



EBMT Centre Identification Code (CIC): _____
 Hospital Unique Patient Number (UPN): _____
 Patient Number in EBMT Registry: _____

Treatment Type HCT CT IST Other
 Treatment Date ____/____/____ (YYYY/MM/DD)

SOLID TUMOURS

DISEASE

Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.

Date of diagnosis: ____/____/____ (YYYY/MM/DD)

Classification:

<input type="checkbox"/> Bone sarcoma (excluding Ewing sarcoma/PNET)
<input type="checkbox"/> Breast
<input type="checkbox"/> Central nervous system tumours (include CNS PNET)
<input type="checkbox"/> Ewing sarcoma (ES)/PNET, extraskelatal
<input type="checkbox"/> Ewing sarcoma(ES)/PNET, skeletal
<input type="checkbox"/> Ewing sarcoma(ES)/PNET, not classified
<input type="checkbox"/> Germ cell tumour, extragonadal only
<input type="checkbox"/> Germ cell tumour, gonadal
<input type="checkbox"/> GI tract and Hepatopancreatic cancer
<input type="checkbox"/> Kidney cancer excluding Wilm's tumour
<input type="checkbox"/> Lung cancer, non-small cell (NSCLC)
<input type="checkbox"/> Lung cancer, small cell
<input type="checkbox"/> Medulloblastoma
<input type="checkbox"/> Melanoma
<input type="checkbox"/> Nasopharyngeal carcinoma
<input type="checkbox"/> Neuroblastoma
<input type="checkbox"/> Ovarian (carcinoma)
<input type="checkbox"/> Prostate
<input type="checkbox"/> Retinoblastoma
<input type="checkbox"/> Rhabdomyosarcoma
<input type="checkbox"/> Soft tissue sarcoma (excluding Rhabdo and extraskelatal ES)
<input type="checkbox"/> Thymoma
<input type="checkbox"/> Wilm's tumour
<input type="checkbox"/> Other solid tumor; specify: _____

TNM classification:

<u>Type:</u> <input type="checkbox"/> Clinical <input type="checkbox"/> Pathological	<u>Tumour:</u> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown	<u>Nodes:</u> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown	<u>Metastases:</u> <input type="checkbox"/> MX <input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> Not evaluated <input type="checkbox"/> Unknown
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DISEASE continued

Disease-specific staging:

- I
 II
 III
 IV
 Not evaluated
 Unknown

Breast carcinoma risk factors and staging at diagnosis (*Breast carcinoma only*):

Receptor status:	Estrogen (ER):	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive: ER values: _____	<input type="checkbox"/> Not evaluated
	Progesterone (PgR):	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive: PgR values: _____	<input type="checkbox"/> Not evaluated
	HER2/neu (c-erb-B2):	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Not evaluated
		Defined by:	<input type="checkbox"/> IHC 3+	<input type="checkbox"/> IHC 1/2+ and FISH+
Axillary lymph nodes at surgery: N ^o positive / N ^o examined = ____ / ____ <input type="checkbox"/> Not evaluated				
Sentinel Node: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not evaluated				
Carcinoma type (<i>tick only one</i>): <input type="checkbox"/> Ductal carcinoma <input type="checkbox"/> Lobular carcinoma <input type="checkbox"/> Other type; specify: _____				
Proliferation index (activity by Ki67 or MiB1 immunostaining): _____ % of positive cells				
Inflammatory breast cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

Germ cell tumour risk factors and staging at diagnosis (*Germ cell tumours only*):

Histological classification:	<input type="checkbox"/> Seminoma	<input type="checkbox"/> Non-seminoma
<i>(Note: mixed tumours to be considered as non-seminoma)</i>		
Site of origin:	<input type="checkbox"/> Gonadal	
	<input type="checkbox"/> Extragonadal:	<input type="checkbox"/> Retroperitoneal
		<input type="checkbox"/> Mediastinal
		<input type="checkbox"/> Other sites; specify: _____