

FOLLOW-UP 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

Follow-up Information

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

1. Indicate patient's best response to transplant excluding planned per protocol posttransplant therapy (surgical resection or irradiation) since last report:

- 0 CCR
- 1 CR
- 2 Path CR
- 3 PR
- 4 SD
- 5 NR
- 6 PD
- 18 NETD
- 19 NE

See Response Code Definitions below

Specify: _____

2. Date of evaluation of best response excluding planned therapy since last report:
Month Day Year

3. Was response documented surgically? Yes No Unknown

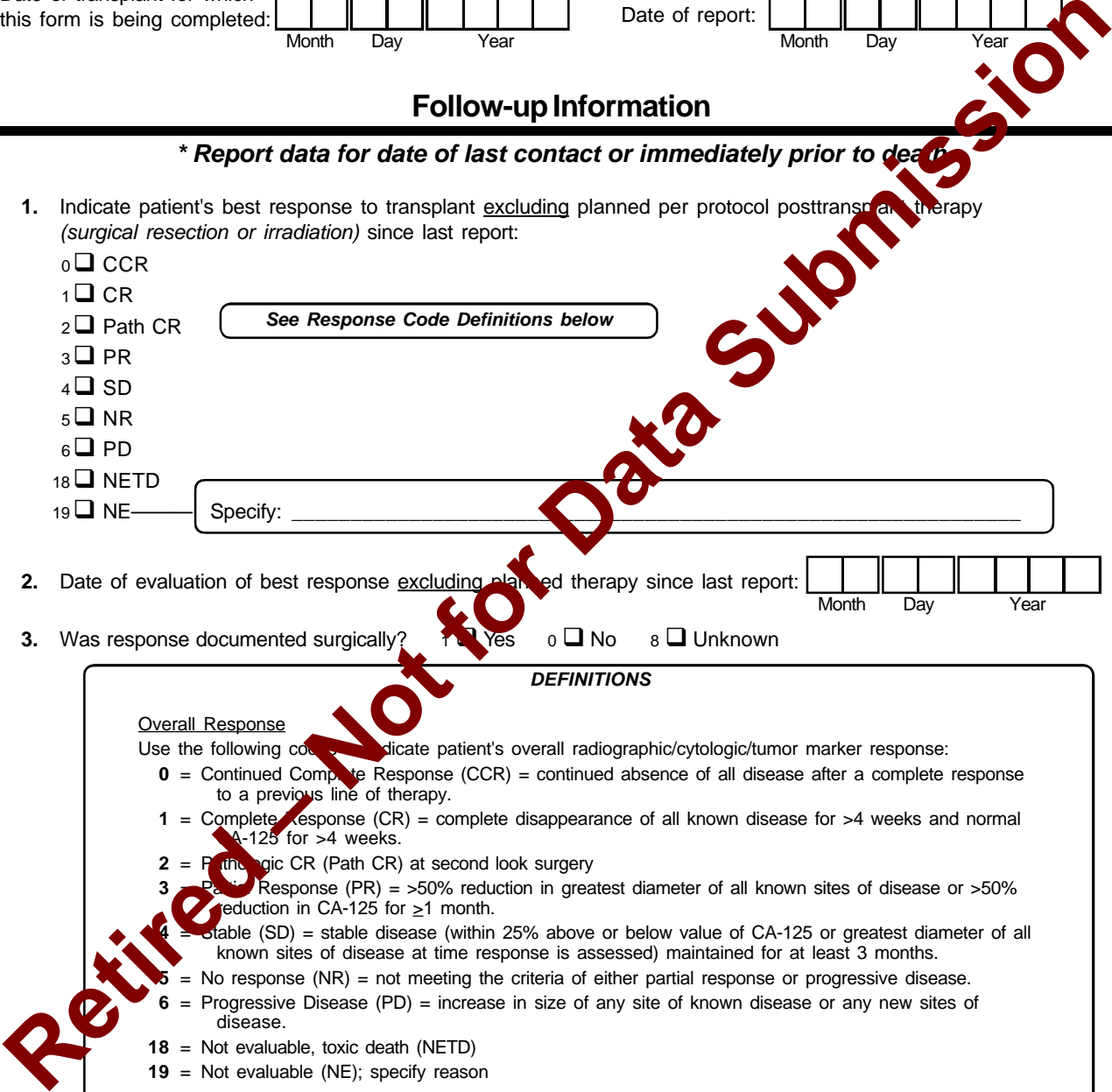
DEFINITIONS

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 debulking)
- 6 = Removal of extra-abdominal metastatic lesion
- 7 = Second look surgery only
- 8 = Other, specify



TEAM:

IUBMID:

4. Was additional planned per protocol treatment given since last report?

- 1 Yes
- 0 No

Go to Q.46

5. Surgical resection of persistent radiographic abnormality?

- 1 Yes
- 0 No

Specify:

6. Date of surgery:

<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			

7. Type of surgery: (See definitions on pg 1)

8. Was extent of resection confirmed radiographically?

- 1 Yes
- 0 No
- 8 Unknown

9. Was persistent viable tumor detected?

- 1 Yes
- 0 No
- 8 Unknown

10. Radiation therapy?

- 1 Yes
- 0 No

Specify:

11. Date started:

<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			

12. Date stopped:

<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			

Radiation field

Total cGy (rads)

