

Form 2140 R2.0: Langerhans Cell Histiocytosis Post-HSCT Data

Center:

CRID:

Key Fields

Sequence Number: _____

Date Received: ____ - ____ - ____

CIBMTR Center Number _____

CIBMTR Recipient ID: _____

Today's Date: ____ - ____ - ____

Date of HSCT for which this form is being completed: ____ - ____ - ____

HSCT type: (check all that apply)

☐ Autologous

☐ Allogeneic, unrelated

☐ Allogeneic, related

☐ Syngeneic (identical twin)

Product Type (check all that apply):

☐ Marrow

☐ PBSC

☐ Cord blood

☐ Other product

Specify: _____

Visit:

☐ 100 day ☐ 6 months ☐ 1 year ☐ 2 years ☐ > 2 years,

Specify: _____

Langerhans Cell Histiocytosis Post-HSCT Data Questions: 1 - 53

1 What was the best response to HSCT, excluding any planned post-HSCT therapy, since the date of the last report?

☐ complete response - absence of all signs and/or symptoms of Langerhans cell histiocytosis

☐ partial response - regression of signs and/or symptoms of disease without appearance of new lesions

☐ stable disease - persistence of signs and/or symptoms of disease without appearance of new lesions

☐ mixed response - regression of some signs and/or symptoms of disease with appearance of new lesions

☐ progressive disease - progression of signs and/or symptoms of disease initially detected and/or reappearance of old and/or appearance of new lesions

☐ Unknown

☐ Not evaluable

2 Specify reason: _____

3 Specify the date best response was determined: ____ - ____ - ____

4 Did the disease recur or progress since the date of the last report?

☐ yes ☐ no ☐ Unknown

Specify the organ(s) involved in the disease recurrence or progression:

5 Bone

☐ yes ☐ no ☐ Unknown

6 Bone marrow

☐ yes ☐ no ☐ Unknown

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Center: CRID:

7

Central nervous system

yes

no

Unknown

8

Gastrointestinal tract

yes

no

Unknown

9

Liver

yes

no

Unknown

10

Lung

yes

no

Unknown

11

Lymph nodes

yes

no

Unknown

12

Skin

yes

no

Unknown

13

Spleen

yes

no

Unknown

14

Other organ

yes

no

Unknown

15

Specify: _____

16

Specify the date disease recurrence or progression was determined: ____-____-____

17

Was any additional treatment specifically for LCH given since the date of the last report?

yes

no

18

Specify the date treatment started: ____-____-____

Date unknown

Specify any additional drugs given since the date of the last report:

19

2 CdA (cladribine)

yes

no

Unknown

20

Chlorambucil (Leukeran)

yes

no

Unknown

21

Cyclosporin-A (CsA)

yes

no

Unknown

22

Etoposide (VP-16)

yes

no

Unknown

23

Mercaptopurine (6-MP, Purinethol)

yes

no

Unknown

24

Steroids

yes

no

Unknown

25

Vinblastine (Velban)

yes

no

Unknown

26

Other drug

yes

no

Unknown

27

Specify: _____

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28 Was radiation given since the date of the last report?

☐ yes ☐ no ☐ Unknown

Specify the site(s) of radiation:

29 Bone

☐ yes ☐ no

30 Total cGy (rads) given: _____

31 Central nervous system

☐ yes ☐ no

32 Total cGy (rads) given: _____

33 Gastrointestinal tract

☐ yes ☐ no

34 Total cGy (rads) given: _____

35 Liver

☐ yes ☐ no

36 Total cGy (rads) given: _____

37 Lung

☐ yes ☐ no

38 Total cGy (rads) given: _____

39 Lymph nodes

☐ yes ☐ no

40 Total cGy (rads) given: _____

41 Skin

☐ yes ☐ no

42 Total cGy (rads) given: _____

43 Spleen

☐ yes ☐ no

44 Total cGy (rads) given: _____

45 Other site:

☐ yes ☐ no

46 Total cGy (rads) given: _____

47 Specify the fractionation schedule:

☐ single ☐ single daily ☐ multiple daily ☐ other schedule

48 Was any other treatment for LCH administered?

☐ yes ☐ no ☐ Unknown

49 Specify other treatment: _____

50 Are any of the additional treatments still currently being administered?

☐ yes ☐ no ☐ Unknown

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Center: CRID:

51 What is the current status of Langerhans cell histiocytosis?

- ☐ complete response - absence of all signs and/or symptoms of Langerhans cell histiocytosis
- ☐ partial response - regression of signs and/or symptoms of disease without appearance of new lesions
- ☐ stable disease - persistence of signs and/or symptoms of disease without appearance of new lesions
- ☐ mixed response - regression of some signs and/or symptoms of disease with appearance of new lesions
- ☐ progressive disease - progression of signs and/or symptoms of disease initially detected and/or reappearance of old and/or appearance of new lesions
- ☐ Unknown
- ☐ Not evaluable

52 Specify reason: _____

53 Specify the date the current disease status was determined: ____ - ____ - ____

First Name: _____ Last Name: _____

Phone: _____ Fax: _____

E-mail address: _____