

**FOLLOW-UP INSERT XXXI**  
**Sarcoma**

**FOR REGISTRY USE ONLY:**  
I.D. **M** - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]  
Date received:

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

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

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 as reported in Q.3 of COREP  
or immediately prior to death**

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

- 1  CCR
- 2  PCR
- 3  PR
- 4  SD
- 5  PD
- 6  NETD
- 7  NE, specify: \_\_\_\_\_
- 8  Unknown

See Definitions below

2. Was response documented surgically?

- 1  Yes
- 0  No
- 8  Unknown

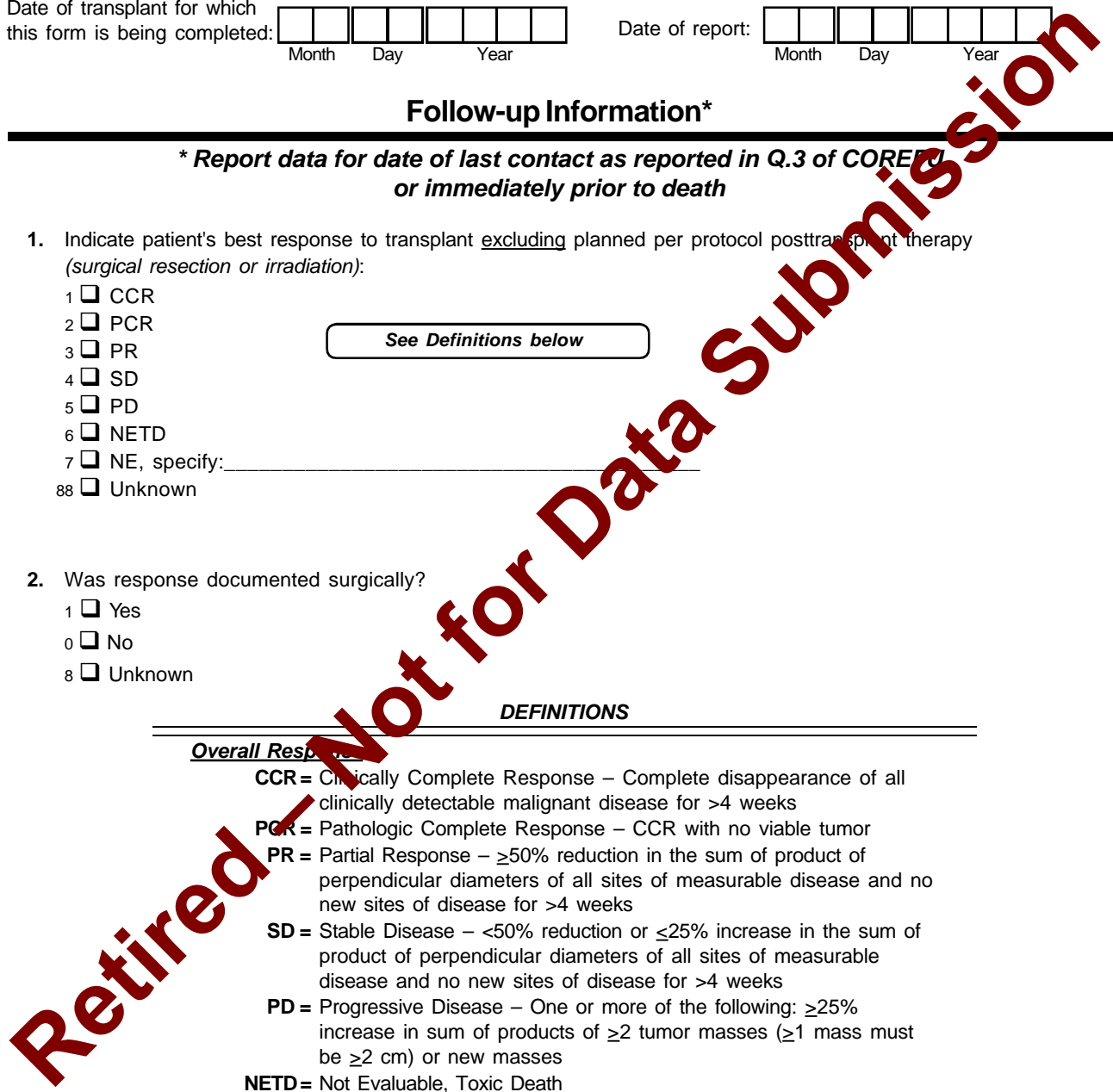
**DEFINITIONS**

**Overall Response**

- CCR** = Clinically Complete Response – Complete disappearance of all clinically detectable malignant disease for >4 weeks
- PCR** = Pathologic Complete Response – CCR with no viable tumor
- PR** = Partial Response –  $\geq 50\%$  reduction in the sum of product of perpendicular diameters of all sites of measurable disease and no new sites of disease for >4 weeks
- SD** = Stable Disease –  $< 50\%$  reduction or  $\leq 25\%$  increase in the sum of product of perpendicular diameters of all sites of measurable disease and no new sites of disease for >4 weeks
- PD** = Progressive Disease – One or more of the following:  $\geq 25\%$  increase in sum of products of  $\geq 2$  tumor masses ( $\geq 1$  mass must be  $\geq 2$  cm) or new masses
- NETD** = Not Evaluable, Toxic Death
- NE** = Not Evaluable, specify

**Type of Surgery Codes**

- 1 = Biopsy only
- 2 = Partial resection
- 3 = Gross total resection with involved margins
- 4 = Total resection with clean margins  $< 2$  cm
- 5 = Total resection with clean margins  $> 2$  cm
- 9 = Other, specify



TEAM: [ ][ ][ ][ ][ ]

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

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

- 1  Yes
- 0  No

Go to Q.33

4. Surgical resection of persistent radiographic abnormality?

- 1  Yes
- 0  No

Specify:

5. Date of surgery: [ ][ ][ ][ ][ ][ ][ ][ ]  
Month Day Year

6. Type of surgery: [ ] (See definitions on pg 1)

7. Site of surgery (check only one):

- 1  Primary lesion
- 0  Metastatic lesion
- 3  Both

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: [ ][ ][ ][ ][ ][ ][ ][ ]  
Month Day Year

12. Date stopped: [ ][ ][ ][ ][ ][ ][ ][ ]

