

INSERT XVI
Ovarian Cancer

FOR REGISTRY USE ONLY:
I.D. - -
Date received: _____

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

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

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

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.180**

1. Date of pathologic diagnosis of Ovarian cancer:
Month Day Year

2. Stage of Ovarian cancer at diagnosis:

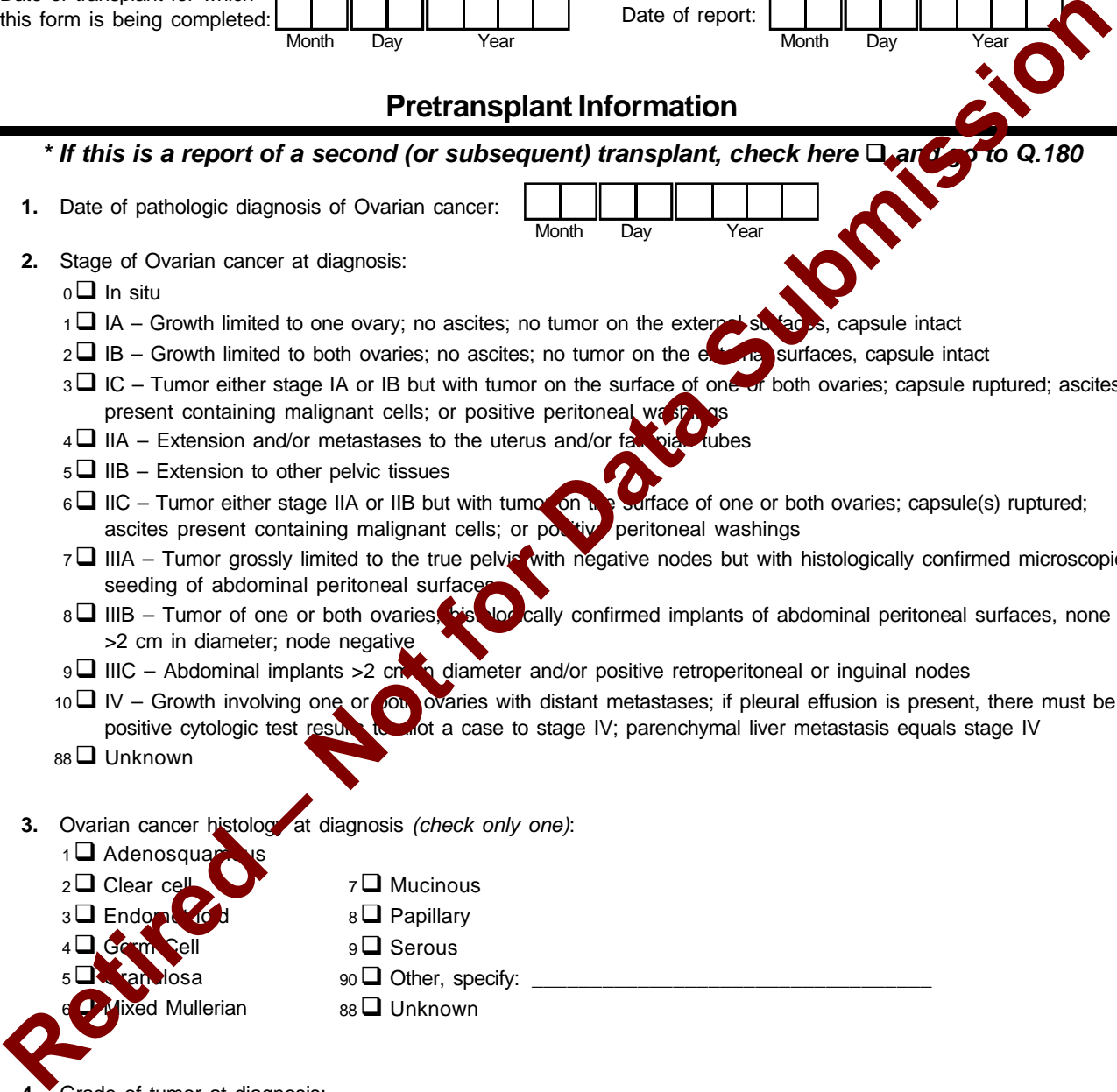
- 0 In situ
- 1 IA – Growth limited to one ovary; no ascites; no tumor on the external surfaces, capsule intact
- 2 IB – Growth limited to both ovaries; no ascites; no tumor on the external surfaces, capsule intact
- 3 IC – Tumor either stage IA or IB but with tumor on the surface of one or both ovaries; capsule ruptured; ascites present containing malignant cells; or positive peritoneal washings
- 4 IIA – Extension and/or metastases to the uterus and/or fallopian tubes
- 5 IIB – Extension to other pelvic tissues
- 6 IIC – Tumor either stage IIA or IIB but with tumor on the surface of one or both ovaries; capsule(s) ruptured; ascites present containing malignant cells; or positive peritoneal washings
- 7 IIIA – Tumor grossly limited to the true pelvis with negative nodes but with histologically confirmed microscopic seeding of abdominal peritoneal surfaces
- 8 IIIB – Tumor of one or both ovaries, histologically confirmed implants of abdominal peritoneal surfaces, none >2 cm in diameter; node negative
- 9 IIIC – Abdominal implants >2 cm in diameter and/or positive retroperitoneal or inguinal nodes
- 10 IV – Growth involving one or both ovaries with distant metastases; if pleural effusion is present, there must be positive cytologic test results to not a case to stage IV; parenchymal liver metastasis equals stage IV
- 88 Unknown

