


DCI SUPPLEMENT INSERT
Langerhans Cell Histiocytosis (LCH)

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

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

1. Date of first DCI for which this form is being completed:
 / /
Month Day Year

Registry (circle one): **IBMTR** **ABMTR**
 2. Date of report: / /
Month Day Year

DCI Disease Supplement Inserts		Statistical Center Medical College of Wisconsin <small>P.O. Box 26509, 8701 Watertown Plank Road Milwaukee, WI 53226</small> Telephone: 414-456-8325 Fax: 414-56-6530 Email: ibmtr@mcw.edu
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If answer on 002-DCI Insert, Q.513 is "No", **do not submit this insert** to the IBMTR.

Information

Copy this page for recording more instances

Line of Therapy	1st	2nd
BIOPSY:	3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	30. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
SURGERY:	4. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	31. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
RADIATION THERAPY:	5. <input type="checkbox"/> Yes <input type="checkbox"/> No	32. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Total cGy (rads)	Total cGy (rads)
Bone:	6. <input type="checkbox"/> Yes <input type="checkbox"/> No	33. <input type="checkbox"/> Yes <input type="checkbox"/> No
CNS:	7. <input type="checkbox"/> Yes <input type="checkbox"/> No	34. <input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal tract:	8. <input type="checkbox"/> Yes <input type="checkbox"/> No	35. <input type="checkbox"/> Yes <input type="checkbox"/> No
Liver:	9. <input type="checkbox"/> Yes <input type="checkbox"/> No	36. <input type="checkbox"/> Yes <input type="checkbox"/> No
Lung:	10. <input type="checkbox"/> Yes <input type="checkbox"/> No	37. <input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph nodes:	11. <input type="checkbox"/> Yes <input type="checkbox"/> No	38. <input type="checkbox"/> Yes <input type="checkbox"/> No
Skin:	12. <input type="checkbox"/> Yes <input type="checkbox"/> No	39. <input type="checkbox"/> Yes <input type="checkbox"/> No
Spleen:	13. <input type="checkbox"/> Yes <input type="checkbox"/> No	40. <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	14. <input type="checkbox"/> Yes	41. <input type="checkbox"/> Yes
Specify:	15. _____	42. _____
Administration schedule:	16. <input type="checkbox"/> Single <input type="checkbox"/> Multiple daily 2 <input type="checkbox"/> Single daily 7 <input type="checkbox"/> Other	43. <input type="checkbox"/> Single <input type="checkbox"/> Multiple daily 2 <input type="checkbox"/> Single daily 7 <input type="checkbox"/> Other
CHEMOTHERAPY:	17. <input type="checkbox"/> Yes <input type="checkbox"/> No	44. <input type="checkbox"/> Yes <input type="checkbox"/> No
# of cycles:	18. <input type="text"/> -8 <input type="checkbox"/> Unknown	45. <input type="text"/> -8 <input type="checkbox"/> Unknown
<u>Treatment:</u>	19. 2 CdA: <input type="checkbox"/> Yes <input type="checkbox"/> No	46. <input type="checkbox"/> Yes <input type="checkbox"/> No
Chlorambucil:	20. <input type="checkbox"/> Yes <input type="checkbox"/> No	47. <input type="checkbox"/> Yes <input type="checkbox"/> No
Cyclosporin-A (CsA):	21. <input type="checkbox"/> Yes <input type="checkbox"/> No	48. <input type="checkbox"/> Yes <input type="checkbox"/> No
Etoposide (VP-16):	22. <input type="checkbox"/> Yes <input type="checkbox"/> No	49. <input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids:	23. <input type="checkbox"/> Yes <input type="checkbox"/> No	50. <input type="checkbox"/> Yes <input type="checkbox"/> No
Vinblastine (Velban):	24. <input type="checkbox"/> Yes <input type="checkbox"/> No	51. <input type="checkbox"/> Yes <input type="checkbox"/> No
6-mercaptopurine (6-MP):	25. <input type="checkbox"/> Yes <input type="checkbox"/> No	52. <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	26. <input type="checkbox"/> Yes, specify: 27. _____	53. <input type="checkbox"/> Yes, specify: 54. _____
Other:	28. <input type="checkbox"/> Yes, specify: 29. _____	55. <input type="checkbox"/> Yes, specify: 56. _____

Retired - Not for Data Submission