

PEDIATRIC HEART TRANSPLANT STUDY

FORM 07: 2010: Malignancy/Lymphoproliferative Disease (PG 1 of 1)

To be filled out post-transplant

ID# P	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #

1. Date of Diagnosis:
(MO | DAY | YR)

2. Weight at time of diagnosis: _____ lb
 kg

3. Initial Diagnosis Recurrence of previously diagnosed malignancy thought to be "cured."
If recurrence, date of previous diagnosis (month-year): ____ ____

4. Nature of Malignancy: (Check only one, complete additional form(s) for other malignancies.)

- Lymphoproliferative Disease/Lymphoma Skin
 Sarcoma Other, specify: _____

5. Site(s) of involvement at initial diagnosis: (Check all that apply).

- | | | |
|--|---|---|
| <input type="checkbox"/> Bone | <input type="checkbox"/> GI, Small Bowel | <input type="checkbox"/> Mucous Membranes, genital/anal |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> GI, Stomach | <input type="checkbox"/> Muscle |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Hepatic | <input type="checkbox"/> Pulmonary (lung) |
| <input type="checkbox"/> CNS | <input type="checkbox"/> Lymph nodes, deep | <input type="checkbox"/> Skin, facial/scalp |
| <input type="checkbox"/> GI, Large Bowel | <input type="checkbox"/> Lymph nodes, subcutaneous | <input type="checkbox"/> Skin, non-facial |
| <input type="checkbox"/> GI, Rectal | <input type="checkbox"/> Mucous Membranes, craniofacial | <input type="checkbox"/> Other, specify: _____ |

6. If Lymphoproliferative/Lymphoma:

- a. Epstein-Barr Seroconversion (negative pre transplant to positive titer post transplant)? No Yes Unknown
b. If "6a" is Yes: Date Last Negative EBV titer: ____ ____ ____ Not Done
Date Last Positive EBV titer: ____ ____ ____ Not Done
c. Was clonal analysis performed: No Yes, if yes: monoclonal or polyclonal | T cell or B cell
d. EBV PCR: Positive Negative Quantitative _____ DNA copies/ml
Is tumor EBV positive: Yes No

WHO classification:

- i. Polymorphic PTLD
ii. Monomorphic PTLD, if yes check boxes for: diffuse large B cell Burkitts Other
iii. Hodgkin's/Hodgkin's-like
iv. Other _____

7. Immunotherapy at time of malignancy and any changes made due to diagnosis within 30 days of diagnosis (specify):

	No dose change	Dose decreased	Drug discontinued	Drug added
<input type="checkbox"/> Acyclovir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Azathioprine (Imuran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cyclosporine: <input type="checkbox"/> Sandimmune <input type="checkbox"/> Neoral <input type="checkbox"/> Gengraf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mycophenolate (Cellcept, Myfortic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sirolimus (Rapamycin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Steroids, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tacrolimus (Prograf, FK506)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Additional therapeutic measures started within 30 days of diagnosis: (Check all that apply.)

- Chemotherapy Rituximab
 Ganciclovir or Valganciclovir Surgery (excision, not performed solely for diagnostic purposes)
 Radiation therapy Other, specify: _____

Person completing this form: _____

Date original form mailed (do not send copy) _____

PRINT IN BLACK INK ONLY. USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2010