

**FOLLOW-UP INSERT XX
SMALL CELL LUNG CANCER**

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

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

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

Registry: ABMTR IBMTR
 Date of report: [] [] [] [] [] [] [] []
 Month Day Year

Posttransplant Information

** Report data for date of last contact as reported in Q.3 of Follow-up Case Form or immediately prior to death.*

1. Did patient relapse or progress since last report?

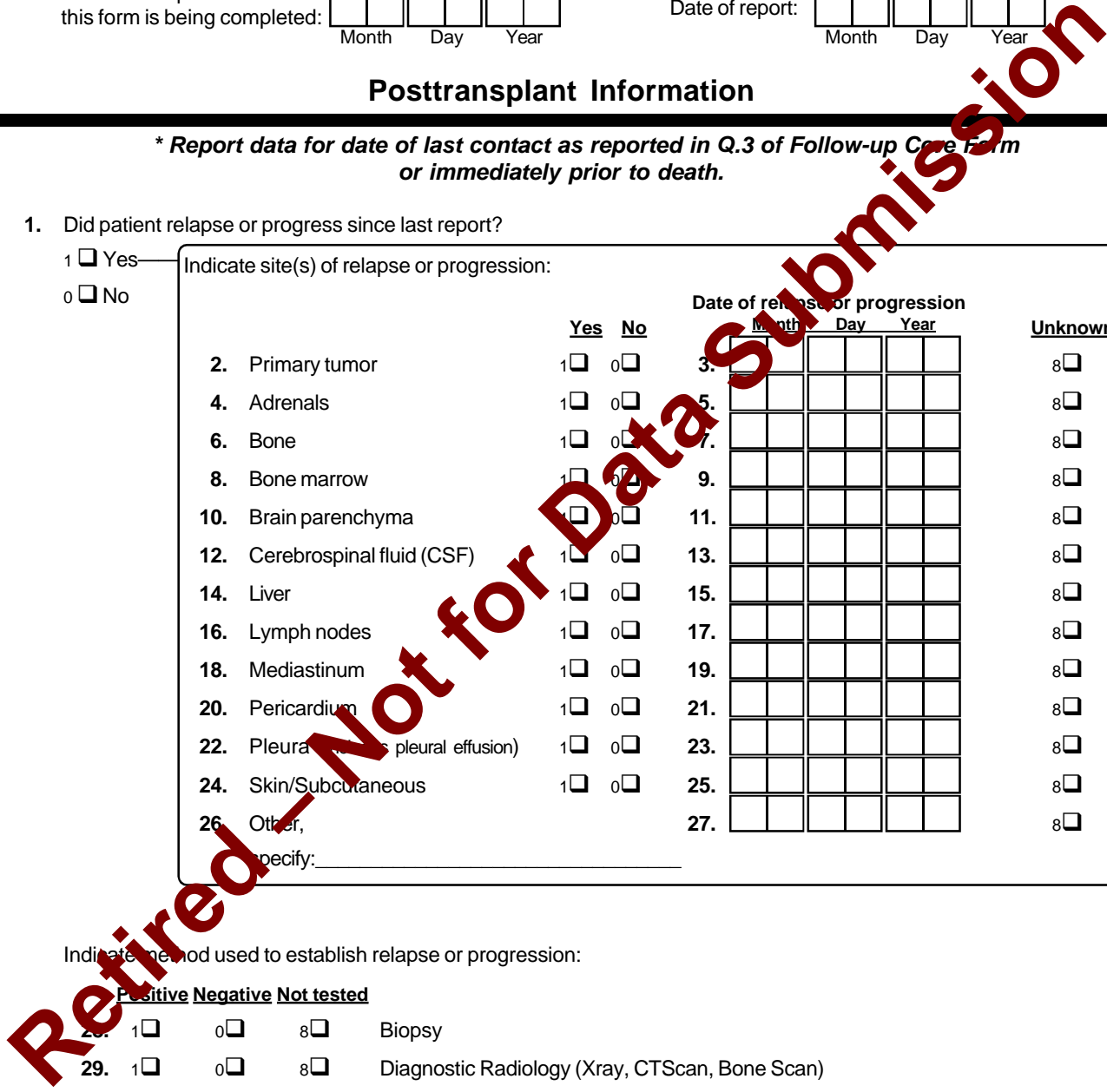
- 1 Yes
 0 No

Indicate site(s) of relapse or progression:

