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UKALL14 'Registration only' Sub-study - Annual Follow-Up Form (1/2)

Annual follow-up assessment Complete one form annually from the date patient stops first line treatment					
If patient has died, please submit a Death Form (and a Relapse Form as applicable)					
Date of Assessment (dd/mm/yyyy):					
Local investigator's assessment of the patient's remission history (complete only if CR1 not reported on an earlier form)					
Was first remission (CR1) ever achieved? (1=Yes, 2=No)					
Date first remission confirmed (dd/mm/yyyy)					
Patient Status					
Has the patient relapsed? (1=Yes, 2=No) If yes, please complete a relapse form					
Further Treatment					
Has the patient had any treatment for ALL since previous follow up? (1=Yes, 2=No)					
If yes, please specify below (1=Yes, 2=No)					
Chemotherapy If yes, please specify intent (1=Palliative, 2=Curative)					
Immunotherapy If yes, please specify (1=Blinatumomab, 2=Inotuzumab, 3=CAR T-cells)					
If yes, please specify donor source (1=Sibling, 2=8/8 MUD, 3=MMUD, 4=Haploidentical, 5= Cord blood, 6=Other, specify)					
If yes, please specify transplant type (1=Myeloablative, 2=Non-myeloablative)					
Date of Transplant (dd/mm/yyyy)					
Clinical trial of new agent (specify) Other (specify)					
Place return to: UKALI 14 Trial Coordinator, CP UK & UCL Cancer Trials Centre, 90 Tottenham Court Poad, London, W1T 4T1					

UKALL14 - Case Report Forms- 'Registration only' Sub-study Annual Follow-up — v2.0 20Aug2018

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ΙΚΔΙΙ14	'Registration	only' Sub-study	- Annual Fo	llow-lin F	orm (2/2)
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	nual follow-up asses	sment (Transpl				
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Do	onor Lymphocyte Infusio	on				
Ha	as the patient received D	DLI since previous	assessment? (1=Yes, 2=No)			
		If yes, please ent	ter DLI details below:			
	Date DLI given (dd/mm/yyyy)	CD3 dose/kg	Reason for giving DLI 1=mixed chimerism 2=continued or progressive minimal residual disease 3=both			
Gr	Graft versus Host Disease Has the patient experienced new or worsening GvHD since previous assessment?					
			(1=Yes, 2=No)			
	If yes, please complete a GvHD Form.					
Con	npleted		d d m m y y y			
Sign	nature:		Date completed:			
			ancer Trials Centre 90 Tottenham Court Road London W1T 4T1			

UKALL14 - Case Report Forms- 'Registration only' Sub-study Annual Follow-up — v2.0 20Aug2018 Date form entered: ______ Initials: _____

Office use only:
Date form received: ___