Form 2126 R2.0: Neuroblastoma Post-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: _____

Visit: 100 day 6 months 1 year 2 years > 2 years,

Specify: _____

Disease Assessment at the Time of Best Response to HSCT

Questions: 1 - 159

1 Compared to the disease status prior to the preparative regimen, what was the best response since the date of the last report? (Include response to any post-HSCT treatment planned as of Day 0.)

- complete response - no primary tumor, no metasraric sites, catecholamines normal; included continued complete response
- very good partial response - primary tumor decreased by 90-99%, no metastatic sites, catecholamines normal; residual ^{99}Tc bone changes allowed
- partial response - primary tumor decreased by > 50%, all measurable metastatic sites decreased by > 50%, number of positive bone sites decreased by > 50%, no more than 1 positive bone marrow site allowed, 1 positve marrow aspirate or biopsy allowed if this represents a decrease from the number of postive sites at diagnosis
- minimal response - no new lesion; > 50% reduction of any measurable lesion (primary or metastases) with < 50% reduction in any other; < 25% increase in any existing lesion
- no response - no new lesions; < 50% reduction but < 25% increase in any existing lesion
- progressive disease - any new lesions; increase of any measurable lesion by > 25%; previous negative marrow positive for tumor
- Not assessed
- unknown / not tested

Specify the site(s) of persistent tumor:

2 Adrenal gland

yes no

3 Bone

yes no

4 Bone marrow

yes no

5 Cerebellum

yes no

6 Cerebrospinal fluid (CSF)

yes no

7 Cerebrum

yes no

8 Cranial nerves

yes no

9 Liver

yes no

10 Lymph node

yes no

11 Mediastinum

yes no

12 Paraspinal ganglion

yes no

13 Retro-orbital area

yes no

14 Skin / subcutaneous tissue

yes no

15 Elevated catecholemines

yes no

16 Other site:

yes no

17 Specify other site: _____

18 Specify the date best response was determined: __ __ __ __ - __ __- __ __ Date previously reported

19 Were tumor markers evaluated for the best response post-HSCT determination?

yes no

Specify the following tumor marker analyses performed:

20 Homovanilic acid (HVA):

Known Not known

21 _____ <!--[endif]-->µg/mg creatinine

22 Date of best response determination: __ __ __ __ - __ __- __ __

23 Neuron specific enolase:

Known Not known

24 _____ ng/mL

25 Date of best response determination: __ __ __ __ - __ __- __ __

26 Serum ferritin:

Known Not known

27 _____ ng/mg or µg/L

28 Date of best response determination: __ __ __ __ - __ __- __ __

29 Vanilmandelic acid (VMA):

Known Not known

30 _____ µg/mg creatinine

31 Date of best response determination: __ __ __ __ - __ __- __ __

32 Other tumor marker analysis:

Known Not known

33 Specify other analysis: _____

34 Specify level and units: _____

35 Was the recipient given planned therapy per protocol post-HSCT treatment for neuroblastoma?

yes no

36 Was radiotherapy given?

yes no

Specify the site(s) of radiotherapy:

37 Bone metastases

yes no

38 Primary tumor

yes no

39 Other site:

yes no

40 Specify: _____

41 Specify the date radiotherapy was started: __ __ __ __ - __ __- __ __

42 Number of fractions given: _____

43 Dose per fraction: _____ <!--[endif]-->cGy (rads)

44 Was MIBG given?

yes no

Specify the radioisotope given:

45 ^{131}I-MIBG

yes no

46 Other

yes no

47 Specify: _____

48 Specify the date MIBG treatment was performed: __ __ __ __ - __ __- __ __

49 Were retinoids given?

yes no

Specify the retinoids given:

50 Isotretinoin

yes no

51 Other

yes no

52 Specify: _____

53 Specify the date retinoid therapy was started: __ __ __ __ - __ __- __ __

54 Was immunotherapy given?

yes no

Specify the drug (s) given:

55 α-interferon

yes no

56 Anti-GD2 anitbody CH14.18

yes no

57 Interleukin-2 (IL-2)

yes no

58 Other

yes no

59 Specify: _____

60 Specify the date immunotherapy was started: __ __ __ __ - __ __- __ __

61 Was chemotherapy given?

yes no

62 Adriamycin

yes no

63 Cisplatin

yes no

64 Cyclophosphamide

yes no

65 Dacarbazine (DTIC)

yes no

66 Etoposide (VP-16)

yes no

67 Isosfamide

yes no

68 Melphalan (L-PAM)

yes no

69 Teniposide (VM26)

yes no

70 Vincristine

yes no

71 Other

yes no

72 Specify: _____

73 Specify the date chemotherapy was started: __ __ __ __ - __ __- __ __

74 Was other treatment given?

yes no

75 Specify other treatment: _____

76 Specify the date other treatment was started: __ __ __ __ - __ __- __ __

77 Did the neuroblastoma recur or progress since the date of the last report?

yes no

Specify the known site(s) of disease progression / recurrence:

