

**INSERT XVII
NEUROBLASTOMA**

TEAM

IUBMID

*(Institutional Unique Blood or Marrow
Transplant Identification Number)*

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

FOR REGISTRY USE ONLY:

I.D. **M** - -

Date received:

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 go to Q.280**

1. Date of diagnosis:
Month Day Year

Location of primary tumor(s) at diagnosis:

<u>Yes</u> <u>No</u>		<u>Number of Tumors Present</u>	<u>Yes</u> <u>No</u>		<u>Number of Tumors Present</u>
2.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	3. <input type="text"/>	16.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	17. <input type="text"/>
4.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	5. <input type="text"/>	18.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	19. <input type="text"/>
6.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	7. <input type="text"/>	20.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	21. <input type="text"/>
8.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	9. <input type="text"/>	22.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	23. <input type="text"/>
10.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	11. <input type="text"/>	24.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	25. <input type="text"/>
12.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	13. <input type="text"/>	26.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	27. <input type="text"/>
14.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	15. <input type="text"/>	28.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	29. <input type="text"/>
			28. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Other(s), specify: _____		
			30. 1 <input type="checkbox"/> Location of primary tumor unknown		

31. Were metastases present at diagnosis?

1 Yes
0 No
8 Unknown

<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
32. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	39. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
33. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	40. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
34. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	41. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
35. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	42. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
36. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	43. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
37. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	44. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
38. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	45. 1 <input type="checkbox"/> 0 <input type="checkbox"/>

Radiographic tests used for evaluation of disease status at diagnosis:

<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
46. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	48. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
47. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	50. 1 <input type="checkbox"/> 0 <input type="checkbox"/>
48. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	

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51. Was biopsy performed at **diagnosis**?

- 1 Yes
- 0 No

Specify biopsy site(s) demonstrating neuroblastoma:

<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
52. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Primary tumor	54. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Skin
53. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Bone marrow	55. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Other, specify: _____

56. What were histologic findings by Shimada classification?

1 <input type="checkbox"/>	Stroma-rich	57. Specify: 1 <input type="checkbox"/>	Nodular	2 <input type="checkbox"/>	Well differentiated/intermixed
2 <input type="checkbox"/>	Stroma-poor	58. Specify: 1 <input type="checkbox"/>	Favorable	2 <input type="checkbox"/>	Unfavorable
8 <input type="checkbox"/>	Not classified/Unknown				

Laboratory values at **diagnosis**:

		Specify Units	Unknown
59. WBC	<input type="text"/>		
61. Hemoglobin	<input type="text"/>		
63. Hematocrit	<input type="text"/>	%	
64. Platelets	<input type="text"/>		
60. 1 <input type="checkbox"/> x10 ⁹ /L (x10 ³ /mm ³)	2 <input type="checkbox"/> x10 ⁶ /L		<input type="checkbox"/>
62. 1 <input type="checkbox"/> g/dL	2 <input type="checkbox"/> g/L	3 <input type="checkbox"/> mmol/L	<input type="checkbox"/>
65. 1 <input type="checkbox"/> x10 ⁹ /L (x10 ³ /mm ³)	2 <input type="checkbox"/> x10 ⁶ /L		<input type="checkbox"/>

Tumor marker analyses at **diagnosis**:

<u>Yes</u>	<u>No</u>		Specify Units	Unknown
66. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Neuron specific enolase	<input type="text"/>	ng/mL	<input type="checkbox"/>
67. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Serum ferritin	<input type="text"/>	ng/mL or µg/L	<input type="checkbox"/>
68. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Vanilmandelic acid (VMA)	<input type="text"/>	µg/mg creatinine	<input type="checkbox"/>
69. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Homovanillic acid (HVA)	<input type="text"/>	µg/mg creatinine	<input type="checkbox"/>
70. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	LDH	<input type="text"/>		
71. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Upper limit of normal for LDH	<input type="text"/>	U/L	2 <input type="checkbox"/> µkat/L
72. 1 <input type="checkbox"/> 0 <input type="checkbox"/>	Other, specify (include level and units):	_____		