13. Total abdominal:

- 1 Yes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- 0 No

14. Intraperitoneal P-32:

- 1 Yes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- 0 No

15. Pelvic:

- 1 Yes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- 0 No

16. Other:

- 1 Yes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

- 0 No

Specify: _____

17. Chemotherapy/Immunotherapy?

- 1 Yes
- 0 No

Specify:

18. Date started:

<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			

19. Date stopped:

<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			

20. Number of cycles:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- 8 Unknown

Treatment and Route (Rt)

No IV IP IV&IP Rt.Unk Unk

	No	IV	IP	IV&IP	Rt.Unk	Unk
260. 5-fluorouracil (5-FU):	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
261. Adriamycin:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
262. Alpha-interferon:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
263. Carboplatin:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
264. Cisplatin:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
265. Cyclophosphamide:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
266. Cytosine arabinoside (Ara-C):	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
267. Etoposide (VP-16):	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
268. Gemcitabine:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
269. Hexamethylmelamine:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
270. Ifosfamide:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
271. Interleukin-2:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
272. Liposomal Doxorubicin:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
273. Mitoxantrone:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
274. Taxol:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
275. Taxotere:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
276. Thiotepa:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
277. Topotecan:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
278. Vinblastine:	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
279. Other:	0 <input type="checkbox"/>					

Specify: _____

Continued on next page

TEAM:

IUBMID:

Continued from previous page

41. Hormonal therapy?
1 Yes
0 No

Specify:
42. Date started:
Month Day Year
43. Date stopped:
Specify: _____

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

Specify: _____

45. Date of evaluation of best response including planned therapy since last report:

Month Day Year

Disease Evaluation Posttransplant

	No	Yes	Normal	Abnormal	Unknown
46. Head imaging	0 <input type="checkbox"/>	1 <input type="checkbox"/>			8 <input type="checkbox"/>
Tests used: _____					
47. CT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 48. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
49. MRI	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 50. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
51. Chest X-ray	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 52. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
53. CT scan of chest	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 54. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
55. CT scan of abdomen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 56. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
57. CT scan of pelvis	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 58. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
59. PET scan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 60. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
61. Bone imaging	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Tests used: _____		8 <input type="checkbox"/>
62. X-ray	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 63. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
64. CT	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 65. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
66. MRI	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 67. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
68. Bone scan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	Results: 70. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	Specify: _____ 8 <input type="checkbox"/>
69. Was tumor present in bone scan? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown					

TEAM:

IUBMID:

71. Indicate most recent status of ovarian cancer (see Pg 1 of Form 095-CORE):

- 0 CCR — See Response Code Definitions on pg 1
- 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:

72. Date of relapse or progression:
Month Day Year

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

- 73. 1 0 8 CNS
- 74. 1 0 8 Diaphragm
- 75. 1 0 8 Liver (parenchymal)
- 76. 1 0 8 Lung
- 77. 1 0 8 Distant lymph nodes
- 78. 1 0 8 Regional lymph nodes
- 79. 1 0 8 Mesentery
- 80. 1 0 8 Diffuse biliary
- 81. 1 0 8 Omentum, peritoneum, surface of liver
- 82. 1 0 8 Pelvis
- 83. 1 0 8 Pleura
- 84. 1 0 8 Other, specify: _____

Retired - Not for Data Submission

TEAM:

IUBMID:

85. Was patient treated for recurrent or persistent disease after transplant (not including planned therapy listed on Q.4)?

- 1 Yes
- 0 No
- 8 Unknown

Specify treatment given:

Date started: 86.
Month Day Year

Date stopped: 87.

SURGICAL BIOPSY/RESECTION: 88. 1 Yes 0 No

Type of Surgery: 89. Specify, if other: _____
(use codes on pg)

CHEMOTHERAPY/IMMUNOTHERAPY: 90. 1 Yes 0 No

of cycles: 91. -8 Unknown

Treatment and Route (Rt)	No	IV	IP	IV&IP	Rt,Unk	Unk
5-fluorouracil (5-FU):	92. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Adriamycin:	93. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Alpha-interferon:	94. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Carboplatin:	95. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Cisplatin:	96. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Cyclophosphamide:	97. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Cytosine arabinoside (Ara-C):	98. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Etoposide (VP16):	99. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Gemcitabine:	100. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Hexamethylmelamine:	101. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Ifosfamide:	102. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Interleukin-2:	103. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Liposomal Doxorubicin:	104. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Mitoxantrone:	105. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Taxol:	106. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Taxotere:	107. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Thiotepa:	108. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Topotecan:	109. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Vinblastine:	110. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Other:	111. 0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>
Specify:	_____					

Did patient receive hormones? 112. 1 Yes 0 No
Specify: _____

RADIATION THERAPY: 113. 1 Yes 0 No

	1 <input type="checkbox"/> Yes	Total cGy (rads)	0 <input type="checkbox"/> No
Local/Regional:	114.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
Sites of non-contiguous extra-abdominal metastases:	115.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
Intraperitoneal P32:	116.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 <input type="checkbox"/> No
Other:	117.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Specify:	_____		

Fractionation schedule: 118. 1 Single 3 Multiple daily
2 Single daily 7 Other

Best response: 119. 1 CR 2 Path CR
3 PR 4 SD 5 NR 6 PD
18 NETD 19 NE 88 Unk

120. Specify: _____

Retired - Not for Data Submission