Form 2024 R2.0: Sarcoma 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 115.

Disease Assessment at Diagnosis

Questions: 1 - 76

1 What was the date of diagnosis of bone or soft tissue Sarcoma? __ __ __ __ - __ __- __ __

2 On the CIBMTR Form 2000 - Recipient Baseline Data, was the primary disease for which the HSCT was performed (question9) either "bone sarcoma (excluding Ewing family tumors)" (solid tumors option 10) or "soft tissue sarcoma (excluding Ewing family tumors)" (solid tumors option 21)?

- yes
- no

3 Specify bone or soft tissue sarcoma: _____

4 Primary site of sarcoma at diagnosis: *(check only one)*

- calcaneus
- femur
- fibula
- humerus
- metacarpal
- metatarsal
- multifocal
- patella
- pelvis
- radius
- rib
- scapula
- skull

- sternum
- tibia
- ulna
- vertebra
- other bone location
- abdominal wall
- buttock
- Chest wall
- foot
- gastrointestinal
- genitourinary
- great vessels
- gynecologic
- hand
- head and neck
- heart
- lower arm
- lower leg
- lung / pleura
- Mediastinum
- retroperitoneum
- upper arm
- upper leg
- other viscera
- other soft tissue location

5 Specify multifocal: _____

6 Specify other bone location: _____

7 Specify other viscera: _____

8 Specify other soft tissue location: _____

9 What were the two largest dimensions of tumor mass at diagnosis? _____ X _____ cm

10 Tumor mass was assessed by:

- apparent by palpation
- apparent by visualization
- plain film / x-ray without contrast
- plain film / x-ray with contrast
- CT scan
- MRI scan
- radioisotope scan
- ultrasound
- Other method
- Unknown

11 Specify assessment method: _____

12 *(For soft-tissue sarcoma only)* What was the soft-tissue sarcoma grade at diagnosis?

low intermediate high Unknown

13 Were metastases present at diagnosis?

yes no Unknown

Specify the site(s) of metastases at diagnosis:

14 Abdominal - diffuse

yes no Unknown

15 Bone marrow

yes no Unknown

16 Central nervous system (CNS)

yes no Unknown

17 Liver

yes no Unknown

18 Lungs

yes no Unknown

19 Lymph nodes - distant

yes no Unknown

20 Lymph nodes - regional

yes no Unknown

21 Skin

yes no Unknown

22 Other site:

yes no Unknown

23 Specify site: _____

24 On the CIBMTR Form 2000 - Recipient Baseline Data, was there a history of malignancy other than the primary disease for which this HSCT is being performed (question 22, answered "yes")?

yes no Unknown

Specify any treatment(s) given for the other malignancy:

25 Chemotherapy

yes no Unknown

26 Radiation

yes no Unknown

27 Other treatment

yes no Unknown

28 Specify treatment _____

29 Was a cytogenetic analysis of the tumor mass performed at any time?

yes no Unknown

30 Results of tests at diagnosis:

Yes abnormalities identified

No evaluable metaphases

No abnormalities

Specify Cytogenetic abnormalities identified at diagnosis:

Translocation

31 t(1;13)

yes no

32 t(1;16)

yes no

33 t(2;13)

yes no

34 t(7;16)

yes no

35 t(7;22)

yes no

36 t(11;22)

yes no

37 t(12;14)

yes no

38 t(12;15)

yes no

39 t(12;16)

yes no

40 t(12;19)

yes no

41 t(12;22)
yes no

42 t(13;22)
yes no

43 t(17;22)
yes no

44 t(21;22)
yes no

45 t(X;17)
yes no

46 t(X;18)
yes no

Deletion

47 del(16q) / 16q-
yes no

48 del (17q) / 17q-
yes no

Insertion

49 ins(19p) / 19p+
yes no

Other

50 complex (>=3 distinct abnormalities)
yes no

51 other abnormality
yes no

52 specify other abnormality: _____

53 Results of tests after diagnosis to prior to the preparative regimen:
Yes abnormalities identified
No evaluable metaphases
No abnormalities on any tests after diagnosis and before the preparative regimen