74. Was DNA analysis done at **diagnosis**?

- 1 Yes
- 0 No
- 8 Unknown

Tissue tested: Unknown

75. 1 Yes 0 No Bone marrow

76. 1 Yes 0 No 1° tumor

77. 1 Yes 0 No Other, specify: _____

Ploidy

78. Modal number:

79. DNA index:

Proto-oncogenes

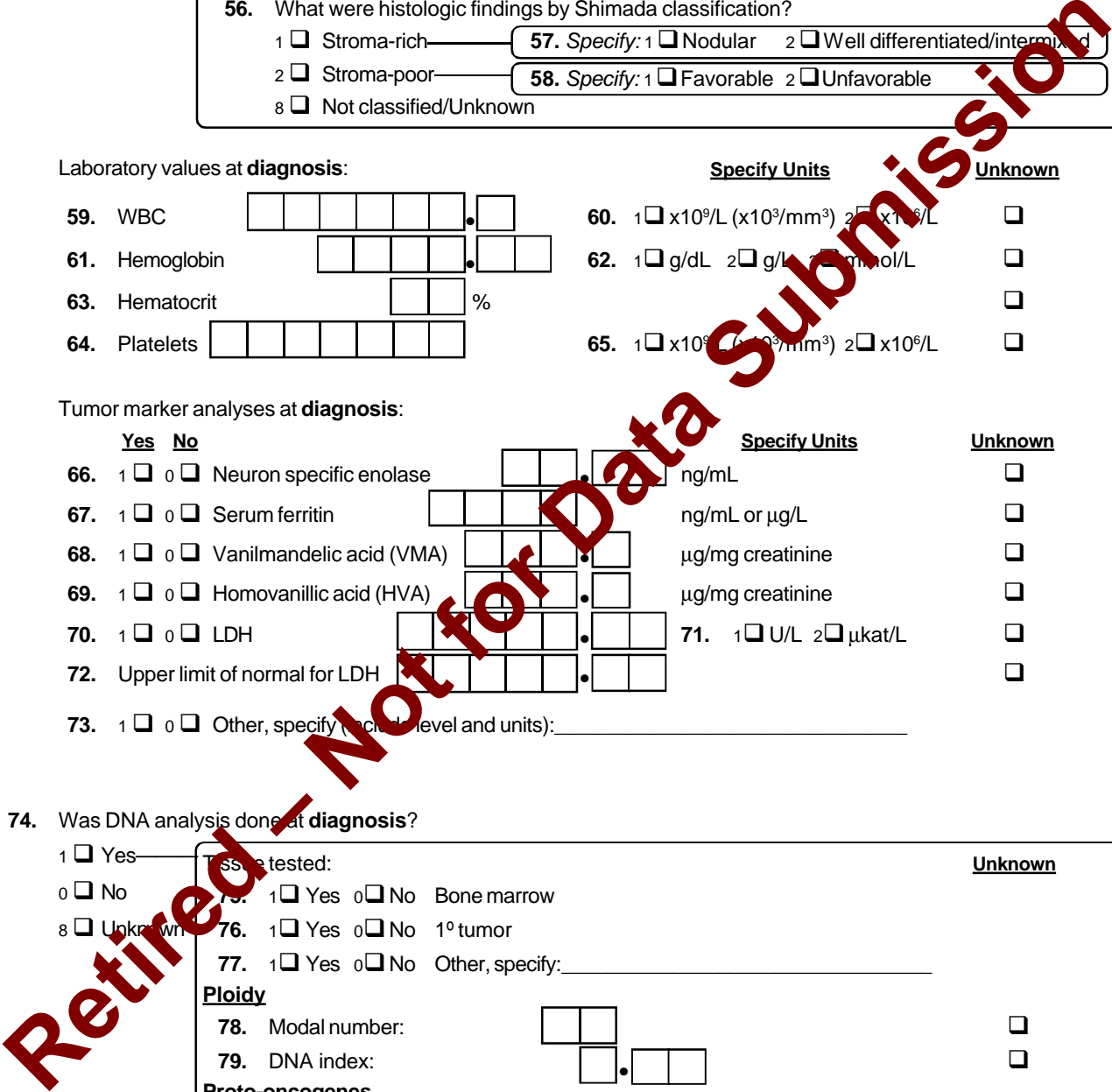
80. N-myc amplification 1 Yes Copy # 0 No

81. trk A expression: 0 Absent 1 Low 2 High

82. Other molecular abnormalities 1 Yes 0 No

Specify: _____

If DNA report is available, check here , attach a copy and reference Q.74.