3. Ovarian cancer histology at diagnosis (check only one):

- | | |
|--|---|
| 1 <input type="checkbox"/> Adenosquamous | 7 <input type="checkbox"/> Mucinous |
| 2 <input type="checkbox"/> Clear cell | 8 <input type="checkbox"/> Papillary |
| 3 <input type="checkbox"/> Endometrioid | 9 <input type="checkbox"/> Serous |
| 4 <input type="checkbox"/> Germ Cell | 90 <input type="checkbox"/> Other, specify: _____ |
| 5 <input type="checkbox"/> Carcinoma | 88 <input type="checkbox"/> Unknown |
| 6 <input type="checkbox"/> Mixed Mullerian | |

4. Grade of tumor at diagnosis:

- 0 0, Borderline malignant
- 1 1, Well differentiated
- 2 2, Moderately differentiated
- 3 3-4, Poorly differentiated or undifferentiated
- 8 Unknown



TEAM:

IUBMID:

5. Were non-contiguous extra-abdominal sites present at diagnosis?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

	Yes	No	Unknown	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CNS
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lung, parenchymal
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleura
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

13. Did patient have a history of cancer other than ovarian cancer prior to diagnosis?

- 1 Yes
- 0 No
- 8 Unknown

Cite prior cancer:

	Yes	No	Unknown	
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute leukemia
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basal cell carcinoma
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast cancer
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colorectal cancer
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-Hodgkin's lymphoma
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft tissue sarcoma
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other non-ovarian tumor, specify: _____
21.	Date of diagnosis of prior cancer:			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				Month Day Year

22. Did patient have a family history of cancer in first degree relatives at the time of patient's diagnosis?

- 1 Yes
- 0 No
- 8 Unknown

Specify:

23. Indicate number of first degree relatives:

	Yes	No	Unknown	
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast cancer
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colorectal carcinoma
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ovarian cancer
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____

Retired - Not for Data Submission

TEAM:

IUBMID:

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.

If chemotherapy given in combination systemically (IV or PO) and intraperitoneal (IP), then check box for IV & IP.

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 known disease for >4 weeks and normal CA-125 for >4 weeks.
- 2 = Pathologic CR (Path CR) at second look surgery
- 3 = Partial Response (PR) = >50% reduction in greatest diameter of all known sites of disease or >50% reduction in CA-125 for ≥ 1 month.
- 4 = Stable (SD) = stable disease (within 25% above or below value of CA-125 or greatest diameter of all known sites of disease at time response is assessed) maintained for at least 3 months.
- 5 = No response (NR) = not meeting the criteria of either partial response or progressive disease.
- 6 = Progressive Disease (PD) = increase in size of any site of known disease or any new sites of disease.
- 18 = Not evaluable, toxic death (NETD)
- 19 = Not evaluable (NE); specify reason

Type of Surgery (Pertains to abdominal surgery)

