UKALL14 Trial Number 14-3- Patient Initials

UKALL14 'Registration only' Sub-study - Induction Treatment Form (1/2)

Induction Treatment Complete one form for each phase of treatment *started*

Date treatment phase started *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Which treatment regimen was followed?*:* ☐ Treatment Phase: (1=Phase 1, 2=Phase 2) ☐

1=UKALL14 backbone therapy

2=UKALL60+, specify regimen (A -D): _____

3=UKALL11, specify regimen (A -C): _____

4=Hyper CVAD

5=Other, specify by acronym : _____

Has patient been given rituximab? (1=Yes, 2=No) ☐ If yes, total No. of doses: ☐☐

Philadelphia Status: *(1=Positive, 2=Negative, 3=Unknown)* ☐

Has patient been given a TKI? (1=Yes, 2=No) ☐ If yes, specify which TKI(s) given:_____

Local investigator's assessment of the patient's remission history

Was first remission (CR1) ever achieved? *(1=Yes, 2=No)* ☐

Date first remission confirmed *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Response Assessment (at end of treatment phase)

Bone Marrow Examination

Date of Bone Marrow Examination *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

Cellularity Grade *(1=hypo, 2=normo, 3=hyper)* ☐ % Blasts ☐☐☐

Remission Status *(1=Complete remission, 2=Not in remission)* ☐

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

UKALL14 Trial Number 14-3- Patient Initials

UKALL14 'Registration only' Sub-study - Induction Treatment Form (2/2)

Response Assessment (cont.)

Haematology Assessment

Date of Haematology *(dd/mm/yyyy)* ☐☐ ☐☐ ☐☐☐☐

White Blood Cell Count x10^9/L ☐☐☐.☐☐

Neutrophils x 10^9/L ☐☐.☐☐ % blasts ☐☐☐

Haemoglobin g/dL OR g/L *(circle units)* ☐☐☐.☐ Platelets x 10^9/L ☐☐☐☐

Treatment plan: will the patient be continuing with first line treatment for ALL? *(1=Yes 2=No)*: ☐

If Yes, please indicate next planned phase: ☐
1= Phase 2 *(Next form: Induction Treatment)*
2= Post-Induction Chemotherapy (w/out transplant) *(Next form: Post-Induction Chemotherapy)*
3= Transplant (+/- Interim Chemotherapy) *(Next form: Transplant to Day 100)*

If No, why was first line treatment discontinued?: *(Next form: Annual Follow Up)* ☐
1= Not in CR† *(refractory disease—previous remission never achieved)*
2= Toxicity†
3= Patient Choice†
4= Relapse* *(only applicable if 1st remission has been achieved previously)*
5= Death*
6= Other†; please specify reason: _____

†Date final dose of first line treatment for ALL (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

***If patient has relapsed and/or died, please submit relapse and/or death forms**

REMINDER

Refer to Section 8.3 of the Sub-study Protocol (Protocol Appendix 1)for schedule of MRD and correlative science testing

Completed by: _____ **Signature:** _____ **Date completed:** d d m m y y y y ☐☐ ☐☐ ☐☐ ☐☐

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