

National Marrow Donor Program®
Insert XVIII – Renal Carcinoma

Registry Use Only

Sequence Number:

Date Received:

Unrelated

Recipient NMDP ID: - -

Recipient Last Name:

Recipient Local ID (optional):

Today's Date: / /
 Month Day Year TC Code:

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

Product Type: Marrow (Form 120) PBSC (Form 520) Cord blood (Form 620)

Pre-Transplant Information

If this is a report of a second (or subsequent) transplant, check here and continue with question 160.

1. Date of diagnosis of renal carcinoma: / /
 Month Day Year

2. What was the histology at diagnosis of renal carcinoma?

- 1 adeno-carcinoma →
- 2 epidermoid carcinoma
- 3 transitional cell carcinoma
- 4 uroepithelial carcinoma

3. Specify type:

- a. clear cell
 - 1 yes →
 - 2 no
- b. chromophobe
 - 1 yes
 - 2 no
- c. papillary only
 - 1 yes
 - 2 no
- d. sarcomatoid only renal cell
 - 1 yes
 - 2 no
- e. other type, specify: _____
 - 1 yes
 - 2 no

- Specify feature(s) described:
- a. 1 yes 2 no granular
 - b. 1 yes 2 no papillary
 - c. 1 yes 2 no sarcomatoid

5. Was the histology mixed?

- 1 yes →
- 2 no

6. Specify the most prominent type:

- 1 clear cell
- 2 chromophobe
- 3 papillary
- 4 sarcomatoid
- 5 50/50, specify types: _____

7. For the histology at diagnosis, is a copy of the pathology report or other documentation attached?

- 1 yes
- 2 no

Mail a copy of this form to:
The NMDP Registry
Suite 500
3001 Broadway St. N.E.
Minneapolis, MN 55413
Retain original at the Transplant Center.

Recipient NMDP ID: - -

Recipient Last Name:

8. Were tumor metastases present at diagnosis?

- 1 yes
2 no
3 unknown

9. Specify metastasis site(s):

- a. 1 yes 2 no adrenal gland
b. 1 yes 2 no bone
c. 1 yes 2 no central nervous system (CNS)
d. 1 yes 2 no liver
e. 1 yes 2 no lung
f. 1 yes 2 no hilar or mediastinal nodes
g. 1 yes 2 no retroperitoneum / nodes
h. 1 yes 2 no second kidney
i. 1 yes 2 no other site, specify: _____

10. Was the metastatic disease confirmed by biopsy of metastatic site?

- 1 yes
2 no

Initial Renal Carcinoma Management

11. Was surgery performed before any other therapy was undertaken?

- 1 yes
2 no

12. Date of surgery:

/ /
Month Day Year

13. Type of surgery:

- a. arterial embolization
1 yes
2 no
b. partial nephrectomy
1 yes
2 no
c. radical nephrectomy
1 yes
2 no
d. resection of metastatic lesions
1 yes
2 no
e. simple nephrectomy
1 yes
2 no

14. Specify:

- a. 1 yes 2 no lymph node dissection
b. 1 yes 2 no renal vein resection
c. 1 yes 2 no vena caval resection

15. Specify metastasis site(s):

- a. 1 yes 2 no adrenal gland
b. 1 yes 2 no bone
c. 1 yes 2 no central nervous system
d. 1 yes 2 no liver
e. 1 yes 2 no lung
f. 1 yes 2 no hilar or mediastinal nodes
g. 1 yes 2 no retroperitoneum / nodes
h. 1 yes 2 no second kidney
i. 1 yes 2 no other site, specify: _____

16. Was recipient considered to be in complete remission following surgery?

- 1 yes
2 no

17. Did metastatic disease or recurrence occur after resection and before therapy?

- 1 yes
2 no

18. Date of occurrence / recurrence:

/ /
Month Day Year

date unknown

Recipient NMDP ID: - -

Recipient Last Name:

