

**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**

| <b>Date of haematology</b> |              | (dd/mm/yyyy)        |
|----------------------------|--------------|---------------------|
|                            | <b>Value</b> | <b>Units</b>        |
| Haemoglobin                |              | g/dl                |
| Platelets                  |              | x10 <sup>9</sup> /l |
| White blood cells          |              | x10 <sup>9</sup> /l |
| Neutrophils                |              | x10 <sup>9</sup> /l |
| Lymphocytes                |              | x10 <sup>9</sup> /l |

**Biochemistry**

| <b>Date of biochemistry</b> |              | (dd/mm/yyyy) |
|-----------------------------|--------------|--------------|
|                             | <b>Value</b> | <b>Units</b> |
| 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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|------------------|--|---------------|--------------|----------|
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| Centre           |  | Consultant    |              |          |
| Trial number     |  | Sex           |              | 1=M, 2=F |

**Treatment form – R-CHOP<sup>14</sup> (Page 2 of 3)**

**BSA (m<sup>2</sup>)**

| <b>Drug</b>          | <b>Dose<br/>(mg/m<sup>2</sup>)</b> | <b>Route</b> | <b>Total dose<br/>(mgsxbody<br/>surface area)</b> | <b>Reduction<sup>1</sup></b> | <b>Delay<sup>1</sup></b> |
|----------------------|------------------------------------|--------------|---|------------------------------|--------------------------|
| Cyclophosphamide     | <b>750</b>                         | IV           |   |                              |                          |
| Doxorubicin          | <b>50</b>                          | IV           |   |                              |                          |
| Vincristine          | <b>2</b>                           | IV           |   |                              |                          |
| Prednisolone (day 1) | <b>100</b>                         | PO           |   |                              |                          |
| Prednisolone (day 2) | <b>100</b>                         | PO           |   |                              |                          |
| Prednisolone (day 3) | <b>100</b>                         | PO           |   |                              |                          |
| Prednisolone (day 4) | <b>100</b>                         | PO           |   |                              |                          |
| Prednisolone (day 5) | <b>100</b>                         | PO           |   |                              |                          |
| Rituximab            | <b>375</b>                         | IV           |   |                              |                          |

<sup>1</sup> 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**

| <b>Day of cycle</b> | <b>Date<br/>(dd/mm/yyyy)</b> | <b>Route</b> | <b>Dose</b> |
|---------------------|------------------------------|--------------|-------------|
| 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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|                  |  |               |              |          |
|------------------|--|---------------|--------------|----------|
| Patient initials |  | Date of birth | (dd/mm/yyyy) |          |
| Centre           |  | Consultant    |              |          |
| Trial number     |  | Sex           |              | 1=M, 2=F |

**Treatment form – R-CHOP<sup>21</sup> (Page 2 of 3)**

**BSA (m<sup>2</sup>)**

| <b>Drug</b>          | <b>Dose<br/>(mg/m<sup>2</sup>)</b> | <b>Route</b> | <b>Total dose<br/>(mgsxbody<br/>surface area)</b> | <b>Reduction<sup>1</sup></b> | <b>Delay<sup>1</sup></b> |
|----------------------|------------------------------------|--------------|---|------------------------------|--------------------------|
| Cyclophosphamide     | <b>750</b>                         | IV           |   |                              |                          |
| Doxorubicin          | <b>50</b>                          | IV           |   |                              |                          |
| Vincristine          | <b>1.4</b>                         | IV           |   |                              |                          |
| Prednisolone (day 1) | <b>40</b>                          | PO           |   |                              |                          |
| Prednisolone (day 2) | <b>40</b>                          | PO           |   |                              |                          |
| Prednisolone (day 3) | <b>40</b>                          | PO           |   |                              |                          |
| Prednisolone (day 4) | <b>40</b>                          | PO           |   |                              |                          |
| Prednisolone (day 5) | <b>40</b>                          | PO           |   |                              |                          |
| Rituximab            | <b>375</b>                         | IV           |   |                              |                          |

<sup>1</sup> 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**

| <b>Day of cycle</b> | <b>Date<br/>(dd/mm/yyyy)</b> | <b>Route</b> | <b>Dose</b> |
|---------------------|------------------------------|--------------|-------------|
| 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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|                  |  |               |              |
|------------------|--|---------------|--------------|
| Patient initials |  | Date of birth | (dd/mm/yyyy) |
| Centre           |  | Consultant    |              |
| Trial number     |  | Sex           | 1=M, 2=F     |

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<br>CHOP | Related to<br>Rituximab | Related to G-<br>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) |
| Centre           |  | Consultant    |              |
| Trial number     |  | Sex           | 1=M, 2=F     |

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 4<sup>th</sup> cycle.

