

UKALL14 'Registration only' Sub-study - Post-Induction Chemotherapy Form (1/1)

Post-Induction Chemotherapy

Complete one form for each cycle of treatment started

Date treatment phase started (dd/mm/yyyy)

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Which treatment regimen was followed?

Indicate treatment phase:

- 1=UKALL14 backbone therapy
- 2=UKALL60+, specify regimen (A -D): _____
- 3=UKALL2011, specify regimen (A -C): _____
- 4=Hyper CVAD
- 5=Other, specify by acronym : _____

- 1= Intensification/Delayed Intensification
- 2= Consolidation, total No. of cycles: _____
(complete form once after all cycles have been given)
- 3= Interim Maintenance (UKALL2011)
- 4= Maintenance (3m cycles)
specify month (e.g. 3, 6, 9 etc.): _____

Has patient been given rituximab? (1=Yes, 2=No)

If yes, total No. of doses:

<input type="text"/>	<input type="text"/>
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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 (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)

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

If Yes, please submit the next Post-Induction Chemotherapy form at the relevant time-point.

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

- 1= Not in CR[†] (refractory disease—previous remission never achieved)
- 2= Toxicity[†]
- 3= Patient Choice[†]
- 4= Relapse* (only applicable if 1st remission has been achieved previously)
- 5= Death*
- 6= Other[†], please specify reason: _____
- 7= Completed treatment for ALL[†](patient in CR1)

[†]Date final dose first line treatment for ALL (dd/mm/yyyy)

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

Completed
by:

Signature:

Date
completed:

	d	d	m	m	y	y	y	y
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