- 5  Local/Multifocal parenchymal + extraneural (M4)
- 6  Local/Multifocal parenchymal + intracranial leptomeningeal + extraneural (M4)
- 7  Local/Multifocal parenchymal + spinal leptomeningeal + extraneural (M4)
- 8  Local/Multifocal parenchymal + intracranial + spinal leptomeningeal + extraneural (M4)



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4. Indicate location of primary site of CNS tumor at diagnosis:

- 1  Cerebral hemisphere
- 2  Cerebellar hemisphere/vermum
- 3  Brainstem (medulla/pons/midbrain)
- 4  Optic chiasma/hypothalamus/suprasellar area
- 5  Thalamus/basal ganglia/corpus callosum
- 6  Spinal cord
- 7  Extra-CNS primary, specify: \_\_\_\_\_

5. Did patient have a history of cancer other than CNS tumor of same histologic group?

- 1  Yes
- 0  No

6. Cite prior cancer:

- 1  Acute leukemia
- 2  Non-Hodgkin's lymphoma
- 3  Breast cancer
- 4  Soft tissue sarcoma
- 5  Colo-rectal cancer
- 6  Basal cell carcinoma
- 7  Retinoblastoma
- 91  Other primary CNS tumor, specify: \_\_\_\_\_
- 92  Other non-CNS tumor, specify: \_\_\_\_\_

7. Date of diagnosis of prior cancer:

Month                  Day                  Year

8. Did patient have a history of co-existing phakomatosis?

- 1  Yes
- 0  No
- 8  Unknown

9. Cite co-existing phakomatosis:

- 1  Neurofibromatosis type 1
- 2  Neurofibromatosis type 2
- 3  Tuberculous sclerosis (Bourneville disease)
- 4  Cerebroretinal angiomatosis (Von Hippel-Lindau Disease)
- 5  Encephalotrigeminal angiomatosis (Sturge-Weber Syndrome)
- 7  Other, specify: \_\_\_\_\_

10. Did patient have a family history of cancer in first degree relatives under 40 years of age at the time of patient's diagnosis?

- 1  Yes
- 0  No
- 8  Unknown

11. Cite cancers:

	Yes	No	
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Basal cell carcinoma
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Colo-rectal carcinoma
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Soft tissue sarcoma
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Breast cancer
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Brain tumors
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Neurofibromas
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Malignant nerve sheath tumors
1	<input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify: _____

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## Initial Management

Describe initial management (include surgery, neoadjuvant, and adjuvant therapy) on pages 4 and 5.

List the therapies (surgery, chemotherapy, radiation) in the order they were given (1st, 2nd, 3rd, etc.).

If two agents or modalities (e.g. chemotherapy and radiation) were given in combination, then enter both therapies in the same column as a single line of therapy.

### DEFINITIONS

#### Overall Response

Use the following codes to indicate patient's overall radiographic/cytologic/tumor marker response:

- 0** = Continued complete response (CCR) = continued absence of all disease after a complete response to a previous line of therapy.
- 1** = Complete response (CR) = complete disappearance of all sites of known disease for at least 4 weeks.
- 2** = Complete response undetermined (CRU) = Complete response with persistence of radiographic linear enhancing abnormalities of unknown significance.
- 3** = Partial response (PR) =  $\geq 50\%$  reduction in greatest diameter of all sites of known disease and no new sites of disease for at least 4 weeks.
- 4** = No response (NR) =  $< 50\%$  reduction in greatest diameter of any known sites of disease and no new sites of disease for at least 4 weeks.
- 5** = Progressive disease (PD) = increase in size of any site of known disease or any new sites of disease.
- 19** = Not evaluable (NE); specify reason

#### Type of Surgery

- 1** = Gross total resection (>95% resection, no radiographic residual)
- 2** = Near total resection (90-95% resection, minimal radiographic residual)
- 3** = Subtotal resection (71-89% resection, moderate radiographic residual)
- 4** = Partial resection (10-50% resection, significant radiographic residual)
- 5** = Biopsy only (<10% resection, no radiographic change post-op from pre-op)

#### Size of Residual Tumor

- 1** = None (no radiographic residual)
- 2** = Less than 1.5 cm, with radiographic residual
- 3** = 1.5 to less than 3.0 cm
- 4** = 3.0 cm to 6.0 cm
- 5** = >6.0 cm
- 19** = NE (not evaluable)
- 88** = Unknown

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Initial Management

Line of Therapy

1st

2nd

Date started therapy: 12.       month day year

49.       month day year

Date stopped therapy: 13.       month day year

50.       month day year

SURGICAL BIOPSY/RESECTION:

14.  Yes 0  No

51. 1  Yes 0  No

Type of Surgery:

15.   
16.