- 1 = Total resection with microscopic residual only
- 2 = Optimal cytoreduction with largest residual tumor size <1cm
- 3 = Suboptimal resection with largest residual tumor size ≥ 1 cm
- 4 = Resection, diameter of residual disease unknown
- 5 = Biopsy only (no cytoreduction)
- 6 = Removal of extra-abdominal metastatic lesion
- 7 = Second look surgery only
- 8 = Other, specify

Retired - Not for Data Submission

TEAM: [][][][]

IUBMID: [][][][][][][]

Line of Therapy

1st

2nd

28. Date started: [][][] [][][] [][][][][]
Month Day Year

66. [][][] [][][] [][][][][]
Month Day Year

29. Date stopped: [][][] [][][] [][][][][]

67. [][][] [][][] [][][][][]

30. SURGICAL BIOPSY/RESECTION: 1 [] Yes 0 [] No

68. 1 [] Yes 0 [] No

31. Type of Surgery: [] Specify, if other: _____
(use codes on pg 3)

69. [] Specify if other: _____

32. CHEMOTHERAPY/IMMUNOTHERAPY: 1 [] Yes 0 [] No

70. 1 [] Yes 0 [] No

33. # of cycles: [][] -8 [] Unknown

71. [][] -8 [] Unknown

Treatment and Route (Rt) No IV IP IV&IP Rt.Unk Unk

No IV IP Rt.Unk Unk

- 5-fluorouracil (5-FU): 34. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Adriamycin: 35. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Alpha-interferon: 36. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Carboplatin: 37. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Cisplatin: 38. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Cyclophosphamide: 39. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Cytosine arabinoside (Ara-C): 40. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Etoposide (VP16): 41. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Gemcitabine: 42. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Hexamethylmelamine: 43. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Ifosfamide: 44. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Interleukin-2: 45. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Liposomal Doxorubicin: 46. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Mitoxantrone: 47. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Taxol: 48. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Taxotere: 49. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Thiotepa: 50. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Topotecan: 51. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Vinblastine: 52. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- Other: 53. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

- 72. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 73. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 74. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 75. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 76. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 77. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 78. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 79. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 80. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 81. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 82. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 83. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 84. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 85. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 86. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 87. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 88. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 89. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 90. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []
- 91. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

54. Did patient receive hormones? 1 [] Yes 0 [] No
Specify: _____

92. 1 [] Yes 0 [] No

55. RADIATION THERAPY: 1 [] Yes 0 [] No

93. 1 [] Yes 0 [] No

Local/Regional: 56. 1 [] Yes [][][][] 0 [] No
 Sites of non-contiguous extra-abdominal metastases: 57. 1 [] Yes [][][][] 0 [] No
 Intra-peritoneal P32: 58. 1 [] Yes [][][][] 0 [] No
 Other: 59. 1 [] Yes [][][][]
 Specify: _____

Total cGy (rads)
 94. 1 [] Yes [][][][] 0 [] No
 95. 1 [] Yes [][][][] 0 [] No
 96. 1 [] Yes [][][][] 0 [] No
 97. 1 [] Yes [][][][]

60. Fractionation schedule: 1 [] Single 3 [] Multiple daily
2 [] Single daily 7 [] Other

98. 1 [] Single 3 [] Multiple daily
2 [] Single daily 7 [] Other

61. Best response: (check one only) 1 [] CR 2 [] Path CR
3 [] PR 4 [] SD 5 [] NR
6 [] PD 19 [] NE 88 [] Unk

99. 0 [] CCR 1 [] CR 2 [] Path CR
3 [] PR 4 [] SD 5 [] NR
6 [] PD 19 [] NE 88 [] Unk

62. Specify: _____

100. Specify: _____

63. Date response evaluated: [][][] [][][] [][][][][]
Month Day Year

101. [][][] [][][] [][][][][]
Month Day Year

64. Did patient relapse or progress after this line of therapy? 1 [] Yes 0 [] No

102. 1 [] Yes 0 [] No

65. Date of relapse/progression: [][][] [][][] [][][][][]
Month Day Year

103. [][][] [][][] [][][][][]
Month Day Year

Continued on next page

TEAM: [][][][]

IUBMID: [][][][][][][]

