

Trial No: CAR - Initials: Date of assessment: Site: _____

IMPs **Most recent treatment phase:** (please select one) I = Induction C = Consolidation or A = ASCT M = Maintenance Trial arm: Consolidation ASCT N/A - not yet randomised **Most recent cycle:**

Adverse Event <i>(If possible, use term as listed in CTCAE v4.03)</i>	Severity Grade ¹ <i>(Grades 0-5) For grade 0 AEs, do not complete the columns to the right</i>	Seriousness Criteria ²	SAE Report Submitted <i>0 = No 1 = Yes³</i>	Dates of Onset <i>d d m m y y y y</i> <i>(e.g. 01 - 01 - 2011)</i>		Outcome ⁴	Causal relationship with Carfilzomib ⁵	Causal relationship with Cyclophosphamide ⁵ <i>(N/A in Maintenance unless long term effect)</i>	Causal relationship with Dexamethasone ⁵ <i>(N/A in Maintenance unless long term effect)</i>
				Start	End				
Alopecia	<input type="checkbox"/>	<input type="checkbox"/>	Exempt	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutrophil count decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelet count decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropathy (motor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropathy (sensory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1) Enter worst grade observed during reporting period / Use CTCAE v4.03 where possible
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 3) If yes, ensure a completed SAE Report has been submitted to the UCL CTC, unless stated in protocol as exempt
 4) Enter code: 0 = Fatal; 1 = Not resolved; 2 = Resolved; 3 = Resolved with sequelae; 4 = Resolving; 5 = Unknown
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Adverse Event <i>(If possible, use term as listed in CTCAE v4.03)</i>	Severity Grade ¹ <i>(Grades 0-5) For grade 0 AEs, do not complete the columns to the right</i>	Seriousness Criteria ²	SAE Report Submitted <i>0 = No 1 = Yes³</i>	Dates of Onset <i>d d m m y y y y</i> <i>(e.g. 01 - 01 - 2011)</i>				Outcome ⁴	Causal relationship with Carfilzomib ⁵	Causal relationship with Cyclophosphamide ⁵ <i>(N/A in Maintenance unless long term effect)</i>	Causal relationship with Dexamethasone ⁵ <i>(N/A in Maintenance unless long term effect)</i>	
				d	d	m	m					y
Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	Exempt	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Rash pustular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Rash acneiform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Rash maculo-papular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Dyspnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Acute kidney injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Lung infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

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				Start	End	Start	End				
	<input type="checkbox"/>	<input type="checkbox"/>	Exempt	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start	End			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FORM COMPLETED BY: Print name: _____ Signature: _____ Date:

Please return to: Cardamon Trial Co-ordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ, United Kingdom

For UCL CTC use only: Date form received: _____ Date form checked: _____ Date form entered: _____ Initials: _____

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Date of
assessment:

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Completion Instructions

- Record all adverse events (AEs) that occur from informed consent until 30 days post last trial treatment administration whether related to the trial treatment or not.
- Pre-existing events do not qualify as AEs unless they worsen.
- All AEs added to the form (not pre-printed) must be added to subsequent forms until they have resolved.

1) Severity Grade

- Enter worst grade observed since last cycle
- Use CTCAE v4.03 where possible
- If no AE occurred enter "0" and do not complete the columns to the right

2) Seriousness Criteria

- Use the following options: **0 = not serious; 1 = resulted in death; 2 = life threatening; 3 = required hospitalisation; 4 = resulted in disability/ incapacity; 5 = congenital anomaly or birth defect; 6 = other medically significant**

3) SAE Report Submitted

- Ensure a completed SAE Report has been submitted to UCL CTC, unless the event is listed as an SAE reporting exemption in the protocol

4) Outcome

- Use the following options: **0 = Fatal; 1 = Not resolved; 2 = Resolved; 3 = Resolved with sequelae; 4 = Resolving; 5 = Unknown**

5) Causal relationship with

- Use the following options: **0 = "Not related (no reasonable possibility)" 1 = "Related (reasonable possibility)"**

Note: The expression '*reasonable suspected causal relationship*' is meant to convey in general that there is reason (e.g. facts, evidence or arguments) to suggest a causal relationship. Therefore, if you consider an AE to be either *Definitely*, *Probably* or *Possibly* related to the IMP, select *1= Related (reasonable possibility) to a trial treatment*. AEs considered to fall within the *Unlikely* or *None* categories map to *Not related (no reasonable possibility) to a trial treatment*.