52.   
53.

Use codes on page 3

Size of Residual Tumor:

(following surgery)  
Use codes on page 3

RADIATION THERAPY:

17. 1  Yes 0  No

54. 1  Yes 0  No

Radiation field Local cranial:

18. 1  Yes 0  No  
19. 1  Yes 0  No  
20. 1  Yes 0  No  
21. 1  Yes 0  No  
22. 1  Yes 0  No  
23. 1  Yes 0  No  
24. 1  Yes 0  No  
25. 1  Yes 0  No  
26. \_\_\_\_\_  
27. 1  Single 2  Single daily 3  Multiple daily 7  Other

55. 1  Yes 0  No  
56. 1  Yes 0  No  
57. 1  Yes 0  No  
58. 1  Yes 0  No  
59. 1  Yes 0  No  
60. 1  Yes 0  No  
61. 1  Yes 0  No  
62. 1  Yes 0  No  
63. \_\_\_\_\_  
64. 1  Single 2  Single daily 3  Multiple daily 7  Other

Whole brain:

Craniospinal:

Gamma knife/radiosurgery:

Interstitial irradiation/brachytherapy:

Radioactive instillation:

Local spinal:

Other:

Specify other:

Fractionation schedule:

CHEMOTHERAPY:

28.  Yes 0  No

65. 1  Yes 0  No

# of cycles:

29.   -8  Unknown  
30. 1  Yes 0  No  
31. 1  Yes 0  No  
32. 1  Yes 0  No  
33. 1  Yes 0  No  
34. 1  Yes 0  No  
35. 1  Yes 0  No  
36. 1  Yes 0  No  
37. 1  Yes 0  No  
38. 1  Yes 0  No  
39. 1  Yes 0  No  
40. 1  Yes 0  No  
41. 1  Yes 0  No  
42. 1  Yes 0  No  
43. 1  Yes, specify: \_\_\_\_\_  
44. 1  Yes 0  No  
45. 1  <5 cycles 2  ≥5 cycles -8  Unk

66.   -8  Unknown  
67. 1  Yes 0  No  
68. 1  Yes 0  No  
69. 1  Yes 0  No  
70. 1  Yes 0  No  
71. 1  Yes 0  No  
72. 1  Yes 0  No  
73. 1  Yes 0  No  
74. 1  Yes 0  No  
75. 1  Yes 0  No  
76. 1  Yes 0  No  
77. 1  Yes 0  No  
78. 1  Yes 0  No  
79. 1  Yes 0  No  
80. 1  Yes, specify: \_\_\_\_\_  
81. 1  Yes 0  No  
82. 1  <5 cycles 2  ≥5 cycles -8  Unk

Treatment

Bleomycin:

Carboplatin:

Cisplatin:

Cyclophosphamide:

Etoposide:

Ifosfamide:

Melphalan (L-PAM):

Methotrexate:

Nifosourea:

Procarbazine:

Thiotepa:

Topotecan:

Vincristine:

Other:

Was an anti-neoplastic growth factor used?

In how many of chemo. cycles used with:

Response, specify:

(check one)

(See definitions on page 3)

46. 4  NR  
1  CR 5  PD  
2  CRU 19  NE, specify: \_\_\_\_\_  
3  PR 88  Unknown

83. 0  CCR 4  NR  
1  CR 5  PD  
2  CRU 19  NE, specify: \_\_\_\_\_  
3  PR 88  Unknown

Date response evaluated:

47.       month day year

84.       month day year

Did patient relapse or progress after this line of therapy?

48.  Yes 0  No

85. 1  Yes 0  No

Continued on next page

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Go to Q.160

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Initial Management

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Line of Therapy

3rd

4th

Date started therapy: 86.  month  day  year

123.  month  day  year

Date stopped therapy: 87.  month  day  year

124.  month  day  year

SURGICAL BIOPSY/RESECTION:

88.  Yes  No

125.  Yes  No

Type of Surgery:

89.   
90.

126.   
127.