**Radiation field**

**Total cGy (rads)**

13. Local/Regional: 1  Yes [ ][ ][ ][ ] 0  No

14. Sites of non-contiguous metastases: 1  Yes [ ][ ][ ][ ] 0  No

15. Other: 1  Yes [ ][ ][ ][ ] 0  No

Specify: \_\_\_\_\_

16. Chemotherapy/Immunotherapy?

- 1  Yes
- 0  No

Specify:

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

18. Date stopped: [ ][ ][ ][ ][ ][ ][ ][ ]

19. Number of cycles: [ ][ ] -8  Unknown

**Treatment**

**Systemic:**

20. Actinomycin-D: 1  Yes 0  No

21. Cisplatin (CDPP): 1  Yes 0  No

22. Cyclophosphamide: 1  Yes 0  No

23. Dacarbazine (DTIC): 1  Yes 0  No

24. Doxorubicin: 1  Yes 0  No

25. Etoposide (VP-16): 1  Yes 0  No

26. Ifosfamide (IFEX): 1  Yes 0  No

27. Melphalan (LPAM): 1  Yes 0  No

28. Topotecan: 1  Yes 0  No

29. Vincristine (VCR): 1  Yes 0  No

30. Other: 1  Yes

Specify: \_\_\_\_\_

Retired - Not for Data Submission

Continued on next page

TEAM:

IUBMID:

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31. Indicate patient's best response to transplant including planned posttransplant therapy (surgical resection, chemotherapy or irradiation):

- 1  CCR
- 2  PCR
- 3  PR
- 4  SD
- 5  PD
- 6  NETD
- 7  NE, specify: \_\_\_\_\_
- 88  Unknown

See Definitions on pg 1

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

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

33. Indicate status of bone or soft tissue sarcoma at time of last contact or at time of death (see Pg 1 of Form 095-CORE):

- 1  Free of sarcoma; no recurrence posttransplant
- 2  Persistent sarcoma without progression (never achieved complete remission posttransplant)
- 3  Progressive sarcoma (never achieved complete remission posttransplant) \_\_\_\_\_
- 4  Recurrent sarcoma (relapse after achieving complete remission) \_\_\_\_\_
- 5  Free of sarcoma after posttransplant recurrence/progression \_\_\_\_\_
- 6  Persistent sarcoma after posttransplant recurrence
- 9  Not evaluable, specify: \_\_\_\_\_

Specify:

34. Date of relapse or progression:

Month      Day      Year

Indicate first site(s) of sarcoma progression/recurrence:

**Yes   No   Unknown**

- 35. 1  0  8  Bone marrow
- 36. 1  0  8  CNS
- 37. 1  0  8  Diffuse abdominal
- 38. 1  0  8  Liver
- 39. 1  0  8  Lung
- 40. 1  0  8  Regional lymph nodes
- 41. 1  0  8  Distant lymph nodes
- 42. 1  0  8  Skin
- 43. 1  0  8  Other, specify: \_\_\_\_\_

Retired - Not for Data Submission