

DCI SUPPLEMENT INSERT
Sarcoma

FOR REGISTRY USE ONLY:
I.D. **M** - -
Date received:


TEAM: IUBMID:
(Institutional Unique Blood or Marrow Transplant Identification Number)

Registry (circle one): **IBMTR** ABMTR

1. Date of first DCI for which this form is being completed:
Month Day Year

2. Date of report: Month Day Year

DCI Disease Supplement Inserts



Statistical Center
Medical College of Wisconsin
P.O. Box 26509, 8701 Watertown Plank Road
Milwaukee, WI 53226
• Telephone: 414-456-8325 • Fax: 414-456-6530
• Email: ibmtr@mcw.edu

If answer on 002-DCI Insert, Q.513 is "No", do not submit this insert to the IBMTR.

Information

Copy this page for recording more instances

Line of Therapy	1st	2nd
BIOPSY:	3. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	24. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
SURGERY:	4. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	25. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
CHEMO/IMMUNOTHERAPY:	5. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	26. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
# of cycles:	6. <input type="text"/> <input type="text"/> -8 <input type="checkbox"/> Unknown	27. <input type="text"/> <input type="text"/> -8 <input type="checkbox"/> Unknown
TREATMENT:		
Actinomycin-D:	7. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	28. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cisplatin (CDDP):	8. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	29. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Cyclophosphamide:	9. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	30. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Dacarbazine (DTIC):	10. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	31. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Doxorubicin:	11. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	32. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Etoposide (VP-16):	12. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	33. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Ifosfamide (IFEX):	13. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	34. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Melphalan (LPAM):	14. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	35. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Topotecan:	15. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	36. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Vincristine (VCR):	16. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	37. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other:	17. 1 <input type="checkbox"/> Yes,	38. 1 <input type="checkbox"/> Yes,
	18. Specify: _____	39. Specify: _____
RADIATION THERAPY:	19. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	40. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Local/Regional:	20. 1 <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 <input type="checkbox"/> No	41. 1 <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 <input type="checkbox"/> No
Sites of non-contiguous metastases:	21. 1 <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 <input type="checkbox"/> No	42. 1 <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 <input type="checkbox"/> No
Other:	22. 1 <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	43. 1 <input type="checkbox"/> Yes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specify:	23. _____	44. _____