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

| <b>Investigation</b> | <b>Date (dd/mm/yyyy)</b> | <b>Result</b><br>1=Normal<br>2=Abnormal, please specify<br>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                  | <b>Involved</b><br>Y=Involved<br>N= not involved | <b>Investigation</b><br>1=clinical<br>2=x-ray<br>3=CT scan<br>4=other | <b>Measurable</b><br>M=measurable<br>E=evaluable | <b>Size</b><br>Bidimensional<br>measurements<br>(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<br>Y=Involved<br>N= not involved | Investigation<br>1=clinical<br>2=x-ray<br>3=CT scan<br>4=other | Measurable<br>M=measurable<br>E=evaluable | Size<br>Bidimensional<br>measurements<br>(mm x mm) |
| Spleen             |   |  |   |  |
| Liver              |   |  |   |  |
| Lungs              |   |  |   |  |
| Bone marrow        |   |  |   |  |
| Kidney             |   |  |   |  |
| Pericardium        |   |  |   |  |
| Pleura             |   |  |   |  |
| Skin               |   |  |   |  |
| Testis             |   |  |   |  |
| Other, specify     |   |  |   |  |
| Other, specify     |   |  |   |  |

|                 |   |                    |                      |              |
|-----------------|---|--------------------|----------------------|--------------|
| <b>Response</b> | <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**

| <b>Date of haematology</b> |              | (dd/mm/yyyy)        |
|----------------------------|--------------|---------------------|
|                            | <b>Value</b> | <b>Units</b>        |
| Haemoglobin                |              | g/dl                |
| Platelets                  |              | x10 <sup>9</sup> /l |
| White blood cells          |              | x10 <sup>9</sup> /l |
| Neutrophils                |              | x10 <sup>9</sup> /l |
| Lymphocytes                |              | x10 <sup>9</sup> /l |

**Biochemistry**

| <b>Date of biochemistry</b> |              | (dd/mm/yyyy) |
|-----------------------------|--------------|--------------|
|                             | <b>Value</b> | <b>Units</b> |
| 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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|                  |  |               |              |
|------------------|--|---------------|--------------|
| Patient initials |  | Date of birth | (dd/mm/yyyy) |
| Centre           |  | Consultant    |              |
| Trial number     |  | Sex           | 1=M, 2=F     |

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

| <b>Investigation</b> | <b>Date (dd/mm/yyyy)</b> | <b>Result</b><br>1=Normal<br>2=Abnormal, please specify<br>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  |                          |  |

**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     |  |

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

**Sites of Nodal Disease**

| Date of assessment    |   | (dd/mm/yyyy)   |   |  |
|-----------------------|---|--|---|--|
| Site                  | Involved<br>Y=Involved<br>N= not involved | Investigation<br>1=clinical<br>2=x-ray<br>3=CT scan<br>4=other | Measurable<br>M=measurable<br>E=evaluable | Size<br>Bidimensional<br>measurements<br>(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 at End of Treatment Form (Page 4 of 4)**

**Sites of extranodal disease**

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

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

|   |
|---|
| <p>Form completed by: _____ Date of completion: _____</p> <p>Signature: _____</p> |
|---|

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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<br>1=Normal<br>2=Abnormal, please specify<br>3= Not done |
|---------------------|-------------------|---|
| 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     |

**Follow up form A (page 2 of 3)**

**Sites of Nodal Disease**

| Date of assessment    |   | (dd/mm/yyyy)   |   |  |
|-----------------------|---|--|---|--|
| Site                  | Involved<br>Y=Involved<br>N= not involved | Investigation<br>1=clinical<br>2=x-ray<br>3=CT scan<br>4=other | Measurable<br>M=measurable<br>E=evaluable | Size<br>Bidimensional<br>measurements<br>(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        |   |  |   |  |

**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     |

**Follow up form A (page 3 of 3)**

**Sites of Extranodal Disease**

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

Form completed by: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 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: _____         |                           |



**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     |

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) |  |
|--|--|

**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: _____         |                           |

**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 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) |  |
|----------------------------|--|

**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: _____         |                           |