

**INSERT XXVII**  
**Langerhans Cell Histiocytosis (LCH)**

**FOR REGISTRY USE ONLY:**  
I.D.  -  -   
Date received:

TEAM:  IUBMID:   
*(Institutional Unique Blood or Marrow Transplant Identification Number)*

Registry (circle one): **IBMTR** **ABMTR** **EBMT**

Date of transplant for which this form is being completed:     
Month Day Year

Date of report:     
Month Day Year

**Pretransplant Information**

\* If this is a report of a second (or subsequent) transplant, check here  and go to Q.158

1. Date of diagnosis of primary disease:     
Month Day Year

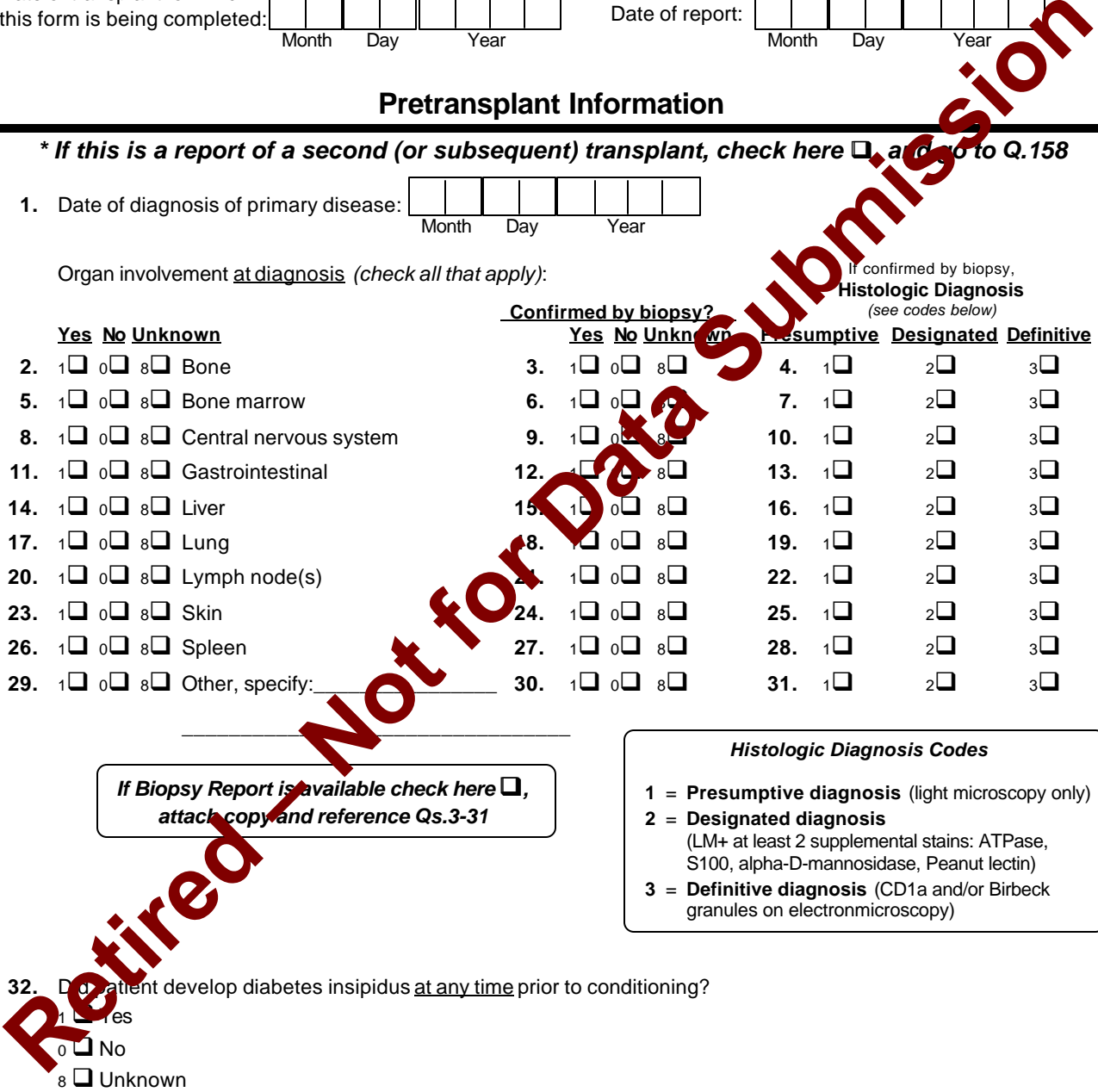
Organ involvement at diagnosis (check all that apply): If confirmed by biopsy, **Histologic Diagnosis** (see codes below)