Specify cytogenetic abnormalities identified at any test result between diagnosis and preparative regimen

Translocation

54 t(1;13)
yes no

55 t(1;16)
yes no

56 t(2;13)
yes no

57 t(7;16)

yes no

58 t(7;22)

yes no

59 t(11;22)

yes no

60 t(12;14)

yes no

61 t(12;15)

yes no

62 t(12;16)

yes no

63 t(12;19)

yes no

64 t(12;22)

yes no

65 t(13;22)

yes no

66 t(17;22)

yes no

67 t(21;22)

yes no

68 t(X;17)

yes no

69 t(X;18)

yes no

Deletion

70 del(16q) / 16q-

yes no

71 del(17q) / 17q-

yes no

Insertion

72 ins(19p) / 19p+

yes no

Other

73 complex (>=3 distinct abnormalities)

yes no

74 other abnormality

yes no

75 specify other abnormality: _____

76 Is a copy of the cytogenetic or FISH report attached?

yes no

Pre-HSCT Treatment for Sarcoma

Questions: 77 - 114

77 Was therapy given (including surgery and neo-adjuvant or adjuvant therapy) between diagnosis and the start of the preparative regimen?

yes no

Lines of Therapy (1)

Questions: 78 - 114

Line of Therapy

78 Systemic Therapy:

yes no

79 Date therapy started: __ __ __ __ - __ __- __ __

80 Date therapy stopped: __ __ __ __ - __ __- __ __

81 Number of cycles _____ Unknown/not applicable

82 Cisplatin (Platinol, CDDP)

yes no

83 cyclophosphamide (Cytoxan)

yes no

84 dactinomycin (Actinomycin D)

yes no

85 dacarbazine (DTIC)

yes no

86 Doxorubicin (Adriamycin)

yes no

87 etopside (VP-16, VePesid)

yes no

88 Ifosfamide (Ifex)

yes no

89 imatinib (Gleevec)

yes no

90 melphalan (L-PAM, Alkeran)

yes no

91 sunitinib (Sutent, SU11248)

yes no

92 topotecan (Hycamtin)

yes no

93 Vincristine (VCR, Oncovin)

yes no

94 Other systemic therapy

yes no

95 Specify other therapy: _____

96 Radiation Therapy:

yes no

97 Date therapy started: __ __ __ __ - __ __- __ __

98 Date therapy stopped: __ __ __ __ - __ __- __ __

99 Local / regional

yes no

100 Specify total dose _____ cGy (rads)

101 Sites of non-contiguous metastases

yes no

102 Specify total dose _____ cGy (rads)

103 Other radiation therapy site

yes no

104 Specify other radiation site _____

105 Specify total dose _____ cGy (rads)

106 Surgical Biopsy/Resection:

yes no

107 Date of surgery: __ __ __ __ - __ __- __ __

108 Type of surgery

_____

109 Specify other surgery _____

110 Site of surgery:

primary lesion metastatic lesion Both

111 Best Response to Line of Therapy: *(see definitions on page 5)*

CR (CR) - disappearance of all target lesions for a period of at least one month

CRU (CRU) - complete response with persistent imaging abnormalities of unknown significance

PR (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

SD (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

PD (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

NA (Not assessed)

112 Date response evaluated: __ __ __ __ - __ __- __ __

113 Did disease relapse/progress following this line of therapy?

yes no

114 Date of relapse/progression: __ __ __ __ - __ __- __ __

Laboratory Studies Prior to the Start of the Preparative Regimen

Questions: 115 - 117

115 Serum alkaline phosphatase:

Known Not known

116 _____ IU/L µkat/L

117 Upper limit of normal for alkaline phosphatase: _____

Disease Status at the Last Assessment Prior to the Start of the Preparative Regimen

Questions: 118 - 120

118 What was the disease status at the last evaluation prior to the preparative regimen? *(see definitions above)*

CR CRU PR SD PD NA Unknown

119 Specify reason: _____

120 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: _____