

**A Phase III multicentre randomised clinical trial of R-CHOP14 vs
R-CHOP21 in newly diagnosed diffuse large B-cell lymphoma**

Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Please complete and return to the Lymphoma Trials Office, 222 Euston Road, London NW1 2DA, within 6 weeks of end of cycle.

Treatment form (1 of 3)

Cycle number **Date at start of cycle** _____(dd/mm/yyyy)

Before start of cycle

Haematology

Date of haematology		(dd/mm/yyyy)
	Value	Units
Haemoglobin		g/dl
Platelets		x10 ⁹ /l
White blood cells		x10 ⁹ /l
Neutrophils		x10 ⁹ /l
Lymphocytes		x10 ⁹ /l

Biochemistry

Date of biochemistry		(dd/mm/yyyy)
	Value	Units
Sodium		mmol/l
Potassium		mmol/l
Creatinine		μmol/l
Urea		mmol/l
Albumin		g/l
Total protein		g/l
Calcium		mmol/l
Phosphate		mmol/l
LDH		IU/l
Bilirubin		μmol/l
Alkaline phosphatase		IU/l
AST		IU/l
ALT		IU/l

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Treatment form – R-CHOP¹⁴ (Page 2 of 3)

BSA (m²)

Drug	Dose (mg/m²)	Route	Total dose (mgsxbody surface area)	Reduction¹	Delay¹
Cyclophosphamide	750	IV			
Doxorubicin	50	IV			
Vincristine	2	IV			
Prednisolone (day 1)	100	PO			
Prednisolone (day 2)	100	PO			
Prednisolone (day 3)	100	PO			
Prednisolone (day 4)	100	PO			
Prednisolone (day 5)	100	PO			
Rituximab	375	IV			

¹ 0= No delay/reduction, 1=Haematological Toxicity, 2=Other Toxicity 3=Patient choice, 4=clinician choice, 5=Administrative, 6= other (specify below)

Please confirm G-CSF schedule for administration

Day of cycle	Date (dd/mm/yyyy)	Route	Dose
4		S.C.	
5		S.C.	
6		S.C.	
7		S.C.	
8		S.C.	
9		S.C.	
10		S.C.	
11		S.C.	
12		S.C.	

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Treatment form – R-CHOP²¹ (Page 2 of 3)

BSA (m²)

Drug	Dose (mg/m²)	Route	Total dose (mgsxbody surface area)	Reduction¹	Delay¹
Cyclophosphamide	750	IV			
Doxorubicin	50	IV			
Vincristine	1.4	IV			
Prednisolone (day 1)	40	PO			
Prednisolone (day 2)	40	PO			
Prednisolone (day 3)	40	PO			
Prednisolone (day 4)	40	PO			
Prednisolone (day 5)	40	PO			
Rituximab	375	IV			

¹ 0= No delay/reduction, 1=Haematological Toxicity, 2=Other Toxicity 3=Patient choice, 4=clinician choice, 5=Administrative, 6= other (specify below)

Was G-CSF given? 0=No, 1=Yes,

If G-CSF was given please confirm the schedule for administration

Day of cycle	Date (dd/mm/yyyy)	Route	Dose
4		S.C.	
5		S.C.	
6		S.C.	
7		S.C.	
8		S.C.	
9		S.C.	
10		S.C.	
11		S.C.	
12		S.C.	

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Please record all toxicities occurring during this cycle of therapy. Use Common Toxicity Criteria grading and report worst grade experienced (if toxicity not experienced enter '0')

Treatment form (Page 3 of 3)

Toxicity	CTC grade	Related to CHOP	Related to Rituximab	Related to G- CSF
		Y=Yes N=No	Y=Yes N=No	Y=Yes N=No
Neutropenia				
Thrombocytopenia				
Infection				
Nausea				
Vomiting				
Neurological				
Cardiac				
Fatigue				
Mucositis				
Alopecia				
Haematuria				
Insomnia				
Constipation				
Diarrhoea				
Indigestion				
Mood disturbance				
Fever				
Chills				
Mucosal swelling				
Headache				
Bronchospasm				
Aching muscles & joints				
Itching				
Skin rash				
Hypotension				
Bone pain				
Other – specify				
Other – specify				

Form completed by: _____

Date of completion: _____

Signature: _____

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Patient initials		Date of birth	(dd/mm/yyyy)
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To be completed after 4 cycles of treatment. Please return to Lymphoma Trials Office, 222 Euston Road, London, NW1 2DA within 6 weeks of completion of 4th cycle.

