Cardamon

Carfilzomib/Cyclophosphamide/Dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT

Maintenance Form

Patient Initials	☐☐☐
Trial Number	C A R – ☐☐☐
Cycle number	☐☐

(This form has 7 pages including cover sheet)

Please send forms to:

Cardamon Trial Coordinator
CR UK & UCL Cancer Trials Centre
90 Tottenham Court Road
London W1T 4TJ

General enquires: **020 7679 9860**
Randomisations: **020 7679 9860** between 9.00am and 5.00pm
Fax: **020 7679 9861**
E-mail: **ctc.cardamon@ucl.ac.uk**

Additional instructions for completing forms

The Maintenance Form collects details of the patient's maintenance treatment; in the absence of PD, a patient may receive up to 18 cycles of maintenance.

Specific Fields

- Cycle number—please take cycle number from the start of maintenance not all treatment i.e. for patients on the consolidation arm the first cycle will be cycle 1 not cycle 9
- Omission/Reduction/Delay: Please do not leave these blank, if there were no omissions, reductions or delays please ensure that you have entered "0" in each box. A discrepancy will be raised for all fields left blank
- Please ensure that you are using the correct units (i.e. haemoglobin in g/dL). If your local report uses different units please convert these before entering them on the form.
- Response assessments should be only be carried out by the principal investigator or co-investigator
- The response assessment section for cycle 1 should be left blank, however, paraprotein, serum free light chain and urinary Bence Jones protein levels must be recorded if available
- Disease response assessment should be based on blood and/or urine tests performed at the start of each cycle (day 1, ± 7 days), this must be assessed by the PI or delegated investigator (see appendix 3 of protocol)
- Disease response for each cycle must be assessed according to the paraprotein/BJP/SFLC results of tests performed at the beginning of the subsequent cycle, for example, response to cycle 1 would be assessed on cycle 2, day 1, and documented on the cycle 2 CRF
- At the end of maintenance, disease assessment must be performed within 14 days of the last treatment. This should be reported on the maintenance summary CRF
- Please ensure a progression/relapse form is submitted for patients with progressive disease

Completing forms

- Ensure all entries are clear, legible and written in black ink
- Avoid the use of abbreviations and acronyms
- **Do not leave any fields blank. In case of missing data**
  - ND (not done) if a test has not been performed or a measure not taken. If applicable state the reason
  - NA (not applicable) if a measure is not applicable
  - NK (not known) if data is unknown. This should only be used once every effort to obtain the data has been exhausted.
- CRFs may only be completed by an appropriately qualified individual delegated as responsible by the PI on the site delegation log
- CRF Footer section
  - The "completed by" Name should be legible
  - Each CRF should be signed and dated by the person completing the form
  - Do not complete the *UCL CTC Use only* section
- **The CRF should be sent/faxed to the Cancer Trials Centre (CTC) with a copy retained at the Site** (ensure when photocopying the page that the copy is added to the CRF booklet in the same place where the original was stored)

Maintenance Form

Cycle No:

Haematology

Test	Day 1 result	NCS?	Day 8 result	NCS?	Day 15 result	NCS?
Date (dd/mm/yyyy)						
Haemoglobin (g/dL)						
WBC ($x10^9$/L)						
Platelets (x 10^9/L)						
Neutrophils ($x10^9$/L)						
Lymphocytes (x 10^9/L)						
Blood pressure (mmHg) [1,2]						

- Patients must have FBC and biochemistry tests prior to days 1, 8, & 15 of each cycle
- The validity period is 48 hours for FBC and 72 hours for biochemistry. Blood pressure may be measured on day of treatment
- If a result is out of range as per CTCAE v4.03 and it is **Not Clinically Significant**, please tick the "**NCS?**" column next to it
- If a result is clinically significant, then add it to the Adverse Event form

[1]***To be completed if hypertensive blood pressure readings are not clinically significant***

Please provide an explanation if an incident of hypertension (>=120/80) is not clinically significant, e.g. white coat syndrome:

Day 1: .....

Day 8: .....

Day 15: .....

[2]***To be completed only if patient experiences grade 3 hypertension***

If the patient experiences grade 3 hypertension (systolic BP ≥160 mmHg or diastolic BP ≥100 mmHg), treatment with carfilzomib can be continued without being held or reduced if the treating clinician considers the event:

- Sporadic
- Not medically significant
- Where there is additional information to support carfilzomib's uninterrupted use (please specify): .....

.....

The investigator should confirm this by completing the below:

Investigator name (print):

Investigator signature:

Date signed: D D M M Y Y Y Y

Maintenance Form

Cycle No: [ ][ ]

Biochemistry

- If a result is out of range as per CTCAE v4.03 and it is **Not Clinically Significant**, please tick the "NCS?" column next to it
- If a result is out of range as per CTCAE v4.03 and/or clinically significant, then add it to the Adverse Event form

Test	Day 1 result	NCS?	Day 8 result	NCS?	Day 15 result	NCS?
Date (dd/mm/yyyy)						
Calcium (corrected) (mmol/L)						
Potassium (mmol/L)						
Phosphate (mmol/L)						
Urea (mmol/L)						
Sodium (mmol/L)						
Serum Urate (µmol/L)						
Creatinine (µmol/L)						
Creatinine clearance (ml/min) *if clinically indicated, otherwise enter ND*						
Albumin (g/L)						
Bilirubin (µmol/L)						
Alkaline Phosphatase (IU/L)						
Aspartate Transaminase (IU/L)						
Alanine Transaminase (IU/L)						

