

- process of registration
- chemotherapy content
- cumulative dose agents
- radiation process
- surgery process
- data submission
- data processing / editing
- quality control

UNIVERSITY OF MINNESOTA

CCRF Epidemiology Research Unit  
Division of Epidemiology/Clinical Research  
Department of Pediatrics

Suite 300  
1300 S. Second St.  
Minneapolis, MN 55454

# Childhood Cancer Survivor Study

## Medical Records Abstraction Form

Name of Patient: \_\_\_\_\_  
(Please print)

Hospital ID #: \_\_\_\_\_

Is this treatment for the initial cancer diagnosis?

☐ Yes

☐ No

- If no, number of new tumor (e.g., second, third malignancy)

☐ second

☐ fourth

☐ third

☐ fifth

1. Use the *No. 2 pencil* enclosed (Please do not use pen).

2. Completely darken your answers, that is, fill in the full circle.

Written responses must stay within the boxes provided.

CORRECT

☐ A ☐ B ☐ C ☐ D

INCORRECT

☒ X ☒ A ☒ B

CORRECT

grape

INCORRECT

grape

3. Make no stray marks of any kind. Other than your responses, please keep the form as clean as possible. Erase cleanly any answer you wish to change. Do not use "white-out".

PLEASE DO NOT MARK IN THIS AREA

00083

## **Initial Patient Registration Data**

- **Diagnostic Data Originally Collected:**
  - **ICDO Code (currently ICDO-2)**
  - **Diagnosis (written field)**
  - **Metastatic (yes/no)**
  - **Site of primary tumor (text field)**
  - **Date of Diagnosis**
- **Considerations:**
  - **Next generation will be on-line entry: immediate feedback for “out of range” entries**
  - **Improve site specificity, stage, include laterality**
  - **Limit acceptable ICDO codes (challenge leukemia NOS)**

Person Completing this Form:

(please print)

Abstractor ID #				Today's Date			CCSS ID #			
				MO	DAY	YR				
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
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8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

## Chemotherapy

Did this individual have chemotherapy?

- ☐ No  
☐ Yes

→ Go to Page 7, Surgical Procedures

Date First Chemotherapy Initiated			Date All Chemotherapy Completed		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
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I. Protocol Information – Indicate all standard protocols this patient was placed on.

Protocol 1	Protocol 2	Protocol 3																																																																																																																																																																																																																																																																																																																																										
<p>Study Group</p> <p><input type="radio"/> CCG   <input type="radio"/> St. Jude</p> <p><input type="radio"/> POG   <input type="radio"/> Other</p> <p><input type="radio"/> SWOG   <input type="radio"/> None</p> <p><input type="radio"/> CALGB</p>	<p>Study Group</p> <p><input type="radio"/> CCG   <input type="radio"/> St. Jude</p> <p><input type="radio"/> POG   <input type="radio"/> Other</p> <p><input type="radio"/> SWOG   <input type="radio"/> None</p> <p><input type="radio"/> CALGB</p>	<p>Study Group</p> <p><input type="radio"/> CCG   <input type="radio"/> St. Jude</p> <p><input type="radio"/> POG   <input type="radio"/> Other</p> <p><input type="radio"/> SWOG   <input type="radio"/> None</p> <p><input type="radio"/> CALGB</p>																																																																																																																																																																																																																																																																																																																																										
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## Page 2:

Chemotherapy: yes/no

Protocol information

## Recommendation:

- record completed for each treatment plan (this means a new one for a relapse or new cancer)
- start/stop dates reflect planned therapy
- continue to collect protocol identification (but probably only need one for each treatment plan)

## II. Chemotherapy Information (exposure)

Please indicate chemotherapies used and routes given.	Was this drug discontinued due to toxicity?		Route of Administration (Mark all that apply)					
	No	Yes	No	Yes	IV/IM	Sub-Q	Oral	IT
Actinomycin-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenine Arabinoside (Ara A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m-AMSA (Amascrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AZQ (Diaziquone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-Azacytidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCNU (Carmustine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carboplatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCNU (Lomustine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorambucil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cis-Platinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycloctidine Hydrochloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclophosphamide (Cytosan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosine Arabinoside (Ara-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daunorubicin (Daunomycin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deoxycoformycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexamethasone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doxorubicin (Adriamycin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-FU (5 Fluorouracil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fludarabine phosphate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoharringtonine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydroxyurea (Hydrea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idarubicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ifosfamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L-asparaginase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melphalan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-Mercaptopurine (6 MP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mithramycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myeleran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrogen Mustard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procarbazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinoic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-Thioguanine (6 TG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ThioTepa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vinblastine (Velban)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vincristine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VM-26 (Teniposide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP-16 (Etoposide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY	
OTHER 1	0 1 2 3 4 5 6 7 8 9
OTHER 2	0 1 2 3 4 5 6 7 8 9
OTHER 3	0 1 2 3 4 5 6 7 8 9
OTHER 4	0 1 2 3 4 5 6 7 8 9
OTHER 5	0 1 2 3 4 5 6 7 8 9