Continued from previous page

Copy this page for recording more than 4 instances

Line of Therapy

3rd

4th

104. Date started: [][][][][][]
Month Day Year

142. [][][][][][]
Month Day Year

105. Date stopped: [][][][][][]

143. [][][][][][]

106. SURGICAL BIOPSY/RESECTION: 1 [] Yes 0 [] No

144. 1 [] Yes 0 [] No

107. Type of Surgery: [] Specify, if other: _____
(use codes on pg 3)

145. [] Specify if other: _____

108. CHEMOTHERAPY/IMMUNOTHERAPY: 1 [] Yes 0 [] No

146. 1 [] Yes 0 [] No

109. # of cycles: [][] -8 [] Unknown

147. [][] -8 [] Unknown

Treatment and Route (Rt) No IV IP IV&IP Rt.Unk Unk

No IV IP IV&IP Rt.Unk Unk

110. 5-fluorouracil (5-FU): 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

148. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

111. Adriamycin: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

149. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

112. Alpha-interferon: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

150. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

113. Carboplatin: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

151. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

114. Cisplatin: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

152. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

115. Cyclophosphamide: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

153. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

116. Cytosine arabinoside (Ara-C): 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

154. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

117. Etoposide (VP16): 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

155. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

118. Gemcitabine: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

156. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

119. Hexamethylmelamine: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

157. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

120. Ifosfamide: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

158. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

121. Interleukin-2: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

159. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

122. Liposomal Doxorubicin: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

160. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

123. Mitoxantrone: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

161. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

124. Taxol: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

162. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

125. Taxotere: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

163. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

126. Thiotepa: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

164. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

127. Topotecan: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

165. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

128. Vinblastine: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

166. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

129. Other: 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

167. 0 [] 1 [] 2 [] 3 [] 4 [] 8 []

Specify: _____

Specify: _____

130. Did patient receive hormones? 1 [] Yes 0 [] No

168. 1 [] Yes 0 [] No

Specify: _____

Specify: _____

131. RADIATION THERAPY: 1 [] Yes 0 [] No

169. 1 [] Yes 0 [] No

132. Local/Regional: 1 [] Yes [][][] Total cGy (rads) 0 [] No

170. 1 [] Yes [][][] Total cGy (rads) 0 [] No

133. Sites of non-contiguous extra-abdominal metastases: 1 [] Yes [][][] Total cGy (rads) 0 [] No

171. 1 [] Yes [][][] Total cGy (rads) 0 [] No

134. Intra-peritoneal P32: 1 [] Yes [][][] Total cGy (rads) 0 [] No

172. 1 [] Yes [][][] Total cGy (rads) 0 [] No

135. Other: 1 [] Yes [][][] Total cGy (rads)

173. 1 [] Yes [][][] Total cGy (rads)

Specify: _____

Specify: _____

136. Fractionation schedule: 1 [] Single 3 [] Multiple daily 2 [] Single daily 7 [] Other

174. 1 [] Single 3 [] Multiple daily 2 [] Single daily 7 [] Other

137. Best response: 1 [] CR 2 [] Path CR 3 [] PR 4 [] SD 5 [] NR 6 [] PD 19 [] NE 88 [] Unk

175. 0 [] CCR 1 [] CR 2 [] Path CR 3 [] PR 4 [] SD 5 [] NR 6 [] PD 19 [] NE 88 [] Unk