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83. Was cytogenetic analysis done at **diagnosis**?

- 1 Yes
- 2 Yes, but no evaluable metaphases
- 0 No
- 8 Unknown

Tissue tested:

84. 1 Yes 0 No Bone marrow

85. 1 Yes 0 No 1° tumor

86. 1 Yes 0 No Other, specify: _____

87. Number of metaphases: Unknown

88. Was Karyotype normal? 1 Yes 0 No 8 Unknown

Specify abnormalities:

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	
89.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	1p-
90.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	14q-
91.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	17q+
92.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	+17
93.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other(s), specify: _____

If Cytogenetics report is available, check here at which a copy and reference Q.83.

Stage of disease at **diagnosis** (report INSS stage):

94. INSS Stage:
 Unknown

Stage International Neuroblastoma Staging System (revised)

- 1 Localized tumor with complete gross excision, with or without microscopic residual disease; representative ipsilateral lymph nodes negative for tumor microscopically (nodes attached to and removed with the primary tumor may be positive).
- 2A Localized tumor with incomplete gross excision; representative ipsilateral nonadherent lymph nodes negative for tumor microscopically.
- 2B Localized tumor with or without complete gross excision, with ipsilateral nonadherent lymph nodes positive for tumor. Enlarged contralateral lymph nodes must be negative microscopically.
- 3 Unresectable unilateral tumor infiltrating across the midline,* with or without regional lymph node involvement; localized unilateral tumor with contralateral regional lymph node involvement; or midline tumor with bilateral extension by infiltration (resectable) or by lymph node involvement.
- 4 Any primary tumor with dissemination to distant lymph nodes, bone, bone marrow, liver, skin and/or other organs (except as defined for Stage 4S).
- 4S Localized primary tumor (as defined for Stage 1, 2A or 2B), with dissemination limited to skin, liver, and/or bone marrow** (limited to infants <1 year of age).

* The midline is defined as the vertebral column. Tumors originating on one side and crossing the midline must infiltrate to or beyond the opposite side of the vertebral column.

** Marrow involvement in Stage 4S should be minimal, i.e., <10% of total nucleated cells identified as malignant on bone marrow biopsy or on marrow aspirate. More extensive marrow involvement would be considered to be Stage 4. The MIBG scan (if performed) should be negative in the marrow.

Complete POG stage or Evans stage only if INSS stage cannot be determined

95. POG Stage:
 Unknown

96. Evans Stage:
 Unknown

Stage Pediatric Oncology Group (POG) Staging System

- A Complete gross excision of primary tumor, margins histologically negative or positive. Intracavitary lymph nodes not intimately adhered to and removed with resected tumor must be histologically free of tumor. If primary is in abdomen or pelvis, liver must be histologically free of tumor.
- B Incomplete gross resection of primary. Lymph nodes and liver must be histologically free of tumor.
- C Complete or incomplete gross resection of primary. Intracavitary nodes (cavity of primary) histologically positive for tumor. Liver histologically free of tumor.
- D Disseminated disease beyond intracavitary nodes in bone marrow, bone, liver, skin or lymph nodes beyond cavity containing primary tumor.

Stage Evans Group Staging System

- I Tumor confined to the organ structure of origin.
- II Tumors extending in continuity beyond the organ or structure of origin but not crossing the midline. Regional lymph nodes on the homolateral side may be involved.
- III Tumors extending in continuity beyond the organ or structure of origin but not crossing the midline. Regional lymph nodes on the homolateral side may be involved.
- IV Remote disease involving skeleton, soft tissues, distant lymph node groups, etc.
- IV-S Patients with local stage I or II disease but who have remote disease confined to one or more of the following: liver, skin, bone marrow (with no evidence of bone metastases on complete skeletal survey)

Retrieved Not for Data Submission

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97. Are other family members known to have neuroblastoma or ganglioneuroma?