00083

PLEASE DO NOT MARK IN THIS AREA

## Page 3: Chemo Exposures

### Recommendations:

Add: Mitoxantrone, ARA-G, Topotecan, Temozolomide, Irinotecan, Gemcitabine, Gleevec, Fenretinide, Vinorelbine, Taxol, Taxotere,

### Immunotherapy Section

Monoclonals: Mylotarg, Rituxan : IL2, IFN, ATG, Campath, Other

Other agents: CSA, MMF, Tacrolimus, Sirolimus, Zinecard, Mesna, Growth factors (GCSF, GMCSF, Erythropoietin)



## II. Chemotherapy Information (exposure)

Please indicate chemotherapies used and routes given.	Was this drug discontinued due to toxicity?		Route of Administration (Mark all that apply)					
	No	Yes	No	Yes	IV/IM	Sub-Q	Oral	IT
Actinomycin-D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenine Arabinoside (Ara A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m-AMSA (Amascrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AZQ (Diaziquone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-Azacytidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCNU (Carmustine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Busulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carboplatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCNU (Lomustine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorambucil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cis-Platinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycloctidine Hydrochloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclophosphamide (Cytosan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosine Arabinoside (Ara-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daunorubicin (Daunomycin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deoxycoformycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexamethasone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doxorubicin (Adriamycin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-FU (5 Fluorouracil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fludarabine phosphate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homoharringtonine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydroxyurea (Hydrea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Idarubicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ifosfamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L-asparaginase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Melphalan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-Mercaptopurine (6 MP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mithramycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myeleran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrogen Mustard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procarbazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinoic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-Thioguanine (6 TG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ThioTepa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vinblastine (Velban)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vincristine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VM-26 (Teniposide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP-16 (Etoposide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY	
OTHER 1	0 1 2 3 4 5 6 7 8 9
OTHER 2	0 1 2 3 4 5 6 7 8 9
OTHER 3	0 1 2 3 4 5 6 7 8 9
OTHER 4	0 1 2 3 4 5 6 7 8 9
OTHER 5	0 1 2 3 4 5 6 7 8 9

00083

PLEASE DO NOT MARK IN THIS AREA

## Page 3: Chemo Exposures

### Recommendations:

Drop: ARA-A, Amascrine, AZQ, Cycloctidine, Deoxycoformycin, Homoharringtonine, Myeleran, Mithramycin

Discontinued due to toxicity

### III. Specific Agents

#### Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytoxan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytoxan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melfalan	25 Thiotepe
05 Carboplatin	12 Cytosine Arabinoside (Ara-C) - IT	19 Methotrexate - IV	26 VP 16 (Etoposide) - Oral
06 Chlorambucil	13 Cytosine Arabinoside (Ara-C) - Sub Q	20 Methotrexate - IM	27 VP 16 (Etoposide) - IV
07 Cis-platinum	14 Daunorubicin (Daunomycin)	21 Methotrexate - IT	28 VM 26 (Teniposide)

For the agents listed above, please supply the following information.

1. Drug #	Date . . .			Date . . .			Cumulative Total Dose			Indicate Dosage <input type="radio"/> µg <input type="radio"/> mg <input type="radio"/> gm <input type="radio"/> units	Body Surface Area	Weight (kg)
	Started			Last Dose								
	MO	DAY	YR	MO	DAY	YR						
0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9

Specify:

☐ Total dose abstracted

☐ Total dose, some estimated

☐ Incomplete or Partial dose

☐ No dose data (enter 99999)

  

2. Drug #	Date . . .			Date . . .			Cumulative Total Dose			Indicate Dosage <input type="radio"/> µg <input type="radio"/> mg <input type="radio"/> gm <input type="radio"/> units	Body Surface Area	Weight (kg)
	Started			Last Dose								
	MO	DAY	YR	MO	DAY	YR						
0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9

Specify:

☐ Total dose abstracted

☐ Total dose, some estimated

☐ Incomplete or Partial dose

☐ No dose data (enter 99999)

  

3. Drug #	Date . . .			Date . . .			Cumulative Total Dose			Indicate Dosage <input type="radio"/> µg <input type="radio"/> mg <input type="radio"/> gm <input type="radio"/> units	Body Surface Area	Weight (kg)
	Started			Last Dose								
	MO	DAY	YR	MO	DAY	YR						
0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
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9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9

Specify:

☐ Total dose abstracted

☐ Total dose, some estimated

☐ Incomplete or Partial dose

☐ No dose data (enter 99999)

## Pages 4-6: Chemotherapy Cumulative Doses

### Recommendations:

- Drop: myeleran, oral Cytoxan, all cytarabrine, IM methotrexate
- Add: Mitoxantrone, Epirubicin, Doxil, (anthracycline); Vincristine (late neuropathy); oral ?Temodar (alkylating agent), ?Compound 506



### III. Specific Agents

#### Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytoxan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytoxan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melfalan	25 Thiotepe
05 Carboplatin	12 Cytosine Arabinoside (Ara-C) - IT	19 Methotrexate - IV	26 VP 16 (Etoposide) - Oral
06 Chlorambucil	13 Cytosine Arabinoside (Ara-C) - Sub Q	20 Methotrexate - IM	27 VP 16 (Etoposide) - IV
07 Cis-platinum	14 Daunorubicin (Daunomycin)	21 Methotrexate - IT	28 VM 26 (Teniposide)

For the agents listed above, please supply the following information.