138. Specify: _____

176. Specify: _____

139. Date response evaluated: [][][][][][]
Month Day Year

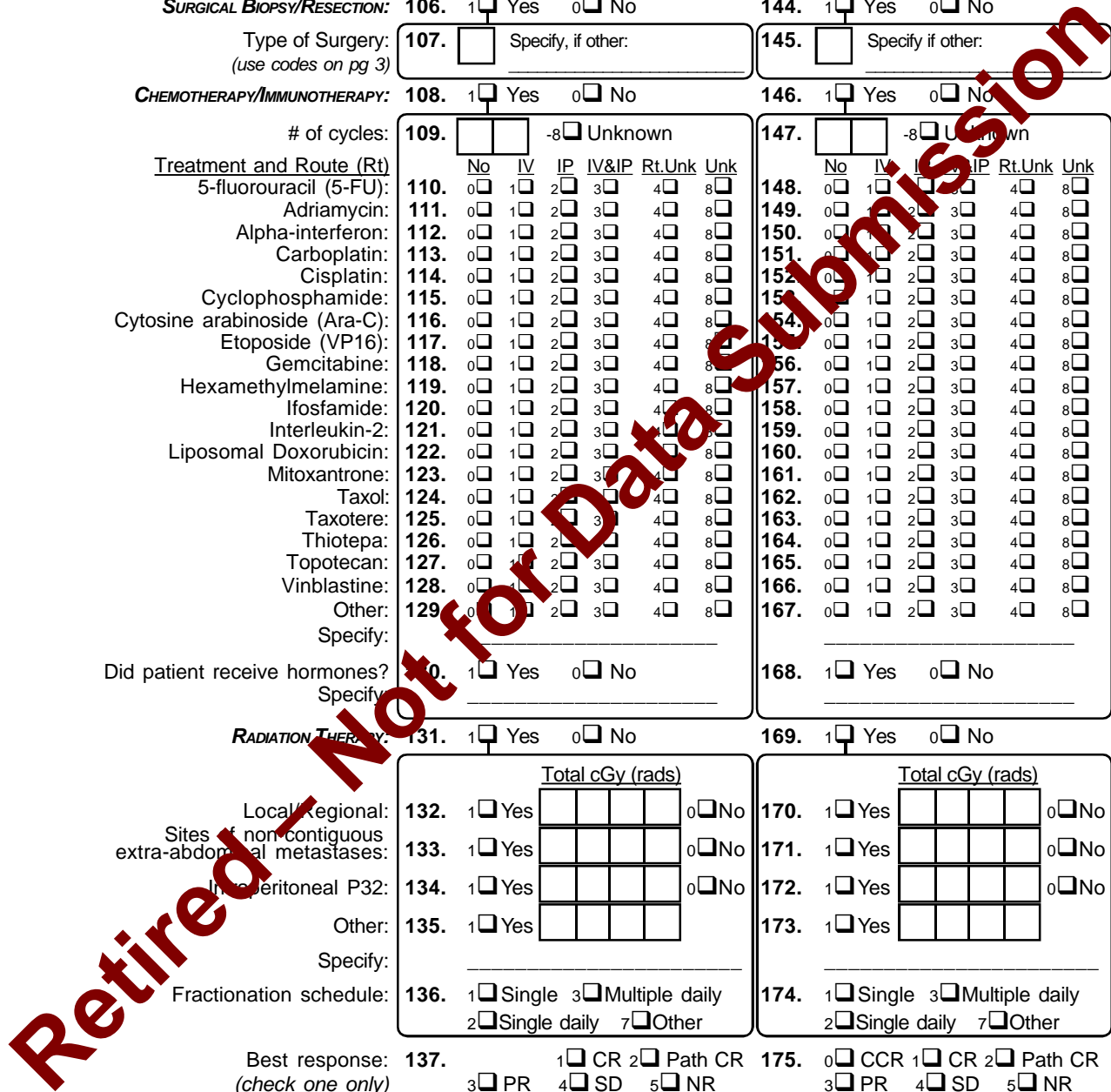
177. [][][][][][]
Month Day Year

140. Did patient relapse or progress after this line of therapy? 1 [] Yes 0 [] No

178. 1 [] Yes 0 [] No

141. Date of relapse/progression: [][][][][][]
Month Day Year

179. [][][][][][]
Month Day Year



TEAM:

IUBMID:

180. Indicate sensitivity of patient's ovarian carcinoma to any chemotherapy prior to conditioning (response to last chemotherapy given prior to conditioning; chemotherapy must include ≥ 2 cycles of treatment given ≤ 6 months prior to transplant):

- 1 Sensitive ($\geq 50\%$ reduction in bidimensional diameter of all disease sites with no new sites of disease and $\geq 50\%$ decrease in CA-125 if elevated)
- 2 Resistant ($< 50\%$ reduction in disease or CA-125 or CA-125 elevation with chemotherapy within 6 months of transplant)
- 3 Untreated with chemotherapy within 6 months of transplant
- 8 Unknown

181. Indicate sensitivity of patient's ovarian carcinoma to any platinum-containing chemotherapy prior to conditioning (response to last platinum therapy given prior to conditioning; chemotherapy must include ≥ 2 cycles of treatment given ≤ 6 months prior to transplant):