- 1 Yes
- 0 No
- 8 Unknown

	Yes	No	Unknown	
98.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Father
99.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Mother
100.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Sister
101. Indicate number of affected sisters: <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown				
102. Indicate number of affected brothers: <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown				
103.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Brother
104.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other(s), specify: _____

105. Are there other genetic diseases in the immediate family?

- 1 Yes
- 0 No
- 8 Unknown

	Yes	No	Unknown	
106.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Neurofibromatosis
107.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Beckwith-Wiedemann syndrome (FMS syndrome)
108.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Nesidioblastosis
109.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Trisomy 18
110.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>	Other(s), specify: _____

111. Did spontaneous regression of the tumor occur during the course? 1 Yes 0 No 8 Unknown

112. Did the patient have surgery as part of initial treatment? 1 Yes 0 No

113. Time of surgery: 1 At diagnosis 2 After induction chemotherapy 8 Unknown

Location of resected tumor:	Extent of Surgery (see definitions below)								Date of Surgery			Unk
	Not Done	Gross Ttl	Nea Ttl	Subtotal	Partial	Biopsy	Unknown	Month	Day	Year		
114. Head or neck	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	115.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
116. Mediastinum	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	117.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
118. Abdomen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	119.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
120. Pelvis	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	121.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
122. Other, Specify: _____	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	8 <input type="checkbox"/>	123.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

124. If surgical resection was performed after induction chemotherapy, give histologic diagnosis of resected tissue:
 Neuroblastoma 2 Ganglioneuroblastoma 3 Ganglioneuroma

Retired - Not for Data Submission

Definitions

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 (>50% – <90% 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)

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125. Was radiotherapy given as part of the **initial treatment**?

- 1 Yes
 0 No
 8 Unknown

	<u>Yes</u>	<u>No</u>		<u>Number of Fractions</u>	<u>Dose per fraction/cGy (rads)</u>
126.	<input type="checkbox"/>	<input type="checkbox"/>	Primary tumor bed after resection:	<input type="text"/>	<input type="text"/>
129.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify site: _____	<input type="text"/>	<input type="text"/>

132. Did the patient receive chemotherapy as part of the **initial treatment**? 1 Yes 0 No 8 Unknown

133. Date first cycle began	134. Date last cycle began	135. Number of cycles	136. Response code	137. Date of response evaluation
Month Day Year	Month Day Year		(see definition below)	Month Day Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Date unknown	<input type="checkbox"/> Date unknown	<input type="checkbox"/> # unknown		<input type="checkbox"/> Date unknown

Drugs used:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		
138.	<input type="checkbox"/>	<input type="checkbox"/>	Adriamycin	144.	<input type="checkbox"/>	<input type="checkbox"/>	Melphalan (L-PAM)
139.	<input type="checkbox"/>	<input type="checkbox"/>	Cisplatin	145.	<input type="checkbox"/>	<input type="checkbox"/>	Retinoids
140.	<input type="checkbox"/>	<input type="checkbox"/>	Cyclophosphamide	146.	<input type="checkbox"/>	<input type="checkbox"/>	Teniposide (VM26)
141.	<input type="checkbox"/>	<input type="checkbox"/>	Dacarbazine (DTIC)	147.	<input type="checkbox"/>	<input type="checkbox"/>	Vincristine
142.	<input type="checkbox"/>	<input type="checkbox"/>	Etoposide (VP16)	148.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____
143.	<input type="checkbox"/>	<input type="checkbox"/>	Ifosfamide				

RESPONSE CODES (International Neuroblastoma Response Criteria):

Code	Response	Primary Tumor	Metastatic Sites
1	CR	No tumor	No tumor; catecholamines normal
2	VGPR	Decreased by 90-99%	No tumor; catecholamines normal; residual ⁹⁹ Tc bone changes allowed
3	PR	Decreased by >50%	All measurable sites decreased by >50%. Bones and bone marrow: number of positive bone sites decreased by >50%, no more than 1 positive bone marrow site allowed (1 positive marrow aspirate or biopsy allowed for PR if this represents a decrease from the number of positive sites at diagnosis)
4	MR	No new lesions; >50% reduction of any measurable lesion (primary or metastases) with <50% reduction in any other; <25% increase in any existing lesion	
5	NR	No new lesions; <50% reduction but <25% increase in any existing lesion	
6	PD	Any new lesion; increase of any measurable lesion by >25%; previous negative marrow positive for tumor	
19	NE	Not evaluable	
88	N	Not tested; unknown	

