Neuroblastoma Pre-Infusion Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: ___ ___ ___ ___ ___

CIBMTR Research ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Event date: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Subsequent Infusion

If this is a report of a second or subsequent infusion for the same disease subtype and this baseline disease insert has not been completed for the previous infusion (e.g. recipient was on TED track for the prior infusion, prior infusion was autologous with no consent, prior infusion was not reported to the CIBMTR), begin the form at question two.

If this is a report of a second or subsequent infusion for a different disease, begin the form at question two.

1. Is this the report of a second or subsequent infusion for the same disease?
   - ☐ Yes - ***Go to question 214***
   - ☐ No - ***Go to question 2***

Clinical and Laboratory Characteristics at Diagnosis

Specify the site(s) of primary tumor(s) at diagnosis

2. Adrenal gland
   - ☐ Yes **– *Go to question 3***
   - ☐ No **– *Go to question 4***

   3. Number of tumors present ___ ___

4. Bone
   - ☐ Yes **– *Go to question 5***
   - ☐ No **– *Go to question 6***

   5. Number of tumors present ___ ___

6. Bone marrow
   - ☐ Yes **– *Go to question 7***
   - ☐ No **– *Go to question 8***

   7. Number of tumors present ___ ___

8. Cerebellum
   - ☐ Yes **– *Go to question 9***
   - ☐ No **– *Go to question 10***

   9. Number of tumors present ___ ___

10. Cerebrospinal fluid (CSF)

☐ Yes **– *Go to question 11***

☐ No **– *Go to question 12***

11. Number of tumors present ___ ___

12. Cerebrum

☐ Yes **– *Go to question 13***

☐ No **– *Go to question 14***

13. Number of tumors present ___ ___

14. Cranial nerves

☐ Yes **– *Go to question 15***

☐ No **– *Go to question 16***

15. Number of tumors present ___ ___

16. Liver

☐ Yes **– *Go to question 17***

☐ No **– *Go to question 18***

17. Number of tumors present ___ ___

18. Lymph nodes

☐ Yes **– *Go to question 19***

☐ No **– *Go to question 20***

19. Number of tumors present ___ ___

20. Mediastinum

☐ Yes **– *Go to question 21***

☐ No **– *Go to question 22***

21. Number of tumors present ___ ___

22. Paraspinal ganglion

☐ Yes **– *Go to question 23***

☐ No **– *Go to question 24***

23. Number of tumors present ___ ___

24. Retro-orbital area

☐ Yes – ***Go to question 25***

☐ No – ***Go to question 26***

25. Number of tumors present ___ ___

26. Skin / subcutaneous tissue

☐ Yes – ***Go to question 27***

☐ No – ***Go to question 28***

27. Number of tumors present ___ ___

28. Other site:

☐ Yes – ***Go to question 29***

☐ No – ***Go to question 31***

29. Number of tumors present ___ ___

30. Specify other site: _____

31. Location of primary tumor(s) unknown

☐ Yes

☐ No

32. Were metastases present at diagnosis?

☐ Yes – ***Go to question 33***

☐ No – ***Go to question 48***

☐ Unknown – ***Go to question 48***

Specify the site(s) of metastases

33. Adrenal gland

☐ Yes

☐ No

34. Bone

☐ Yes

☐ No

35. Bone marrow

☐ Yes

☐ No

36. Cerebellum
    ☐ Yes
    ☐ No

37. Cerebrospinal fluid (CSF)
    ☐ Yes
    ☐ No

38. Cerebrum
    ☐ Yes
    ☐ No

39. Cranial nerves
    ☐ Yes
    ☐ No

40. Liver
    ☐ Yes
    ☐ No

41. Lymph nodes
    ☐ Yes
    ☐ No

42. Mediastinum
    ☐ Yes
    ☐ No

43. Paraspinal ganglion
    ☐ Yes
    ☐ No

44. Retro-orbital area
    ☐ Yes
    ☐ No

45. Skin / subcutaneous tissue
    ☐ Yes

☐ No

46. Other site:

☐ Yes **– *Go to question 47***

☐ No **– *Go to question 48***

47. Specify other site: _____