Yes		No		Unknown		Confirmed by biopsy?							
						Yes	No	Unknown					
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow	6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central nervous system	9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver	15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lung	18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph node(s)	21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spleen	27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Biopsy Report is available check here , attach copy and reference Qs.3-31

**Histologic Diagnosis Codes**  
1 = Presumptive diagnosis (light microscopy only)  
2 = Designated diagnosis (LM+ at least 2 supplemental stains: ATPase, S100, alpha-D-mannosidase, Peanut lectin)  
3 = Definitive diagnosis (CD1a and/or Birbeck granules on electronmicroscopy)

32. Did patient develop diabetes insipidus at any time prior to conditioning?  
1  Yes  
0  No  
8  Unknown



TEAM: [ ][ ][ ][ ][ ]

IUBMID: [ ][ ][ ][ ][ ][ ][ ][ ][ ]

33. Was patient treated for LCH prior to conditioning?

1  Yes 0  No Go to Q.158

Line of Therapy		1st	2nd								
Date started:	34.	[ ][ ][ ][ ][ ][ ][ ][ ][ ] <small>Month Day Year</small>	65. [ ][ ][ ][ ][ ][ ][ ][ ][ ] <small>Month Day Year</small>								
Date stopped:	35.	[ ][ ][ ][ ][ ][ ][ ][ ][ ]	66. [ ][ ][ ][ ][ ][ ][ ][ ][ ]								
<b>SURGICAL RESECTION/CURETTAGE:</b>	36.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unk	67. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unk								
Site of Surgery:	37.	_____	68. _____								
<b>If Surgery Report is available, check here <input type="checkbox"/>, attach copy and reference #s and/or 68</b>											
<b>RADIATION THERAPY:</b>	38.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	69. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Bone:	39.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					70. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
CNS:	40.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					71. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Gastrointestinal tract:	41.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					72. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Liver:	42.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					73. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Lung:	43.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					74. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Lymph nodes:	44.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					75. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Skin:	45.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					76. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Spleen:	46.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No					77. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0 <input type="checkbox"/> No				
Other:	47.	1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					78. 1 <input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Specify:		_____	_____								
Fractionation schedule:	48.	1 <input type="checkbox"/> Single 3 <input type="checkbox"/> Multiple daily 2 <input type="checkbox"/> Single daily 7 <input type="checkbox"/> Other	79. 1 <input type="checkbox"/> Single 3 <input type="checkbox"/> Multiple daily 2 <input type="checkbox"/> Single daily 7 <input type="checkbox"/> Other								
<b>CHEMOTHERAPY:</b>	49.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	80. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
# of cycles:	50.	[ ][ ] - 8 <input type="checkbox"/> Unknown	81. [ ][ ] - 8 <input type="checkbox"/> Unknown								
<u>Treatment:</u>											
Cort:	51.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	82. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Chlorambucil:	52.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	83. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Cyclosporin-A (CsA):	53.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	84. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Etoposide (VP-16):	54.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	85. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Steroids:	55.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	86. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Vincristine (Velban):	56.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	87. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
6-Mercaptopurine (6-MP):	57.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	88. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Other:	58.	1 <input type="checkbox"/> Yes, specify: _____	89. 1 <input type="checkbox"/> Yes, specify: _____								
Other:	59.	1 <input type="checkbox"/> Yes, specify: _____	90. 1 <input type="checkbox"/> Yes, specify: _____								
Best response (see pg 4): (check one only)	60.	1 <input type="checkbox"/> CR 2 <input type="checkbox"/> PR 3 <input type="checkbox"/> SD 4 <input type="checkbox"/> MX 5 <input type="checkbox"/> PROG 7 <input type="checkbox"/> NE 8 <input type="checkbox"/> Unknown	91. 1 <input type="checkbox"/> CR 2 <input type="checkbox"/> PR 3 <input type="checkbox"/> SD 4 <input type="checkbox"/> MX 5 <input type="checkbox"/> PROG 7 <input type="checkbox"/> NE 8 <input type="checkbox"/> Unknown								
Specify:	61.	_____	92. _____								
Date response evaluated:	62.	[ ][ ][ ][ ][ ][ ][ ][ ][ ] <small>Month Day Year</small>	93. [ ][ ][ ][ ][ ][ ][ ][ ][ ] <small>Month Day Year</small>								
Did patient relapse or progress following this line of therapy?	63.	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	94. 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No								
Date of relapse/progression:	64.	[ ][ ][ ][ ][ ][ ][ ][ ][ ] <small>Month Day Year</small>	95. [ ][ ][ ][ ][ ][ ][ ][ ][ ] <small>Month Day Year</small>								

