Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Please complete and return to the Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ, within 6 weeks of end of cycle.

Treatment form (1 of 4)

Cycle number	Date at start of cycle	(dd/mm/yyyy)
Before start of cycle		
Haematology		

Date of haematology		(dd/mm/yyyy)
	Value	Units
Haemoglobin		g/dl
Platelets		x10 ⁹ /I
White blood cells		x10 ⁹ /l
Neutrophils		x10 ⁹ /l
Lymphocytes		x10 ⁹ /l

Biochemistry

Date of biochemistry		(dd/mm/yyyy)
	Value	Units
Sodium		mmol/l
Potassium		mmol/l
Creatinine		μmol/l
Urea		mmol/l
Albumin		g/l
Total protein		g/l
Calcium		mmol/l
Phosphate		mmol/l
LDH		IU/I
Bilirubin		μmol/l
Alkaline phosphatase		IU/I
AST		IU/I
ALT		IU/I

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Treatment form - R-CHOP¹⁴ (Page 2 of 4)

BSA (m²)	
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Drug	Dose (mg/m2)	Route	Total dose (mgsxbody surface area)	Reduction ¹	Delay ¹
Cyclophosphamide	750	IV			
Doxorubicin	50	IV			
Vincristine	2	IV			
Prednisolone (day 1)	100	PO			
Prednisolone (day 2)	100	PO			
Prednisolone (day 3)	100	PO			
Prednisolone (day 4)	100	PO			
Prednisolone (day 5)	100	PO			
Rituximab	375	IV			

¹ 0= No delay/reduction, 1=Haematological Toxicity, 2=Other Toxicity 3=Patient choice, 4=clinician choice, 5=Administrative, 6= other (specify below)

Please confirm G-CSF schedule for administration

Day of cycle	Date	Route	Dose
	(dd/mm/yyyy)		
4		S.C.	
5		S.C.	
6		S.C.	
7		S.C.	
8		S.C.	
9		S.C.	
10		S.C.	
11		S.C.	
12		S.C.	

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Treatment form - R-CHOP²¹ (Page 2 of 4)

BSA (m²)	
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Drug	Dose (mg/m2)	Route	Total dose (mgsxbody surface area)	Reduction ¹	Delay ¹
Cyclophosphamide	750	IV			
Doxorubicin	50	IV			
Vincristine	1.4	IV			
Prednisolone (day 1)	40	PO			
Prednisolone (day 2)	40	PO			
Prednisolone (day 3)	40	PO			
Prednisolone (day 4)	40	PO			
Prednisolone (day 5)	40	PO			
Rituximab	375	IV			

¹ 0= No delay/reduction, 1=Haematological Toxicity, 2=Other Toxicity 3=Patient choice, 4=clinician choice, 5=Administrative, 6= other (specify below)

	_	7
Was G-CSF given?		0=No, 1=Yes,

If G-CSF was given please confirm the schedule for administration

Day of cycle	Date	Route	Dose
	(dd/mm/yyyy)		
4		S.C.	
5		S.C.	
6		S.C.	
7		S.C.	
8		S.C.	
9		S.C.	
10		S.C.	
11		S.C.	
12		S.C.	

Patient initials	Date of birth	(dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Please record all toxicities occurring during this cycle of therapy. Use Common Toxicity Criteria grading and report worst grade experienced (if toxicity not experienced enter '0')

Treatment form (Page 3 of 4)

Toxicity	CTC grade	Related to Cyclophosphamide Y=Yes N=No	Related to Doxorubicin Y=Yes N=No	Related to Vincristine Y=Yes N=No	Related to Prednisolone Y=Yes N=No	Related to Rituximab Y=Yes N=No	Related to G-CSF Y=Yes N=No
Neutropenia							
Thrombocytopenia							
Infection							
Nausea							
Vomiting							
Neurological							
Cardiac							
Fatigue							
Mucositis							
Alopecia							
Haematuria							
Insomnia							
Constipation							
Diarrhoea							
Indigestion							
Mood disturbance							
Fever							

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Treatment form (Page 4 of 4)

Toxicity	CTC grade	Related to Cyclophosphamide Y=Yes N=No	Related to Doxorubicin Y=Yes N=No	Related to Vincristine Y=Yes N=No	Related to Prednisolone Y=Yes N=No	Related to Rituximab Y=Yes N=No	Related to G-CSF Y=Yes N=No
Chills							
Mucosal swelling							
Headache							
Bronchospasm							
Aching muscles & joints							
Itching							
Skin rash							
Hypotension							
Bone pain							
Other – specify							
Other – specify							

Form completed by:	Date of completion:
Signature:	

Patient initials	Date of birth	(dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

To be completed after 4 cycles of treatment. Please return to Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ , within 6 weeks of completion of 4^{th} cycle.

Restaging Form - After 4 Cycles (Page 1 of 2)

Sites of nodal disease

Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
Left cervical	-	4-00101	
Right cervical	-		
Left supraclavicular			
Right supraclavicular			
Waldeyer's ring			
Left axillary			
Right axillary			
Paratracheal			
Mediastinal			
Hilar			
Retrocrural			
Para-aortic			
Coeliac axis			
Mesenteric			
Splenic			
Portal			
Left iliac			
Right iliac			
Left inguinal			
Right inguinal			
Left femoral			
Right femoral			
Other, specify			

Patient initials	Date of birth	(dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Restaging Form - After 4 Cycles (Page 2 of 2)

Sites of extranodal disease

Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
Spleen			
Liver			
Lungs			
Bone marrow			
Kidney			
Pericardium			
Pleura			
Skin			
Testis			
Other, specify			
Other, specify			

Response	1= CR 2= Cru 3= PR 4= SD 5= PD/Rel	Date of assessment apse (If so, please comp	lete progression form)	(dd/mm/yyyy)
Form complete	ed by:		e of npletion:	
Signature:				

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Completed on completion or discontinuation of protocol treatment. Return the form to Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ, within 6 weeks of assessment.

Treatment Summary Form (Page 1 of 1)

1) Number of cycles of chemotherapy cor	mpleted	
2) Date of last cycle of protocol treatmen	t	_(dd/mm/yyyy)
3) Reason for terminating protocol treatm	nent	
1= Full protocol treatment completed	I	
2= Disease Progression (complete dis	sease progression form)	
3= Death (complete death form)		
4= Toxicity (please specify below)		
5= Patient refusal		
6= Other medical conditions		
7= None of the above (please specify	below)	
Form completed by:	Date of	
	completion:	
Signature:		

Patient initials	Date of birth	(dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

To be completed after the end of treatment. Please return to Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ, within 6 weeks of assessment.

Restaging at End of Treatment Form (Page 1 of 3)

Haematology

Date of haematology		(dd/mm/yyyy)
	Value	Units
Haemoglobin		g/dl
Platelets		x10 ⁹ /l
White blood cells		x10 ⁹ /l
Neutrophils		x10 ⁹ /l
Lymphocytes		x10 ⁹ /l

Biochemistry

Date of biochemistry		(dd/mm/yyyy)
	Value	Units
Sodium		mmol/l
Potassium		mmol/l
Creatinine		μmol/l
Urea		mmol/l
Albumin		g/l
Total protein		g/l
Calcium		mmol/l
Phosphate		mmol/l
LDH		IU/I
Bilirubin		μmol/l
Alkaline phosphatase		IU/I
AST		IU/I
ALT		IU/I

Patient initials	Date of birth	(dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Restaging at End of Treatment Form (Page 2 of 3)

Sites of Nodal Disease

Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
Left cervical		1 other	
Right cervical			
Left supraclavicular			
Right supraclavicular			
Waldeyer's ring			
Left axillary			
Right axillary			
Paratracheal			
Mediastinal			
Hilar			
Retrocrural			
Para-aortic			
Coeliac axis			
Mesenteric			
Splenic			
Portal			
Left iliac			
Right iliac			
Left inguinal			
Right inguinal			
Left femoral			
Right femoral			
Other, specify			

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Restaging at End of Treatment Form (Page 3 of 3)

Sites of extranodal disease

Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
		4=other	o i Brittonapos
Spleen			
Liver			
Lungs			
Bone marrow			
Kidney			
Pericardium			
Pleura			
Skin			
Testis			
Other, specify			
Other, specify			

Final Response Date of assessment	(dd/mm/yyyy)
1= CR 2= Cru 3= PR 4= SD 5= PD/Relapse (If so, please complete progression form)	
Form completed by: Date of completion:	
Signature:	

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Please complete at 3, 6, 9, 12, 18 and 24 months after completion of protocol treatment, and annually thereafter. Return to Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ, within 6 weeks of assessment

Follow up form (page 1 of 1)

Patient status	
Date of Assessment	(dd/mm/yyyy)
1=Alive without 2=Alive with pr relapse 3=Dead	. •
Any further anti cance	r therapy given (since last follow up) $0 = \text{No, 1=Yes}$
If yes, what treatment	given?
Reason for therapy	a) Progression b) Other please specify
Form completed by: Signature:	Date of completion:

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Complete after any disease progression. Please return to Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ as soon as possible after confirmation of disease progression.

Disease progression form (page 1 of 3)

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Please specify nature of disease progression (1=Yes, 0=No)

Development of new lymph nodes/mass	
≥ 50% increase in size of lymph nodes/mass	
Enlarging liver or spleen	
The development of B symptoms or severe pruritis	
Reappearance of bone marrow disease	_

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Disease progression form (page 2 of 3)

Sites of Nodal Disease

Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Left cervical				
Right cervical				
Left supraclavicular				
Right supraclavicular				
Waldeyer's ring				
Left axillary				
Right axillary				
Paratracheal				
Mediastinal				
Hilar				
Retrocrural				
Para-aortic				
Coeliac axis				
Mesenteric				
Splenic				
Portal				
Left iliac				
Right iliac				
Left inguinal				
Right inguinal				
Left femoral				
Right femoral				
Other, specify				

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Disease progression form (page 3 of 3)

Sites of Extranodal Disease

Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Measurable M=measurable E=evaluable	Size Bidimensional measurements (mm x mm)
Spleen				
Liver				
Lungs				
Bone marrow				
Kidney				
Pericardium				
Pleura				
Skin				
Testis				
Other, specify				
Other, specify				

Form completed by:	Date of completion:
Signature:	

Patient initials	Date of birth	((dd/mm/yyyy)
Centre	Consultant		
Trial number	Sex		1=M, 2=F

Please complete at the time of the patient's death. Please return as soon as possible to the Lymphoma Trials Office, 90 Tottenham Court Road, London W1T 4TJ.

Death form (1 of 1)

Date of death (dd/mm/yyyy)				
Cause of Death 1=Non-Hodgkin's lymphoma 2=Treatment related toxicity 3=Secondary malignancy, please specify				
Date confirmed (dd/mm/yyyy)				
Type of malignancy				
4=Cardiac death				
5=Other, please specify				
Form completed by: Signature:	Date of completion:			