R-CODOX-M / IVAC Trial: Guidelines for Registration and Case Report Form (CRF) completion

1 Purpose of the guidelines

The purpose of these guidelines is to assist in completion of the Case Report Forms (CRFs) for the R-CODOX-M/IVAC Phase II trial. The guidelines will detail exactly when each CRF should be completed and how they should be completed.

2 The Case Report Forms

The CRFs are set out in Table 1. This states which CRF is due at which time point.

Table 1: Time points for completion of all trial CRFs

	Weeks after registration	**Case Report Form due**
Pre Registration	0 weeks	Registration form[4.1] (7 pages)
Treatment		
After Each Cycle	Cycle 1 and 3, CODOX-M Cycle 2 and 4, I/VAC	Treatment form[4.2] (4 pages) (R-CODOX or IVAC form depending on cycle)
Cycle 4, Day 21 and 42		Treatment form- Rituximab[4.3] (1 page)
End of Treatment	Maximum 16	Treatment Summary form[4.4] (1 page)
		End of Treatment Assessment[4.5] (4 pages)
Follow up	**Months after end of treatment**	
Year 1	1	Follow up form[4.6] (1 page)
	2	Follow up form
	3	Follow up form
	4	Follow up form
	6	Follow up form
	8	Follow up form
	10	Follow up form
	12	Follow up form
Year 2	15	Follow up form
	18	Follow up form

	21	Follow up form
	24	Follow up form
Year 3	28	Follow up form
	32	Follow up form
	36	Follow up form
Year 4	42	Follow up form
	48	Follow up form
Year 4 onwards follow up	**Time from end of Year 4**	
	Annually	Follow up form

Other Forms	**Time from confirmation**	
Confirmation of disease progression/ relapse	Immediately	Disease progression/relapse form **4.7** (3 pages)
Confirmation of death	Immediately	Death form**4.8** (1 page)
Patient Withdrawal	Immediately	Withdrawal form**4.9** (1 page)
SAE Reporting	Immediately	SAE form**5.0** (2 pages)

2.1 The Header

At the top of each CRF is a boxed area containing several items of information, called the header. The purpose of the header is to provide information unique to each patient so that duplicate information is not entered into the database. Information included in the header includes NHS number, patient initials, date of birth, trial number, centre, consultant and sex.

Once a patient is registered, the Haematology Trials Group will complete the header electronically prior to distribution of the forms; however, it is the responsibility of the person completing the form to ensure that the correct form is used, i.e. checking the header/identifier against patient records. For reasons of confidentiality the patients' name should never appear on the CRFs. Patient specific treatment forms will then be posted to the person responsible for the CRFs as designated on the Declaration of Participation & delegation log.

When Follow-up CRFs are due they will be sent through prior to each expected follow-up visit. If a patient is seen away from the protocol schedule, please complete a blank form and send it into the LTO.

3 Completion of the Case Report Forms

3.1 General instructions

- Use a black ballpoint pen if completing the CRFs by hand.
- Ensure that each entry is neat and legible.
- Where boxes are provided on the CRF please ensure that a clear tick or code, as appropriate, is placed in the correct box.
- Please specify all dates in dd/mm/yyyy format, except on the SAE Form on which dates should be reported in the dd/**mmm**/yyyy (ie, 01/JAN/05) format.
- Please avoid abbreviations or acronyms.
- It is imperative that data entry is accurate and identical to that recorded in the source documents (patient's medical records, including laboratory reports, imaging forms etc.). There should be no omissions.
- Any discrepancies between the data recorded on the CRF and the source documents should be explained. This can be in the form of a note next to the discrepancy and should be recorded on both the CRF and the source documents. This note should be dated and signed by the person making the entry.
- Ensure that all required fields are completed before the form is submitted.

3.2 Corrections:

Care should be taken when completing the CRFs in order to minimise mistakes. If mistakes are made, please follow the instructions below to correct these:

- Draw a single line through the entry that is to be corrected or deleted.
- Never use correction fluid or an eraser or scribble through the wrong entry. The incorrect entry should still be legible.
- Enter the correct entry next to the corrected one, together with a reason for the correction or deletion.
- Sign and date the entry.

If corrections to the CRF need to be made after the form has been submitted to the Lymphoma Trials Office please contact the LTO for advice.

3.3 Missing data

If, for any reason, you cannot complete any part of the form, please do not leave a blank space. This is impossible for the people responsible for data entry to interpret.

Please do not use the term 'not available' as this is ambiguous and tells us little. Please specify why the data is missing, i.e. test not done, test not applicable, or results missing. The following abbreviations are acceptable:

Test not done	N/D
Not applicable	N/A
Results missing	MIS
Awaiting results	PENDING

If **ANY** field is left blank the incomplete CRF will be sent back to you to be completed.

