Form 2025 R2.0: Central Nervous System Tumor Pre-HSCT Data

Center: CRID:

Key Fields

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Recipient ID: _____

Today's Date: __ __ __ __ - __ __- __ __

Date of HSCT for which this form is being completed: __ __ __ __ - __ __- __ __

HSCT type: (Check all that apply)

- Autologous
- Allogeneic, unrelated
- Allogeneic, related
- Syngeneic (identical twin)

Product type: (Check all that apply)

- Marrow
- PBSC
- Cord blood
- Other product

Specify: _____

- If this is a report of a second or subsequent transplant, check here and continue with question 72.

Disease Assessment at Diagnosis

Questions: 1 - 71

1 What was the date of pathologic diagnosis of the central nervous system (CNS) tumor? __ __ __ __ - __ __- __ __

2 What was the primary disease for which the HSCT was performed? _____

3 Specify other PNET: _____

4 Specify other high-grade glial tumor: _____

5 Specify pathologic diagnosis from Astrocytomas or Other tumors: _____

6 What was the extent of the CNS tumor at diagnosis? _____

7 What was the primary CNS tumor site at diagnosis?

- brainstem (medulla/pons/midbrain)
- cerebral hemisphere
- cerebellar hemisphere/vermis
- optic chiasma/hypothalamus/suprasellar area
- spinal cord
- thalamus/basal ganglia/corpus callosum
- extra-CNS primary site

8 Specify site: _____

9 Does the recipient have a history of co-existing phakomatosis?

- yes
- no
- Unknown

10 Specify the co-existing phakomatosis:

- cerebroretinal angiomatosis (Von Hippel-Lindau disease)
- encephalotrigeminal angiomatosis (Sturge-Weber syndrome)
- Neurofibromatosis type 1
- neurofibromatosis type 2
- tuberous sclerosis (Bourneville disease)
- other phakimatosis

11 Specify phakomatosis: _____

12 At the time of diagnosis, did the recipient have a family history of cancer in first degree relatives under 40 years of age?

yes no Unknown

Specify the cancer(s) present in first degree relatives:

13 Basal cell carcinoma

yes no

14 Brain tumors

yes no

15 Breast cancer

yes no

16 Colo-rectal carcinoma

yes no

17 Malignant nerve sheath tumors

yes no

18 Neurofibromas

yes no

19 Soft tissue sarcoma

yes no

20 Other cancer

yes no

21 Specify cancer: _____

22 Was therapy given between diagnosis and the start of the preparative regimen?

yes no

Pre-HSCT Treatment for CNS Tumor (1) — Questions: 23 - 71

Line of Therapy

23 Date therapy started: __ __ __ __ - __ __- __ __

24 Date therapy stopped: __ __ __ __ - __ __- __ __

25 Systemic Therapy:

yes no

26 Number of cycles _____ Number of cycles unknown/not applicable

Treatment:

27 bleomycin (BLM, Blenoxane)

yes no

28 carboplatin (Paraplatin)

yes no

29 Cisplatin (Platinol, CDDP)

yes no

30 Corticosteroids

yes no

31 Cyclophosphamide (Cytoxan)

yes no

32 Etoposide (VP-16, VePesid)

yes no

33 Ifosfamide (Ifex)

yes no

34 melphalan (L-PAM, Alkeran)

yes no

35 methotrexate (MTX, Folex)

yes no

36 nitrosourea (carmustine)

yes no

37 procarbazine (Matulane)

yes no

38 temozolomide (Temodar)

yes no

39 thiotepa (Thioplex)

yes no

40 topotecan (Hycamtin)

