

CCSS Therapy Working Group

- **Temporally limited, but critical to all aims of the CCSS**
- **Immediate tasks:**
 - **Review and advise on current CCSS “MRAF”**
 - **Drugs (doses and exposure)**
 - **XRT**
 - **Surgery**
- **Develop plans for quality control of therapeutic data abstracted at centers**

Chemo/XRT/Surgery Working Group:

Reconvened October 2005,
August 2007

Current MRAF (circa 1990)

Abstracts chemotherapy,
surgery, some radiation
detail

Areas to address:

- 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

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1300 S. Second St.
Minneapolis, MN 55454

BAYLOR/TEXAS MEDICAL CENTER, HOUSTON CHILDREN'S HOSPITAL, DENVER CHILDREN'S HOSPITAL OF
COLUMBUS CHILDREN'S HOSPITAL OF LOS ANGELES CHILDREN'S HOSPITAL & MEDICAL CENTER, SEATTLE
CHILDREN'S HOSPITAL OF PHOENIX CHILDREN'S HOSPITAL OF PITTSBURGH CHILDREN'S MEDICAL
HOSPITAL, CHICAGO CHILDREN'S HOSPITAL OF IOWA CHILDREN'S MEDICAL CENTER, ST. LOUIS
BOSTON EMORY UNIV. SCHOOL OF MEDICINE, ATLANTA MAYO CLINIC, ROCHESTER M.D. ANDERSON CANCER
CENTER, HOUSTON MEMORIAL SLOAN-KETTERING CANCER CENTER, NEW YORK MINNEAPOLIS CHILDREN'S
MEDICAL CENTER MOTT CHILDREN'S HOSPITAL, ANN ARBOR ROYAL CHILDREN'S HOSPITAL, INDIANAPOLIS ST.
JUDE CHILDREN'S RESEARCH UNIVERSITY OF ALABAMA, BIRMINGHAM UNIVERSITY OF MINNESOTA, MINNEAPOLIS STANFORD UNIV. SCHOOL
OF MEDICINE, PALO ALTO UNIVERSITY OF CALIFORNIA, SAN FRANCISCO UNIVERSITY OF MEDICINE, SAN FRANCISCO
UNIVERSITY OF ALABAMA, BIRMINGHAM UNIVERSITY OF MINNESOTA, MINNEAPOLIS UT-SOUTHWESTERN
MEDICAL CENTER, DALLAS ROSWELL PARK, BUFFALO HOSPITAL FOR SICK CHILDREN, TORONTO

Childhood Cancer Survivor Study

Medical Records Abstraction Form

Name of Patient: _____
(Please print)

Hospital ID #: _____

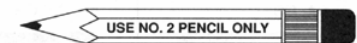
Is this treatment for the initial cancer diagnosis?

☐ 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 ●

INCORRECT

⊗ ⊙ ⊕ ⊖

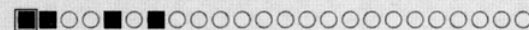
CORRECT

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 computerized entry: immediate feedback for “out of range” entries**
 - **Improve site specificity, stage, include laterality**
 - **Limit acceptable ICDO codes (challenge leukemia NOS)**

CCSS-2 Patient Registration Data

- **Diagnostic Drop Downs for CCSS-2:**
 - [1] Leukemia
 - [2] CNS (limited to Ependymoma, Medulloblastoma, Glioma; was open to all CNS tumors in CCSS-1)
 - [3] Hodgkin Disease
 - [4] NHL
 - [5] Wilms' Tumor (was open to all renal tumors)
 - [6] Neuroblastoma
 - [7] Rhabdomyosarcoma (was all STS prior)
 - [8] OGS / Ewings (all bone prior)
- **Restricted use of non-specific codes**
 - **Active “challenging” through dialogue boxes**
 - **Locating most common diagnoses at the top**

