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

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

### **Biochemistry**

DIOCHEHIISU Y		
Date of biochemistry		(dd/mm/yyyy)
	Value	Units
Sodium		mmol/l
Potassium		mmol/l
Creatinine		μ <b>mol/l</b>
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-CHOP<sup>14</sup> (Page 2 of 4)

BSA (m <sup>2</sup> )	
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Drug	<b>Dose</b> (mg/m2)	Route	Total dose (mgsxbody surface area)	Reduction <sup>1</sup>	<b>Delay</b> <sup>1</sup>
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			

<sup>&</sup>lt;sup>1</sup> 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 (dd/mm/yyyy)	Route	Dose
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-CHOP<sup>21</sup> (Page 2 of 4)

BSA (m²)	
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Drug	<b>Dose</b> (mg/m2)	Route	Total dose (mgsxbody surface area)	Reduction <sup>1</sup>	<b>Delay</b> <sup>1</sup>
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			

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

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

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

Day of cycle	Date (dd/mm/yyyy)	Route	Dose
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/y	ууу)
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							1 100 11 110
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 Site	Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Size Bidimensional measurements (mm x mm)	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
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

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

### Sites of extranodal disease

Involved Y=Involved N= not involved	Investigation 1=clinical 2=x-ray 3=CT scan 4=other	Size Bidimensional measurements (mm x mm)	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
	Y=Involved	Y=Involved 1=clinical N= not involved 2=x-ray 3=CT scan	Y=Involved 1=clinical Bidimensional measurements 3=CT scan (mm x mm)

Response	Date of assess  1= CR  2= Cru  3= PR  4= SD  5= PD/Relapse (If so, pleas		te progression fo	(dd/mm/yyyy)
Form complete	ed by:	Date comp	of letion:	
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	npleted		
2) Date of last cycle of protocol treatment	t		_(dd/mm/yyyy)
3) Reason for terminating protocol treatm	nent		
1= Full protocol treatment completed	I		
2= Disease Progression (complete dis	sease progression f	orm)	
3= Death (complete death form)			
4= Toxicity (please specify below)			
5= Patient refusal			
6= Other medical conditions			
7= None of the above (please specify	BCIONY		
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** 

Hacmatology		
Date of haematology		(dd/mm/yyyy)
	Value	Units
Haemoglobin		g/dl
Platelets		x10 <sup>9</sup> /l
White blood cells		x10 <sup>9</sup> /l
Neutrophils		x10 <sup>9</sup> /l
Lymphocytes		x10 <sup>9</sup> /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	Size Bidimensional measurements (mm x mm)	Response 1=CR, 2=Cru, 3=PR, 4=SD, 5=PD/Relapse
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

# 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 4=other	Size Bidimensional measurements (mm x mm)	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				

Final Response	Date of ass	sessment		(dd/mm/yyyy)
1= 2= 3= 4= 5=	Cru PR	se complete progr	ession form)	
Form completed by:		Date of comp	oletion:	
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)

(dd/mm/yyyy)
Please complete disease progression form Please complete death form
(since last follow up) 0= No, 1=Yes
please specify
Date of completion:

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

te of first progression (dd/mm/yyyy)
--------------------------------------

### **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:			