

Langerhans Cell Histiocytosis Post-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: _____

Visit: 100 day 6 month 1 year 2 years > 2 years, specify:

To be completed in conjunction with a Form 2100 – 100 Days Post-HSCT Data, Form 2200 – Six Months to Two Years Post-HSCT Data, or Form 2300 – Yearly Follow-Up for Greater Than Two Years Post-HSCT Data. Information reported here should reflect the date of last contact as reported in the post-HSCT data collection form, or immediately prior to death.

1. What was the best response to HSCT, excluding any planned post-HSCT therapy, since the date of the last report?

- 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
 - 7 not evaluable →
2. Specify reason: _____

3. Specify the date best response was determined:
Month Day Year

4. Did the disease recur or progress since the date of the last report?

- 1 yes →
- 2 no
- 3 unknown

Specify the organ(s) involved in the disease recurrence or progression:

- 5. 1 yes 2 no 3 unknown Bone
- 6. 1 yes 2 no 3 unknown Bone marrow
- 7. 1 yes 2 no 3 unknown Central nervous system
- 8. 1 yes 2 no 3 unknown Gastrointestinal tract
- 9. 1 yes 2 no 3 unknown Liver
- 10. 1 yes 2 no 3 unknown Lung
- 11. 1 yes 2 no 3 unknown Lymph nodes
- 12. 1 yes 2 no 3 unknown Skin
- 13. 1 yes 2 no 3 unknown Spleen
- 14. 1 yes 2 no 3 unknown Other organ →

15. Specify: _____

16. Specify the date disease recurrence or progression
 was determined:
Month Day Year

CIBMTR Center Number:

CIBMTR Recipient ID:

17. Was any additional treatment specifically for LCH given since the date of the last report?

- 1 yes
- 2 no

18. Specify the date treatment started: date unknown
Month Day Year

Specify any additional drugs given since the date of the last report:

- 19. 1 yes 2 no 3 unknown 2 CdA (cladribine)
 - 20. 1 yes 2 no 3 unknown Chlorambucil (Leukeran)
 - 21. 1 yes 2 no 3 unknown Cyclosporin-A (CsA)
 - 22. 1 yes 2 no 3 unknown Etoposide (VP-16)
 - 23. 1 yes 2 no 3 unknown Mercaptopurine (6-MP, Purinethol)
 - 24. 1 yes 2 no 3 unknown Steroids
 - 25. 1 yes 2 no 3 unknown Vinblastine (Velban)
 - 26. 1 yes 2 no 3 unknown Other drug
27. Specify:

28. Was radiation given since the date of the last report?

- 1 yes
- 2 no
- 3 unknown

Specify the site(s) of radiation: Total cGy (rads) given:

- 29. 1 yes 2 no Bone → 30.
- 31. 1 yes 2 no Central nervous system → 32.
- 33. 1 yes 2 no Gastrointestinal tract → 34.
- 35. 1 yes 2 no Liver → 36.
- 37. 1 yes 2 no Lung → 38.
- 39. 1 yes 2 no Lymph nodes → 40.
- 41. 1 yes 2 no Skin → 42.
- 43. 1 yes 2 no Spleen → 44.
- 45. 1 yes 2 no Other site → 46.

47. Specify the fractionation schedule:

- 1 single
- 2 single daily
- 3 multiple daily
- 4 other schedule

48. Was any other treatment for LCH administered?

- 1 yes
- 2 no
- 3 unknown

49. Specify other treatment:

50. Are any of the additional treatments still currently being administered?

- 1 yes
- 2 no
- 3 unknown

CIBMTR Center Number:

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51. What is the current status of Langerhans cell histiocytosis? (*For recipients who died since the date of the last report, report the disease status at the time of death.*)

- 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
- 7 not evaluable →

53. Specify the date the current disease status was determined:
Month Day Year

54. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____