129. If complete response occurred after initial treatment, did neuroblastoma recur?

- 1 Yes
 0 No
 7 Not applicable, patient did not have complete response to initial treatment

150. Date of recurrence: Unknown
 Month Day Year

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151. Did the patient receive surgery, chemotherapy or other cytotoxic treatment for persistent or recurrent disease after initial treatment and prior to conditioning? 1 Yes 0 No

Line of Therapy		1st		2nd										
Date started therapy:	152.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
		month	day	year										
Date stopped therapy:	153.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
SURGERY:	154.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No		186.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Specify site:	155.	_____		187.	_____									
Type of Surgery: (See definitions on page 4)	156.	1 <input type="checkbox"/> Gross Total	4 <input type="checkbox"/> Partial	188.	1 <input type="checkbox"/> Gross Total	5 <input type="checkbox"/> Partial								
		2 <input type="checkbox"/> Near Total	5 <input type="checkbox"/> Biopsy		2 <input type="checkbox"/> Near Total	5 <input type="checkbox"/> Biopsy								
		3 <input type="checkbox"/> Subtotal			3 <input type="checkbox"/> Subtotal									
Histologic diagnosis:	157.	1 <input type="checkbox"/> Neuroblastoma		189.	1 <input type="checkbox"/> Neuroblastoma									
		2 <input type="checkbox"/> Ganglioneuroblastoma			2 <input type="checkbox"/> Ganglioneuroblastoma									
		3 <input type="checkbox"/> Ganglioneuroma			3 <input type="checkbox"/> Ganglioneuroma									
RADIATION THERAPY:	158.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		190.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Radiation site:		_____			_____									
Primary tumor bed:	159.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		191.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
		<table border="1"><thead><tr><th># of frac</th><th>Dose/frac cGy</th></tr></thead><tbody><tr><td>160. <input type="text"/></td><td>161. <input type="text"/></td></tr></tbody></table>		# of frac	Dose/frac cGy	160. <input type="text"/>	161. <input type="text"/>		<table border="1"><thead><tr><th># of frac</th><th>Dose/frac cGy</th></tr></thead><tbody><tr><td>192. <input type="text"/></td><td>193. <input type="text"/></td></tr></tbody></table>		# of frac	Dose/frac cGy	192. <input type="text"/>	193. <input type="text"/>
# of frac	Dose/frac cGy													
160. <input type="text"/>	161. <input type="text"/>													
# of frac	Dose/frac cGy													
192. <input type="text"/>	193. <input type="text"/>													
Other:	162.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		194.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
		<table border="1"><thead><tr><th># of frac</th><th>Dose/frac cGy</th></tr></thead><tbody><tr><td>163. <input type="text"/></td><td>164. <input type="text"/></td></tr></tbody></table>		# of frac	Dose/frac cGy	163. <input type="text"/>	164. <input type="text"/>		<table border="1"><thead><tr><th># of frac</th><th>Dose/frac cGy</th></tr></thead><tbody><tr><td>195. <input type="text"/></td><td>196. <input type="text"/></td></tr></tbody></table>		# of frac	Dose/frac cGy	195. <input type="text"/>	196. <input type="text"/>
# of frac	Dose/frac cGy													
163. <input type="text"/>	164. <input type="text"/>													
# of frac	Dose/frac cGy													
195. <input type="text"/>	196. <input type="text"/>													
Specify other site:	165.	_____		197.	_____									
CHEMOTHERAPY:	166.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No		198.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
# of cycles:	167.	<input type="text"/>	<input type="checkbox"/> Unknown	199.	<input type="text"/>	<input type="checkbox"/> Unknown								
Drugs Used:														
Adriamycin:	168.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		200.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Cisplatin:	169.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		201.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Cyclophosphamide:	170.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		202.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Dacarbazine (DTIC):	171.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		203.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Etoposide (VP-16):	172.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		204.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Ifosfamide:	173.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		205.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Melphalan:	174.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		206.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Retinoids:	175.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		207.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Temposide (VM26):	176.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		208.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Vincristine:	177.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		209.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Other:	178.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		210.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Specify other:	179.	_____		211.	_____									
Response, specify: (check one) (See definitions on page 5)	180.	1 <input type="checkbox"/> CR	5 <input type="checkbox"/> NR	212.	1 <input type="checkbox"/> CR	5 <input type="checkbox"/> NR								
		2 <input type="checkbox"/> VGPR	6 <input type="checkbox"/> PD		2 <input type="checkbox"/> VGPR	6 <input type="checkbox"/> PD								
		3 <input type="checkbox"/> PR	19 <input type="checkbox"/> NE, specify _____		3 <input type="checkbox"/> PR	19 <input type="checkbox"/> NE, specify _____								
		4 <input type="checkbox"/> MR	88 <input type="checkbox"/> NT/Unknown		4 <input type="checkbox"/> MR	88 <input type="checkbox"/> NT/Unknown								
Date response evaluated:	181.	<input type="text"/>	<input type="text"/>	<input type="text"/>	213.	<input type="text"/>	<input type="text"/>	<input type="text"/>						
		month	day	year		month	day	year						
Did patient relapse or progress following this line of therapy?	182.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		214.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No									
Date of relapse/progression:	183.	<input type="text"/>	<input type="text"/>	<input type="text"/>	215.	<input type="text"/>	<input type="text"/>	<input type="text"/>						
		month	day	year		month	day	year						

