# RELAPSE THERAPY REPORT FORM

(PLEASE FILL IN MISSING INFORMATION)

**Reporting physician:**

**Centre:**

**Patient's study ID.:** __ __ __ __

**Protocol:**

**Patient Initials** __ __ __

**Sex** O Male O Female

**Date of birth:** _____/_____/_____ (dd/mmm/yyyy)

**Date of primary diagnosis:** _____/_____/_____ (dd/mmm/yyyy)

**Number of relapse (or progression):** ☐ 1st relapse ☐ 2nd relapse ☐ 3rd relapse

(Please fill separate forms for each relapse!) ☐ ___ relapse

Date: 1st relapse _____/_____/_____

Date: 1st relapse treatment _____/_____/_____

Date: 2nd relapse _____/_____/_____

Date: 2nd relapse treatment_____/_____/_____

Date: 3rd relapse _____/_____/_____

Date: 3rd relapse treatment _____/_____/_____

Date: __ relapse _____/_____/_____

Date: __ relapse treatment_____/_____/_____

**Relapse histologically confirmed ?** ☐ yes ☐ no

**Relapse confirmed by molecular biology ?** ☐ yes ☐ no

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## PRIMARAY DIAGNOSIS

**Location of primary tumor**: _____ (Select only one location)

| | | | |
|---|---|---|---|
| Primary metastases : | ☐ yes | ☐ no | |
| If yes, please specify: | | | |
| lung metastases: | ☐ yes | ☐ no | |
| number of lung metastases: | ☐ 1 | ☐ 2-5 | ☐ >5 |
| | ☐ unilateral | ☐ bilateral | |
| bone metastases: | ☐ yes | ☐ no | |
| number of bone metastases: | ☐ 1 | ☐ 2-5 | ☐ >5 |
| bone marrow metastases: | ☐ yes | ☐ no | |
| CNS metastases: | ☐ yes | ☐ no | |
| liver metastases: | ☐ yes | ☐ no | |
| lymphnode metastases: | ☐ yes | ☐ no | |

other: _____

## RELAPSE DIAGNOSIS

| | | | |
|---|---|---|---|
| **Location of actual relapse:** | ☐ local | ☐ combined | ☐ distant |
| New metastases | ☐ yes | ☐ no | |
| if yes please specify: | | | |
| lung metastases: | ☐ yes | ☐ no | |
| number of lung metastases: | ☐ 1 | ☐ 2-5 | ☐ >5 |
| | ☐ unilateral | ☐ bilateral | |
| bone metastases: | ☐ yes | ☐ no | |
| number of bone metastases: | ☐ 1 | ☐ 2-5 | ☐ >5 |
| bone marrow metastases: | ☐ yes | ☐ no | |
| CNS metastases: | ☐ yes | ☐ no | |
| liver metastases: | ☐ yes | ☐ no | |
| lymphnode metastases: | ☐ yes | ☐ no | |

other: _____

# RELAPSE CHEMOTHERAPY

**Protocol:**

- ☐ Meta-/Rel-EICESS 96
- ☐ CESS/CWS-Rez-91
- ☐ Topotecan/Cyclophosphamide
- ☐ Irinotecan/Temozolomide
- ☐ Carboplatin/Etoposide
- ☐ ICE
- ☐ other (please name drugs / combinations):

_____

- ☐ no relapse chemotherapy done

**Number of courses:**

**Patient's height (cm):** **Bodyweight (kg):**

**Body Surface Area (m²):**

**Cytostatics:** 1._____ 2._____ 3._____ 4._____

| | **Dose** | **Dose** | **Dose** | **Dose** |
|---|---|---|---|---|
| **Course 1** | | | | |
| Date | | | | |
| **Course 2** | | | | |
| Date | | | | |
| **Course 3** | | | | |
| Date | | | | |
| **Course 4** | | | | |
| Date | | | | |
| **Course 5** | | | | |
| Date | | | | |
| **Course 6** | | | | |
| Date | | | | |
| **Course 7** | | | | |
| Date | | | | |
| **Course 8** | | | | |
| Date | | | | |