1. Drug #

Specify:

☐ Total dose abstracted

☐ Total dose, some estimated

☐ Incomplete or Partial dose

☐ No dose data (enter 99999)

Date . . .

Started

MO DAY YR

Last Dose

MO DAY YR

Cumulative Total Dose

Indicate Dosage

☐ µg

☐ mg

☐ gm

☐ units

Body Surface Area

Weight (kg)

2. Drug #

Specify:

☐ Total dose abstracted

☐ Total dose, some estimated

☐ Incomplete or Partial dose

☐ No dose data (enter 99999)

Date . . .

Started

MO DAY YR

Last Dose

MO DAY YR

Cumulative Total Dose

Indicate Dosage

☐ µg

☐ mg

☐ gm

☐ units

Body Surface Area

Weight (kg)

3. Drug #

Specify:

☐ Total dose abstracted

☐ Total dose, some estimated

☐ Incomplete or Partial dose

☐ No dose data (enter 99999)

Date . . .

Started

MO DAY YR

Last Dose

MO DAY YR

Cumulative Total Dose

Indicate Dosage

☐ µg

☐ mg

☐ gm

☐ units

Body Surface Area

Weight (kg)

## Pages 4-6: Chemotherapy Cumulative Doses

Most effective/accurate way to code exposure: dose or dose per meter sq?

Enter BSA at start and stop of cycle – must be consistent with earlier cohort (earlier cohort used BSA at start of treatment)

Error checks for units and doses

## Surgical Procedures

Did this individual undergo any surgical procedures?

☐ No  
☐ Yes

→ Go to Page 10, Radiation Therapy

(This does not include placement of vascular access devices such as Broviac Catheters, Hickmans, Port-a-Caths, etc.) Include all biopsies identified under general anesthesia. If more than one procedure was done during a surgery, enter each procedure separately. Include ICD-9 code for each procedure performed.

### 1. Date of First Procedure:

Name of procedure:

(please take from operative report or op note)

ICD-9 Code				1st Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

☐ This CCSS institution  
☐ Other institution: specify \_\_\_\_\_

### 2. Date of Second Procedure:

Name of procedure:

(please take from operative report or op note)

ICD-9 Code				2nd Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

☐ This CCSS institution  
☐ Other institution: specify \_\_\_\_\_

### 3. Date of Third Procedure:

Name of procedure:

(please take from operative report or op note)

ICD-9 Code				3rd Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

☐ This CCSS institution  
☐ Other institution: specify \_\_\_\_\_

### 4. Date of Fourth Procedure:

Name of procedure:

(please take from operative report or op note)

ICD-9 Code				4th Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

☐ This CCSS institution  
☐ Other institution: specify \_\_\_\_\_

## Pages 7-9: Surgical Procedures

### Recommendations:

- provide location and name of outside facilities
- ?create list of most common surgeries?
- Plan to poll all working group chairs for hypotheses related to surgical procedures
- Possible restriction of surgical abstractions / ?central abstraction



## Radiation Therapy

Did this individual receive radiation therapy?

☐ No  
☐ Yes

→ Go to Page 12, Comments Section

Please complete a copy of the External Beam or Brachytherapy Data Checklist.  
Return this checklist and copied records to the Coordinating Center.

### 1. Dates of First Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy

Facility: \_\_\_\_\_

Radiation

Oncologist: \_\_\_\_\_

### 2. Dates of Second Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy

Facility: \_\_\_\_\_

Radiation

Oncologist: \_\_\_\_\_

### 3. Dates of Third Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy

Facility: \_\_\_\_\_

Radiation

Oncologist: \_\_\_\_\_

### 4. Dates of Fourth Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy

Facility: \_\_\_\_\_

Radiation

Oncologist: \_\_\_\_\_

## Pages 10-11: Radiation Therapy

### Recommendations:

- copy photograph of patient with fields marked if available
- provide location data and name of radiation facility
- scan records at institution prior to sending to MD Anderson (?)



PLEASE DO NOT MARK IN THIS AREA

00083

[illegible]

PLEASE DO NOT MARK IN THIS AREA

R8757-PFI-54321

## Chemo/XRT/Surg Timeline

- Establish working group
- December 2005
  - Final decisions regarding content of MRAF and Registration Screens
- March 2006
  - MRAF data entry system complete and tested
- April 2006
  - Data management training session