Specify any radiographic tests used to evaluate the disease status at diagnosis

48. CT scan

☐ Yes

☐ No

49. Magnetic resonance imaging (MRI)

☐ Yes

☐ No

50. I-meta-iodobenzylguanidine scan (MIBG)

☐ Yes

☐ No

51. Skeletal survey

☐ Yes

☐ No

52. Technetium scan

☐ Yes

☐ No

53. Were any biopsies performed at diagnosis?

☐ Yes **– *Go to question 54***

☐ No **– *Go to question 62***

Specify the biopsy site(s) positive for neuroblastoma

54. Bone marrow

☐ Yes

☐ No

55. Primary tumor

☐ Yes

☐ No

56. Skin

☐ Yes

☐ No

57. Other site:

☐ Yes **– *Go to question 58***

☐ No **– *Go to question 59***

58. Specify other site: _____

59. Specify the histologic findings by Shimada classification

☐ stroma-rich **– *Go to question 60***

☐ stroma-poor **– *Go to question 61***

☐ not classified / unknown **– *Go to question 62***

60. Specify histology:

☐ nodular **– *Go to question 62***

☐ well differentiated / intermixed **– *Go to question 62***

61. Specify histology:

☐ favorable

☐ unfavorable

Laboratory Values at Diagnosis of Neuroblastoma

62. WBC:

☐ Known **– *Go to question 63***

☐ Not known **– *Go to question 64***

63. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

64. Hemoglobin (untransfused):

☐ Known **– *Go to question 65***

☐ Not known **– *Go to question 66***

65. ___ ___ ___ ___ • ___ ___ ☐ g/dL

☐ g/L

☐ mmol/L

66. Platelets (untransfused):

☐ Known **– *Go to question 67***

☐ Not known **– *Go to question 68***

67. ___ ___ ___ ___ ___ ___ • ___ ☐ x 10^9/L (x 10^3/mm^3)

☐ x 10^6/L

68. Hematocrit:

☐ Known **– *Go to question 69***

☐ Not known **– *Go to question 70***

69. ___ ___ %

Specify the following tumor marker analyses performed at diagnosis

70. Homovanillic acid (HVA):

☐ Known **– *Go to question 71***

☐ Not known **– *Go to question 72***

71. ___ ___ ___ • ___ µg/mg creatinine

72. Neuron specific enolase:

☐ Known **– *Go to question 73***

☐ Not known **– *Go to question 74***

73. ___ ___ • ___ ___ ng/mL

74. Serum ferritin:

☐ Known **– *Go to question 75***

☐ Not known **– *Go to question 76***

75. ___ ___ ___ ___ ng/mg or µg/L

76. Vanilmandelic acid (VMA):

☐ Known **– *Go to question 77***

☐ Not known **– *Go to question 78***

77. ___ ___ ___ • ___ µg/mg creatinine

78. LDH:

☐ Known – ***Go to question 79***

☐ Not known – ***Go to question 81***

79. ___ ___ ___ ___ ___ • ___ ___ ☐ U/L

☐ µkat/L

80. Upper limit of normal for LDH: ___ ___ ___ ___ ___ • ___ ___

81. Other tumor marker analysis:

☐ Known – ***Go to question 82***

☐ Not known – ***Go to question 84***

82. Specify other analysis: _____

83. Specify level and units: _____

84. Was a DNA analysis performed at diagnosis?

☐ Yes – ***Go to question 85***

☐ No – ***Go to question 100***

☐ Unknown – ***Go to question 100***

Specify the tissue(s) analyzed

85. Bone marrow

☐ Yes

☐ No

86. First degree tumor

☐ Yes

☐ No

87. Other tissue

☐ Yes – ***Go to question 88***

☐ No – ***Go to question 89***

88. Specify other tissue: _____

Specify ploidy

89. Modal number:

☐ Known – ***Go to question 90***

☐ Not known – ***Go to question 91***

90. ___ ___

91. DNA index:

☐ Known – ***Go to question 92***

☐ Not known – ***Go to question 93***

92. ___ • ___ ___

Specify any methods used to determine the presence of proto-oncogenes

93. N-myc amplification

☐ Known – ***Go to question 94***

☐ Not known – ***Go to question 96***

94. Were proto-oncogenenes detected?

☐ Yes – ***Go to question 95***

☐ No – ***Go to question 96***

95. Specify copy number: ___ ___ ___ ___ ___

96. trk A expression:

☐ Known – ***Go to question 97***

☐ Not known – ***Go to question 98***

97. Specify expression of proto-oncogenes:

☐ high

☐ low

☐ Absent

98. Were any other molecular abnormalities present?

☐ Yes – ***Go to question 99***

☐ No – ***Go to question 100***

☐ Unknown – ***Go to question 100***

99. Specify other molecular abnormality: _____

CIBMTR strongly encourages attaching the DNA report.

100. Was a cytogenetic analysis performed at diagnosis?

- ☐ Yes – ***Go to question 101***
- ☐ Yes, but no evaluable metaphases – ***Go to question 114***
- ☐ No – ***Go to question 114***
- ☐ Unknown – ***Go to question 114***

Specify the tissue(s) analyzed

101. Bone marrow
    - ☐ Yes
    - ☐ No

102. First degree tumor
    - ☐ Yes
    - ☐ No

103. Other tissue
    - ☐ Yes – ***Go to question 104***
    - ☐ No – ***Go to question 105***

    104. Specify other tissue: _____

105. Number of metaphases:
    - ☐ Known – ***Go to question 106***
    - ☐ Not known – ***Go to question 107***

    106. ___ ___ ___

107. Was the karyotype abnormal?
    - ☐ Yes – ***Go to question 108***
    - ☐ No – ***Go to question 114***
    - ☐ Unknown – ***Go to question 114***

Specify the karyotype abnormalities

108. 1p–
    - ☐ Yes
    - ☐ No
    - ☐ Unknown

109. 14q–

☐ Yes

☐ No

☐ Unknown

110. 17q+

☐ Yes

☐ No

☐ Unknown

111. +17

☐ Yes

☐ No

☐ Unknown

112. Other abnormality

☐ Yes **– *Go to question 113***

☐ No **– *Go to question 114***

☐ Unknown **– *Go to question 114***

113. Specify: _____

CIBMTR strongly encourages attaching the cytogenetic report.

114. Specify the International Neuroblastoma Staging System (INSS) disease stage at diagnosis:

☐ Stage 1 — localized tumor with complete gross excision, with or without microscopic residual disease; representative ipsilateral lymph nodes negative for tumor microscopically (nodes attached to and removed with the primary tumor may be positive) **– *Go to question 117***

☐ Stage 2A — localized tumor with incomplete gross excision; representative ipsilateral nonadherent lymph nodes negative for tumor microscopically **– *Go to question 117***

☐ Stage 2B — localized tumor with or without complete gross excision, with ipsilateral nonadherent lymph nodes positive for tumor; enlarged contralateral lymph nodes must be negative microscopically **– *Go to question 117***

☐ Stage 3 — unresectable unilateral tumor infiltrating across the midline (defined as the vertebral column; tumors originating on one side and crossing the midline must infiltrate to or beyond the opposite side of the vertebral column), with or without regional lymph node involvement; or localized unilateral tumor with contralateral regional lymph node involvement; or midline tumor with bilateral extension by infiltration (unresectable) or by lymph node involvement **– *Go to question 117***

☐ Stage 4 — any primary tumor with dissemination to distant lymph nodes, bone, bone marrow, liver, skin and/or other organs (except as defined for Stage 4S) **– *Go to question 117***

☐ Stage 4S — localized primary tumor (as defined for Stages 1, 2A, or 2B), with dissemination limited to skin, liver, and/or bone marrow (marrow involvement in Stage 4S should be minimal; i.e., < 10% of total nucleated cells identified as malignant on bone marrow biopsy or on marrow aspirate; more extensive

marrow involvement would be considered to be Stage 4; the MIBG scan (if performed) should be negative in the marrow). Stage 4S is limited to infants < 1 year of age. **– *Go to question 117***