Continued on next page

TEAM

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Continued from previous page

Copy this page for recording more than 4 lines of therapy.

Line of Therapy		1st			2nd			
Date started therapy:	216.	<input type="text"/>	<input type="text"/>	<input type="text"/>	248.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		month	day	year		month	day	year
Date stopped therapy:	217.	<input type="text"/>	<input type="text"/>	<input type="text"/>	249.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
SURGERY:	218.	<input type="checkbox"/> Yes 0 <input type="checkbox"/> No			250.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Specify site:	219.	_____			251.	_____		
Type of Surgery:	220.	1 <input type="checkbox"/> Gross Total		4 <input type="checkbox"/> Partial	252.	1 <input type="checkbox"/> Gross Total		5 <input type="checkbox"/> Partial
(See definitions on page 4)		2 <input type="checkbox"/> Near Total		5 <input type="checkbox"/> Biopsy		2 <input type="checkbox"/> Near Total		5 <input type="checkbox"/> Biopsy
		3 <input type="checkbox"/> Subtotal				3 <input type="checkbox"/> Subtotal		
Histologic diagnosis:	221.	1 <input type="checkbox"/> Neuroblastoma			253.	1 <input type="checkbox"/> Neuroblastoma		
		2 <input type="checkbox"/> Ganglioneuroblastoma				2 <input type="checkbox"/> Ganglioneuroblastoma		
		3 <input type="checkbox"/> Ganglioneuroma				3 <input type="checkbox"/> Ganglioneuroma		
RADIATION THERAPY:	222.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			254.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Radiation site:		_____				_____		
Primary tumor bed:	223.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			255.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
		_____				_____		
	224.	# of frac	Dose/frac cGy		256.	# of frac	Dose/frac cGy	
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	226.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			258.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
		_____				_____		
	227.	# of frac	Dose/frac cGy		259.	# of frac	Dose/frac cGy	
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Specify other site:	229.	_____			261.	_____		
CHEMOTHERAPY:	230.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			262.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
# of cycles:	231.	<input type="text"/>	<input type="checkbox"/> Unknown		263.	<input type="text"/>	<input type="checkbox"/> Unknown	
Drugs Used:		_____				_____		
Adriamycin:	232.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			264.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Cisplatin:	233.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			265.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Cyclophosphamide:	234.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			266.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Dacarbazine (DTIC):	235.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			267.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Etoposide (VP-16):	236.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			268.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Ifosfamide:	237.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			269.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Melphalan:	238.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			270.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Retinoids:	239.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			271.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Temposide (VM26):	240.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			272.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Vincristine:	241.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			273.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Other:	242.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			274.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Specify other:	243.	_____			275.	_____		
Response, specify:	244.	1 <input type="checkbox"/> CR		5 <input type="checkbox"/> NR	276.	1 <input type="checkbox"/> CR		5 <input type="checkbox"/> NR
(check one)		2 <input type="checkbox"/> VGPR		6 <input type="checkbox"/> PD		2 <input type="checkbox"/> VGPR		6 <input type="checkbox"/> PD
(See definitions on page 5)		3 <input type="checkbox"/> PR		19 <input type="checkbox"/> NE, specify _____		3 <input type="checkbox"/> PR		19 <input type="checkbox"/> NE, specify _____
		4 <input type="checkbox"/> MR		88 <input type="checkbox"/> NT/Unknown		4 <input type="checkbox"/> MR		88 <input type="checkbox"/> NT/Unknown
Date response evaluated:	245.	<input type="text"/>	<input type="text"/>	<input type="text"/>	277.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		month	day	year		month	day	year
Did patient relapse or progress following this line of therapy?	246.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No			278.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No		
Date of relapse/progression:	247.	<input type="text"/>	<input type="text"/>	<input type="text"/>	279.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		month	day	year		month	day	year

