

ERROR CORRECTION FORM

Sequence Number:

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CIBMTR Recipient ID:

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Initials:

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Today's Date:

		2	0		
Month	Day	Year			

Infusion Date:

		2	0		
Month	Day	Year			

CIBMTR Center Number:

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CIBMTR Recipient ID:

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35. Was the recipient given treatment for LCH prior to the preparative regimen?

- 1 yes →
2 no

	1st Line of Therapy	2nd Line of Therapy																								
Date started therapy: 36.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year				<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year			
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Month	Day	Year																								
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Date stopped therapy: 37.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year				<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year			
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Systemic therapy: 38.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 49	80. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 81																								
Number of cycles: 39.	<table border="1" style="width: 20px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable	81. <table border="1" style="width: 20px; height: 20px;"></table> 2 <input type="checkbox"/> unknown/not applicable																								
Treatment:																										
2 CdA (cladribine): 40.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	82. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
6-mercaptopurine (6-MP): 41.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	83. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Chlorambucil: 42.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	84. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Cyclosporin-A (CsA): 43.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	85. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Etoposide (VP-16): 44.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	86. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Steroids: 45.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	87. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Vinblastine (Velban): 46.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	88. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Other: 47.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	89. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Specify other: 48.	_____	90. _____																								
Radiation Therapy: 49.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 70	91. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 112																								
Bone: 50.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 52	92. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 94																								
Specify total dose: 51.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	93. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Central nervous system: 52.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 54	94. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 96																								
Specify total dose: 53.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	95. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Gastrointestinal tract: 54.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 56	96. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 98																								
Specify total dose: 55.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	97. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Liver: 56.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 58	98. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 100																								
Specify total dose: 57.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	99. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Lung: 58.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 60	100. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 102																								
Specify total dose: 59.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	101. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Lymph nodes: 60.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 62	102. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 104																								
Specify total dose: 61.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	103. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Skin: 62.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 64	104. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 106																								
Specify total dose: 63.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	105. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Spleen: 64.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 66	106. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 108																								
Specify total dose: 65.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	107. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Other site(s): 66.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 69	108. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 111																								
Specify other site: 67.	_____	109. _____																								
Specify total dose: 68.	<table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)	110. <table border="1" style="width: 40px; height: 20px;"></table> cGy (rads)																								
Fractionation schedule: 69.	1 <input type="checkbox"/> single 2 <input type="checkbox"/> single daily 3 <input type="checkbox"/> multiple daily 4 <input type="checkbox"/> other schedule	111. 1 <input type="checkbox"/> single 2 <input type="checkbox"/> single daily 3 <input type="checkbox"/> multiple daily 4 <input type="checkbox"/> other schedule																								
Surgery / Curettage: 70.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 73	112. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 115																								
Specify site(s) of surgery: 71.	_____	113. _____																								
Is surgery report attached? 72.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no	114. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no																								
Best Response to Line of Therapy: 73.	1 <input type="checkbox"/> CR 2 <input type="checkbox"/> PR 3 <input type="checkbox"/> SD 4 <input type="checkbox"/> Mixed 5 <input type="checkbox"/> Prog 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 74. Specify: _____	115. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> PR 3 <input type="checkbox"/> SD 4 <input type="checkbox"/> Mixed 5 <input type="checkbox"/> Prog 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> NE → 116. Specify: _____																								
Date response evaluated: 75.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year				<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year			
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Month	Day	Year																								
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Did patient relapse/progress following this line of therapy? 76.	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 78	118. 1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no → cont. with q. 120																								
Date of relapse/progression: 77.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year				<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>			2	0			Month	Day	Year			
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Today's Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

Infusion Date:

<input type="text"/>	<input type="text"/>	20	<input type="text"/>	<input type="text"/>
Month	Day	Year		

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Disease Status Immediately Prior to the Preparative Regimen

120. What was the disease status immediately prior to the preparative regimen?

- 1 complete response — absence of all signs and/or symptoms of Langerhans cell histiocytosis
- 2 partial response — regression of signs and/or symptoms of disease without appearance of new lesions →
- 3 stable disease — persistence of signs and/or symptoms of disease without appearance of new lesions →
- 4 mixed response — regression of some signs and/or symptoms of disease with appearance of new lesions →
- 5 progressive disease — progression of signs and/or symptoms of disease initially detected and/or reappearance of old and/or appearance of new lesions →
- 6 unknown / not tested
- 7 not evaluable →

Specify any organ involvement immediately prior to the preparative regimen:

121. 1 yes 2 no 3 unknown Bone
122. 1 yes 2 no 3 unknown Bone marrow
123. 1 yes 2 no 3 unknown Central nervous system
124. 1 yes 2 no 3 unknown Gastrointestinal tract
125. 1 yes 2 no 3 unknown Liver
126. 1 yes 2 no 3 unknown Lung
127. 1 yes 2 no 3 unknown Lymph nodes
128. 1 yes 2 no 3 unknown Skin
129. 1 yes 2 no 3 unknown Spleen
130. 1 yes 2 no 3 unknown Other organ →

131. Specify:

132. Specify reason: _____

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

- 1 known → %
- 2 not known

134. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____