☐ Unknown **– *Go to question 115***

If the INSS cannot be determined, then the Pediatric Oncology Group (POG) Staging System — or — The Evans Group Staging System may be reported

115. Specify the POG Stage:

- ☐ A – complete gross excision of primary tumor, margins histologically negative or positive. Intracavitary lymph nodes not intimately adhered to and removed with resected tumor must be histologically free of tumor. If primary is in abdomen or pelvis, liver must be histologically free of tumor.
- ☐ B – incomplete gross resection of primary. Lymph nodes and liver must be histologically free of tumor.
- ☐ C — complete or incomplete gross resection of primary. Intracavitary nodes (cavity of primary) histologically positive for tumor. Liver histologically free of tumor.
- ☐ D — disseminated disease beyond intracavitary nodes in bone marrow, bone, liver, skin or lymph nodes beyond cavity containing primary tumor.
- ☐ Unknown

116. Specify the Evans Stage:

- ☐ I — tumor confined to the organ structure of origin
- ☐ II — tumors extending in continuity beyond the organ or structure of origin but not crossing the midline. Regional lymph nodes on the homolateral side may be involved.
- ☐ III — tumors extending in continuity beyond the organ or structure of origin but not crossing the midline. Regional lymph nodes on the homolateral side may be involved.
- ☐ IV — remote disease involving skeleton, soft tissues, distant lymph node groups, etc.
- ☐ IV-S — patients with local stage I or II disease but who have remote disease confined to one or more of the following: liver, skin, bone marrow (with no evidence of bone metastases on complete skeletal survey)
- ☐ Unknown

117. Are other family members known to have neuroblastoma or ganglioneuroma?

- ☐ Yes **– *Go to question 118***
- ☐ No **– *Go to question 126***
- ☐ Unknown **– *Go to question 126***

Specify the family member(s) diagnosed with neuroblastoma or ganglioneuroma

118. Father

- ☐ Yes
- ☐ No
- ☐ Unknown

119. Mother

☐ Yes

☐ No

☐ Unknown

120. Sister

☐ Yes – ***Go to question 121***

☐ No – ***Go to question 122***

☐ Unknown – ***Go to question 122***

121. Specify the number of sisters affected: ___ ___ ☐ Number of affected sisters unknown

122. Brother

☐ Yes – ***Go to question 123***

☐ No – ***Go to question 124***

☐ Unknown – ***Go to question 124***

123. Specify the number of brothers affected: ___ ___ ☐ Number of affected brothers unknown

124. Other relative

☐ Yes – ***Go to question 125***

☐ No – ***Go to question 126***

☐ Unknown – ***Go to question 126***

125. Specify relationship: _____

126. Does the recipient have a family history of other genetic diseases in first-degree blood relatives?

☐ Yes – ***Go to question 127***

☐ No – ***Go to question 133***

☐ Unknown – ***Go to question 133***

Specify the diagnoses present in the immediate family

127. Beckwith-Wiedemann syndrome (EMG syndrome)

☐ Yes

☐ No

☐ Unknown

128. Nesidioblastosis

☐ Yes

☐ No

☐ Unknown

129. Neurofibromatosis

☐ Yes

☐ No

☐ Unknown

130. Trisomy 18

☐ Yes

☐ No

☐ Unknown

131. Other disease

☐ Yes **– *Go to question 132***

☐ No **– *Go to question 133***

☐ Unknown **– *Go to question 133***

132. Specify genetic disease: _____

133. Did spontaneous regression of the recipient's tumor occur?

☐ Yes

☐ No

☐ Unknown

134. Did the recipient undergo surgery as part of the initial disease treatment plan?

☐ Yes **– *Go to question 135***

☐ No **– *Go to question 153***

135. Specify surgery timepoint:

☐ at diagnosis **– *Go to question 137***

☐ after induction chemotherapy **– *Go to question 136***

☐ Unknown **– *Go to question 137***

136. Specify the histological diagnosis of resected tissue:

☐ ganglioneuroblastoma

☐ ganglioneuroma

☐ neuroblastoma

Specify the site(s) of surgery

137. Abdomen

- ☐ Yes – ***Go to question 138***
- ☐ No – ***Go to question 140***
- ☐ Unknown – ***Go to question 140***