Use codes on page 3

Size of Residual Tumor:

(following surgery)

Use codes on page 3

RADIATION THERAPY:

91.  Yes  No

128.  Yes  No

Radiation field Local cranial:

Table with columns for Total cGy (rads) and rows for radiation fields (92-99) and fractionation (100-101).

Table with columns for Total cGy (rads) and rows for radiation fields (129-136) and fractionation (137-138).

Whole brain:

Craniospinal:

Gamma knife/radiosurgery:

Interstitial irradiation/brachytherapy:

Radioactive instillation:

Local spinal:

Other:

Specify other:

Fractionation schedule:

CHEMOTHERAPY:

102.  Yes  No

139.  Yes  No

# of cycles:

103.  -8  Unknown

140.  -8  Unknown

Treatment

- Bleomycin: 104.  Yes  No
Carboplatin: 105.  Yes  No
Cisplatin: 106.  Yes  No
Cyclophosphamide: 107.  Yes  No
Etoposide: 108.  Yes  No
Ifosfamide: 109.  Yes  No
Melfalan (L-PAM): 110.  Yes  No
Methotrexate: 111.  Yes  No
Nitrosourea: 112.  Yes  No
Procarbazine: 113.  Yes  No
Thiotepa: 114.  Yes  No
Topotecan: 115.  Yes  No
Vincristine: 116.  Yes  No
Other: 117.  Yes, specify:

- 141.  Yes  No
142.  Yes  No
143.  Yes  No
144.  Yes  No
145.  Yes  No
146.  Yes  No
147.  Yes  No
148.  Yes  No
149.  Yes  No
150.  Yes  No
151.  Yes  No
152.  Yes  No
153.  Yes  No
154.  Yes, specify:

Was an anti-neoplastic growth factor used?

118.  Yes  No

155.  Yes  No

How many cycles of chemo. cycles used with:

119.  <5 cycles  ≥5 cycles -8  Unk

156.  <5 cycles  ≥5 cycles -8  Unk

Response, specify:

120.  CCR  NR  CR  PD  CRU  NE, specify:  PR  Unknown

157.  CCR  NR  CR  PD  CRU  NE, specify:  PR  Unknown

Date response evaluated:

121.  month  day  year

158.  month  day  year

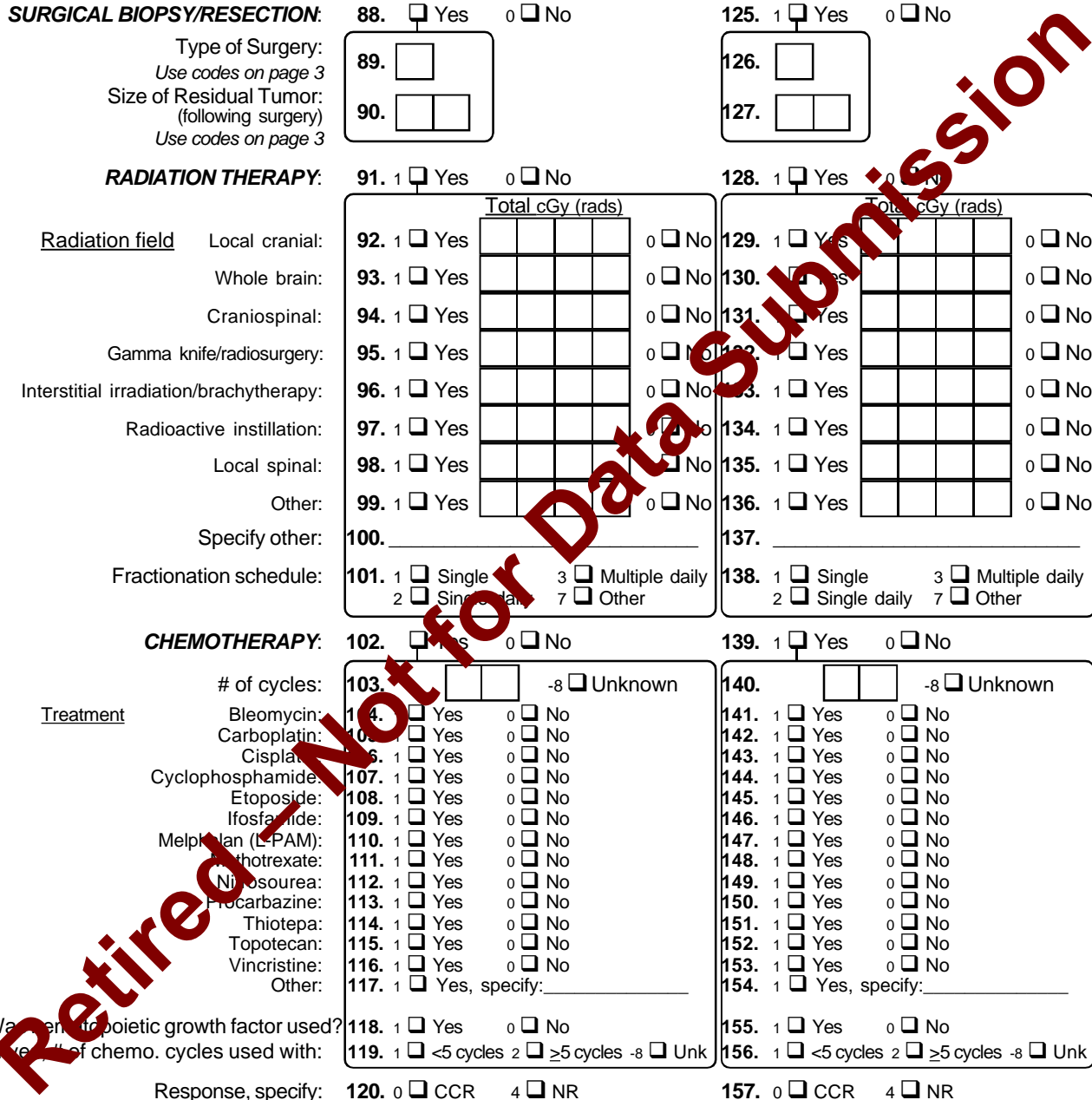
Did patient relapse or progress after this line of therapy?