CCSS-2 Patient Registration Data

- **Diagnosis / demographics alone needed for initial case selection**
- **Additional Information on “cases” collected with MRAF**
 - **Location**
 - CCSS-2 will have improved site / laterality detail via drop down menus that are site specific
 - **Stage / Metastases**
 - Leukemia – N/A
 - CNS – Local / Intra-axial / Extra-axial
 - HD – Ann Arbor Staging
 - NHL – Local / Disseminated
 - NBL – Local / Regional / Metastatic
 - Wilms’ – NWTS Staging
 - Rhabdomyosarcoma – Local / Regional / Metastatic
 - Bone – Local / Regional / Metastatic
- **All of the above was accomplished in the MRAF, and not necessary in the registration database**

CCSS-2 Medical Records Abstraction Form (MRAF)

- Reviewed at Memphis investigator meeting
- Series of email follow-ups with committee members
- Summary of modifications
 - Move to computerized format
 - Drug modifications for more current cohort
 - Additions / deletions
 - Immunotherapy & Other agents sections to be added
 - Surgical Abstraction to take place at coordinating center
 - Additional XRT information to be collected to include location and name of treatment facility
 - Will be added to current version

CCSS-2 Medical Records Abstraction Form (MRAF)

***Specific Recommendations
August 2007***

Person Completing this Form:

(please print)

Abstractor ID #				Today's Date			CCSS ID #					
				MO	DAY	YR						
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Chemotherapy

Did this individual have chemotherapy?

☐ No ☒ Go to Page 7, Surgical Procedures
☐ Yes

Date First Chemotherapy Initiated				Date All Chemotherapy Completed			
MO	DAY	YR		MO	DAY	YR	
0	0	0	0	0	0	0	0
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7	7	7	7	7	7	7	7
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I. Protocol Information – Indicate all standard protocols this patient was placed on.

Protocol 1	Protocol 2	Protocol 3																																																																																																																																																																																																																																																																																																																																										
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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) - **accepted**

- start/stop dates reflect planned therapy

- continue to collect protocol identification (but probably only need one for each treatment plan) – **will collect with each new treatment plan**

Need to keep dose/bsa accurate as patients grow

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"/>
Cyclocytidine 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"/>
Danorubicin (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"/>
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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"/>

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

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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,

Add an Immunotherapy Section
Monoclonals: Mylotarg, Rituxan : IL2, IFN, ATG, Campath, Other

Add "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"/>
Cyclocytidine 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"/>
Danorubicin (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

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PLEASE DO NOT MARK IN THIS AREA

Page 3: Chemo Exposures

Recommendations:

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

Discontinued due to toxicity column can be dropped

III. Specific Agents

Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytozan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytozan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melfalan	25 Thiotepa
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

Recommendations:

- **Drop: myeleran, oral Cytozan, all cytarabrine, IM methotrexate**
- **Add: Mitoxantrone, Epirubicin, Doxil, (anthracycline); Vincristine (late neuropathy), Nalerbine (AraG / Compound 506)**
- **Cumulative doses: anthracyclines, alkylators, Methotrexate, Busulfan, platinum, VP-16 /VM-26**
- **Double check IT-MTX**

III. Specific Agents

Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytozan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytozan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melphalan	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 of cycle

No need to list a “stop date” for the chemo

Error checks for units and doses

Need to get accurate BSA at time of new exposures: recommend annual height/weight while on therapy

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	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	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	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	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	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	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	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	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 space to list the location and name of outside facilities
- no need to give us the ICD-9 code; we will centrally abstract (SJCRH)
- space available for name of procedure, date, location (if other than CCSS center)
- Specific request to describe extent of surgery for CNS tumors

Radiation Therapy

Did this individual receive radiation therapy?

☐ No ☒ Go to Page 12, Comments Section
☐ Yes

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:

- Add a recommendation to copy photograph of patient with fields marked if available
- Add space to provide location data and name of radiation facility (if not the CCSS center)
- Need to add space for location and name of outside facility where XRT received will be added to current version



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