

**FOLLOW-UP 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

**Follow-up Information**

*\* Report data for date of last contact or immediately prior to death*

1. Did disease recur or progress since last report?

- 1  Yes  
 0  No

Indicate sites of tumor recurrence or progression since last report:

	Yes	No	Sites	Date of Recurrence or Progression			Unk
				Month	Day	Year	
2.	<input type="checkbox"/>	<input type="checkbox"/>	Local primary site	[ ]	[ ]	[ ]	8 <input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Distant intracranial parenchymal	[ ]	[ ]	[ ]	8 <input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Intracranial leptomeningeal	[ ]	[ ]	[ ]	8 <input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Spinal leptomeningeal	[ ]	[ ]	[ ]	8 <input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrospinal fluid	[ ]	[ ]	[ ]	8 <input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Extraneural	[ ]	[ ]	[ ]	8 <input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	[ ]	[ ]	[ ]	8 <input type="checkbox"/>

**Retired – Not for Data Submission**

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9. Was patient treated for posttransplant persistent, progressive or recurrent disease since last report?

- 1  Yes
- 0  No
- 8  Unknown

**SURGICAL BIOPSY/RESECTION:** 10. 1  Yes 0  No

Date started therapy: 11.        
month day year

Type of Surgery: 12. 1  Gross total resection (>95% resection, no radiographic residual)  
2  Near total resection (90-95% resection, minimal radiographic residual)  
3  Subtotal resection (51-89% 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)

Extent of Resection Confirmed Radiographically: 13. 1  Yes 0  No

**RADIATION THERAPY:** 14. 1  Yes 0  No

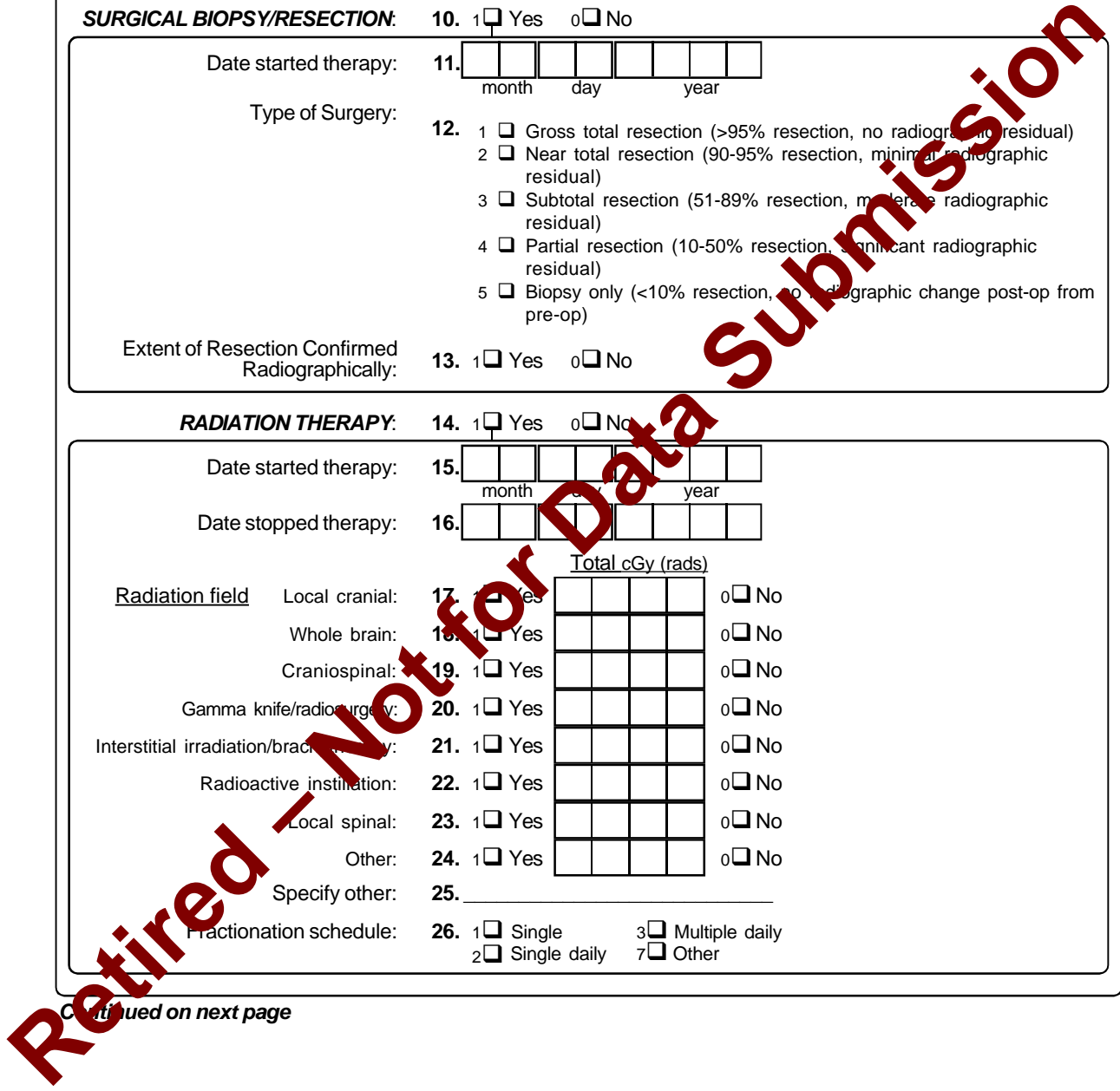
Date started therapy: 15.        
month day year

Date stopped therapy: 16.        
month day year

Radiation field	Local cranial:	17. 1 <input type="checkbox"/> Yes	Total cGy (rads)	0 <input type="checkbox"/> No
	Whole brain:	18. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Craniospinal:	19. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Gamma knife/radiosurgery:	20. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Interstitial irradiation/brachytherapy:	21. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Radioactive instillation:	22. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Local spinal:	23. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Other:	24. 1 <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
	Specify other:	25. _____		

Fractionation schedule: 26. 1  Single 3  Multiple daily  
2  Single daily 7  Other

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<b>CHEMOTHERAPY:</b>		27.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
Date started therapy:	28.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		month	day	year
Date stopped therapy:	29.	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of cycles:	30.	<input type="text"/>	<input type="text"/>	-8 <input type="checkbox"/> Unknown
<u>Treatment</u>	Bleomycin:	31.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Carboplatin:	32.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Cisplatin:	33.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Cyclophosphamide:	34.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Etoposide:	35.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Ifosfamide:	36.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Melphalan (L-PAM):	37.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Methotrexate:	38.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Nitrosourea:	39.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Procarbazine:	40.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Thiotepa:	41.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Topotecan:	42.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Vincristine:	43.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
	Other:	44.	1 <input type="checkbox"/> Yes, specify: _____	

45. Indicate most recent status of CNS cancer (for patients who died, report status at time of death):
- 0  Continued complete response
  - 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 (relapses 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: \_\_\_\_\_

46. Indicate date of evaluation of most recent status:

Month Day Year

Retired / Not for Data Submission