19. Did recipient receive therapy prior to conditioning for transplant?

1 yes →
2 no ↓

Continue with 160

Line of Therapy	1st Line of Therapy	2nd Line of Therapy
Date started therapy: 20.	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	55. <input type="text"/> / <input type="text"/> / 20 <input type="text"/>
Date stopped therapy: 21.	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	56. <input type="text"/> / <input type="text"/> / 20 <input type="text"/>
Systemic therapy:	22. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 38	57. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 73
Number of cycles: 23.	<input type="text"/> 2 <input type="checkbox"/> unknown/not applicable	58. <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable
Treatment:		
Bevacizumab: 24.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	59. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Erlotinib: 25.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	60. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Floxuridine: 26.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	61. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5-fluorouracil (5-FU): 27.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	62. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Gemcitabine: 28.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	63. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
High-dose interleukin-2 (IL2) (IV bolus or infusion): 29.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	64. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Subcutaneous interleukin-2 (IL-2): 30.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	65. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Interferon-α: 31.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	66. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Provera: 32.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	67. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Sorafenib: 33.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	68. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
SU11248: 34.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	69. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Thalidomide: 35.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	70. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Other: 36.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	71. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify other: 37.	_____	72. _____
Radiation Therapy:		
Local/regional: 38.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 46	73. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 81
Systemic: 39.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 41	74. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 76
Specify total dose: 40.	<input type="text"/> cGy (rads)	75. <input type="text"/> cGy (rads)
Sites of non-contiguous metastases: 41.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 43	76. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 78
Specify total dose: 42.	<input type="text"/> cGy (rads)	77. <input type="text"/> cGy (rads)
Other site(s): 43.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 46	78. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 81
Specify other: 44.	_____	79. _____
Specify total dose: 45.	<input type="text"/> cGy (rads)	80. <input type="text"/> cGy (rads)
Surgery:		
Resection of primary tumor: 46.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 50	81. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 85
Resection of metastases: 47.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site(s) of metastases: 48.	_____	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
Specify site(s) of metastases: 49.	_____	84. _____
Best Response to Line of Therapy:		
(see definitions below)		
Date response evaluated: 50.	1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NE, specify: _____ 7 <input type="checkbox"/> Unknown / not tested	85. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NE, specify: _____ 7 <input type="checkbox"/> Unknown / not tested
Did patient relapse/progress following this line of therapy? 51.	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	86. <input type="text"/> / <input type="text"/> / 20 <input type="text"/>
Date of relapse/progression: 52.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 55	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 90
Specify site(s) of relapse: 53.	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	88. <input type="text"/> / <input type="text"/> / 20 <input type="text"/>
Specify site(s) of relapse: 54.	_____	89. _____

Best Response Code Definitions (see question 160 for complete descriptions)

1 Complete response	4 Stable disease	6 Not evaluable, specify reason
2 Complete response with unknown	5 Progressive disease	7 Unknown / not tested
3 Partial response		

Recipient NMDP ID: - -

Recipient Last Name:

Continued from previous page. Copy and complete this page for more than 4 instances.

Line of Therapy	3rd Line of Therapy	4th Line of Therapy
Date started therapy: 90. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date stopped therapy: 91. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Systemic therapy: 92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 108	127. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 143	
Number of cycles: 93. <input type="text"/> <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable	128. <input type="text"/> <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable	
Treatment:		
Bevacizumab: 94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	129. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Erlotinib: 95. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	130. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Floxuridine: 96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	131. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
5-fluorouracil (5-FU): 97. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	132. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Gemcitabine: 98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	133. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
High-dose interleukin-2 (IL2) (IV bolus or infusion): 99. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	134. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Subcutaneous interleukin-2 (IL-2): 100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	135. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Interferon-α: 101. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	136. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Provera: 102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	137. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Sorafenib: 103. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	138. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
SU11248: 104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	139. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Thalidomide: 105. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	140. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Other: 106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	141. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Specify other: 107. _____	142. _____	
Radiation Therapy: 108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 116	143. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 151	
Locoregional: 109. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 111	144. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 146	
Specify total dose: 110. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	145. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	
Sites of non-contiguous metastases: 111. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 113	146. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 148	
Specify total dose: 112. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	147. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	
Other site(s): 113. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 116	148. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 151	
Specify other: 114. _____	149. _____	
Specify total dose: 115. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	150. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)	
Surgery: 116. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 120	151. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 155	
Resection of primary tumor: 117. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	152. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Resection of metastases: 118. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	153. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	
Specify site(s) of metastases: 119. _____	154. _____	
Best Response to Line of Therapy: 120. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD (see definitions below) 6 <input type="checkbox"/> NE, specify: _____ 7 <input type="checkbox"/> Unknown / not tested	155. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> CRU 3 <input type="checkbox"/> PR 4 <input type="checkbox"/> SD 5 <input type="checkbox"/> PD 6 <input type="checkbox"/> NE, specify: _____ 7 <input type="checkbox"/> Unknown / not tested	
Date response evaluated: 121. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	156. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Did patient relapse/progress following this line of therapy? 122. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with 125	157. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q 160	
Date of relapse/progression: 123. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	158. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Specify site(s) of relapse: 124. _____	159. _____	
Best Response Code Definitions (see question 160 for complete descriptions)		
1 Complete response	4 Stable disease	6 Not evaluable, specify reason
2 Complete response with unknown	5 Progressive disease	7 Unknown / not tested
3 Partial response		

Recipient NMDP ID: - -

Recipient Last Name:

Renal Carcinoma Status

160. What was the disease status immediately prior to conditioning? (Should match status after last line of therapy.) (Disease status based on response criteria described below.)

- 1 Complete response
- 2 Complete response with unknown
- 3 Partial response
- 4 Stable disease
- 5 Progressive disease
- 6 Not evaluable, specify reason: _____
- 7 Unknown / not tested

Response Evaluation Criteria in Solid Tumors (RECIST)

- 1 Complete response (CR) – Disappearance of all target lesions for a period of at least 4 weeks
- 2 Complete response with persistent imaging abnormalities of unknown significance (CRU)
- 3 Partial response (PR) – At least 30% decrease in the sum of the longest diameter of measured lesions (target lesions) taking as reference the baseline sum of longest diameters
- 4 Stable disease (SD) – Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD, taking as reference the smallest sum of the longest diameters since the treatment started
- 5 Progressive disease (PD) – At least a 20% increase in the sum of the longest diameter of measured lesions (target lesions), taking as reference the smallest sum of the longest diameters recorded since the treatment started or the appearance of one or more new lesions
- 6 Not evaluable, specify reason (NE)

161. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____