Restaging Form - After 4 Cycles (Page 1 of 3)

Investigation	Date (dd/mm/yyyy)	Result 1=Normal 2=Abnormal, please specify 3= Not done
CT scan neck		
Specify abnormality		
CT scan chest		
Specify abnormality		
CT scan abdomen		
Specify abnormality		
CT scan pelvis		
Specify abnormality		

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Restaging Form - After 4 Cycles (Page 2 of 3)

Sites of nodal disease

Date of assessment		(dd/mm/yyyy)	
Site	Involved Y=Involved N= not involved	Measurable M=measurable E=evaluative	Size Bidimensional measurements (mm x mm)
Left cervical			
Right cervical			
Left supraclavicular			
Right supraclavicular			
Waldeyer's ring			
Left axillary			
Right axillary			
Paratracheal			
Mediastinal			
Hilar			
Retrocrural			
Para-aortic			
Coeliac axis			
Mesenteric			
Splenic			
Portal			
Left iliac			
Right iliac			
Left inguinal			
Right inguinal			
Left femoral			
Right femoral			
Other, specify			
Other, specify			
Other, specify			
Other, specify			

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Restaging Form - After 4 Cycles (Page 3 of 3)

Sites of extranodal disease

Date of assessment		(dd/mm/yyyy)		
Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Spleen				
Liver				
Lungs				
Bone marrow				
Kidney				
Pericardium				
Pleura				
Skin				
Testis				
Other, specify				
Other, specify				

Response	<input type="text"/>	Date of assessment	<input type="text"/>	(dd/mm/yyyy)
	1= CR			
	2= Cru			
	3= PR			
	4= SD			
	5= PD/Relapse (If so, please complete progression form)			

Form completed by:	_____	Date of completion:	_____
Signature:	_____		

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Completed on completion or discontinuation of protocol treatment. Return the form to Lymphoma Trials Office, 222 Euston Road, London NW1 2DA within 6 weeks of assessment.

Treatment Summary Form (Page 1 of 1)

- 1) Number of cycles of chemotherapy completed
- 2) Date of last cycle of protocol treatment _____(dd/mm/yyyy)
- 3) Reason for terminating protocol treatment

- 1= Full protocol treatment completed
 - 2= Disease Progression (complete disease progression form)
 - 3= Death (complete death form)
 - 4= Toxicity (please specify below)
-
- 5= Patient refusal
 - 6= Other medical conditions
 - 7= None of the above (please specify below)

Form completed by: _____	Date of completion: _____
Signature: _____	

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

To be completed after the end of treatment. Please return to Lymphoma Trials Office, 222 Euston Road, London, NW1 2DA within 6 weeks of assessment.

Restaging at End of Treatment Form (Page 1 of 4)

Haematology

Date of haematology		(dd/mm/yyyy)
	Value	Units
Haemoglobin		g/dl
Platelets		x10 ⁹ /l
White blood cells		x10 ⁹ /l
Neutrophils		x10 ⁹ /l
Lymphocytes		x10 ⁹ /l

Biochemistry

Date of biochemistry		(dd/mm/yyyy)
	Value	Units
Sodium		mmol/l
Potassium		mmol/l
Creatinine		μmol/l
Urea		mmol/l
Albumin		g/l
Total protein		g/l
Calcium		mmol/l
Phosphate		mmol/l
LDH		IU/l
Bilirubin		μmol/l
Alkaline phosphatase		IU/l
AST		IU/l
ALT		IU/l

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Centre		Consultant	
Trial number		Sex	1=M, 2=F

Restaging at End of Treatment Form (Page 2 of 4)

Investigation	Date (dd/mm/yyyy)	Result 1=Normal 2=Abnormal, please specify 3= Not done
CT scan neck		
Specify abnormality		
CT scan chest		
Specify abnormality		
CT scan abdomen		
Specify abnormality		
CT scan pelvis		
Specify abnormality		
Echocardiogram		
Specify abnormality		
MUGA scan		
Specify abnormality		
Bone marrow aspirate		
Specify abnormality		
Bone marrow trephine		
Specify abnormality		

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Centre		Consultant		
Trial number		Sex	1=M, 2=F	

Restaging at End of Treatment Form (Page 3 of 4)

Sites of Nodal Disease

Date of assessment		(dd/mm/yyyy)		
Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Left cervical				
Right cervical				
Left supraclavicular				
Right supraclavicular				
Waldeyer's ring				
Left axillary				
Right axillary				
Paratracheal				
Mediastinal				
Hilar				
Retrocrural				
Para-aortic				
Coeliac axis				
Mesenteric				
Splenic				
Portal				
Left iliac				
Right iliac				
Left inguinal				
Right inguinal				
Left femoral				
Right femoral				
Other, specify				
Other, specify				
Other, specify				
Other, specify				

