

Trial No: CAR -    Initials:    Date of assessment:         Site: \_\_\_\_\_

Visit this CRF applies to

I = Induction  
C = Consolidation  
M = Maintenance

Cycle no.

 

OR

1 = End of Induction | 2 = Post-Consolidation  
3 = Post-PBSCH  
4 = Day 100 Post-ASCT  
5 = 6 Months Post Start Maintenance  
6 = End of Maintenance

Adverse Event <i>(If possible, use term as listed in CTCAE v4.03)</i>	Severity Grade <sup>1</sup> <i>(Grades 0-5) For grade 0 AEs, do not complete the columns to the right</i>	Seriousness Criteria <sup>2</sup>	SAE Report Submitted <i>0 = No 1 = Yes<sup>3</sup></i>	Dates of Onset <i>d d m m y y y y</i> <i>(e.g. 01 - 01 - 2011)</i>	Outcome <sup>4</sup>	Causal relationship with Carfilzomib <sup>5</sup>	Causal relationship with Cyclophosphamide <sup>5</sup> <i>(0 in Maintenance unless long term effect)</i>	Causal relationship with Dexamethasone <sup>5</sup> <i>(0 in Maintenance unless long term effect)</i>
Neutrophil count decreased				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Platelet count decreased				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Anemia				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Peripheral motor neuropathy				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Peripheral sensory neuropathy				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Diarrhea				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Nausea				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Vomiting				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Fatigue				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Dizziness				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Hypertension				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

1) Enter worst grade observed during reporting period / Use CTCAE v4.03 where possible  
 2) Enter code: 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) If yes, ensure a completed SAE Report has been submitted to the UCL CTC, unless stated in the protocol as exempt and it is not related to a trial treatment, including maintenance treatment. COVID-19 is an AESI and must be reported as an SAE even if it did not cause hospitalisation and was not life-threatening  
 4) Enter code: 0 = Fatal; 1 = Not resolved; 2 = Resolved; 3 = Resolved with sequelae; 4 = Resolving; 5 = Unknown  
 5) Enter code: 0 = Not related (no reasonable possibility) 1 = Related (reasonable possibility)

Trial No: CAR -    Initials:     Date of assessment:         Site: \_\_\_\_\_

Adverse Event <i>(If possible, use term as listed in CTCAE v4.03)</i>	Severity Grade <sup>1</sup> <i>(Grades 0-5) For grade 0 AEs, do not complete the columns to the right</i>	Seriousness Criteria <sup>2</sup>	SAE Report Submitted <i>0 = No 1 = Yes<sup>3</sup></i>	Dates of Onset <i>d d m m y y y y (e.g. 01 - 01 - 2011)</i>	Outcome <sup>4</sup>	Causal relationship with Carfilzomib <sup>5</sup>	Causal relationship with Cyclophosphamide <sup>5</sup> <i>(0 in Maintenance unless long term effect)</i>	Causal relationship with Dexamethasone <sup>5</sup> <i>(0 in Maintenance unless long term effect)</i>
Dyspnea				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Acute kidney injury				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Lung infection				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Infections and infestations - Other, specify: COVID-19		<b>6</b>		Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
				Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

1) Enter worst grade observed during reporting period / Use CTCAE v4.03 where possible  
 2) Enter code: 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) If yes, ensure a completed SAE Report has been submitted to the UCL CTC, unless stated in the protocol as exempt  
 and it is not related to a trial treatment, including maintenance treatment. COVID-19 is an AESI and must be reported as an SAE even if it did not cause hospitalisation and was not life-threatening  
 4) Enter code: 0 = Fatal; 1 = Not resolved; 2 = Resolved; 3 = Resolved with sequelae; 4 = Resolving; 5 = Unknown  
 5) Enter code: 0 = Not related (no reasonable possibility) 1 = Related (reasonable possibility)

**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: \_\_\_\_\_

Trial No: CAR -    Initials:     Date of assessment:         Site: \_\_\_\_\_

Adverse Event <i>(If possible, use term as listed in CTCAE v4.03)</i>	Severity Grade <sup>1</sup> <i>(Grades 0-5) For grade 0 AEs, do not complete the columns to the right</i>	Seriousness Criteria <sup>2</sup>	SAE Report Submitted <i>0 = No 1 = Yes<sup>3</sup></i>	Dates of Onset <i>d d m m y y y y</i> <i>(e.g. 01 - 01 - 2011)</i>								Outcome <sup>4</sup>	Causal relationship with Carfilzomib <sup>5</sup>	Causal relationship with Cyclophosphamide <sup>5</sup> <i>(0 in Maintenance unless long term effect)</i>	Causal relationship with Dexamethasone <sup>5</sup> <i>(0 in Maintenance unless long term effect)</i>
				Start	End	Start	End	Start	End	Start	End				
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									
				Start		End									

1) Enter worst grade observed during reporting period / Use CTCAE v4.03 where possible  
 2) Enter code: 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) If yes, ensure a completed SAE Report has been submitted to the UCL CTC, unless stated in the protocol as exempt  
 and it is not related to a trial treatment, including maintenance treatment. COVID-19 is an AESI and must be reported as an SAE even if it did not cause hospitalisation and was not life-threatening  
 4) Enter code: 0 = Fatal; 1 = Not resolved; 2 = Resolved; 3 = Resolved with sequelae; 4 = Resolving; 5 = Unknown  
 5) Enter code: 0 = Not related (no reasonable possibility) 1 = Related (reasonable possibility)

**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: \_\_\_\_\_

Trial No: CAR -




Initials:




Date of  
assessment:








Site: \_\_\_\_\_

## 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.
- Events that began before the date of registration 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.
- Page 3 does not need to be completed or printed if the AEs experienced fit in the first 2 pages. If page 3 is required after submitting pages 1 and 2, re-submit the entire form with page 3. Page 4 never needs to be printed.

### 1) Severity Grade

- Enter worst grade observed since last cycle
- Use CTCAE v4.03 where possible. Provide CTCAE v4.03 System Organ Class where it is not, in addition to the non-CTCAE term
- 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 the UCL CTC, unless stated in the protocol as exempt and it is not related to a trial treatment, including maintenance treatment.
- Positive cases of COVID-19 must be reported as an **Adverse Event of Special Interest** under the seriousness criteria of **6 = other medically significant** even if it was not life-threatening and did not cause or prolong hospitalisation.

### 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*.