3.4 Completion of the Case Report Forms

The Principal Investigator is responsible for the accuracy and submission of completed CRFs. This task may be delegated by the Principal Investigator to the local research nurse or study coordinator provided they have signed the Declaration of Participation. All forms should be dated and signed before submission.

3.5 Submitting of CRFs

Completed CRFs must be dated and signed and faxed, or posted to the Lymphoma Trials Office in a timely fashion. Please keep a copy of completed forms in the patients notes.

4 R-CODOX-M/IVAC Guidelines

4.1 Registration form (8 pages)

All pages (1-8) of the form should be completed and faxed together to the Haematology Trial Group on +44 (0)20 7679 9861

Please print your name legibly, sign and date the form before sending the fax. Please confirm your fax and telephone numbers on the fax cover sheet to receive the patient's trial number, or to answer any queries.

On receipt of the Registration Forms, they will be checked and once eligibility is confirmed, and all the data is complete the patient will be registered. Once registered, a confirmation of registration fax will be sent with the patient's trial number.

4.1.1 Eligibility checklist (pages 1-2)

Please place tick the relevant box. Numbers 1-13 of the inclusion criteria should be 'yes'. Number 14 can either be 'yes' or '. Numbers 1-10 of the exclusion criteria should be 'no'. If this is not the case the patient is not eligible for entry.

4.1.2 Pre-treatment assessment (pages 3-7)

Please complete all sections fully.

4.1.2.1 Haematology and biochemistry

All results must be recorded in the units provided.

Please report your site's normal range where stated. Once these values have been reported on the Registration Form they will be recorded electronically and not asked for again.

It is understood that most centres will perform either the AST or ALT, so please make sure that an N/D (not done) is added into the relevant field.

4.1.2.2 Investigations

Complete the relevant boxes.

We do not expect the centre to perform both an Echocardiogram, and a MUGA scan. Please make sure there is an entry of 3 (not done) entered into the relevant box if the test is not completed.

4.1.2.3 Sites of nodal and extra nodal disease

Codes for completion of this section are provided within the table.

4.2 Treatment Form

All pages (1-4) of the form should be completed and posted to the Haematology Trials Group. Please send the originals and keep a copy for your own file. Each treatment form refers to one cycle. This will need to be photocopied, so there are sufficient forms for the number of cycles the patient receives. A patient specific copy will be sent to the site immediately after the patient is registered. Please note there is a treatment form for the CODOX cycles and the IVAC cycles.

4.2.1 Haematology and biochemistry

All results must be recorded in the units requested. Please refer to section 4.1.2.1 for instructions on completing the section.

4.2.2 Treatment Schedule

Codes for completion of this section are provided within the table.

The body surface area (BSA) is expected to be completed for the first cycle of treatment. Subsequently we only expect this to be documented if the BSA has changed.

4.2.3 Toxicity

Use Common Toxicity Criteria grading and report the worst grade experienced in that cycle (if toxicity not experienced enter ´0`). You can find the CTCAE on http://ctep.cancer.gov/forms/CTCAEv3.pdf. Guidelines on completion of the adverse event section of the treatment form are attached to the form.

4.3 Treatment Form- Rituximab

Please complete all sections

4.4 Treatment Summary Form

Please complete all sections

4.5 End of Treatment Assessment Form

Please complete all sections

4.5.1 Haematology and biochemistry

All results must be recorded in the units provided. Please refer to section 4.1.2.1 for instructions on completing the section.

4.5.2 Sites of nodal and extra nodal disease

Please refer to section 4.4.1 for instructions on completing this section.

4.6 Follow up Form

To be completed monthly for the first 4 months, 2 monthly for the remainder of the first year, 3 monthly during year 2, 4 monthly during year 3, 6 monthly during year 4, and annually thereafter. Please complete all sections.

4.6.1 Patient Status

Please complete all sections

4.7 Disease Progression/ relapse Form

Please complete as soon as the patient is confirmed to have progressed or relapsed. Return with relevant CRF.

4.7.1 Sites of nodal and extra nodal disease

Codes for completion of this section are provided within the table.

4.8 Death Form

Please complete when asked to in the CRFs. Return with relevant CRF.

4.9 Withdrawal Form

Please complete immediately patient withdraws consent from trial treatment. Please inform the Haematology Trials Group if patient withdraws consent from the trial & follow-up.

5.0 SAE Form

Please complete R-CODOX-M/IVAC SAE form, and fax to the Haematology Trials Group on +44 (0)20 7679 9861. This must be completed and sent immediately after the SAE is confirmed. Please take care to complete all fields on the form. Guidelines on the form completion are provided.