			Date of relapse or progression			Unknown
	Yes	No	Month	Day	Year	
2. Primary tumor	1 <input type="checkbox"/>	0 <input type="checkbox"/>	3.	[]	[]	8 <input type="checkbox"/>
4. Adrenals	1 <input type="checkbox"/>	0 <input type="checkbox"/>	5.	[]	[]	8 <input type="checkbox"/>
6. Bone	1 <input type="checkbox"/>	0 <input type="checkbox"/>	7.	[]	[]	8 <input type="checkbox"/>
8. Bone marrow	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9.	[]	[]	8 <input type="checkbox"/>
10. Brain parenchyma	1 <input type="checkbox"/>	0 <input type="checkbox"/>	11.	[]	[]	8 <input type="checkbox"/>
12. Cerebrospinal fluid (CSF)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	13.	[]	[]	8 <input type="checkbox"/>
14. Liver	1 <input type="checkbox"/>	0 <input type="checkbox"/>	15.	[]	[]	8 <input type="checkbox"/>
16. Lymph nodes	1 <input type="checkbox"/>	0 <input type="checkbox"/>	17.	[]	[]	8 <input type="checkbox"/>
18. Mediastinum	1 <input type="checkbox"/>	0 <input type="checkbox"/>	19.	[]	[]	8 <input type="checkbox"/>
20. Pericardium	1 <input type="checkbox"/>	0 <input type="checkbox"/>	21.	[]	[]	8 <input type="checkbox"/>
22. Pleura (as pleural effusion)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	23.	[]	[]	8 <input type="checkbox"/>
24. Skin/Subcutaneous	1 <input type="checkbox"/>	0 <input type="checkbox"/>	25.	[]	[]	8 <input type="checkbox"/>
26. Other, specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	27.	[]	[]	8 <input type="checkbox"/>

Indicate method used to establish relapse or progression:

- Positive Negative Not tested**
28. 1 0 8 Biopsy
29. 1 0 8 Diagnostic Radiology (Xray, CTScan, Bone Scan)
30. 1 0 8 Other, specify: _____



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31. Did the patient receive treatment after transplant for persistent, progressive or recurrent disease since last report?

1 Yes
0 No

32. Was surgery performed? 1 Yes 0 No

Location of resected tumor:

Extent of Excision

Date of Excision
Month Day Year

33. Lung: 1 Yes 0 No
1 Wedge 2 Lobectomy 3 Pneumonectomy

34.

35. Brain: 1 Yes 0 No

36.

37. Other: 1 Yes 0 No
If yes, specify: _____

38.

39. Was radiation given? 1 Yes 0 No

Specify:

40. Thoracic? **No** **Yes**
0 1

Total dose: 1 cGy 2 Gy

Specify: 1 Involved field (including boost or conedown)
2 Extended field (before boost or cone down)

Date started:
Month Day Year

Number of fractions:

41. Cranial? 0 1

Total dose: 1 cGy 2 Gy

Specify: 1 Prophylactic 2 Therapeutic

Date started:
Month Day Year

Number of fractions:

42. Other? 0 1
Specify: _____

Total dose: 1 cGy 2 Gy

Specify site(s): _____

Date started:
Month Day Year

Number of fractions:

Retired - Not for Data Submission

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43. Was chemotherapy given? 1 Yes 0 No

45. Date first cycle began
Month Day Year

46. Date last cycle began
Month Day Year

47. Number of cycles

48. Best response to chemotherapy (see definition on page 5)

Chemotherapeutic agents used:

	Yes	No		Yes	No		
49.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Carboplatin	55.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Taxol
50.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Cisplatin	56.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Topotecan
51.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Cyclophosphamide	57.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Vinblastine
52.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Doxorubicin	58.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Vincristine
53.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Etoposide (VP16)	59.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Vinorelbine
54.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Ifosfamide	60.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	Other, specify: _____

61. Status of Small Cell Lung Cancer as of contact date on **095-COREFU Q.3**, or if patient has died give status immediately prior to death (*check one only*):
- 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
 - 19 Not evaluable, specify: _____

Retired – Not for Data Submission