122.  Yes  No

159.  Yes  No

Go to Q.160

Go to Q.160



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160. Did CNS tumor recur or progress at any time prior to conditioning?

- 1  Yes  
0  No

161. Date of first recurrence or progression:        
Month Day Year

Indicate each site involved at first recurrence:

Yes No Unknown

162. 1  0  8  Local primary site  
163. 1  0  8  Distant intracranial parenchymal  
164. 1  0  8  Intracranial leptomeningeal  
165. 1  0  8  Spinal leptomeningeal  
166. 1  0  8  Cerebrospinal fluid  
167. 1  0  8  Extraneural  
168. 1  0  Other, specify: \_\_\_\_\_

169. Did patient have pathologic confirmation of tumor at first recurrence or progression?

- 1  Yes  
0  No

170. Was pathology identical with that at initial diagnosis?

- 1  Yes

- 0  No

List pathological diagnosis code from Q.1:

For subsequent recurrences prior to conditioning, indicate all sites involved:

Yes No Unknown

171. 1  0  8  Local primary site  
172. 1  0  8  Distant intracranial parenchymal  
173. 1  0  8  Intracranial leptomeningeal  
174. 1  0  8  Spinal leptomeningeal  
175. 1  0  8  Cerebrospinal fluid  
176. 1  0  8  Extraneural  
177. 1  0  Other, specify: \_\_\_\_\_

Describe management of tumor recurrence, progression or persistent disease on pages 7 and 8.

List the therapies (surgery, chemotherapy, radiation) in the order they were given (1st, 2nd, 3rd, etc.).

If two agents or modalities (e.g. chemotherapy and radiation) were given in combination, then enter both therapies in the same column as a single line of therapy.

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Management after first and subsequent tumor recurrence/progression/persistence:

Line of Therapy

1st

2nd

Date started therapy: 178.       month day year

216.       month day year

Date stopped therapy: 179.       month day year

217.       month day year

SURGICAL BIOPSY/RESECTION:

180.  Yes  No

218. 1  Yes  No

Type of Surgery: 181.

Use codes on page 3

219.

Extent of Resection Confirmed Radiographically: 182.  Yes  No  Unknown

220. 1  Yes  No  Unknown

RADIATION THERAPY:

183. 1  Yes  No

221. 1  Yes  No

Radiation field Local cranial: 184. 1  Yes  No

Total cGy (rads)

No

222. 1  Yes  No

Total cGy (rads)

No

Whole brain: 185. 1  Yes  No

No

223. 1  Yes  No

No

Craniospinal: 186. 1  Yes  No

No

224. 1  Yes  No

No

Gamma knife/radiosurgery: 187. 1  Yes  No

No

225. 1  Yes  No

No

Interstitial irradiation/brachytherapy: 188. 1  Yes  No

No

226. 1  Yes  No

No

Radioactive instillation: 189. 1  Yes  No

No

227. 1  Yes  No

No

Local spinal: 190. 1  Yes  No

No

228. 1  Yes  No

No

Other: 191. 1  Yes  No

No

229. 1  Yes  No

No

Specify other: 192.

