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

To register a patient please fax completed form to 0207 679 9861. For queries please call The Lymphoma Trials Office 0207 679 9860.

Registration form (page 1 of 7)

Eligibility checklist

	Inclusion criteria	Yes	No
1	Age ≥18 years		
2	Histologically proven diffuse large B-cell lymphoma, anti CD20 positive		
3	No previous chemotherapy, radiotherapy or other investigational drug		
	for this indication		
4	Bulky stage IA (defined as lymph node or lymph node mass greater than		
	10cm in diameter), IB, stage II, stage III and IV		
5	WHO performance status 0-2		
6	Adequate bone marrow function with platelets >100x10 ⁹ /l; neutrophils		
	$>1.5x10^9/l$ at the time of study entry unless attributed to bone marrow		
	infiltration by lymphoma		
7	Serum creatinine <150 μ mol/l, serum bilirubin <35 μ mol/l and		
	transaminases <2.5upper limit of institutional normal range unless		
	attributed to lymphoma		
8	Normal MUGA or echocardiogram without any areas of abnormal		
	contractility and acceptable left ventricular ejection fraction (LVEF)		
	≥50% (only applicable if aged over 70, known diabetic over 65, past		
	history of cardiac disease or hypertension or abnormal resting ECG)		
9	No concurrent uncontrolled medical condition		
10	No active malignant disease other than basal or squamous cell		
	carcinoma of the skin or carcinoma in situ of the uterine cervix in the		
	last 10 years		
11	Life expectancy >3 months		
12	Adequate contraceptive precautions for all patients of child bearing		
	potential		
13	Written, informed consent		

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

Registration form (page 2 of 7)

Eligibility checklist

	Exclusion criteria	Yes	No
		163	140
1	T-cell lymphoma or transformed follicular lymphoma		
2	Previous history of treated or non-treated indolent lymphoma. However		
	patients not previously diagnosed who have a diffuse large B-cell		
	lymphoma with some small cell infiltration in bone marrow or lymph		
	node may be included		
3	Past history of heart failure or uncontrolled angina pectoris		
4	Central nervous system, meningeal involvement or cord compression by		
	the lymphoma		
5	Cardiac contra-indication to doxorubicin (abnormal contractility on		
	echocardiography or nuclear medicine examination (MUGA))		
6	Neurological contra-indication to vincristine (e.g. pre-existing diabetic		
	neuropathy)		
7	Any other serious active disease		
8	General status that does not allow the administration of 8 courses of		
	CHOP according to the investigator		
9	Positive serology for HIV, Hepatitis B or Hepatitis C		
10	Medical or psychiatric conditions that compromise the patients ability to		
	give informed consent		

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

Registration form (page 3 of 7)

Pre-treatment assessment

Date of assessment	(dd/mm/yyyy)
Height	(cms)
Weight	(kgs)
WHO performance status	0-2
B Symptoms	1=Absent, 2=Present

Date of diagnostic biopsy	(dd/mm/yyyy)
Diagnostic biopsy Block number	
Stage	1= IA, 2=IB 3=II, 4=III, 5=IV
Bulky disease	1=Absent, 2=Present

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	Normal ranges
LDH		IU/I	
Bilirubin		μmol/l	
Alkaline phosphatase		IU/I	
AST		IU/I	
ALT		IU/l	
β2 microglobulin		mg/l	

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

Registration form (page 4 of 7)

Pre-treatment assessment

Investigation	Date (dd/mm/yyyy)	Result 1=Normal 2=Abnormal
		3= Not done
Chest x-ray		
CT scan neck		
CT scan chest		
CT scan abdomen		
CT scan pelvis		
ECG		
Specify abnormality		
Echocardiogram		
Specify abnormality	,	
MUGA scan		
Specify abnormality	,	
CSF examination		
Specify abnormality		
Bone marrow aspirate		
Specify abnormality		
Bone marrow trephine		
Specify abnormality		

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

Registration form (page 5 of 7)

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	
Sex	1=M, 2=F	NHS Number	

Registration form (page 6 of 7)

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				
Gastric				
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	
Sex	1=M, 2=F	NHS Number	

Registration form (page 7 of 7)

International Prognostic Index				
Criteria		1=Yes, 0=No		
Age >60 years				
Tumour stage III or IV				
WHO performance status ≥2				
Serum LDH greater than upper limit of loca	al normal range			
More than one extranodal site Total IPI score				
Total IPI Score				
Eligibility confirmation		Y=Yes, N=No		
Does the patient fulfill all the eligibility crite	eria?			
Proof of written informed consent obtained				
Please state Version of R-CHOP consent fo	rm signed			
Has the patient signed PART 2 of the cons	sent form?			
Please state Version of PET substudy conse	ent form signed			
Which DET contro will the nationt be scann	od at2			
Which PET centre will the patient be scann				
Please give the date of the baseline scan (dd/mm/yyyy)				
Form completed by:	Date of comp	etion:		
Signature:				
For office use only If sections above are completed and patient is eligible, proceed with randomisation				
Allocated trial number				
The patient will receive: R-CHOP21: CHOP for 8 cycles and rituximab for 8 cycles given every 21 days				
Registered by	Date registered (dd	/mm/yyyy)		