

Extracorporeal Photopheresis (ECP) for the Management of Progressive Bronchiolitis Obliterans Syndrome (BOS) in Medicare-Eligible Recipients of Lung Allografts

CHANGE IN THERAPY DURING THE STUDY - Case Report Form (CRF)

Change in Therapy Day 30 Form

The information listed in this Change in Therapy form has been pre-populated from information contained in either the Baseline Therapy form or the previous Change in Therapy form. Please review all items and update for medications that have changed. Then submit the form.

Please include the following types of source documents:

1. Clinical Note or Medication Record Form

Source Document Type	Document Name	Submission Date
Select Source Document Type	Clinical Note or Medication Record Form	
Attach Source Document:	<input type="button" value="Browse..."/> No file selected.	<input type="button" value="Upload"/>

Change in Therapy Date:

1. Check all immunosuppressive drugs that are currently being used by the participant:

- | | | | | | | |
|---------------------------|--------------------------|--|---------|---------------------------------|---------------------------------|---------------------------------|
| <input type="radio"/> YES | <input type="radio"/> NO | Tacrolimus | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Alemtuzumab | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Sirolimus (Rapamycin) | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Everolimus | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Azathioprine | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Cyclosporine A | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Methotrexate | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Macrolide Antibiotic, Azithromycin | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Mycophenolate Mofetil (Cellcept or Myfortic) | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Anti-Thymocyte Globulin - ATG (Thymoglobulin or Atgam) | Dosage: | <input type="radio"/> Increased | <input type="radio"/> Decreased | <input type="radio"/> No Change |
| <input type="radio"/> YES | <input type="radio"/> NO | Total Lymphoid Irradiation | | | | |
| <input type="radio"/> YES | <input type="radio"/> NO | Other Drug(s) | | | | |

If YES for Other Drug(s), please provide the drug name(s) and whether the dosage went up or down:

2. Is the patient taking prednisone? ☐ YES ☐ NO

A. If yes, enter daily dose: mg (input range: 0-150)

B. Number of changes in dose:

C. If dose changed, dose range:

Lowest Dose: mg (input range: 0-150)

Highest Dose: mg (input range: 0-150)

3. Is the participant taking an anticoagulant drug? ☐ YES ☐ NO

If yes, list drugs:

Name anticoagulant 1:

Name anticoagulant 2:

Name anticoagulant 3:

4. Is the participant taking an anti-platelet drug? ☐ YES ☐ NO


If yes, list drugs:

Name anti-platelet 1:

Name anti-platelet 2:

Name anti-platelet 3:

5. Has ECP therapy been discontinued? ☐ YES ☐ NO ☐ Not Applicable

a. If yes, date of discontinuation 

b. If yes, reason for discontinuation:

6. Comments: