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Consolidation Treatment Form (1/7)

CYCLE 1 - Consolidation Therapy					
Date cycle 1 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	
Cytarabine					
Etoposide					
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	n for Reduction	n/Delay/Omission	
Please complete the Oncaspar d	l etails fo	or this cycle on ti	he next page.		

UKALL14	Trial Number	14	Patient Initials	

Consolidation Treatment Form (2/7)

Cycle 1 (Oncaspar (F	Pegylated-As	В	BSA (m²)		
Please enter the <u>daily dose given</u> below, and indicate any reduction/delay/omission. 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	Oncaspa	ar (IU)	Reduction ¹	Delay ¹	Omi	ssion ¹
5						
12=Ph+ve	· · · · · · · · · · · · · · · · · · ·	10=Other (spec	ify below), 11=Hype	rsensitivity (sw	itched to En	winase),
12=Ph+ve	· · · · · · · · · · · · · · · · · · ·		Reason for Reduction			winase),
12=Ph+ve	· · · · · · · · · · · · · · · · · · ·					winase),
12=Ph+ve	· · · · · · · · · · · · · · · · · · ·					windse),
12=Ph+ve						windse),
Day 5 Erwinas If the patie	se ent experienced	10 = OTHER	Reason for Reduction	on/Delay/Omiss	sion	
Day 5 Erwinas If the patical ternative Planner	se ent experienced	10 = OTHER I a hypersensitivete the table bel	Reason for Reduction	spar, and receiv	sion	e as an

UKALL14	Trial Number	14	Patient Initials	

Consolidation Treatment Form (3/7)

Cycle 1 Oncaspar (Pegylated-Asparaginase)
Liver Function Tests
Please enter liver function test results taken from routine bloods prior to/and after the doses of Oncaspar, if available.
Day 5- Prior to Oncaspar
Albumin (g/L) Bilirubin (μmol/L)
Aspartate Transaminase (IU/L) Alanine Transaminase (IU/L)
Day 5- Post Oncaspar
Albumin (g/L) Bilirubin (µmol/L)
Aspartate Transaminase (IU/L) Alanine Transaminase (IU/L)

UKALL14	Trial Number	14	Patient Initials	
	Number		Initials	

Consolidation Treatment Form (4/7)

CYCLE 2 - Consolidation Therapy					
Date cycle 2 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	
Cytarabine					
Etoposide					
Methotrexate					
Imatinib (for Ph+ve patients only)					
¹ 0=No reduction/delay/omission, 1=Neurotox 5=Infusion-related toxicity 6=Pancreatitis 7= (specify below):					ity
Drug	10) = OTHER Reaso	on for Reduction	on/Delay/Omission	n

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nitials	

YCLE 3 - Consolidation/L	Delayed I	ntensification			
Pate cycle 3 started (dd/mm/yyyy	·)				
Was treatment given according to (i.e. without dose reduction, dela	•		(0)		
If No, please complete the ta	ble below:				
Drug		Reduction ¹	Delay ¹	Omission ¹	
Daunorubicin					
Vincristine					
Dexamethasone					
Methotrexate					
Cyclophosphamide					
Cytarabine					
Mercaptopurine					
Imatinib (for Ph+ve patients only)					
0=No reduction/delay/omission, 1=I =Infusion-related toxicity 6=Pancrea elow):					
Drug	10 = OTHER Reason for Reduction/Delay/Omission				

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Date form received: __ _____ Date form entered: ___

___ Initials: ___

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Consc	lidation Tre	eatment	Form (6	/7)			
Cycle	3 Oncaspar (l	Pegylated-	Asparagina	se)	BS	SA (m²)	
If the p	e enter the <u>daily d</u> estient experienced on column in the ta	a hypersensit	ivity reaction to	o Oncaspar, p	lease indica	te this in th	
Day	Oncaspai	· (IU)	Reductio	n¹ De	lay¹	Omiss	ion¹
4							
	matological toxicity 9=Administrative, +ve	•	•			•	
	:	LO = OTHER R	eason for Redu	ction/Delay/0	Omission		
	nase patient experience ative, please compl			to Oncaspar, a	and receive	d Erwinase	as an
Pla	nned Oncaspar dose	Numbe	er of doses gi	ven	Total dail	ly dose giv	ven (IU)
	Day 4						
Liver I							
	enter liver function ar, if available.	test results ta	ken from routii	ne bloods prio	r to/and aft	er the dose	es of
Day 4-	Prior to Oncaspa	ır					
Albumi	n (g/L)		Biliru	bin (µmol/L)			
Asparta	ate Transaminase (1	(U/L)	Alani	ne Transamina	ase (IU/L)		
Day 4	- Post Oncaspar						
Albumi	n (g/L)		Biliru	bin (µmol/L)			
Asparta	ite Transaminase (1	U/L)	Alani	ne Transamina	ase (IU/L)		

Patient

Trial

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UKALL14	Trial Number	14	Patient Initials	

Consolidation Treatment Form (7/7)

CYCLE 4 - Consolidation Thera	py						
Date cycle 4 started (dd/mm/yyyy)							
Was treatment given according to prot (i.e. without dose reduction, delay or o		0)					
If No, please complete the table be	elow:			-			
Drug	Reduction ¹	Delay ¹	Omission ¹				
Cytarabine							
Etoposide							
Methotrexate							
Imatinib (for Ph+ve patients only)							
0=No reduction/delay/omission, 1=Neuroto =Infusion-related toxicity 6=Pancreatitis 7= elow):	Patient choice, 8=Clinician	choice, 9=Admi	nistrative, 10=Other (speci			
Drug	10 = OTHER Reas	on for Reduct	ion/Delay/Omissi	ion			
	<u> </u>						
ompleted y:		D D M	M Y Y	Y			
ignature:	Date completed:						
ise return to: UKALL14 Trial Coordinator, CR UK & U	CL Cancer Trials Centre, 90 Tott	enham Court Road,	London, W1T 4TJ	<u> </u>			
e use only:							