Adverse events

Did the patient experience any adverse events? [ ]
1 = Yes *(please ensure adverse event form is submitted)*
2 = No

Pregnancy test (for females of child bearing potential only)

Result: [ ]
1 = Negative
2 = Positive
3 = Not applicable

Date of pregnancy test [D][D][M][M][Y][Y][Y][Y]

Maintenance Form

Cycle No:

Efficacy assessments

Date of test: D D M M Y Y Y Y

Please complete this section for all myeloma patients:

Paraprotein expression *(choose one option only)*
1= Single paraprotein expressed
2= Light chain only
3= Biclonal
4= Non-secretory

Paraprotein type key: 1 = IgG, 2 = IgA, 3 = IgM, 4 = IgD

Specify paraprotein type:

Serum paraprotein
4= Present, please complete result
5= Too faint to quantify
6= Absent
7= Not Done
(g/L)

Specify paraprotein type: *(If biclonal)*

Serum paraprotein
4= Present, please complete result
5= Too faint to quantify
6= Absent
7= Not Done
(g/L)

Serum free light chain: Kappa (mg/L) • **OR** Tick if not done

Serum free light chain: Lambda (mg/L) • **OR** Tick if not done

Serum free light chain Kappa/Lambda ratio: •

Normal range of Kappa/Lambda FLC ratio: –

Urinary light chain measurement

1= Present, quantifiable
Please complete 24h BJP result (in g/24h): •
2= Too faint to quantify (24h BJP only)
3= Absent
4= Not Done
5= Present, not formally quantified
(if unable to perform 24h BJP)

Light chain type *(please choose one only):*
1 = Kappa
2 = Lambda
3 = N/A

Immunofixation (only required to confirm CR/sCR)

Immunofixation Serum
1= Positive
2= Negative
3= Not done
Date of test: D D M M Y Y Y Y

Immunofixation Urine
1= Positive
2= Negative
3= Not done
Date of test: D D M M Y Y Y Y

UCL CTC Use only: Form received: _____ Date form entered: _____ Initials: _____

Maintenance Form

Cycle No: ☐☐ ***Please note: this page should not be completed in cycle 1***

Response assessment

This section must be completed and signed by the local principal investigator / delegated investigator and done on day 1 of each cycle (from cycle 2 onwards)

Date of response assessment: D D M M Y Y Y Y

Patient's response to maintenance treatment: ☐
(choose <u>one</u> option only)
(e.g. this is the response to last cycle received, i.e. cycle 1 would be assessed on cycle 2, day 1 and documented on the cycle 2 CRF)

1= sCR
2= CR
3= VGPR
4= PR
5= MR
6= SD
7= PD — *Patient off protocol treatment—to be followed up as per protocol*
(Complete first progression and treatment summary form)
8= Unable to assess—
Specify reason:

Investigator name (print):

Investigator signature:

Date signed: D D M M Y Y Y Y

- Disease response assessment should be based on blood and/or urine tests performed at the start of each cycle (day 1, ± 7 days), this must be assessed by the PI or delegated investigator (see appendix 3 of protocol)
- Disease response for each cycle must be assessed according to the paraprotein/BJP/SFLC results of tests performed at the beginning of the subsequent cycle, for example, response to cycle 1 would be assessed on cycle 2, day 1, and documented on the cycle 2 CRF.
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Maintenance Form

Cycle No:

Date cycle started: D D M M Y Y Y Y

Actual BSA . m^2 *Patients with a BSA >2.2m^2 should receive dose based on BSA of 2.2m^2*

BSA used to calculate dose . m^2 *The previous cycle BSA should be used here if there has been <20% change in BSA*

Did the patient receive dexamethasone (10mg) on the day of administration and day after each dosing in line with the protocol? 1 = Yes 2 = No—please specify reason below:

Any delays reductions or omissions during this cycle of maintenance? 1 = Yes 2 = No ***Please complete all boxes in table below (if no delay / reduction / omission, please enter = 0)***

Drug	Day	Dose given	Omission (see codes below)	Reduction (see codes below)	Delay (see codes below)
Carfilzomib (56mg/m^2, except cycle 1 day 1 when patients should receive 20mg/m^2)	1	mg			
	8	mg			
	15	mg			

0=No delay/reduction/omission, 1=Neurotoxicity, 2=Hepatotoxicity, 3=Cardiotoxicity 4=Haematological Toxicity, 5=Infusion-related toxicity 6=Pancreatitis 7=Patient Choice, 8=Clinician Choice, 9=Administrative, 10=Tumour Flare reaction, 11=Tumour Lysis syndrome, 12=Other (specify below), 13=Protocol approved reduction/omission

12 = OTHER Reduction/Delay/Omission Reason

Name of person completing form: Signature of person completing form: Date completed: D D M M Y Y Y Y

The site PI or delegated investigator must sign to confirm that information within the CRF is accurate

Investigator name: Investigator signature: Date completed: D D M M Y Y Y Y