

Form 2139 R3.0: Hemophagocytic Lymphohistiocytosis (HLH) Post-HCT Data

Center: CRID:

Key Fields

Sequence Number:
Date Received: - -
CIBMTR Center Number:
CIBMTR Recipient ID:
Date of HCT for which this form is being completed: - - - - -

HCT Type (check all that apply):

☐ Autologous
☐ Allogeneic, unrelated
☐ Allogeneic, related

Product Type: (check all that apply)

☐ Bone marrow
☐ PBSC
☐ Single cord blood unit
☐ Multiple cord blood units
☐ Other product
Specify:

Visit
☐ 100 day ☐ 6 months ☐ 1 year ☐ 2 years ☐ > 2 years,
Specify:

Disease Assessment Since the Date of Last Report

Questions: 1 - 32

Indicate which of the following clinical features and laboratory findings were present since the date of the last report:

1 Anemia
(Hgb < 9 g/dL)
☐ yes ☐ no ☐ Unknown

2 Degranulation assay of NK cells
(as defined by local laboratory)
☐ Normal ☐ Abnormal ☐ Unknown

3 Fevers
(> 38.5° C or > 101.3° F for > 7 days)
☐ yes ☐ no ☐ Unknown

4 Hepatomegaly (liver edge palpable > 3 cm below right costal margin)
☐ yes ☐ no ☐ Unknown

5 Serum ferritin
☐ Known ☐ Unknown

6 _____ µg/L

7 Triglycerides
☐ Known ☐ Unknown

8 _____ ☐ mg/dL ☐ mmol/L

9 Fibrinogen antigen assay (factor I; fibrinogen activity; functional fibrinogen; fibrinogen antigen)
☐ Known ☐ Unknown

10 _____ ☐ g/dL ☐ mg/dL ☐ µmol/L ☐ g/L

11 NK cell function
☐ Absent (≤10% lower limit of normal)
☐ Decreased (11-50% lower limit of normal)
☐ Normal
☐ Unknown

12 Neutropenia (ANC < 1.0 x 10⁹ /L)
☐ yes ☐ no ☐ Unknown

13 Soluble interleukin-2 receptor alpha chain (sCD25)
(as defined by local laboratory)
☐ Normal ☐ Elevated ☐ Unknown

14 Splenomegaly (spleen palpable > 3 cm below left costal margin)
☐ yes ☐ no ☐ Unknown

15 Thrombocytopenia (platelets < 100 x 10⁹ /L)
☐ yes ☐ no ☐ Unknown

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CRID:

Specify the recipient's most current cerebrospinal fluid findings since the date of the last report:

16 Neopterin level

☐ Normal ☐ Elevated ☐ Not done

17 Protein

☐ Normal ☐ Elevated ☐ Not done

18 WBC count

☐ Normal (≤ 5 cells/ μ L)
☐ Elevated (> 5 cells/ μ L)
☐ Not done

19 Were central nervous system (CNS) abnormalities found on a computed tomography (CT or CAT) or magnetic resonance imaging (MRI) scan since the date of the last report?

☐ yes ☐ no ☐ Unknown

20 Was documentation submitted to the CIBMTR?

(e.g. CT or MRI scan report)

☐ yes ☐ no

21 Did any clinical neurologic abnormalities persist or develop?

☐ yes ☐ no ☐ Unknown

Specify neurologic abnormalities:

22 Abnormal gait

☐ yes ☐ no

23 Cranial nerve palsies

☐ yes ☐ no

24 Developmental delay

☐ yes ☐ no

25 Motor weakness

☐ yes ☐ no

26 Seizures

☐ yes ☐ no

27 Sensory deficits

☐ yes ☐ no

28 Other neurologic abnormality

☐ yes ☐ no

29 Specify other neurologic abnormality: _____

30 Were there any signs of disease relapse / reactivation?

☐ yes ☐ no

31 Specify the date of the relapse / reactivation: ____ - ____ - ____

32 Specify the site of the relapse / reactivation

☐ CNS ☐ Systemic ☐ CNS and systemic

First Name: _____

Last Name: _____

E-mail address: _____

Date: ____ - ____ - ____