138. Extent of surgery:

- ☐ Gross
- ☐ Near
- ☐ Subtotal
- ☐ Partial
- ☐ Biopsy

139. Date of surgery: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

140. Head or neck

- ☐ Yes – ***Go to question 141***
- ☐ No – ***Go to question 143***
- ☐ Unknown – ***Go to question 143***

141. Extent of surgery:

- ☐ Gross — > 95% resection, no radiographic residual tumor
- ☐ Near — 90-95% resection, minimal radiographic residual tumor
- ☐ Subtotal — 51-89% resection, moderate radiographic residual tumor
- ☐ Partial — 10-50% resection, significant radiographic residual tumor
- ☐ Biopsy — < 10% resection, no radiographic change post-op from pre-op

142. Date of surgery: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

143. Mediastinum

- ☐ Yes – ***Go to question 144***
- ☐ No – ***Go to question 146***
- ☐ Unknown – ***Go to question 146***

144. Extent of surgery:

- ☐ Gross
- ☐ Near
- ☐ Subtotal

☐ Partial

☐ Biopsy

145. Date of surgery: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

146. Pelvis

☐ Yes – ***Go to question 147***

☐ No – ***Go to question 149***

☐ Unknown – ***Go to question 149***

147. Extent of surgery:

☐ Gross

☐ Near

☐ Subtotal

☐ Partial

☐ Biopsy

148. Date of surgery: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

149. Other site:

☐ Yes – ***Go to question 150***

☐ No – ***Go to question 153***

☐ Unknown – ***Go to question 153***

150. Extent of surgery:

☐ Gross

☐ Near

☐ Subtotal

☐ Partial

☐ Biopsy

151. Date of surgery: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

152. Specify other surgery site: _____

153. Did the recipient undergo radiotherapy as part of the initial disease treatment plan?

☐ Yes – ***Go to question 154***

☐ No – ***Go to question 161***

☐ Unknown – ***Go to question 161***

Specify the site(s) of radiotherapy

154. Primary tumor bed after resection

☐ Yes – ***Go to question 155***

☐ No – ***Go to question 157***

155. Specify total number of fractions given: ___ ___

156. Specify the dose per fraction: ___ ___ ___ ___ cGy (rads)

157. Other site:

☐ Yes – ***Go to question 158***

☐ No – ***Go to question 161***

158. Specify other radiotherapy site: _____

159. Specify total number of fractions given: ___ ___

160. Specify the dose per fraction: ___ ___ ___ ___ cGy (rads)

161. Did the recipient undergo chemotherapy as part of the initial disease treatment plan?

☐ Yes – ***Go to question 162***

☐ No – ***Go to question 181***

☐ Unknown – ***Go to question 181***

162. Specify the date the first chemotherapy cycle began: ___ ___ ___ ___ — ___ ___ — ___ ___ ☐ Date the first chemotherapy cycle began unknown

YYYY MM DD

163. Specify the date the last chemotherapy cycle began: ___ ___ ___ ___ — ___ ___ — ___ ___ ☐ Date the last chemotherapy cycle began unknown