230.

Fractionation schedule: 193. 1  Single  Multiple daily  Single daily  Other

3  Multiple daily  
2  Single daily 7  Other

231. 1  Single  Multiple daily  
2  Single daily 7  Other

CHEMOTHERAPY:

194.  Yes  No

232. 1  Yes  No

# of cycles: 195.   -8  Unknown

233.   -8  Unknown

Treatment Bleomycin: 196. 1  Yes  No

234. 1  Yes  No

Carboplatin: 197. 1  Yes  No

235. 1  Yes  No

Cisplatin: 198. 1  Yes  No

236. 1  Yes  No

Cyclophosphamide: 199. 1  Yes  No

237. 1  Yes  No

Etoposide: 200. 1  Yes  No

238. 1  Yes  No

Ifosfamide: 201. 1  Yes  No

239. 1  Yes  No

Melphalan (L-PAM): 202. 1  Yes  No

240. 1  Yes  No

Methotrexate: 203. 1  Yes  No

241. 1  Yes  No

Nitrosourea: 204. 1  Yes  No

242. 1  Yes  No

Procarbazine: 205. 1  Yes  No

243. 1  Yes  No

Thiotepa: 206. 1  Yes  No

244. 1  Yes  No

Topotecan: 207. 1  Yes  No

245. 1  Yes  No

Vincristine: 208. 1  Yes  No

246. 1  Yes  No

Other: 209. 1  Yes, specify:

247. 1  Yes, specify:

Was heretofore growth factor used? 210. 1  Yes  No

If yes # of chemo. cycles used with: 211. 1  <5 cycles 2  ≥5 cycles -8  Unk

248. 1  Yes  No

249. 1  <5 cycles 2  ≥5 cycles -8  Unk

Response, specify: 212. 1  CR 4  NR 2  CRU 5  PD 3  PR 19  NE, specify:  88  Unknown

(See definitions on page 3)

250. 0  CCR 4  NR 1  CR 5  PD 2  CRU 19  NE, specify:  3  PR 88  Unknown

Date response evaluated: 213.       month day year

251.       month day year

Did patient relapse or progress after this line of therapy? 214.  Yes  No

252. 1  Yes  No

Date of relapse/progression: 215.       month day year

253.       month day year

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Line of Therapy

3rd

4th

Date started therapy: 254.       month day year

292.       month day year

Date stopped therapy: 255.       month day year

293.       month day year

SURGICAL BIOPSY/RESECTION: 256.  Yes 0  No

294. 1  Yes 0  No

Type of Surgery: 257.   
Use codes on page 3

295.

Extent of Resection Confirmed Radiographically: 258.  Yes 0  No 8  Unknown

296. 1  Yes 0  No 8  Unknown

RADIATION THERAPY: 259. 1  Yes 0  No

297. 1  Yes 0  No

Radiation field Local cranial: 260. 1  Yes 


 0  No

298. 1  Yes 


 0  No

Whole brain: 261. 1  Yes 


 0  No

299. 1  Yes 


 0  No

Craniospinal: 262. 1  Yes 


 0  No

300. 1  Yes 


 0  No

Gamma knife/radiosurgery: 263. 1  Yes 


 0  No

301. 1  Yes 


 0  No

Interstitial irradiation/brachytherapy: 264. 1  Yes 


 0  No

302. 1  Yes 


 0  No

Radioactive instillation: 265. 1  Yes 


 0  No

303. 1  Yes 


 0  No

Local spinal: 266. 1  Yes 


 0  No

304. 1  Yes 


 0  No

Other: 267. 1  Yes 


 0  No

305. 1  Yes 


 0  No

Specify other: 268.

306.

