

LANGERHANS CELL HISTIOCYTOSIS - MALIGNANCY STUDY

Patient's data

ID code Center _____ Country _____

Sex: M F (M=Male; F=Female)

Ethnicity: (1=Asian; 2=White; 3=Black; 4=Hispanic; 5=Other) If Other, specify: _____

Langerhans cell histiocytosis

Age at LCH diagnosis (yrs)

Date of LCH diagnosis: Extension:
1 = Single system / Single site
 2 = Single system / Multiple site
 3 = Multi system

1. Systems involved (check all that apply)

Bone Skin Lymph Diabetes Insipidus Liver
 Spleen Lungs Bone Marrow Oral Soft Tissue GI CNS
 Other: _____

System biopsed? N Y if yes, specify system(s):
 System _____ System _____ System _____ System _____

2. Histology (please, enclose histopathology forms/electron microscopy results/results of monoclonal antibodies)

	Light microscopy	S100	ATP-ase	Pean Lect	Alfa-D-Mann	Birbek	OKT6/CD1a
positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Treatment (check all that apply)

Treatment? N Y if yes, specify:
Surgery/Curettage N Y
Radiation N Y if yes, specify:
 dosage applied (cGy): Site / Field _____
 dosage applied (cGy): Site / Field _____
 dosage applied (cGy): Site / Field _____

Steroids: N Y if yes, specify:
 Oral IV Local Intralesional

Chemotherapy: N Y if yes, specify:
 VBL VCR VP16
 Chlorambucil MTX Others _____

Immunotherapy: N Y if yes, specify:
 alfa-IFN Cyclosporine Others _____

Starting date therapy: Ending date last therapy:

4. Duration of LCH disease and follow-up

Remission N Y

Date of 1st remission:
dd mm yy

Relapse N Y

N° relapses:

Date of 1st relapse:
dd mm yy

Associated malignancy

Date of malignancy diagnosis:
dd mm yy

Age at malignancy (yrs)

5. Diagnosis

Histology / Cytogenetics / Cell markers
(Please, enclose documentation)

Stage / Extent of disease / Site of disease:

Did the malignancy occur within previous radiation port?

Yes No Don't know Not Irradiated Not Applicable (if malignancy preceded LCH)

6. Treatment (check all that apply)

Treatment? N Y If yes, specify

Surgery N Y

Radiation N Y If yes, specify

dosage applied (cGy):

Site / Field _____

dosage applied (cGy):

Site / Field _____

dosage applied (cGy):

Site / Field _____

Chemotherapy N Y If yes, specify

specify: _____

Starting date therapy:
dd mm yy

Ending date last therapy:
dd mm yy

7. Duration of associated malignancy and follow-up

Remission N Y

Date of 1st remission:
dd mm yy

Relapse N Y

N° relapses:

Date of 1st relapse:
dd mm yy

Current status

8. Current status

Date of last information:
dd mm yy

Status: A D (A=Alive; D=Dead)

If alive: (check all that apply) Alive with LCH

Alive with malignancy

If dead: (check all that apply) Died with LCH

Died with malignancy

Died of intercurrent disease

Cause of death: _____

Notes

Date: _____

Signature: _____