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Centre		Consultant	
Trial number		Sex	1=M, 2=F

Restaging at End of Treatment Form (Page 4 of 4)

Sites of extranodal disease

Date of assessment		(dd/mm/yyyy)		
Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Spleen				
Liver				
Lungs				
Bone marrow				
Kidney				
Pericardium				
Pleura				
Skin				
Testis				
Other, specify				
Other, specify				

<p>Final Response <input type="checkbox"/> Date of assessment <input type="text"/> (dd/mm/yyyy)</p> <p>1= CR 2= Cru 3= PR 4= SD 5= PD/Relapse (If so, please complete progression form)</p>
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Form completed by: _____ Date of completion: _____
Signature: _____

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Please complete at 3 and 12 months after completion of protocol treatment. Return to Lymphoma Trials Office, 222 Euston Road, London, NW1 2DA, within 6 weeks of assessment

Follow up form A (page 1 of 3)

Patient status

Date of Assessment _____ (dd/mm/yyyy)

- 1=Alive without progression
 2=Alive with progression/ relapse Please complete disease progression form
 3=Dead Please complete death form

Any further anti cancer therapy given (since last follow up) 0= No, 1=Yes

If yes, what treatment given? _____

Reason for therapy a) Progression
 b) Other please specify _____

CT scan of chest, abdomen and pelvis.

Investigation	Date (dd/mm/yyyy)	Result 1=Normal 2=Abnormal, please specify 3= Not done
CT scan chest		
Specify abnormality		
CT scan abdomen		
Specify abnormality		
CT scan pelvis		
Specify abnormality		

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Centre		Consultant	
Trial number		Sex	1=M, 2=F

Follow up form A (page 2 of 3)

Sites of Nodal Disease

Date of assessment		(dd/mm/yyyy)		
Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Left cervical				
Right cervical				
Left supraclavicular				
Right supraclavicular				
Waldeyer's ring				
Left axillary				
Right axillary				
Paratracheal				
Mediastinal				
Hilar				
Retrocrural				
Para-aortic				
Coeliac axis				
Mesenteric				
Splenic				
Portal				
Left iliac				
Right iliac				
Left inguinal				
Right inguinal				
Left femoral				
Right femoral				
Other, specify				
Other, specify				
Other, specify				
Other, specify				

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Centre		Consultant		
Trial number		Sex		1=M, 2=F

Follow up form A (page 3 of 3)

Sites of Extranodal Disease

Date of assessment		(dd/mm/yyyy)		
Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Spleen				
Liver				
Lungs				
Bone marrow				
Kidney				
Pericardium				
Pleura				
Skin				
Testis				
Other, specify				
Other, specify				

Form completed by: _____ Date of completion: _____

Signature: _____

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Please complete at 6, 9, 18 and 24 months after completion of protocol treatment, and annually thereafter. Return to Lymphoma Trials Office, 222 Euston Road, London, NW1 2DA within 6 weeks of assessment

Follow up form B (page 1 of 1)

Patient status

Date of Assessment _____ (dd/mm/yyyy)

- 1=Alive without progression
 2=Alive with progression/relapse Please complete disease progression form
 3=Dead Please complete death form

Any further anti cancer therapy given (since last follow up) 0= No, 1=Yes

If yes, what treatment given? _____

Reason for therapy a) Progression
 b) Other please specify _____

Form completed by: _____	Date of completion: _____
Signature: _____	

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Complete after any disease progression. Please return to Lymphoma Trials Office, 222 Euston Road, London, NW1 2DA as soon as possible after confirmation of disease progression.

Disease progression form (page 1 of 1)

Date of first progression (dd/mm/yyyy)	
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Please specify nature of disease progression (1=Yes, 0=No)

Development of new lymph nodes/mass	
≥ 50% increase in size of lymph nodes/mass	
Enlarging liver or spleen	
The development of B symptoms or severe pruritis	
Reappearance of bone marrow disease	

Form completed by: _____	Date of completion: _____
Signature: _____	

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Patient initials		Date of birth	(dd/mm/yyyy)
Centre		Consultant	
Trial number		Sex	1=M, 2=F

Please complete at the time of the patient's death. Please return as soon as possible to the Lymphoma Trials Office, 222 Euston Road, London, NW1 2DA

Death form (1 of 1)

Date of death (dd/mm/yyyy)	
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Cause of Death

1=Non-Hodgkin's lymphoma

2=Treatment related toxicity

3=Secondary malignancy, please specify

Date confirmed (dd/mm/yyyy)

Type of malignancy

4=Cardiac death

5=Other, please specify

Form completed by: _____	Date of completion: _____
Signature: _____	