# LOCAL THERAPY OF RELAPSE (PART I)

**Surgery:**

Local relapse: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy

☐ pre-HDT ☐ post-HDT

☐ pre-RT ☐ post-RT

☐ surgery only, no other local therapy given

Date: ____/_____/_____ (dd/mmm/yyyy)

Resection ☐ intralesional ☐ marginal

☐ wide ☐ radical

Lung metastases: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy

☐ pre-HDT ☐ post-HDT

☐ pre-RT ☐ post-RT

☐ surgery only, no other local therapy given

Date: ____/_____/_____ (dd/mmm/yyyy)

Resection ☐ $R_0$: no residual tumour

☐ $R_1$: microscopic evidence of residual tumour

☐ $R_2$: macroscopic evidence of residual tumour

Bone metastases: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy

☐ pre-HDT ☐ post-HDT

☐ pre-RT ☐ post-RT

☐ surgery only, no other local therapy given

Date: ____/_____/_____ (dd/mmm/yyyy)

Other metastases: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy

☐ pre-HDT ☐ post-HDT

☐ pre-RT ☐ post-RT

☐ surgery only, no other local therapy given

Date: ____/_____/_____ (dd/mmm/yyyy)

Histological response (acc. to Salzer-Kuntschik):

☐ I° (no viable tumour cells) ☐ II° (<1% viable tumour cells)

☐ III° (<10% viable tumour cells) ☐ IV° (<50% viable tumour cells)

☐ V° (> 50% viable tumour cells) ☐ VI° (no hist. response to chemo)

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# LOCAL THERAPY OF RELAPSE (PART II)

## Radiotherapy:

Local relapse: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy
☐ concurrent with chemotherapy
☐ pre-HDT ☐ post-HDT ☐ pre- and post-HDT
☐ pre-OP ☐ post-OP ☐ pre- and post-OP
☐ radiotherapy only, no other local therapy given

Date: ____/_____/_____-____/_____/_____ (dd/mmm/yyyy)

Dose: ____ Gy

Lung metastases: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy
☐ concurrent with chemotherapy
☐ pre-HDT ☐ post-HDT ☐ pre- and post-HDT
☐ pre-OP ☐ post-OP ☐ pre- and post-OP
☐ radiotherapy only, no other local therapy given

Date: ____/_____/_____-____/_____/_____ (dd/mmm/yyyy)

Dose: ____ Gy

Method: ☐ whole lung irradiation
☐ hemithoracic irradiation

Bone metastases: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy
☐ concurrent with chemotherapy
☐ pre-HDT ☐ post-HDT ☐ pre- and post-HDT
☐ pre-OP ☐ post-OP ☐ pre- and post-OP
☐ radiotherapy only, no other local therapy given

Date: ____/_____/_____-____/_____/_____ (dd/mmm/yyyy)

Dose: ____ Gy

Other metastases: ☐ yes ☐ no

Time: after _____ courses of relapse chemotherapy
☐ concurrent with chemotherapy
☐ pre-HDT ☐ post-HDT ☐ pre- and post-HDT
☐ pre-OP ☐ post-OP ☐ pre- and post-OP
☐ radiotherapy only, no other local therapy given

Date: ____/_____/_____-____/_____/_____ (dd/mmm/yyyy)

Dose: ____ Gy

## STEM CELL APHERESIS

**Time of apheresis:**

☐ primary treatment ☐ relapse

after _____ courses of relapse chemotherapy

mobilisation with: _____

**Number of aphereses:** Date 1: _____

Date 2: _____

**Volume of separated stem cells:** _____ x $10^6$ CD $34^+$ / kg KG

**CD $34^+$ augmented:** ☐ yes ☐ no

**PCR test for tumour cell contamination:** ☐ yes ☐ no

## HIGH DOSE THERAPY (PART I)

**High dose therapy:** ☐ yes ☐ no

**Time of HDT:** ☐ primary treatment ☐ secondary treatment

**Status pre-HDT:** ☐ CR ☐ PR ☐ SD ☐ progression

**Status post-HDT:** ☐ CR ☐ PR ☐ SD ☐ progression

**Conditioning:**

☐ ME ☐ Double-ME ☐ Hyper-ME

☐ MEC ☐ Hyper-MEC ☐ Treo-Mel

☐ Cyc-Ttp / Bu-Mel ☐ Bu-Mel

☐ other :