yes no

41 Vincristine (VCR, Oncovin)

yes no

42 other therapy

yes no

43 Specify other therapy: _____

44 Hematopoietic growth factor?

yes no

45 Number of chemo cycles used with hematopoietic growth factor:

<5 >=5 Unknown

46 Radiation Therapy:

yes no

47 Whole brain

yes no

48 Specify total dose: _____ cGy (rads)

49 Local cranial

yes no

50 Specify total dose: _____ cGy (rads)

51 Craniospinal

yes no

52 Specify total dose: _____ cGy (rads)

53 Gamma knife / radiosurgery

yes no

54 Specify total dose: _____ cGy (rads)

55 Interstitial irradiation / brachytherapy

yes no

56 Specify total dose: _____ cGy (rads)

57 Radioactive instillation

yes no

58 Specify total dose: _____ cGy (rads)

59 Local spinal

yes no

60 Specify total dose: _____ cGy (rads)

61 Other site:

yes no

62 Specify other site: _____

63 Specify total dose: _____ cGy (rads)

64 Fractionation schedule

single single daily multiple daily other schedule

65 Surgical Biopsy/Resection:

yes no

66 Type of surgery _____

67 Size of residual tumor after surgery (see codes below) _____

68 Was this line of therapy given for stem cell priming?

yes no

69 Best Response to Line of Therapy _____

70 Date response evaluated: __ __ __ __ - __ __- __ __

71 Did patient relapse/progress following this line of therapy?

yes no

Disease Involvement Between Diagnosis and the Preparative Regimen

Questions: 72 - 86

Specify all sites of disease involvement between diagnosis and the start of the preparative regimen:

72 Cerebrospinal fluid

yes no Unknown

73 Extraneural

yes no Unknown

74 Distant intracranial parenchymal

yes no Unknown

75 Intracranial leptomeningeal

yes no Unknown

76 Spinal leptomeningeal

yes no Unknown

77 Local primary site

yes no Unknown

78 Other site:

yes no Unknown

79 Specify other site: _____

80 Was CNS tumor present in the recipient's bone at any time between diagnosis and the preparative regimen?

yes no

81 Bone scan

yes no

82 Date of bone scan: __ __ __ __ - __ __- __ __ Date bone scan unknown

83 Was the bone scan positive for CNS tumor?

yes no

84 MRI

yes no

85 Date of MRI: __ __ __ __ - __ __- __ __ Date of MRI unkown

86 Was the MRI postive for CNS tumor?

yes no

Bone Marrow Aspirate / Biopsy Performed

Questions: 87 - 102

87 Was a bone marrow aspirate / biopsy performed with in 30 days of the preparative regimen?

Yes No Not known

88 Specify the date the bone marrow biopsy was performed: __ __ __ __ - __ __- __ __ Date the bone marrow biopsy performed unknown

89 Was any tumor present in the biopsy?

yes no

Specify the test(s) used:

90 Cytogenetics

yes no

91 Specify cytogenetic results:

- positive for tumor involvement
- Negative

92 Immunohistochemistry

- yes
- no

93 Specify immunohistochemistry results:

- positive for tumor involvement
- Negative

94 Routine histopathology

- yes
- no

95 Specify histopathology results:

- positive for tumor involvement
- Negative

96 Other test method

- yes
- no

97 Specify other test: _____

98 Specify test results:

- positive for tumor involvement
- Negative

99 Was a bone scan performed within 30 days of the preparative regimen (other than that reported at question 80)?

- yes
- no
- Unknown

100 Date of bone scan: __ __ __ __ - __ __- __ __ Date unknown

101 Was the bone scan positive for CNS tumor?

- yes
- no

102 What was the sensitivity of the CNS tumor to chemotherapy prior to the preparative regimen?(Report response to last chemotherapy given prior to HSCT; chemotherapy must be >= two cycles of treatment given < 6 months prior to the preparative regimen.)

- sensitive: ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease (CR, CRU, PR)
- resistant: <50% reduction in diameter of all disease sites or development of new disease sites (NR, PD)
- untreated, or treated > 6 months prior to transplant
- not assessed, or chemotherapy < 2 cycles

Disease Status at the Last Assessment Prior to the Preparative Regimen

Questions: 103 - 112

103 What was the disease status immediately prior to the preparative regimen? *(see CNS disease status definitions on page 4)* _____

Specify all sites of residual disease:

104 Cerebrospinal fluid (CSF)

- yes
- no

105 Extraneural

- yes
- no

106 Distant intracranial parenchymal

yes no

107 Intracranial leptomeningeal

yes no

108 Spinal leptomeningeal

yes no

109 Local primary site

yes no

110 Other site:

yes no

111 Specify other site: _____

112 Date of the most recent assessment for disease status prior to the preparative regimen: __ __ __ __ - __ __- __ __

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____