YYYY MM DD

164. Specify the total number of chemotherapy cycles given: ___ ___ ☐ Number of chemotherapy cycles given unknown

Specify the treatment(s) given

165. Adriamycin

☐ Yes

☐ No

166. Cisplatin

☐ Yes

☐ No

167. Cyclophosphamide

☐ Yes

☐ No

168. Dacarbazine (DTIC)

☐ Yes

☐ No

169. Etoposide (VP16)

☐ Yes

☐ No

170. Ifosfamide

☐ Yes

☐ No

171. Melphalan (L-PAM)

☐ Yes

☐ No

172. Retinoids

☐ Yes

☐ No

173. Teniposide (VM26)

☐ Yes

☐ No

174. Vincristine

☐ Yes

☐ No

175. Other treatment

☐ Yes – ***Go to question 176***

☐ No – ***Go to question 177***

176. Specify treatment: _____

177. Specify the best response to chemotherapy *(International Neuroblastoma Response Criteria)*

☐ Complete response (CR) – ***Go to question 178***

☐ Partial response – ***Go to question 180***

☐ Stable disease – ***Go to question 180***

☐ Progressive disease – ***Go to question 180***

☐ Unknown – ***Go to question 181***

178. Did neuroblastoma recur?

☐ Yes – ***Go to question 179***

☐ No – ***Go to question 180***

179. Specify the date of recurrence:

___ ___ ___ ___ – ___ ___ – ___ ___
YYYY MM DD

180. Specify the date the best response to chemotherapy was determined

___ ___ ___ ___ – ___ ___ – ___ ___ ☐ Date best response to chemotherapy was determined unknown
YYYY MM DD

181. Did the recipient undergo surgery, chemotherapy or other cytotoxic treatment for persistent or recurrent disease after the initial treatment but prior to the preparative regimen?

☐ Yes – ***Go to question 182***

☐ No – ***Go to question 214***

Line of Therapy

Copy questions 182–213 if needed for multiple lines of therapy.

182. Date therapy started: ___ ___ ___ ___ – ___ ___ – ___ ___
YYYY MM DD

183. Date therapy stopped: ___ ___ ___ ___ – ___ ___ – ___ ___
YYYY MM DD

184. Systemic therapy:

☐ Yes – ***Go to question 185***

☐ No – ***Go to question 198***

185. Number of cycles: ___ ___ ☐ Number of cycles unknown/not applicable

Treatment

186. Adriamycin:

☐ Yes

☐ No

187. Cisplatin:

☐ Yes

☐ No

188. Cyclophosphamide:

☐ Yes

☐ No

189. Dacarbazine (DTIC):

☐ Yes

☐ No

190. Etoposide (VP-16)

☐ Yes

☐ No

191. Ifosfamide (IFEX):

☐ Yes

☐ No

192. Melphalan (L-PAM):

☐ Yes

☐ No

193. Retinoids:

☐ Yes

☐ No

194. Teniposide (VM26):

☐ Yes

☐ No

195. Vincristine:

☐ Yes

☐ No

196. Other therapy:

☐ Yes **– *Go to question 197***

☐ No **– *Go to question 198***

197. Specify other therapy: _____

198. Radiation therapy:

☐ Yes **– *Go to question 199***

☐ No **– *Go to question 206***

199. Primary tumor bed:

☐ Yes **– *Go to question 200***

☐ No **– *Go to question 202***

200. Specify number of fractions: ___ ___ cGy (rads)

201. Specify dose / fraction: ___ ___ ___ ___ cGy (rads)

202. Other site:

☐ Yes **– *Go to question 203***

☐ No **– *Go to question 206***

203. Specify other site: _____

204. Specify number of fractions: ___ ___ cGy (rads)

205. Specify dose / fraction: ___ ___ ___ ___ cGy (rads)

206. Surgical Biopsy / Resection:

☐ Yes **– *Go to question 207***

☐ No **– *Go to question 210***

207. Specify site: _____

208. Type of surgery:

- ☐ gross total
- ☐ near total
- ☐ subtotal
- ☐ partial
- ☐ biopsy

209. Histologic diagnosis:

- ☐ neuroblastoma
- ☐ ganglioneuroblastoma
- ☐ ganglioneuroma

210. Best response to line of therapy

- ☐ Complete response (CR)– ***Go to question 211***
- ☐ Partial response– ***Go to question 211***
- ☐ Stable disease – ***Go to question 211***
- ☐ Progressive disease – ***Go to question 211***
- ☐ Unknown – ***Go to question 212***

211. Date response evaluated: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

212. Did patient relapse/progress following this line of therapy?

- ☐ Yes – ***Go to question 213***
- ☐ No – ***Go to question 214***

213. Date of relapse/progression: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

Copy questions 182–213 if needed for multiple lines of therapy.