Retired - Not for Data Submission

Continued on next page

TEAM:

IUBMID:

Copy this page for recording more than 4 instances

Continued from previous page

<b>Line of Therapy</b>		<b>3rd</b>			<b>4th</b>			
Date started:	96.	<input type="text"/>	<input type="text"/>	<input type="text"/>	127.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month	Day	Year		Month	Day	Year
Date stopped:	97.	<input type="text"/>	<input type="text"/>	<input type="text"/>	128.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SURGICAL RESECTION/CURETTAGE:</b>	98.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	8 <input type="checkbox"/> Unk	129.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	8 <input type="checkbox"/> Unk
Site of Surgery:	99.	<input type="text"/>			130.	<input type="text"/>		
<b>If Surgery Report is available, check here <input type="checkbox"/>, attach copy and reference #s and/or 130</b>								
<b>RADIATION THERAPY:</b>	100.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		131.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Bone:	101.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	132.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
CNS:	102.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	133.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Gastrointestinal tract:	103.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	134.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Liver:	104.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	135.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Lung:	105.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	136.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Lymph nodes:	106.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	137.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Skin:	107.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	138.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Spleen:	108.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No	139.	1 <input type="checkbox"/> Yes	<input type="text"/>	0 <input type="checkbox"/> No
Other:	109.	1 <input type="checkbox"/> Yes	<input type="text"/>		140.	1 <input type="checkbox"/> Yes	<input type="text"/>	
Specify:		<input type="text"/>				<input type="text"/>		
Fractionation schedule:	110.	1 <input type="checkbox"/> Single	3 <input type="checkbox"/> Multiple daily		141.	1 <input type="checkbox"/> Single	3 <input type="checkbox"/> Multiple daily	
		2 <input type="checkbox"/> Single daily	7 <input type="checkbox"/> Other			2 <input type="checkbox"/> Single daily	7 <input type="checkbox"/> Other	
<b>CHEMOTHERAPY:</b>	111.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		142.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
# of cycles:	112.	<input type="text"/>	-8 <input type="checkbox"/> Unknown		143.	<input type="text"/>	-8 <input type="checkbox"/> Unknown	
<b>Treatment:</b>	113.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		144.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
5-FU:	113.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		145.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Chlorambucil:	114.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		146.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Cyclosporin-A (CsA):	115.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		147.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Etoposide (VP-16):	116.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		148.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Steroids:	117.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		149.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Vincristine (Velban):	118.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		150.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
6-Mercaptopurine (6-MP):	119.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		151.	1 <input type="checkbox"/> Yes, specify:	<input type="text"/>	
Other:	120.	1 <input type="checkbox"/> Yes, specify:	<input type="text"/>		152.	1 <input type="checkbox"/> Yes, specify:	<input type="text"/>	
Other:	121.	1 <input type="checkbox"/> Yes, specify:	<input type="text"/>					
Best response (see pg 4):	122.	1 <input type="checkbox"/> CR	2 <input type="checkbox"/> PR		153.	1 <input type="checkbox"/> CR	2 <input type="checkbox"/> PR	
(check one only)		3 <input type="checkbox"/> SD	4 <input type="checkbox"/> MX	5 <input type="checkbox"/> PROG		3 <input type="checkbox"/> SD	4 <input type="checkbox"/> MX	5 <input type="checkbox"/> PROG
		7 <input type="checkbox"/> NE	8 <input type="checkbox"/> Unknown			7 <input type="checkbox"/> NE	8 <input type="checkbox"/> Unknown	
Specify:	123.	<input type="text"/>			154.	<input type="text"/>		
Date response evaluated:	124.	<input type="text"/>	<input type="text"/>	<input type="text"/>	155.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month	Day	Year		Month	Day	Year
Did patient relapse or progress following this line of therapy?	125.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No		156.	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
Date of relapse/progression:	126.	<input type="text"/>	<input type="text"/>	<input type="text"/>	157.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month	Day	Year		Month	Day	Year

Retired / Not for Data Submission

TEAM:

IUBMID:

158. Patient's disease status immediately prior to conditioning (check one only):

- 1  CR
- 2  PR
- 3  SD
- 4  MX
- 5  PROG
- 7  NE,  
specify: \_\_\_\_\_
- 8  Unknown

See Response Codes below

Organs involved at time of transplant (check all that apply):

- Yes No Unknown**
- 159. 1  0  8  Bone
  - 160. 1  0  8  Bone marrow
  - 161. 1  0  8  Central nervous system
  - 162. 1  0  8  Gastrointestinal
  - 163. 1  0  8  Liver
  - 164. 1  0  8  Lung
  - 165. 1  0  8  Lymph node(s)
  - 166. 1  0  8  Skin
  - 167. 1  0  8  Spleen
  - 168. 1  \_\_\_\_\_ Other,  
specify: \_\_\_\_\_

Hematologic findings immediately prior to conditioning

Differential

169. Monocytes:   %

Unknown

**Response Codes**

**Definition of Disease State:**

- CR = Complete Response:** Absence of all signs and/or symptoms of disease.
- PR = Partial Response:** Regression of signs and/or symptoms of disease without appearance of new lesions.
- SD = Stable Disease:** Persistence of signs and/or symptoms of disease without appearance of new lesions.
- MX = Mixed Response:** Regression of some signs and/or symptoms of disease with appearance of new lesions.
- PROG = Progressive Disease:** Progression of signs and/or symptoms of disease initially detected and/or reappearance of old and/or appearance of new lesions.
- NE = Not Evaluable:** Not evaluable, specify.

Retired - Not for Data Submission

TEAM:

IUBMID:

### Posttransplant Information\*

*\* To be completed 100 days posttransplant, or at time of death if death occurred <100 days posttransplant, or immediately prior to start of high-dose therapy (conditioning) for second transplant if second transplant done <100 days after first transplant*

170. **Best response** posttransplant not including posttransplant therapy (check one only):

- 1  CR
- 2  PR
- 3  SD
- 4  MX
- 5  PROG
- 7  NE, specify: \_\_\_\_\_
- 8  Unknown

See Response Codes on pg 4

171. Did patient relapse posttransplant?

- 1  Yes
- 0  No
- 8  Unknown

172. Date of relapse:          
Month Day Year

Specify organs involved (check all that apply):  
**Yes No Unknown**

- 173. 1  0  8  Bone
- 174. 1  0  8  Bone marrow
- 175. 1  0  8  Central nervous system
- 176. 1  0  8  Gastrointestinal
- 177. 1  0  8  Liver
- 178. 1  0  8  Lung
- 179. 1  0  8  Lymph node(s)
- 180. 1  0  8  Skin
- 181. 1  0  8  Spleen
- 182. 1  Other specify: \_\_\_\_\_

Retired – Not for Data Submission

TEAM:

IUBMID:

183. Did patient receive additional therapy specifically for LCH after transplant?

- 1  Yes
- 0  No
- 8  Unknown

184. Date treatment started:        Unknown  
Month Day Year

185. Still receiving additional therapy? 1  Yes 0  No 8  Unknown

Treatments:

**Yes No Unknown**

- 186. 1  0  8  2 CdA
- 187. 1  0  8  Cyclosporin-A (CsA)
- 188. 1  0  8  Etoposide (VP-16)
- 189. 1  0  8  Steroids
- 190. 1  0  8  Vinblastine (Velban)
- 191. 1  Other, specify: \_\_\_\_\_
- 192. 1  0  8  Radiation

		Total cGy (rads)				
Bone: 193.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
CNS: 194.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Gastrointestinal tract: 195.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Liver: 196.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Lung: 197.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Lymph nodes: 198.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Skin: 199.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Spleen: 200.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Other: 201.	1 <input type="checkbox"/> Yes					0 <input type="checkbox"/> No
Specify:						
Fractionation schedule: 202.	1 <input type="checkbox"/> Single	3 <input type="checkbox"/> Multiple daily				
	2 <input type="checkbox"/> Single daily	7 <input type="checkbox"/> Other				

203. Date current disease determination first established:          
Month Day Year

204. Patient's disease status at time of last contact or at time of death (check one only):

- 1  CR
- 2  PR
- 3  PD
- 4  PMX
- 5  PROG
- 7  NE, specify: \_\_\_\_\_
- 8  Unknown

See Response Codes on pg 4

See Date on pg 1 of 095CORE