Retired - Not for Data Submission

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280. Indicate sites of tumor involvement at any time after diagnosis but prior to conditioning for transplant (for subsequent transplant reports, list sites between last transplant and conditioning for subsequent transplant):

- | | | | | | | | |
|-------------|----------------------------|----------------------------|---------------------|-------------|----------------------------|----------------------------|---------------------------|
| 281. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Mediastinum | 288. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Skin/Subcutaneous tissue |
| 282. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Adrenal gland | 289. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cerebrum |
| 283. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Paraspinal ganglion | 290. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cerebrospinal fluid (CSF) |
| 284. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Lymph nodes | 291. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cranial nerves |
| 285. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Liver | 292. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cerebellum |
| 286. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Bone | 293. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Retro-orbital area |
| 287. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Bone marrow | 294. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Other(s), specify: _____ |

295. Were tumor markers determined immediately prior to conditioning? 1 Yes 0 No

Yes	No	Level	Unit of Measure	Date Prior To Conditioning			
				Month	Day	Year	
1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	ng/mL	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	ng/mL or μ L	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	mg creatinine	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	mg creatinine	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify (include level and unit): _____			<input type="text"/>	<input type="text"/>	<input type="text"/>

306. Disease status immediately prior to conditioning (see definitions on p5):

- 1 CR
- 2 VGPR
- 3 PR
- 4 MR
- 5 NR
- 6 PD
- 19 NE
- 88 NT/Unknown

307. Total number of complete remissions:

Indicate known sites of disease immediately prior to conditioning:

- | | | | | | | | |
|-------------|----------------------------|----------------------------|---------------------|-------------|----------------------------|----------------------------|---------------------------|
| 308. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Mediastinum | 319. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Skin/Subcutaneous tissue |
| 309. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Adrenal gland | 320. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cerebrum |
| 310. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Paraspinal ganglion | 321. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cerebrospinal fluid (CSF) |
| 311. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Lymph nodes | 322. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cranial nerves |
| 312. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Liver | 323. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Cerebellum |
| 313. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Bone | 324. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Retro-orbital area |
| 314. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Bone marrow | 321. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Other(s), specify: _____ |

315. Method used to evaluate disease status immediately prior to conditioning:

- | | | | |
|-------------|----------------------------|----------------------------|--------------------------|
| 316. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Bone marrow morphology |
| 317. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Flow cytometric analysis |
| 318. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | Immunofluorescence |

325. Cells positive for neuroblastoma % Unknown

326. Date disease status evaluated:
Month Day Year

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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.

327. Did the patient receive planned per protocol post-transplant treatment for neuroblastoma? 1 Yes 0 No

Yes No		Drug	Date Started: Month Day Year Unknown
328.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Radiotherapy 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Bone metastases 7 <input type="checkbox"/> Other, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
329. Number of fractions: <input type="text"/>		330. Dose/frac: <input type="text"/> cGy (rads)	
331.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	MIBG 1 <input type="checkbox"/> ¹³¹ I-MIBG 7 <input type="checkbox"/> Other, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
332.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Retinoids 1 <input type="checkbox"/> Isotretinoin 7 <input type="checkbox"/> Other, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
333.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Immunotherapy 1 <input type="checkbox"/> Interleukin-2 (IL-2) 2 <input type="checkbox"/> Alpha-interferon 3 <input type="checkbox"/> Anti-GD2 antibody CH14.18 7 <input type="checkbox"/> Other, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
334.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Chemotherapy Drugs used: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
335. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Adriamycin		340. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Ifosfamide	
336. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Cisplatin		341. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Melphalan (L-PAM)	
337. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Cyclophosphamide		342. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Teniposide (VM26)	
338. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Dacarbazine (DTIC)		343. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Vincristine	
339. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Etoposide (VP16)		344. 1 <input type="checkbox"/> 0 <input type="checkbox"/> Other, specify: _____	
345.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Other treatment, specify: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>

