

FOLLOW-UP 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

Follow-up Information*

* Evaluation should be performed at 3-, 6-, 12- and 24-month intervals

1. **Best response** since last report (check one only):

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

See Response Codes below

2. Did patient relapse since last report?

- 1 Yes
- 0 No
- 8 Unknown

3. Date of relapse:
 Month Day Year

Specify organs involved (check all that apply):

	Yes	No	Unknown	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central nervous system
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lung
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph node(s)
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spleen
13.	<input type="checkbox"/>			Other, specify: _____

Retired - Not for Data Submission

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.

TEAM:

IUBMID:

14. Did patient receive additional therapy specifically for LCH since last report?

- 1 Yes
- 0 No
- 8 Unknown

15. Date treatment started: Unknown
Month Day Year

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

- Treatments:
Yes No Unknown
- 17. 1 0 8 2 CdA
 - 18. 1 0 8 Cyclosporin-A (CsA)
 - 19. 1 0 8 Etoposide (VP-16)
 - 20. 1 0 8 Steroids
 - 21. 1 0 8 Vinblastine (Velban)
 - 22. 1 Other, specify: _____
 - 23. 1 0 8 Radiation

		Total cGy (rads)				
Bone:	24.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
CNS:	25.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Gastrointestinal tract:	26.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Liver:	27.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Lung:	28.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Lymph nodes:	29.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Skin:	30.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Spleen:	31.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Other:	32.	1 <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="checkbox"/> No
Specify:						
Fractionation schedule:	33.	1 <input type="checkbox"/> Single	3 <input type="checkbox"/> Multiple daily	2 <input type="checkbox"/> Single daily	7 <input type="checkbox"/> Other	

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

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

- 1 CR
- 2 PR
- 3 PD
- 4 DMX
- 5 PROG
- 7 NE, specify: _____
- 8 Unknown

See Response Codes on pg 1

See Date on pg 1 of 095COREFU

Retired - Not for Data Submission