Fractionation schedule: 269. 1  Single 2  Single daily 3  Multiple daily 7  Other

307. 1  Single 2  Single daily 3  Multiple daily 7  Other

CHEMOTHERAPY: 270.  Yes 0  No

308. 1  Yes 0  No

# of cycles: 271.   -8  Unknown

309.   -8  Unknown

Treatment Bleomycin: 272.  Yes 0  No

310. 1  Yes 0  No

Carboplatin: 273.  Yes 0  No

311. 1  Yes 0  No

Cisplatin: 274. 1  Yes 0  No

312. 1  Yes 0  No

Cyclophosphamide: 275. 1  Yes 0  No

313. 1  Yes 0  No

Etoposide: 276. 1  Yes 0  No

314. 1  Yes 0  No

Ifosfamide: 277. 1  Yes 0  No

315. 1  Yes 0  No

Melphalan (L-PAM): 278. 1  Yes 0  No

316. 1  Yes 0  No

Methotrexate: 279. 1  Yes 0  No

317. 1  Yes 0  No

Nifosourea: 280. 1  Yes 0  No

318. 1  Yes 0  No

Procarbazine: 281. 1  Yes 0  No

319. 1  Yes 0  No

Thiotepa: 282. 1  Yes 0  No

320. 1  Yes 0  No

Topotecan: 283. 1  Yes 0  No

321. 1  Yes 0  No

Vincristine: 284. 1  Yes 0  No

322. 1  Yes 0  No

Other: 285. 1  Yes, specify:

323. 1  Yes, specify:

Was heretofore growth factor used? 286. 1  Yes 0  No

324. 1  Yes 0  No

If yes # of chemo. cycles used with: 287. 1  <5 cycles 2  ≥5 cycles -8  Unk

325. 1  <5 cycles 2  ≥5 cycles -8  Unk

Response, specify: 288. 0  CCR 4  NR 1  CR 5  PD 2  CRU 19  NE, specify:  3  PR 88  Unknown

326. 0  CCR 4  NR 1  CR 5  PD 2  CRU 19  NE, specify:  3  PR 88  Unknown

Date response evaluated: 289.       month day year

327.       month day year

Did patient relapse or progress after this line of therapy? 290.  Yes 0  No

328. 1  Yes 0  No

Date of relapse/progression: 291.       month day year

329.       month day year



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330. Was bone marrow biopsy done immediately prior to high-dose conditioning?

- 1  Yes
- 0  No
- 8  Unknown

331. Date of biopsy:         8  Unknown  
Month Day Year

332. Was tumor present in biopsy? 1  Yes 0  No

Cite test used and test results:

	Positive*	Negative	Not Tested
333. Routine histopathology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>
334. Immunohistochemistry	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>
335. Cytogenetics	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>
336. Other specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>

\*Positive for tumor involvement

337. Was bone marrow aspirate done immediately prior to high-dose conditioning?

- 1  Yes
- 0  No
- 8  Unknown

338. Date of bone marrow aspirate:         8  Unknown  
Month Day Year

339. Was CNS tumor present in aspirate? 1  Yes 0  No

Cite test used and test results:

	Positive*	Negative	Not Tested
340. Routine histopathology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>
341. Immunohistochemistry	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>
342. Cytogenetics	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>
343. Other specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>

\*Positive for tumor involvement

344. Was bone scan performed immediately prior to high-dose conditioning?

- 1  Yes
- 0  No
- 8  Unknown

345. Date of bone scan:         8  Unknown  
Month Day Year

346. Was bone scan positive for tumor? 1  Yes 0  No

347. Did patient ever have bone marrow or bone involvement with CNS tumor prior to high-dose conditioning, other than indicated in Q.330, Q.337 and Q.344?

- 1  Yes
- 0  No

Cite test used to indicate involvement:

	Dates:			Positive, but Date Unknown	Test Not Used
	Month	Day	Year		
348. Bone scan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
349. Routine bone marrow histopathology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
350. Bone marrow histochemistry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
351. Bone marrow cytogenetics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
352. Other specify: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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353. Indicate the status of disease prior to start of high-dose therapy (conditioning):

- 1  No evidence of residual disease (radiographic/cytologic/tumor marker)
- 2  Minimal residual enhancement of uncertain significance – CSF negative, no nodular residual, no edema or mass effect or midline shift, no steroid dependency
- 3  Moderate residual disease – nodular residual less than 3 cm diameter, no midline shift, no steroid dependency
- 4  Bulky residual tumor – more than 3 cm diameter nodular disease, CSF positive, midline shift, steroid dependency

Sites of residual disease:

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	
354.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Local primary site
355.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Distant intracranial parenchymal
356.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Intracranial leptomeningeal
357.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Spinal leptomeningeal
358.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Cerebrospinal fluid
359.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Extraneural
360.	1 <input type="checkbox"/>	0 <input type="checkbox"/>		Other, specify: _____

