UKALL14 | Trial Number: 14 | Patient Initials:

Maintenance Treatment Form (1/1)

Maintenance Therapy

Date of assessment (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Month of Maintenance Therapy ☐☐ *3/6/9/12/15/18/21/24 Months*

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*

Has the patient been diagnosed with a second cancer? (1=Yes, 2= No) ☐ *If yes, please ensure a Second Cancer Form is completed*

Treatment given according to protocol schedule (i.e. without omission)? (1=Yes, 2=No) ☐

If No, please complete the table below:

Drug	Omission[1]	Number of doses omitted
Vincristine		
Prednisolone		
Mercaptopurine		
Methotrexate (PO/IV)		
Methotrexate (IT)		
Imatinib (for Ph+ve patients only)		

[1] 0=No omission, 1=Neurotoxicity, 2=Hepatotoxicity, 3=Cardiotoxicity 4=Haematological toxicity 5=Infusion-related toxicity 6=Pancreatitis 7=Patient choice, 8=Clinician choice, 9=Administrative, 10=Other (specify below):

Drug	10 = OTHER Omission Reason

Completed by:

Signature:

Date completed: d d m m y y y y

Office use only:

Date form received: _____ Date form entered: _____ Initials: _____