Specify any sites of tumor involvement at any time after diagnosis but prior to the preparative regimen: ***(For subsequent HSCT reports, list sites between last HSCT and the preparative regimen for subsequent HSCT.)***

214. Adrenal gland

- ☐ Yes
- ☐ No

215. Bone

☐ Yes

☐ No

216. Bone marrow

☐ Yes

☐ No

217. Cerebellum

☐ Yes

☐ No

218. Cerebrospinal fluid (CSF)

☐ Yes

☐ No

219. Cerebrum

☐ Yes

☐ No

220. Cranial nerves

☐ Yes

☐ No

221. Liver

☐ Yes

☐ No

222. Lymph nodes

☐ Yes

☐ No

223. Mediastinum

☐ Yes

☐ No

224. Paraspinal ganglion

☐ Yes

☐ No

225. Retro-orbital area

☐ Yes

☐ No

226. Skin / subcutaneous tissue

☐ Yes

☐ No

227. Other site:

☐ Yes **– *Go to question 228***

☐ No **– *Go to question 229***

228. Specify other site: _____

Disease Status Immediately Prior to Preparative Regimen

229. Were tumor marker analyses performed immediately prior to the preparative regimen?

☐ Yes **– *Go to question 230***

☐ No **– *Go to question 242***

Specify the following tumor marker analyses performed

230. Homovanillic acid (HVA):

☐ Known **– *Go to question 231***

☐ Not known **– *Go to question 233***

231. ___ ___ ___ • ___ µg/mg creatinine

232. Date of analysis: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

233. Neuron specific enolase:

☐ Known **– *Go to question 234***

☐ Not known **– *Go to question 236***

234. ___ ___ • ___ ___ ng/mL

235. Date of analysis: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

236. Vanilmandelic acid (VMA):

☐ Known **– *Go to question 237***

☐ Not known – ***Go to question 239***

237. ___ ___ ___ • ___ µg/mg creatinine

238. Date of analysis: ___ ___ ___ ___ — ___ ___ — ___ ___
YYYY MM DD

239. Other tumor marker analysis:

☐ Known – ***Go to question 240***

☐ Not known – ***Go to question 242***

240. Specify other analysis: _____

241. Specify level and units: _____

242. Specify the total number of complete remissions: ___ ___ – ***Go to end of form***

Specify any known sites of disease immediately prior to the preparative regimen

243. Adrenal gland

☐ Yes

☐ No

244. Bone

☐ Yes

☐ No

245. Bone marrow

☐ Yes – ***Go to question 246***

☐ No – ***Go to question 249***

Specify the method(s) used to evaluate the disease status immediately prior to the preparative regimen

246. Bone marrow morphology

☐ Yes

☐ No

247. Flow cytometric analysis

☐ Yes

☐ No

248. Immunofluorescence
- ☐ Yes
- ☐ No

249. Cerebellum
- ☐ Yes
- ☐ No

250. Cerebrospinal fluid (CSF)
- ☐ Yes
- ☐ No

251. Cerebrum
- ☐ Yes
- ☐ No

252. Cranial nerves
- ☐ Yes
- ☐ No

253. Liver
- ☐ Yes
- ☐ No

254. Lymph nodes
- ☐ Yes
- ☐ No

255. Mediastinum
- ☐ Yes
- ☐ No

256. Paraspinal ganglion
- ☐ Yes
- ☐ No

257. Retro-orbital area
- ☐ Yes
- ☐ No

258. Skin / subcutaneous tissue

- ☐ Yes
- ☐ No

259. Other site:

- ☐ Yes **– *Go to question 260***
- ☐ No **– *Go to question 261***

260. Specify other site: _____

261. Specify the percent of cells positive for neuroblastoma: ___ ___ • ___ %