

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 1

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.

Change in Therapy Date:

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

- ☐ YES ☐ NO Tacrolimus
- ☐ YES ☐ NO Prednisone If yes, enter daily dose: mg (input range: 0-150)
- ☐ YES ☐ NO Sirolimus (Rapamycin)
- ☐ YES ☐ NO Everolimus
- ☐ YES ☐ NO Azathioprine
- ☐ YES ☐ NO Cyclosporine A
- ☐ YES ☐ NO Methotrexate
- ☐ YES ☐ NO Macrolide Antibiotic, Azithromycin
- ☐ YES ☐ NO Mycophenolate Mofetil (Cellcept or Myfortic)
- ☐ YES ☐ NO Total Lymphoid Irradiation

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

If yes, list drugs:

Name anticoagulant 1:

Name anticoagulant 2:

Name anticoagulant 3:

3. 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:

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

a. If yes, date of discontinuation

b. If yes, reason for discontinuation:

5. Comments: