Cardamon

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

Consolidation 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 Consolidation Form is used to record the 4 cycles of CarCyDex treatment for the patients randomised to the consolidation arm.

Specific Fields

- Cycle number—please take cycle number from the start of consolidation not all treatment i.e. the first cycle after randomisation will be cycle 1 not cycle 5
- 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
- If any efficacy tests have not been done because they are not clinically indicated, please ensure that you complete the boxes with ND to confirm that the tests were not done. A discrepancy will be raised for those fields left completely 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
- 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 consolidation, disease assessment must be performed within 14 days of the last treatment and prior to starting maintenance. This should be reported on the end of consolidation CRF
- Please ensure that the patient diary card has been completed and returned
- Pregnancy tests should be performed in each cycle prior to the first dose being given
- 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.
- The Principal Investigator (PI) is responsible for the accuracy of the data reported on the CRF
- Please ensure that all adverse events are recorded on the adverse event form and the form is attached
- 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)

If you have any questions about how to complete this form please contact the Cardamon Trial Coordinator on: 020 7679 9860

Consolidation Form

Cycle No: ☐

Haematology

Test	Day 1 result	Day 2 result	Day 8 result	Day 9 result	Day 15 result	Day 16 result
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]						

- Patients must have FBC and biochemistry tests prior to days 1, 8, & 15 of each cycle
- These are to be repeated on days 2, 9 & 16 **if clinically indicated**
- The validity period for FBC is 48 hours, and for biochemistry it is 72 hours

[1] *To be completed 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

Consolidation Form

Cycle No:

Biochemistry

Test	Day 1 result	Day 8 result	Day 15 result
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

Has patient returned their diary card? ☐ 1 = Yes 2 = No

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

Consolidation 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 to confirm CR)

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: _____

Consolidation 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 consolidation 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
- At the end of consolidation, disease assessment must be performed within 14 days of the last treatment and prior to starting maintenance. This should be reported on the end of consolidation CRF

Consolidation Form

Cycle No:

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

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

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

Drug	Day	Dose given	Route (IV or PO)	Omission (see codes below)	Reduction (see codes below)	Delay (see codes below)
Dexamethasone (20mg PO or IV)	1	mg				
	8	mg				
	15	mg				
	22	mg				
Carfilzomib (56mg/m^{2*}IV) **except cycle 1 days 1 & 2 (20mg/m^2)*	1	mg				
	2	mg				
	8	mg				
	9	mg				
	15	mg				
	16	mg				
Cyclophosphamide (500mg PO or 375mg IV)	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

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