346. Best tumor response to transplant (including planned posttransplant treatment): See definitions on page 5

1 CR (includes continued complete response)

2 VGPR

3 PR

4 MR

5 NE

6 PD

19 NE, specify: _____

88 NT/Unknown

Indicate sites of persistent tumor:

- | Yes No | |
|--------|---|
| 347. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Mediastinum |
| 348. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Adrenal gland |
| 349. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Paraspinal ganglion |
| 350. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Lymph nodes |
| 351. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Liver |
| 352. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Bone |
| 353. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Bone marrow |
| 354. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Skin/Subcutaneous tissue |
| 355. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Cerebrum |
| 356. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Cerebrospinal fluid (CSF) |
| 357. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Cranial nerves |
| 358. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Cerebellum |
| 359. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Retro-orbital area |
| 360. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Elevated catecholamines |
| 361. | 1 <input type="checkbox"/> 0 <input type="checkbox"/> Other: _____ |

362. Date of evaluation of best response:
Month Day Year

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363. Were tumor markers determined for evaluation of best response after transplant? 0 No 1 Yes

	Yes No		Level at Time of Best Response	Unit of Measure	Date at Best Response			Unk		
					Month	Day	Year			
364.	<input type="checkbox"/>	<input type="checkbox"/>	Neuron specific enolase	<input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	ng/mL	365.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
366.	<input type="checkbox"/>	<input type="checkbox"/>	Serum ferritin	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ng/mL or µg/L	367.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
368.	<input type="checkbox"/>	<input type="checkbox"/>	Vanilmandelic acid (VMA)	<input type="text"/> <input type="text"/> • <input type="text"/>	ng/mg creatinine	369.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
370.	<input type="checkbox"/>	<input type="checkbox"/>	Homovanillic acid (HVA)	<input type="text"/> <input type="text"/> • <input type="text"/>	ng/mg creatinine	371.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
372.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify (include level and unit): _____			373.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

374. Status of disease: at 100 days posttransplant or at time of death (if <100 days posttransplant) or just prior to conditioning for 2nd transplant if <100 days after 1st transplant (check one only):

- 1 Free of disease, no recurrence posttransplant
- 2 Persistent disease without progression (never achieved CR posttransplant)
- 3 Progressive disease (never achieved CR posttransplant)
- 4 Recurrent disease (relapse after complete remission)
- 5 Free of disease after posttransplant recurrence
- 19 Not evaluable, specify: _____

	Yes No		Indicate the site(s) of progression and/or recurrence:	Dates of Persistence, Progression, Recurrence:			Unknown	
				Month	Day	Year		
375.	<input type="checkbox"/>	<input type="checkbox"/>	Mediastinum	376.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
377.	<input type="checkbox"/>	<input type="checkbox"/>	Adrenal gland	378.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
379.	<input type="checkbox"/>	<input type="checkbox"/>	Paraspinal ganglion	380.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
381.	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes	382.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
383.	<input type="checkbox"/>	<input type="checkbox"/>	Liver	384.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
385.	<input type="checkbox"/>	<input type="checkbox"/>	Bone	386.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
387.	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow	388.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
389.	<input type="checkbox"/>	<input type="checkbox"/>	Skin/Subcutaneous tissue	390.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
391.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrum	392.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
393.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrospinal fluid (CSF)	394.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
395.	<input type="checkbox"/>	<input type="checkbox"/>	Cranial nerves	396.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
397.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebellum	398.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
399.	<input type="checkbox"/>	<input type="checkbox"/>	Retro-orbital area	400.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
401.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	402.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Indicate the methods used to confirm sites of recurrence/persistence/progression:

	Positive	Negative	Not Tested	
403. Biopsy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	
404. Radiology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	
405. Bone scan	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	
406. Other	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Specify: _____

