UKALL14 Trial Number 14 Patient Initials

Induction Treatment—Phase 2 Form (1/3)

Phase 2 Induction - Standard Therapy

Date Phase 2 Induction started (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

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]
Cyclophosphamide			
Cytarabine			
Mercaptopurine			
Methotrexate			
Imatinib (for Ph+ve patients only)			

[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

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Induction Treatment—Phase 2 Form (2/3)

Phase 2 Induction - T Lineage/Nelarabine Randomisation:

This page is to be completed for patients with T-lineage disease ONLY.

Randomisation Result: ☐

T1 = Standard Phase 1 & 2 Induction Alone
(do not complete the remainder of this page)
T2 = Standard Phase 1 & 2 Induction followed by Nelarabine

Did the patient have unresolved Grade 2 or greater neurotoxicity at the end of Phase 2? (1=Yes, 2=No) ☐

If yes, was Nelarabine omitted? (1=Yes, 2=No) ☐

Date Nelarabine started (dd/mm/yyyy) ☐☐☐☐☐☐☐☐

Date Nelarabine finished (dd/mm/yyyy) ☐☐☐☐☐☐☐☐

BSA (m^2) ☐

Day	Nelarabine Dose (g)	Reduction[1]	Delay[1]	Omission[1]
1				
3				
5				

[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):

Day	10 = OTHER Reason for Reduction/Delay/Omission
1	
3	
5	

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Induction Treatment—Phase 2 Form (3/3)

Response Assessment

To be completed post recovery from Phase 2

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 2 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 exam (dd/mm/yyyy) ☐☐ ☐☐ ☐☐ ☐☐☐☐ Blast count/µL ☐☐☐☐

Local investigator's assessment of the patient's remission status

Remission Status ☐ (1=Complete remission 2= Not in remission)

IF PATIENT IS NOT IN CR, PLEASE COMPLETE A TREATMENT SUMMARY FORM

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

White Blood Cell Count x10^9/L ☐☐☐.☐☐ % blasts ☐☐☐

Neutrophils x 10^9/L ☐☐.☐☐ Platelets x 10^9/L ☐☐☐☐

Haemoglobin g/dL OR g/L (circle units) ☐☐☐.☐

Completed by:

Signature:

Date completed: d d m m y y y y

Please return to: UKALL14 Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

Office use only:

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