

**ANIMATE**

Trial Number **A N M** –

Patient Initials

## New Treatment Form (1/2)

Is this an initial report or an update?  Initial  Update

### Systemic treatment for lymphoma

This form should be sent with the next due Follow Up Form.

Did the patient receive systemic treatment?  Yes  No

Start date of new treatment (DD/MM/YYYY)

End date of new treatment (DD/MM/YYYY)

What kind of regimen did the patient receive?

Chemotherapy

Chemotherapy + monoclonal antibody

Monoclonal antibody therapy alone

Other (*Please specify*)

Please specify the regimen given:

Number of cycles given

**If excessive toxicity is observed that is considered to be potentially due to nivolumab treatment, please submit an SAE form.**

### Radiotherapy

Did the patient receive radiotherapy?  Yes  No

Start date of new treatment (DD/MM/YYYY)

End date of new treatment (DD/MM/YYYY)

Please specify site(s) irradiated:

Radiotherapy dose: \_\_\_\_\_ Gy \_\_\_\_\_ Fractions

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## New Treatment Form (2/2)

### Transplant

Did the patient receive a transplant?  Yes  No

If yes, please complete and submit the Transplant form.

### Response to new treatment

Date of response assessment (DD/MM/YYYY)         OR Not due yet   
Please specify below:

PET-CT	<input type="checkbox"/>	Complete Metabolic Response (CMR)	<input type="checkbox"/>	Partial Metabolic Response (PMR)	
	<input type="checkbox"/>	No Metabolic Response (NMR)	<input type="checkbox"/>	Progressive Metabolic Disease (PMD)	<i>Please see appendix 3 of the trial protocol for guidance</i>
CT	<input type="checkbox"/>	Complete Response (CR)	<input type="checkbox"/>	Partial Response (PR)	
	<input type="checkbox"/>	Stable Disease (SD)	<input type="checkbox"/>	Progressive Disease (PD)	

Completed by:

Signature:

*CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log*

Date completed:

## Additional instructions for completing forms

### New Treatment Form

The New Treatment Form should be completed if a patient receives any further treatment for Hodgkin Lymphoma post-trial treatment.

### Completing the form

- The form should be submitted as necessary with the next due follow up form.
- If the patient has received further treatment for their Hodgkin Lymphoma then please complete this form as appropriate.

### Specific Fields

- **Systemic treatment for Lymphoma** — Please answer *yes* or *no* for ‘did the patient receive systemic treatment?’. If answered *yes*, please complete this section stating the start and end date of treatment, what regimen and how many cycles were given. If excessive toxicity is observed that is considered to be potentially due to nivolumab treatment, please submit an SAE form.
- **Radiotherapy** — Please answer *yes* or *no* for ‘did the patient receive radiotherapy?’ If answered *yes*, please complete this section stating the start and end date of treatment, what sites were irradiated and the dose given.
- **Transplant** — Please answer *yes* or *no* for ‘did the patient receive a transplant?’ If answered *yes*, please complete and submit the Transplant form.
- **Response to new treatment**—Please give the response to new treatment and the date of this assessment, or tick the box for *not yet due* if treatment is still ongoing. An update report should then be sent with a subsequent follow up form.

Please see appendix 3 of the trial protocol for further guidance on PET-CT based response assessment.

If you have any questions about how to complete this form please contact the **ANIMATE** Trial Coordinator on:  
**020 7679 9860**