_____

☐ TBI

# HIGH DOSE THERAPY (PART II)

**Date 1ST HIGH DOSE COURSE**____/_____/_____ (dd/mmm/yyyy)

Patient's height (cm): Bodyweight (kg):

Body Surface Area (m²):

| **Cytostatics** | **Dosage** | | **Period** |
|---|---|---|---|
| **1.** _____ | _____ | mg/m² | day _____ to day _____ |
| **2.** _____ | _____ | mg/m² | day _____ to day _____ |
| **3.** _____ | _____ | mg/m² | day _____ to day _____ |

**Date of stem cell re-infusion:**

**Stem cells:** ☐ peripheral blood stem cellls ☐ bone marrow
☐ autologous ☐ allogeneic

**Volume of re-infused stem cells:** _____ x $10^6$ CD $34^+$ / kg KG

**Date 2ND HIGH DOSE COURSE:** ____/_____/_____ (dd/mmm/yyyy)

Patient's height (cm): Bodyweight (kg):

Body Surface Area (m²):

| **Cytostatics** | **Dosage** | | **Period** |
|---|---|---|---|
| **1.** _____ | _____ | mg/m² | day _____ to day _____ |
| **2.** _____ | _____ | mg/m² | day _____ to day _____ |
| **3.** _____ | _____ | mg/m² | day _____ to day _____ |

**Date of stem cell re-infusion:**

**Stem cells:** ☐ peripheral blood stem cellls ☐ bone marrow
☐ autologous ☐ allogeneic

**Volume of re-infused stem cells:** _____ x $10^6$ CD $34^+$ / kg KG

## RESPONSE TO RELAPSE THERAPY

**Local relapse:**

| | | | | |
|---|---|---|---|---|
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| pre-OP: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| pre-radiation: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| at completion of therapy: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |

**Lung metastases:**

| | | | | |
|---|---|---|---|---|
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| pre-OP: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| pre-radiation: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| at completion of therapy: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |

**Bone metastases:**

| | | | | |
|---|---|---|---|---|
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| pre-OP: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| pre-radiation: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |
| at completion of therapy: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |

**Other metastases:**

| | | | | |
|---|---|---|---|---|
| after ___ CT courses: | ☐ CR | ☐ PR | ☐ SD | ☐ PD |

**Date of completion of therapy:** _____/_____/_____ (dd/mmm/yyyy)

**Status at completion of therapy:** ☐ CR ☐ PR ☐ SD ☐ PD

## THERAPY FOLLOWING RELAPSE / HD THERAPY

**Oral maintenance therapy:** ☐ yes ☐ no

_____ courses of _____ days each

cytostatics/biologics:_____

dosage:

**Other:**

# FOLLOW-UP AND EVENTS

**Last follow up:** ____/_____/_____ (dd/mmm/yyyy)

**Status:** ☐ alive ☐ death

**Cause of death:** ☐ DOD ☐ DOC ☐ not related to cancer
☐ other: _____

**Tumor status at last follow up:** ☐ CR ☐ PR ☐ SD ☐ PD

**Events:**

**Progression:** ☐ yes ☐ no
Date:____/_____/_____ (dd/mmm/yyyy) ☐ no remission achieved
☐ following initial remission
☐ local ☐ lung ☐ bone
☐ other: _____

**Relapse after completion of therapy:** ☐ yes ☐ no
Date:____/_____/_____ (dd/mmm/yyyy) ☐ lung ☐ bone
☐ bone marrow ☐ CNS
☐ liver ☐ LN
☐ other: _____

**New metastases:** ☐ yes ☐ no
Date:____/_____/_____ (dd/mmm/yyyy) ☐ lung ☐ bone
☐ bone marrow ☐ CNS
☐ liver ☐ LN
☐ other: _____