- 1 Sensitive (Response to platinum with $\geq 50\%$ reduction in bidimensional diameter of all disease sites with no new sites of disease and $\geq 50\%$ decrease in CA-125 if elevated NOTE: A non-response to subsequent non-platinum chemotherapy does not affect designation)
- 2 Resistant ($< 50\%$ response to platinum therapy in disease or $< 50\%$ decrease in CA-125 or elevation of CA-125 or relapse ≤ 6 months after last platinum chemotherapy)
- 8 Unknown

Laboratory values just prior to conditioning:

182. CA-125: % of upper normal Unknown

Other tests just prior to conditioning:

	No	Yes		Normal	Abnormal		Unknown
183. Head imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____				<input type="checkbox"/>
184. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results:	185. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
186. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results:	187. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
188. Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results:	189. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
190. CT scan of chest	<input type="checkbox"/>	<input type="checkbox"/>	Results:	191. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
192. CT scan of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Results:	193. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
194. CT scan of pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Results:	195. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
196. PET scan	<input type="checkbox"/>	<input type="checkbox"/>	Results:	197. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
198. Bone imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____				<input type="checkbox"/>
199. X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results:	200. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
201. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results:	202. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
203. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results:	204. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
205. Bone scan	<input type="checkbox"/>	<input type="checkbox"/>	Results:	207. <input type="checkbox"/>	2 <input type="checkbox"/> Specify: _____		<input type="checkbox"/>
206. Was tumor present in bone scan? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown							

TEAM:

IUBMID:

Indicate new sites of disease involvement at any time after diagnosis but before start of conditioning regimen for transplant (if reporting a second or subsequent transplant, list sites of disease involvement between last transplant and before current conditioning regimen/transplant):

Yes No Unknown

- 208. 1 0 8 CNS
- 209. 1 0 8 Diaphragm
- 210. 1 0 8 Liver (parenchymal)
- 211. 1 0 8 Lung
- 212. 1 0 8 Distant lymph nodes
- 213. 1 0 8 Regional lymph nodes
- 214. 1 0 8 Mesentery
- 215. 1 0 8 Omentum, peritoneum, surface of liver
- 216. 1 0 8 Pelvis
- 217. 1 0 8 Pleura
- 218. 1 0 8 Other, specify: _____

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

- 1 No evidence of disease surgically defined, CA-125 within normal limits
- 2 No evidence of disease clinically defined, CA-125 within normal limits
- 3 Microscopic by surgical evaluation, <1 cm _____
- 4 Microscopic by surgical evaluation, 1-3 cm _____
- 5 Microscopic by surgical evaluation, >3 cm _____
- 6 CA-125 elevation only

Specify sites of residual disease:

Yes No Unknown

- 220. 1 0 8 Abdominal
- 221. 1 0 8 Extra abdominal
- 222. 1 0 8 Liver involvement
- 223. 1 0 8 CNS
- 224. 1 _____ Other, specify: _____

225. Date disease status was evaluated:
Month Day Year

Retired - Not for Data Submission

TEAM:

IUBMID:

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.

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

0 CCR

1 CR

2 Path CR

See Response Code Definitions on pg 3

3 PR

4 SD

5 NR

6 PD

18 NETD

19 NE

Specify:

227. Date of evaluation of best response excluding planned therapy:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year			

228. Was response documented surgically?

1 Yes

0 No

8 Unknown

Retired – Not for Data Submission

TEAM:

IUBMID:

229. Was additional planned per protocol treatment given posttransplant?

- 1 Yes
- 0 No

Go to
Q.271

230. Surgical resection of persistent radiographic abnormality?

- 1 Yes
- 0 No

Specify:

231. Date of surgery: Month Day Year

232. Type of surgery: (See definitions on pg 3)

233. Was extent of resection confirmed radiographically?

- 1 Yes
- 0 No
- 8 Unknown

234. Was persistent viable tumor detected?

- 1 Yes
- 0 No
- 8 Unknown

235. Radiation therapy?

- 1 Yes
- 0 No

Specify:

236. Date started: Month Day Year

237. Date stopped:

Radiation field

Total cGy (rads)

