UKALL14 | Trial Number: 14 | Patient Initials:

# Consolidation Treatment Form (1/7)

## *CYCLE 1 - Consolidation Therapy*

Date cycle 1 started (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Was treatment given according to protocol schedule
(i.e. without dose reduction, delay or omission)? (1=Yes, 2=No) ☐

***If No, please complete the table below:***

| Drug | Reduction[1] | Delay[1] | Omission[1] |
|---|---|---|---|
| Cytarabine | | | |
| Etoposide | | | |
| Methotrexate | | | |
| Imatinib (for Ph+ve patients only) | | | |

[1] 0=No reduction/delay/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=Other (specify below):

| Drug | 10 = OTHER Reason for Reduction/Delay/Omission |
|---|---|
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***Please complete the Oncaspar details for this cycle on the next page.***

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# Consolidation Treatment Form (2/7)

## *Cycle 1 Oncaspar (Pegylated-Asparaginase)*

**BSA ($m^2$)**

***Please enter the daily dose given below, and indicate any reduction/delay/omission.***

*If the patient experienced a hypersensitivity reaction to Oncaspar, please indicate this in the 'omission' column in the table below, and then complete the Erwinase section of this page.*

| Day | Oncaspar (IU) | Reduction[1] | Delay[1] | Omission[1] |
|---|---|---|---|---|
| 5 | | | | |

[1] 0=No reduction/delay/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=Other (specify below), 11=Hypersensitivity (switched to Erwinase), 12=Ph+ve

| Day | 10 = OTHER Reason for Reduction/Delay/Omission |
|---|---|
| 5 | |

## *Erwinase*

If the patient experienced a hypersensitivity reaction to Oncaspar, and received Erwinase as an alternative, please complete the table below.

| Planned Oncaspar dose | Number of doses given | Total daily dose given (IU) |
|---|---|---|
| Day 5 | | |

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# Consolidation Treatment Form (3/7)

## *Cycle 1 Oncaspar (Pegylated-Asparaginase)*

### Liver Function Tests

*Please enter liver function test results taken from routine bloods prior to/and after the doses of Oncaspar, if available.*

### Day 5– Prior to Oncaspar

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

### Day 5– Post Oncaspar

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

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# Consolidation Treatment Form (4/7)

## *CYCLE 2 - Consolidation Therapy*

Date cycle 2 started (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Was treatment given according to protocol schedule
(i.e. without dose reduction, delay or omission)? (1=Yes, 2=No) ☐

***If No, please complete the table below:***

| Drug | Reduction[1] | Delay[1] | Omission[1] |
|---|---|---|---|
| Cytarabine | | | |
| Etoposide | | | |
| Methotrexate | | | |
| Imatinib (for Ph+ve patients only) | | | |

[1] 0=No reduction/delay/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=Other (specify below):

| Drug | 10 = OTHER Reason for Reduction/Delay/Omission |
|---|---|
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# Consolidation Treatment Form (5/7)

## *CYCLE 3 - Consolidation/Delayed Intensification*

Date cycle 3 started (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Was treatment given according to protocol schedule
(i.e. without dose reduction, delay or omission)? (1=Yes, 2=No) ☐

***If No, please complete the table below:***

| Drug | Reduction[1] | Delay[1] | Omission[1] |
|---|---|---|---|
| Daunorubicin | | | |
| Vincristine | | | |
| Dexamethasone | | | |
| Methotrexate | | | |
| Cyclophosphamide | | | |
| Cytarabine | | | |
| Mercaptopurine | | | |
| Imatinib (for Ph+ve patients only) | | | |

[1] 0=No reduction/delay/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=Other (specify below):

| Drug | 10 = OTHER Reason for Reduction/Delay/Omission |
|---|---|
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***Please complete the Oncaspar details for this cycle on the next page.***

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# Consolidation Treatment Form (6/7)

## *Cycle 3 Oncaspar (Pegylated-Asparaginase)*

**BSA ($m^2$)**

***Please enter the daily dose given below, and indicate any reduction/delay/omission.***
*If the patient experienced a hypersensitivity reaction to Oncaspar, please indicate this in the 'omission' column in the table below, and then complete the Erwinase section of this page.*

| Day | Oncaspar (IU) | Reduction[1] | Delay[1] | Omission[1] |
|---|---|---|---|---|
| 4 | | | | |

[1] 0=No reduction/delay/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=Other (specify below), 11=Hypersensitivity (switched to Erwinase), 12=Ph+ve

| 10 = OTHER Reason for Reduction/Delay/Omission |
|---|
| |

## *Erwinase*

If the patient experienced a hypersensitivity reaction to Oncaspar, and received Erwinase as an alternative, please complete the table below.

| Planned Oncaspar dose | Number of doses given | Total daily dose given (IU) |
|---|---|---|
| Day 4 | | |

**Liver Function Tests**

*Please enter liver function test results taken from routine bloods prior to/and after the doses of Oncaspar, if available.*

**Day 4– Prior to Oncaspar**

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

**Day 4– Post Oncaspar**

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

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# Consolidation Treatment Form (7/7)

## *CYCLE 4 - Consolidation Therapy*

Date cycle 4 started (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Was treatment given according to protocol schedule
(i.e. without dose reduction, delay or omission)? (1=Yes, 2=No) ☐

***If No, please complete the table below:***

| Drug | Reduction[1] | Delay[1] | Omission[1] |
|---|---|---|---|
| Cytarabine | | | |
| Etoposide | | | |
| Methotrexate | | | |
| Imatinib (for Ph+ve patients only) | | | |

[1] 0=No reduction/delay/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=Other (specify below):

| Drug | 10 = OTHER Reason for Reduction/Delay/Omission |
|---|---|
| | |
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| | |

**Completed by:**

**Signature:**

**Date completed:** D D M M Y Y Y Y



Office use only:
Date form received: _____ Date form entered: _____ Initials: _____