

Form 2040 R2.0: Langerhans Cell Histiocytosis Pre-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: _____

☐ If this is a report of a second or subsequent transplant, check here and continue with question 78.

Disease Diagnosis Information Questions: 1 - 77

1 What was the date of diagnosis of Langerhans cell histiocytosis (LCH)? ____ - ____ - ____

Specify the known organ involvement at diagnosis:

2 Bone

☐ yes

☐ no

☐ Unknown

3 Confirmed by biopsy?

☐ yes

☐ no

☐ Unknown

4 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive

☐ Designated

☐ Definitive

5 Bone Marrow

☐ yes

☐ no

☐ Unknown

6 Confirmed by biopsy?

☐ yes

☐ no

☐ Unknown

7 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive

☐ Designated

☐ Definitive

8 Central nervous system

☐ yes

☐ no

☐ Unknown

9 Confirmed by biopsy?

☐ yes

☐ no

☐ Unknown

10 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive

☐ Designated

☐ Definitive

Form 2040 R2.0: Langerhans Cell Histiocytosis Pre-HSCT Data

Center: CRID:

11 Gastrointestinal tract

☐ yes ☐ no ☐ Unknown

12 Confirmed by biopsy?

☐ yes ☐ no ☐ Unknown

13 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive ☐ Designated ☐ Definitive

14 Liver

☐ yes ☐ no ☐ Unknown

15 Confirmed by biopsy?

☐ yes ☐ no ☐ Unknown

16 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive ☐ Designated ☐ Definitive

17 Lung

☐ yes ☐ no ☐ Unknown

18 Confirmed by biopsy?

☐ yes ☐ no ☐ Unknown

19 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive ☐ Designated ☐ Definitive

20 Lymph nodes

☐ yes ☐ no ☐ Unknown

21 Confirmed by biopsy?

☐ yes ☐ no ☐ Unknown

22 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive ☐ Designated ☐ Definitive

23 Skin

☐ yes ☐ no ☐ Unknown

24 Confirmed by biopsy?

☐ yes ☐ no ☐ Unknown

25 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive ☐ Designated ☐ Definitive

26 Spleen

☐ yes ☐ no ☐ Unknown

27 Confirmed by biopsy?

☐ yes ☐ no ☐ Unknown

28 If confirmed by biopsy, histologic diagnosis:

☐ Presumptive ☐ Designated ☐ Definitive

29 Other organ

☐ yes ☐ no ☐ Unknown

Form 2040 R2.0: Langerhans Cell Histiocytosis Pre-HSCT Data

Center: CRID:

30 Confirmed by biopsy?
☐ yes ☐ no ☐ Unknown

31 If confirmed by biopsy, histologic diagnosis:
☐ Presumptive ☐ Designated ☐ Definitive

32 Specify other organ: _____

33 Is a copy of the biopsy report attached?
☐ yes ☐ no

34 Did the recipient develop diabetes insipidus at any time prior to the preparative regimen?
☐ yes ☐ no ☐ Unknown

35 Was the recipient given treatment for LCH prior to the preparative regimen?
☐ yes ☐ no

Line of Therapy (1) Questions: 36 - 77

36 Date started therapy: ____ - ____ - ____

37 Date stopped therapy: ____ - ____ - ____

38 Systemic therapy:
☐ yes ☐ no

39 Number of cycles _____ ☐ Number of cycles unknown / not applicable

Treatment:

40 2 CdA (cladribine)
☐ yes ☐ no

41 6-mercaptopurine (6-MP)
☐ yes ☐ no

42 Chlorambucil
☐ yes ☐ no

43 Cyclosporin-A (CsA)
☐ yes ☐ no

44 Etoposide (VP-16)
☐ yes ☐ no

45 Steroids
☐ yes ☐ no

46 Vinblastine (Velban)
☐ yes ☐ no

47 Other
☐ yes ☐ no

48 Specify other: _____

49 Radiation Therapy:
☐ yes ☐ no

50 Bone:
☐ yes ☐ no

51 Specify total dose: _____ cGy (rads)

Form 2040 R2.0: Langerhans Cell Histiocytosis Pre-HSCT Data

Center:

CRID:

52 Central nervous system:

☐ yes ☐ no

53 Specify total dose: _____ cGy (rads)

54 Gastrointestinal tract

☐ yes ☐ no

55 Specify total dose: _____ cGy (rads)

56 Liver

☐ yes ☐ no

57 Specify total dose: _____ cGy (rads)

58 Lung:

☐ yes ☐ no

59 Specify total dose: _____ cGy (rads)

60 Lymph nodes

☐ yes ☐ no

61 Specify total dose: _____ cGy (rads)

62 Skin

☐ yes ☐ no

63 Specify total dose: _____ cGy (rads)

64 Spleen

☐ yes ☐ no

65 Specify total dose: _____ cGy (rads)

66 Other site(s)

☐ yes ☐ no

67 Specify other site: _____

68 Specify total dose: _____ cGy (rads)

69 Fractionation schedule:

☐ single ☐ single daily ☐ multiple daily ☐ other schedule

70 Surgery / Curettage:

☐ yes ☐ no

71 Specify site(s) of surgery: _____

72 Is surgery report attached?

☐ yes ☐ no

Form 2040 R2.0: Langerhans Cell Histiocytosis Pre-HSCT Data

Center: CRID:

- 73 Best response to line of therapy:
- ☐ CR Complete response (CR)-absence of all signs and/or symptoms of Langerhans cell histiocytosis
- ☐ PR Partial Response (PR)-regression of all signs and/or symptoms of disease without appearance of new lesions
- ☐ SD Stable disease (SD)-persistence of signs and/or symptoms of disease without appearance of new lesions
- ☐ Mixed Mixed response (Mixed)-regression of some signs and/or symptoms of disease with appearance of new lesions
- ☐ Prog Progressive disease (PD)-progression of signs and/or symptoms of disease initially detected and/or appearance of new lesions
- ☐ Unknown
- ☐ NE Not evaluated

- 74 Specify: _____
- 75 Date response evaluated: ____-____-____
- 76 Did patient relapse/progress following this line of therapy?
- ☐ yes ☐ no
- 77 Date of relapse/progression: ____-____-____

Disease Status Immediately Prior to the Preparative Regimen Questions: 78 - 92

- 78 What was the disease status immediately prior to the preparative regimen?
- ☐ 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 tested
- ☐ Not evaluable

Specify any organ involvement immediately prior to the preparative regimen:

- 79 Bone
- ☐ yes ☐ no ☐ Unknown
- 80 Bone Marrow
- ☐ yes ☐ no ☐ Unknown
- 81 Central nervous system
- ☐ yes ☐ no ☐ Unknown
- 82 Gastrointestinal tract
- ☐ yes ☐ no ☐ Unknown
- 83 Liver
- ☐ yes ☐ no ☐ Unknown
- 84 Lung
- ☐ yes ☐ no ☐ Unknown

Form 2040 R2.0: Langerhans Cell Histiocytosis Pre-HSCT Data

Center: CRID:

85 Lymph nodes
☐ yes ☐ no ☐ Unknown

86 Skin
☐ yes ☐ no ☐ Unknown

87 Spleen
☐ yes ☐ no ☐ Unknown

88 Other organ
☐ yes ☐ no ☐ Unknown

89 Specify: _____

90 Specify reason: _____

91 What was the percent of monocytes immediately prior to the preparative regimen?

☐ Known ☐ Not known

92 _____ %

First Name: _____ Last Name: _____

Phone number: _____ Fax number: _____

E-mail address: _____