238. Total abdominal: 1 Yes 0 No

239. Intraperitoneal P-32: 1 Yes 0 No

240. Pelvic: 1 Yes 0 No

241. Other: 1 Yes 0 No

Specify: _____

242. Chemotherapy/Immunotherapy?

- 1 Yes
- 0 No

Specify:

243. Date started: Month Day Year

244. Date stopped:

245. Number of cycles: -8 Unknown

Treatment and Route (Rt)

No IV IP IV&IP Rt.Unk Unk

246. 5-fluorouracil (5-FU): 0 1 2 3 4 8

247. Adriamycin: 0 1 2 3 4 8

248. Alpha-interferon: 0 1 2 3 4 8

249. Carboplatin: 0 1 2 3 4 8

250. Cisplatin: 0 1 2 3 4 8

251. Cyclophosphamide: 0 1 2 3 4 8

252. Cytosine arabinoside (Ara-C): 0 1 2 3 4 8

253. Etoposide (VP-16): 0 1 2 3 4 8

254. Gemcitabine: 0 1 2 3 4 8

255. Hexamethylmelamine: 0 1 2 3 4 8

256. Ifosfamide: 0 1 2 3 4 8

257. Interleukin-2: 0 1 2 3 4 8

258. Liposomal Doxorubicin: 0 1 2 3 4 8

259. Mitoxantrone: 0 1 2 3 4 8

260. Taxol: 0 1 2 3 4 8

261. Taxotere: 0 1 2 3 4 8

262. Thiotepa: 0 1 2 3 4 8

263. Topotecan: 0 1 2 3 4 8

264. Vinblastine: 0 1 2 3 4 8

265. Other: 0

Specify: _____

Continued on next page

Retired - Not for Data Submission

TEAM:

IUBMID:

Continued from previous page

266. Hormonal therapy?
1 Yes
0 No

Specify:
267. Date started:
Month Day Year
268. Date stopped:
Specify: _____

269. Indicate patient's best response to transplant including planned posttransplant therapy (surgical resection, chemotherapy or irradiation):
0 CCR
1 CR
2 Path CR
3 PR
4 SD
5 NR
6 PD
18 NETD
19 NE

See Response Code Definitions on pg 3

Specify: _____

270. Date of evaluation of best response including planned therapy:

Month Day Year

Disease Evaluation Posttransplant

	No	Yes	Normal	Abnormal	Unknown
271. Head imaging	0 <input type="checkbox"/>	1 <input type="checkbox"/>			8 <input type="checkbox"/>
Tests used: _____					
272. CT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 273. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
274. MRI	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 275. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
276. Chest X-ray	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 277. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
278. CT scan of chest	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 279. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
280. CT scan of abdomen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 281. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
282. CT scan of pelvis	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 283. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
284. PET scan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 285. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
286. Bone imaging	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Tests used: _____		8 <input type="checkbox"/>
287. X-ray	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 288. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
289. CT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 290. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
291. MRI	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 292. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
293. Bone scan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 295. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
294. Was tumor present in bone scan? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown					

TEAM:

IUBMID:

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

0 CCR — **See Response Code Definitions on pg 3**

1 Free of ovarian cancer; no recurrence posttransplant

2 Persistent ovarian cancer without progression (never achieved complete remission posttransplant)

3 Progressive ovarian cancer (never achieved complete remission posttransplant) _____

4 Recurrent ovarian cancer (relapse after achieving complete remission) _____

5 Free of ovarian cancer after posttransplant recurrence/progression _____

6 Free of ovarian cancer after posttransplant recurrence except for persistent elevation of CA-125 _____

7 Toxic death

19 Not evaluable, specify: _____

Specify:
297. Date of relapse or progression:
Month Day Year

Indicate first site(s) of tumor progression/recurrence
Yes No Unknown

298. 1 0 8 CNS

299. 1 0 8 Diaphragm

300. 1 0 8 Liver (parenchymal)

301. 1 0 8 Lung

302. 1 0 8 Distant lymph nodes

303. 1 0 8 Regional lymph nodes

304. 1 0 8 Mesentery

305. 1 0 8 Diffuse biliary

306. 1 0 8 Omentum, peritoneum, surface of liver

307. 1 0 8 Pelvis

308. 1 0 8 Pleura

309. 1 0 8 Other, specify: _____

Retired - Not for Data Submission