78 Adrenal gland

yes no

79 Date determined: __ __ __ __ - __ __- __ __

80 Bone

yes no

81 Date determined: __ __ __ __ - __ __- __ __

82 Bone marrow

yes no

83 Date determined: __ __ __ __ - __ __- __ __

84 Cerebellum

yes no

85 Date determined: __ __ __ __ - __ __- __ __

86 Cerebrospinal fluid (CSF)

yes no

87 Date determined: __ __ __ __ - __ __- __ __

88 Cerebrum

yes no

89 Date determined: __ __ __ __ - __ __- __ __

90 Cranial nerves

yes no

91 Date determined: __ __ __ __ - __ __- __ __

92 Liver

yes no

93 Date determined: __ __ __ __ - __ __- __ __

94 Lymph nodes

yes no

95 Date determined: __ __ __ __ - __ __- __ __

96 Mediastinum

yes no

97 Date determined: __ __ __ __ - __ __- __ __

98 Paraspinal ganglion

yes no

99 Date determined: __ __ __ __ - __ __- __ __

100 Retro-orbital area

yes no

101 Date determined: __ __ __ __ - __ __- __ __

102 Skin/subcutaneous tissue

yes no

103 Date determined: __ __ __ __ - __ __- __ __

104 Other site:

yes no

105 Date determined: __ __ __ __ - __ __- __ __

106 Specify other site: _____

Specify the methods used to examine sites of disease recurrence / persistence / progression:

107 Biopsy

yes no

108 Specify disease status:

Positive Negative

109 Bone scan

yes no

110 Specify disease status:

Positive Negative

111 Radiology

yes no

112 Specify disease status:

Positive Negative

113 Other method

yes no

114 Specify disease status:

Positive Negative

115 Specify other method: _____

116 Was the recipient given treatment for post-HSCT persistent, progressive or recurrent disease since the date of the last report?

yes no Unknown

117 Was radiotherapy given?

yes no

Specify the site(s) of radiotherapy:

118 Bone metastases

yes no

119 Primary tumor

yes no

120 Other yes no

121 Specify: _____

122 Specify the date radiotherapy was started: __ __ __ __ - __ __- __ __

123 Number of fractions given: _____

124 Dose per fraction: _____ <!--[endif]-->cGy (rads)

125 Was MIBG given?

yes no

Specify the radioisotope given:

126 ^{131}I-MIBG

yes no

127 Other

yes no

128 Specify: _____

129 Specify the date MIBG treatment was performed: __ __ __ __ - __ __- __ __

130 Were retinoids given?

yes no

Specify the retinoids given:

131 Isoretinoin

yes no

132 Other

yes no

133 Specify: _____

134 Specify the date retinoid therapy was started: __ __ __ __ - __ __- __ __

135 Was immunotherapy given?

yes no

Specify the drug(s) given:

136 α-interferon

yes no

137 Anti-GD2 antibody CH 14.18

yes no

138 Interleuken-2 (IL-2)

yes no

139 Other

yes no

140 Specify: _____

141 Specify the date immunotherapy was started: __ __ __ __ - __ __- __ __

142 Was chemotherapy given?

yes no

Specify the treatment(s) given:

143 Adriamycin

yes no

144 Cisplatin

yes no

145 Cyclophosphamide

yes no

146 Dacarbazine (DTIC)

yes no

147 Etoposide (VP-16)

yes no

148 Ifosfamide

yes no

149 Melphalan (L-PAM)

yes no

150 Tenoposide (VM26)

yes no

151 Vincristine

yes no

152 Other

yes no

153 Specify: _____

154 Specify the date chemotherapy was started: __ __ __ __ - __ __- __ __

155 Was other treatment given?

yes no

156 Specify other treatment: _____

157 Specify the date other treatment was started: __ __ __ __ - __ __- __ __

158 What is the current disease status?

complete remission

Not in complete remission

159 Specify the date the current disease status was determined: __ __ __ __ - __ __- __ __

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____