

FOLLOW-UP INSERT XVII
Neuroblastoma

TEAM

IUBMID
(Institutional Unique Blood or Marrow Transplant ID #)

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

Followup Information

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

1. Did disease recur or progress since last report?

1 Yes

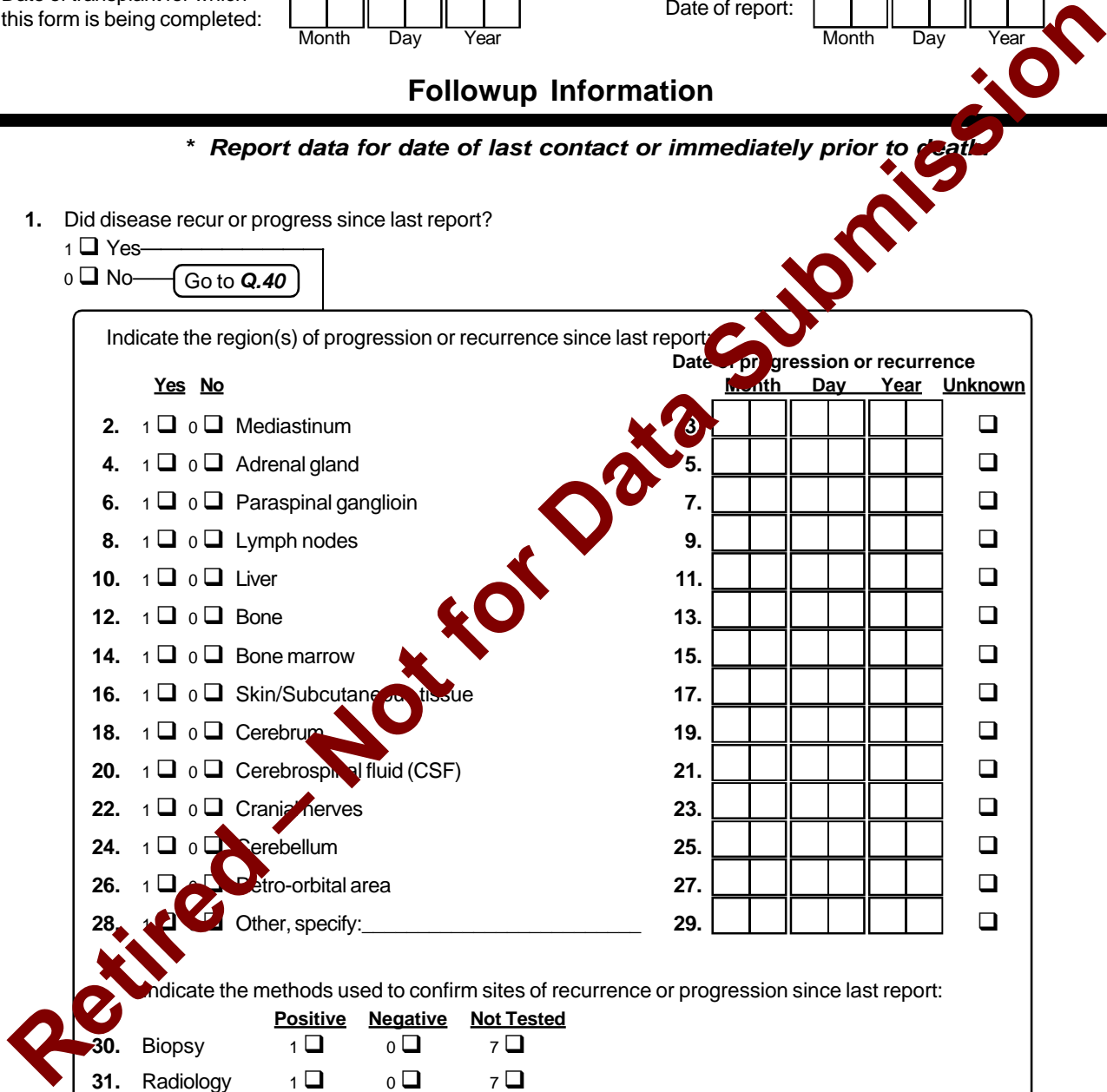
0 No Go to Q.40

Indicate the region(s) of progression or recurrence since last report:

	Yes	No		Date of progression or recurrence			
				Month	Day	Year	Unknown
2.	<input type="checkbox"/>	<input type="checkbox"/>	Mediastinum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Adrenal gland	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Paraspinal ganglion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Liver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Bone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Skin/Subcutaneous tissue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebrospinal fluid (CSF)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Cranial nerves	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	Cerebellum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	Petro-orbital area	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Indicate the methods used to confirm sites of recurrence or progression since last report:

	Positive	Negative	Not Tested	
30. Biopsy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	
31. Radiology	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	
32. Bone scan	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	
33. Other	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7 <input type="checkbox"/>	Specify: _____



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IUBMID

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

1 Yes 0 No 8 Unknown

<u>Yes</u> <u>No</u>		<u>Drug</u>	<u>Date Started:</u> <u>Month</u> <u>Day</u> <u>Year</u>			<u>Unknown</u>	
35.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Radiotherapy	1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Bone metastases	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		7 <input type="checkbox"/> Other, specify: _____					
36. Number of fractions:		<input type="text"/>	37. Dose/frac:	<input type="text"/>	<input type="text"/>	<input type="text"/>	cGy (rads)
38.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	MIBG	1 <input type="checkbox"/> ¹³¹ I-MIBG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		7 <input type="checkbox"/> Other, specify: _____					
39.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Retinoids	1 <input type="checkbox"/> Isotretinoin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		7 <input type="checkbox"/> Other, specify: _____					
40.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Immunotherapy	1 <input type="checkbox"/> Interleukin-2 (IL-2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		2 <input type="checkbox"/> Alpha-interferon					
		3 <input type="checkbox"/> Anti-GD2 antibody CH14.18					
		7 <input type="checkbox"/> Other, specify: _____					
41.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Chemotherapy	Drugs used:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>				
42.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Adriamycin	47.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Ifosfamide		
43.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Cisplatin	48.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Lepthalan (L-PAM)		
44.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Cyclophosphamide	49.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Teniposide (VM26)		
45.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Dacarbazine (DTIC)	50.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Vincristine		
46.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Etoposide (VP16)	51.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Other, specify: _____		
52.	1 <input type="checkbox"/> 0 <input type="checkbox"/>	Other treatment, specify: _____		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

53. Status of neuroblastoma at contact date (See form COREFU Q.3) for this report (if patient has died, give status immediately prior to death):

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

54. Date current status established:
Month Day Year