Cardamon

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

Transplant Form

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

(This form has 3 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 transplant form collects details of the patient's transplant for those patients randomised to the ASCT arm of the trial. Patients should proceed to transplant as soon as possible after randomisation and high dose Melphalan should be given no more than 4 weeks after randomisation.

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 if not required
  - 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 UCL 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)

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

Transplant Form

Did the patient receive an autologous stem cell transplant? ☐ 1= Yes 2 = No

If no, please give the reason: ☐ 1 = Disease progression, 2 = Patient unfit to proceed 3 = Other (specify)

Specify: ☐

Admission date: D D M M Y Y Y Y

Date of transplant: D D M M Y Y Y Y

Melphalan dose: ☐☐☐ mg

Have neutrophils recovered? ☐ 1 = Yes 2 = No

Date of 1st of three consecutive days Neutrophils ≥ $0.5x10^9$/L after first post-transplant nadir: D D M M Y Y Y Y

Have platelets recovered? ☐ 1 = Yes 2 = No

Date of 1st of three consecutive days platelets ≥$20x10^9$/L (unsupported): D D M M Y Y Y Y

Was the patient admitted to ITU or HDU during their transplant? ☐ 1 = Yes 2 = No

If yes, how many days? ☐☐☐ days

Date of discharge from hospital: D D M M Y Y Y Y

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