

ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

Month Day Year

Infusion Date:

Month Day Year

CIBMTR Center Number:



Langerhans Cell Histiocytosis Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date:

Month Day Year

Date of HSCT for which this form is being completed:

Month Day Year

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records.

If this is a report of a second (or subsequent) transplant, check here and continue with question 120.

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

Month Day Year

Specify the known organ involvement at diagnosis:

Site:			Confirmed by biopsy?			If confirmed by biopsy, histologic diagnosis: (see below)			
Yes	No	Unknown	Yes	No	Unknown	Presumptive	Designated	Definitive	
2. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Bone	3. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Bone marrow	6. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	7. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Central nervous system	9. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	10. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
11. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Gastrointestinal tract	12. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	13. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
14. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Liver	15. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	16. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
17. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Lung	18. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	19. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
20. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Lymph nodes	21. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	22. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
23. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Skin	24. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	25. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
26. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Spleen	27. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	28. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
29. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Other organ	30. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	31. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

32. Specify other organ:

33. Is a copy of the biopsy report attached?

- 1 yes
2 no

34. Did the recipient develop diabetes insipidus at any time prior to the preparative regimen?

- 1 yes
2 no
3 unknown

Histologic Diagnosis

- Presumptive diagnosis — light microscopy only
- Designated diagnosis — LM+ at least 2 supplemental stains: ATPase, S100, alpha-D-mannosidase, peanut lectin
- Definitive diagnosis — CD1a and/or Birbeck granules on electronmicroscopy

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

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

- 1 yes
2 no

Line of Therapy	1st Line of Therapy	2nd Line of Therapy
Date started therapy: 36.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	78. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date stopped therapy: 37.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	79. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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. <input type="text"/> <input type="text"/> 2 <input type="checkbox"/> unknown/not applicable		81. <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		93. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		95. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		97. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		99. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		101. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		103. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		105. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		107. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cGy (rads)		110. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 (see definitions on page 3) 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		117. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		119. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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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 Center Number:

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CIBMTR Recipient ID:

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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 →

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 %
- 2 not known

134. Signed: _____

Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____