361. Date disease status was evaluated:        
Month Day Year

362. What was the sensitivity of the CNS tumor to chemotherapy prior to conditioning?

- (Response to last chemotherapy given prior to transplant; chemotherapy must be at least two cycles of treatment given within 6 months prior to conditioning. Response must be documented radiographically, cytologically or with tumor marker.)*
- 1  Chemosensitive
  - 2  Chemoresistant
  - 7  Not evaluable (no chemotherapy, or adjuvant chemotherapy only, within 6 months prior to transplant or <2 cycles)
  - 8  Unknown (no response not documented)

Retired - Not for Data Submission

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### Posttransplant Information

**To be completed 100 days posttransplant, or at time of death if death occurred <100 days posttransplant, or immediately prior to start of high-dose therapy (conditioning) for second transplant if second transplant done <100 days after first transplant.**

363. Indicate patient's best response to transplant excluding planned posttransplant therapy (i.e., surgical resection or irradiation):

- 0  Continued complete response
- 1  Complete response – complete disappearance of all sites of known disease for at least 4 weeks
- 2  Complete response with persistence of radiographic linear enhancing 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 at least 4 weeks
- 4  No response –  $< 50\%$  reduction in greatest diameter of all known sites of disease and no new sites of disease for at least 4 weeks
- 5  Progressive disease – increase in size of any site of known disease or new sites of disease
- 9  Not evaluable

Reason: 1  Toxic death <28 days following transplant and before disease evaluation  
 7  Other reason, specify: \_\_\_\_\_

364. Date of evaluation of best response excluding planned therapy:        
 Month Day Year

365. Was planned per protocol treatment (treatment before development of progressive/recurrent disease) administered posttransplant?  Yes  No Go to Q.386

Specify planned treatment given:

366. Surgical resection of persistent radiographic abnormality? 1  Yes 0  No

367. Date of surgery:        
 Month Day Year

368. Type of surgery:   
 (See definitions on p.3)

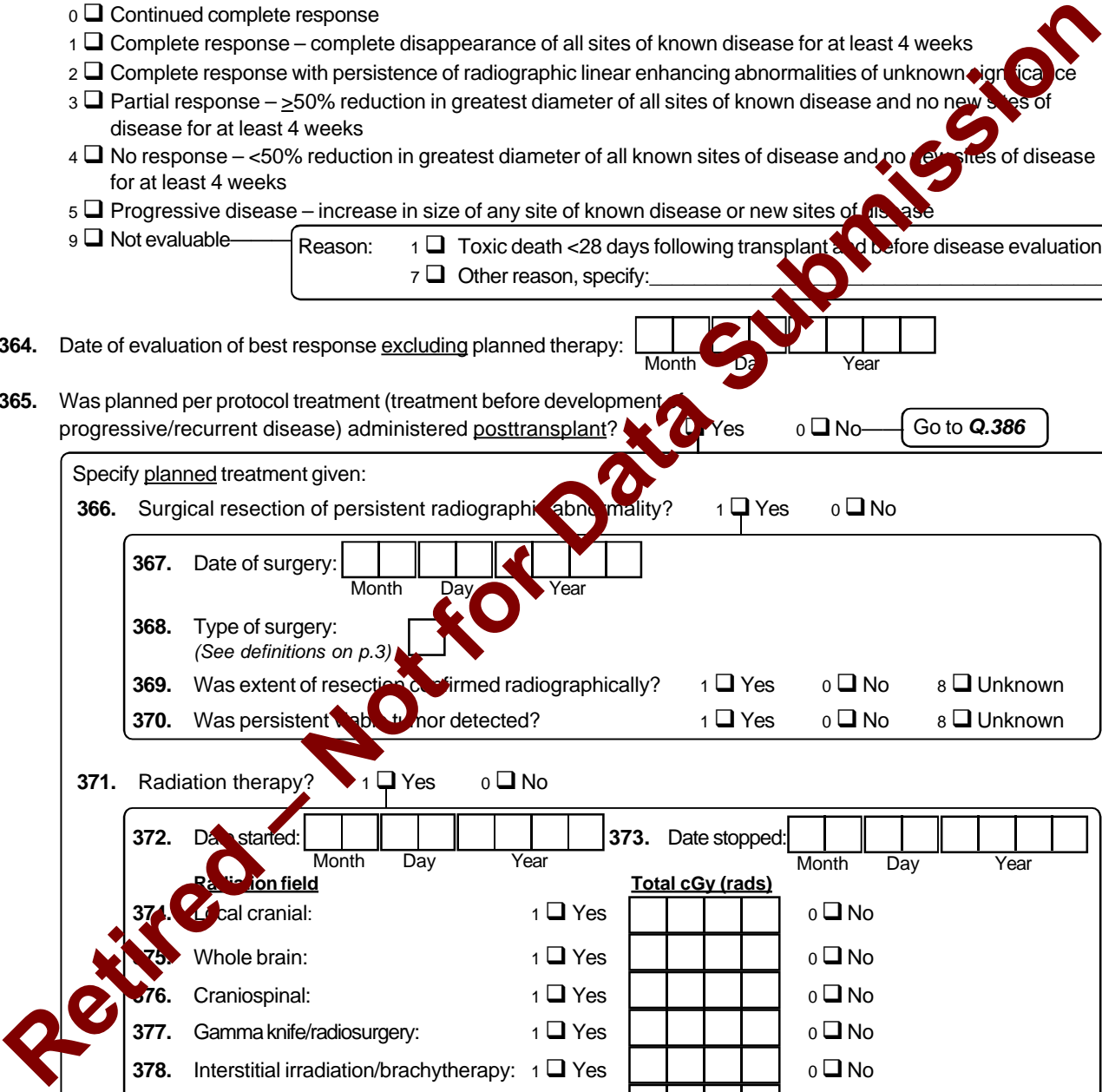
369. Was extent of resection confirmed radiographically? 1  Yes 0  No 8  Unknown

