UKALL14 Trial Number 14 Patient Initials

Annual Follow Up Form (1/2)

Follow Up Year*

Patients to be followed up annually from end of trial treatment until death.
***At follow up year 2: please submit the Additional 2 Year Follow Up Form**

Date of Assessment (dd/mm/yyyy)

Patient Status

Please indicate patient status (1=Alive 2=Dead) *If patient has died, please complete a death form*

Has the patient relapsed? (1=Yes, 2=No) *If yes, please complete a relapse form*

Full Blood Count

White Blood Cell (WBC) Count x10^9/L

Haemoglobin g/dL OR g/L (circle units)

Neutrophils x 10^9/L

Platelets x 10^9/L

% blasts

Avascular Necrosis

Has AVN occurred? (1=Yes, 2=No)

If yes, please give the date of each occurrence and indicate which joints were affected:

Date AVN diagnosed (dd/mm/yyyy)	**Joint affected** (1=Left hip, 2=Right hip, 3=Left shoulder, 4=Right shoulder, 5=Left knee, 6= Right knee, 7=Left ankle, 8=Right ankle, 9=Left elbow, 10=Right elbow, 11=Other-specify)	**Has joint replacement been necessary?** (1=Yes, 2=No)

Graft Versus Host Disease

Has the patient experienced GvHD since their last follow-up? (1=Yes, 2=No)

If yes, a GvHD form should be completed for each separate episode of GvHD that the patient has experienced.

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

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

Annual Follow Up Form (2/2)

Serious Cardiac Problems

Has the patient been diagnosed with a serious cardiac condition? (1=Yes, 2=No)

If yes, please specify below (1=Yes, 2=No)

Angina | Myocardial Infarction | Heart failure

Other (specify)

Employment status

Employed now? (1=Yes, 2=No) | If yes, please specify current occupation

Second Cancer

Has the patient been diagnosed with a second cancer? (1=Yes, 2= No)

If yes above, please ensure a Second Cancer Form is completed

Further Treatment

Has the patient had any therapy for their ALL since the last follow up? (1=Yes, 2=No)

If yes, please specify below (1=Yes, 2=No)

Chemotherapy | If yes, please specify intent (1=Palliative, 2=Curative)

Transplant | If yes, please specify donor source (1=Sibling, 2=Unrelated, 3=Cord, 4=Haplo)

If yes, please specify transplant type (1=Myeloablative, 2=Non-myeloablative)

Date of Transplant (dd/mm/yyyy)

Clinical trial of new agent (specify)

Other (specify)

Completed by:

Signature:

Date completed: d d m m y y y y

Office use only:

Date form received: ____________ Date form entered: ____________ Initials: ____________