

**UKALL14 'Registration only' Sub-study - Induction Treatment Form (1/2)****Induction Treatment** Complete one form for each phase of treatment started

Date treatment phase started (dd/mm/yyyy)

Which treatment regimen was followed?: Treatment Phase: (1=Phase 1, 2=Phase 2) 

1=UKALL14 backbone therapy

2=UKALL60+, specify regimen (A -D): \_\_\_\_\_

3=UKALL2011, specify regimen (A -C): \_\_\_\_\_

4=Hyper CVAD

5=Other, specify by acronym : \_\_\_\_\_

Has patient been given rituximab? (1=Yes, 2=No) If yes, total No. of doses: Philadelphia Status: (1=Positive, 2=Negative, 3=Unknown) Has patient been given a TKI? (1=Yes, 2=No)  If yes, specify which TKI(s) given: \_\_\_\_\_**Local investigator's assessment of the patient's remission history**Was first remission (CR1) ever achieved? (1=Yes, 2=No) 

Date first remission confirmed (dd/mm/yyyy)

**Response Assessment (at end of treatment phase)****Bone Marrow Examination**Date of Bone Marrow Examination  
(dd/mm/yyyy)Cellularity Grade 

(1=hypo, 2=normo, 3=hyper)

% Blasts

**Remission Status** (1=Complete remission, 2=Not in remission)

## UKALL14 'Registration only' Sub-study - Induction Treatment Form (2/2)

### Response Assessment (cont.)

#### Haematology Assessment

Date of Haematology (dd/mm/yyyy)

White Blood Cell Count x10<sup>9</sup>/L    .

Neutrophils x 10<sup>9</sup>/L   .   % blasts

Haemoglobin g/dL OR g/L (circle units)    .  Platelets x 10<sup>9</sup>/L

**Treatment plan: will the patient be continuing with first line treatment for ALL? (1=Yes 2=No):**

**If Yes, please indicate next planned phase:**

- 1= Phase 2 (Next form: Induction Treatment)
- 2= Post-Induction Chemotherapy (w/out transplant) (Next form: Post-Induction Chemotherapy)
- 3= Transplant (+/- Interim Chemotherapy) (Next form: Transplant to Day 100)

**If No, why was first line treatment discontinued?: (Next form: Annual Follow Up)**

- 1= Not in CR<sup>+</sup> (refractory disease—previous remission never achieved)
- 2= Toxicity<sup>†</sup>
- 3= Patient Choice<sup>†</sup>
- 4= Relapse\* (only applicable if 1st remission has been achieved previously)
- 5= Death\*
- 6= Other<sup>†</sup>; please specify reason: \_\_\_\_\_

<sup>†</sup>Date final dose of first line treatment for ALL (dd/mm/yyyy)

**\*If patient has relapsed and/or died, please submit relapse and/or death forms**

### REMINDER

**Refer to Section 8.3 of the Sub-study Protocol (Protocol Appendix 1) for schedule of MRD and correlative science testing**

**Completed by:**

**Signature:**

**Date completed:**