370. Was persistent radiographic tumor detected? 1  Yes 0  No 8  Unknown

371. Radiation therapy? 1  Yes 0  No

372. Date started: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	373. Date stopped: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
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Radiation field	Total cGy (rads)	
374. Local cranial: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
375. Whole brain: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
376. Craniospinal: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
377. Gamma knife/radiosurgery: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
378. Interstitial irradiation/brachytherapy: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
379. Radioactive instillation: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
380. Local spinal: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
381. Other: 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
382. Specify other: _____		
383. Fractionation schedule: 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Single daily 3 <input type="checkbox"/> Multiple daily 7 <input type="checkbox"/> Other specify: _____		



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**384.** Indicate patient's best response to transplant including planned posttransplant treatment:

- 0  Continued complete response
- 1  Complete response – complete disappearance of all known disease for at least 4 weeks
- 2  Complete response with persistence of radiographic linear enhancing abnormalities of unknown significance
- 3  Partial response – >50% reduction in greatest diameter of all sites of known disease and no new sites of disease for at least 4 weeks
- 4  No response – >50% reduction in greatest diameter of all known sites of disease and no new sites of disease
- 5  Progressive disease – increase in size of any site of known disease or new sites of disease
- 19  Not evaluable

Reason: 1  Toxic death before disease evaluation  
7  Other reason, specify: \_\_\_\_\_

**385.** Indicate date of evaluation of best response including planned therapy:   
Month Day Year

**386.** Indicate day 100 status of CNS cancer (for patients who died <100 days, report status at time of death):

- 0  Continued complete response See Q 351 box 1
- 1  Free of CNS tumor; no recurrence posttransplant
- 2  Free of CNS tumor except for persistent radiographic abnormalities of unknown significance; no recurrence posttransplant
- 3  Persistent CNS tumor without progression (never achieved complete remission posttransplant)
- 4  Progressive CNS tumor (never achieved complete remission posttransplant)
- 5  Recurrent CNS tumor (relapse after achieving complete remission)
- 6  Free of CNS tumor after posttransplant recurrence/progression
- 7  Free of CNS tumor after posttransplant recurrence except for persistent radiographic abnormalities of uncertain significance
- 19  Not evaluable, specify: \_\_\_\_\_

**387.** Date of relapse or progression:   
Month Day Year

First site(s) of tumor progression/recurrence:

	Yes	No	Unknown	
388.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Local primary site
389.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Distant intracranial parenchymal
390.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Intracranial leptomeningeal
391.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Spinal leptomeningeal
392.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Cerebrospinal fluid
393.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Extraneural
394.	1 <input type="checkbox"/>	0 <input type="checkbox"/>		Other, specify: _____

**395.** Indicate date of evaluation of day 100 status:   
Month Day Year