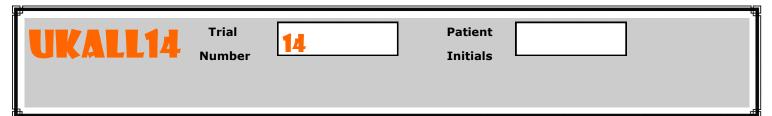


Induction Treatment—Phase 1 Form (1/6)

Steroid Pre-Phase				
Was treatment given according to protocol s (i.e. for 5-7 days, without dose reduction, de (1=Yes, 2=No)			nany days of steroid ase treatment wer	
If No, please complete the table below	v:			
Drug	Reduction ¹	Delay ¹	O mission ¹	
Dexamethasone				
10 = OTHER Reas	son for Reduction	/Delay/Omissic	on	



Induction Treatment—Phase 1 Form (2/6)

Imatinib (for Ph+ve patients only)

* Phase 1 Induction - Standard Ther	ару		
Date Phase 1 induction started (dd/mm/yy	уу)		
Was treatment given according to protocol schedule (i.e. without dose reduction, delay or omission)? (1=Yes, 2=No)			
If No, please complete the table below	:		
Drug	Reduction ¹	Delay ¹	Omission ¹
Daunorubicin			
Vincristine			
Dexamethasone			
Methotrexate			

¹ 0=No reduction/delay/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 Reason for Reduction/Delay/Omission

UKALL14	Trial Number	14	Patient Initials	ι Γ
Induction Treatmer	nt—Phase	e 1 Form (3/6)		

Phase 1 Induction - B Lineage/Rituximab Randomisation:				
This pa	ge is to be compl	eted for patient	s with B-lineage dis	sease ONLY.
<u>Randomisa</u>	tion Result:	(do not comp	ase 1 Induction Alone plete the remainder of this ase 1 Induction + Rituxima	
			E	3SA (m²)
Day	Rituximab Dose (mg)	Reduction ¹	Delay ¹	Omission ¹
3				
10				

	10				
	17				
	24				
¹ 0	=No reo	duction/delav/omission.	1=Neurotoxicity. 2=	Hepatotoxicity, 3=Cardioto	xicity 4=Haematological tox

¹ 0=No reduction/delay/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):

10 = OTHER Reason for Reduction/Delay/Omission



Trial Number 14

Oncaspar (Pegylated-Asparaginase)

If the patient experienced a hypersensitivity reaction to Oncaspar, please indicate this in the 'omission' column in the table below, and then complete the Erwinase section of this page.

Day	Oncaspar Dose (IU)	Reduction ¹	Delay ¹	Omission ¹
4				
18				

¹ 0=No reduction/delay/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), 11=Hypersensitivity (switched to Erwinase), 12=Ph+ve

Day	10 = OTHER Reason for Reduction/Delay/Omission
4	
18	

Erwinase

If the patient experienced a hypersensitivity reaction to Oncaspar, and received Erwinase as an

alternative, please complete the table below.

Planned Oncaspar Dose	Number of doses given	Total daily dose given (IU)
Day 4		
Day 18		



1

Patient Initials

Induction Treatment—Phase 1 Form (5/6)

Liver Function Tests

Please enter liver function test results taken from routine bloods prior to/and after the doses of Oncaspar, if available.

Day 4– Prior to Oncaspar

Albumin (g/L) Aspartate Transaminase (IU/L)	Bilirubin (μmol/L) Alanine Transaminase (IU/L)	
Day 4– Post Oncaspar		
Albumin (g/L)	Bilirubin (μmol/L)	
Aspartate Transaminase (IU/L)	Alanine Transaminase (IU/L)	
Day 18– Prior to Oncaspar		
Albumin (g/L)	Bilirubin (µmol/L)	
Aspartate Transaminase (IU/L)	Alanine Transaminase (IU/L)	



al 14

Patient Initials

Induction Treatment—Phase 1 Form (6/6)

* Response Assessment To be completed post recovery from Phase 1 or at day 35, whichever is earlier
Date of Response Assessment (dd/mm/yyyy)
Days of neutrophils below 0.75 x 10 ⁹ /L Days of platelets below 75 x 10 ⁹ /L
Number of days patient in hospital
Bone Marrow Examination To be performed following recovery from phase 1 induction
Date of Bone Marrow Examination (dd/mm/yyyy)
Cellularity Grade (1=hypo, 2=normo, 3=hyper) % Blasts
CSF examination
Does the patient have documented CNS disease? 1(=Yes, 2=No) If yes, please complete below:
Date of CSF Blast count/µL
Local investigator's assessment of the patient's remission status
Remission Status 1=Complete remission 2=Not in remission
Haematology Date of Haematology (dd/mm/yyyy)
White Blood Cell Count x10 ⁹ /L
Neutrophils x 10 ⁹ /L
Haemoglobin g/dL OR g/L (circle units)
Completed d d m m v v v v
by: d d m m y y y y Signature: Date completed: