UKALL14

Case Report Form (CRF) Completion Guidelines

General Instructions

The Principal Investigator (PI) is responsible for the quality of the data reported on the CRFs.

Each CRF must be signed and dated by an individual authorised by the PI to perform this trial activity as documented on the site's delegation log.

CRFs should be completed as soon as possible after the scheduled visit and submitted to the CTC according to the specified schedule.

The CTC must receive the wet-ink original of all CRFs, including copies of CRFs that contain wet-ink amendments. CRFs marked as *urgent* must be faxed and the wet ink original posted. Please submit all other CRFs by post according to the schedule below. Lists of CRFs flagged as overdue will be sent to sites on a routine basis to assist site staff to track their patients' progress through the trial treatment.

CORRECTIONS TO ENTRIES

If an error is made, draw a single line through the item, write the correct entry on an appropriate blank space near the original data point on the CRF. All changes, including the addition of new information, must be initialled and dated.

Do NOT

Obscure the original entry
Try to correct/modify the original entry
Use Tippex or other correction fluid

REVIEW OF CRF

Before sending a CRF to the CTC please review it to confirm:

- The current version of each CRF has been used. If data are submitted on a superseded CRF, the site will be asked to resubmit the CRF on the current version.
- All patient identifiers are written on every page of the CRF. If they are not, the site will be asked to amend and resubmit the CRF.
- The CRF is signed and dated. If it is not, the site will be asked to amend and resubmit the CRF.
- All changes, including the addition of new data to previously submitted CRFs, have been initialled and dated. If they are not, the site will be asked to resubmit the CRF.
- All entries are clear and legible. Please avoid the use of abbreviations and acronyms.
- All questions have been answered, if any data are *unobtainable*, report this using the following options:
  - Not Evaluable (NE): If a test has been done but the results are not interpretable (e.g. sample haemolysed or clotted)
  - Not Recorded (NR): If a test has been done but the result has not been documented
  - Not Done (ND): If a test has not been done, please provide the reason the test was not done
  - Not Applicable (NA): If a value is not required for this patient, please provide the reason why the value is not applicable
  - Not Known (NK): only if every effort to obtain the data has been exhausted.

Partial dates: if an exact date is not known, please report the dates to the closest estimate month (i.e. NK/06/2000), year (i.e. NK/NK/2010) or between two dates (i.e. 10/12/2010 to 03/04/2011). If a partial date is reported and it is reasonably expected that a date should be obtainable (e.g. during trial treatment), a query will be raised to confirm the actual date cannot be obtained.

DATA DISCREPANCIES

CRFs received at the CTC will undergo various checks and all data will be entered into a trial database

Data discrepancies will be raised where data are missing, ambiguous, illegible, illogical, suspected to be incorrect (i.e. out-of-range values) or inconsistent with the protocol.

Data Clarification Forms (DCFs) will be generated on a routine basis and sent to sites according to the trial specific schedule. Please write the discrepancy response on the DCF in the outcome box provided. It is not necessary to send updated amended CRF pages to the UCL CTC unless specifically requested to do so within the text of the query or if it is very much easier for you to do this (e.g. if there are multiple discrepancies to be resolved on the same CRF).

CRFs:

CRF Name	Current Version (date)	Use From Date
Registration	6.0 (27 Nov 15)	14 Dec 15
Cytogenetics	3.0 (3 May 13)	May 13
Induction Treatment – Phase 1	3.0 (20 Apr 15)	20 Apr 15
Induction Treatment – Phase 2	3.0 (20 Apr 15)	20 Apr 15
Post Induction Treatment Allocation (PITA)	2.0 (20 Apr 15)	20 Apr 15
Post Induction Registration – Maintenance	2.0 (20 Apr 15)	20 Apr 15
Post Induction Registration - Transplant	2.0 (20 Apr 15)	20 Apr 15
Intensification	2.0 (20 Apr 15)	20 Apr 15
Consolidation	2.0 (20 Apr 15)	20 Apr 15
Maintenance	1.0 (8 Dec 10)	Dec 10
Transplant Conditioning (RIC/MAC) Palifermin ODMQ Transplant Day 100 GvHD Graft Failure Post-Transplant Assessment	2.0 (20 Apr 15)	20 Apr 15
Treatment Summary	4.0 (27 Nov 15)	14 Dec 15
Annual Follow-up (Not in CR after Phase 2)	2.0 (20 Apr 15)	20 Apr 15
Annual Follow-up (Relapse/Secondary Malignancy)	2.0 (20 Apr 15)	20 Apr 15
Annual Follow-up (Long)	2.0 (20 Apr 15)	20 Apr 15
Late Effects (replaces 2 Year Additional Follow-Up)	1.0 (10 Mar 16)	21 Mar 16
Relapse	2.0 (19 Apr 11)	Apr 11
Death	3.0 (27 Nov 15)	14 Dec 15
Second Cancer	2.0 (20 Apr 15)	20 Apr 15
Lost to Follow-up	3.0 (27 Nov 15)	14 Dec 15
Centre Transfer	3.0 (10 Mar 16)	21 Mar 16
Adverse Events – Induction Phase 1	3.0 (27 Nov 15)	14 Dec 15
Adverse Events – Induction Phase 2	3.0 (27 Nov 15)	14 Dec 15
Adverse Events – Intensification	3.0 (27 Nov 15)	14 Dec 15
Adverse Events – Consolidation	3.0 (27 Nov 15)	14 Dec 15
Adverse Events – Transplant	3.0 (27 Nov 15)	14 Dec 15
Adverse Event of Special Interest	1.0 (27 Nov 15)	14 Dec 15
Informed Consent for Constitutional DNA	1.0 (27 Nov 15)	14 Dec 15

Submission Schedule and Key Points

Registration Form at Study Entry	
Required for:	**When/How to Submit:**
All eligible patients	*Fax* Registration must be completed before Induction Phase 1 treatment begins. Registration requests received after 4pm may not be processed until the next business day. NB: please don't forget to post the wet-ink original to the CTC, with any amendments required, by post as soon as possible.
Fax Cover Sheet	
Site contact details	It is essential this page contains complete and accurate site contact details to ensure CTC staff can communicate with research staff at the registering site throughout the patient registration/randomisation process. The research contact, pharmacy contact and consultant must all be on the delegation log to carry out the appropriate trial tasks.
Page 1 – Patient Details	
Steroid pre-phase start date	This can be before the date of registration.
Proposed start date of Induction Phase 1	This must be on or after the date of registration. • Please allow up to 2 hours for registrations to be processed • Registrations received after 4pm may not be processed until the next working day
Page 2 - Eligibility Checklist	
Eligibility confirmed by treating clinician	This is only required if the Hep B core antibody (HBcAb) viral serology test result is positive (the box marked with an *).
Page 5 – Haematology & Biochemistry	
Date of Haematology	This date must be the same as, or immediately before, the date of diagnosis, it must not be after the steroid pre-phase start date.
White Blood Cell (WBC) Count x109/L	This should be the presenting white cell count. It is essential that this result is from a test taken before the steroid pre-phase start date.
Date of Biochemistry	This date must be the same as, or immediately before, the date of diagnosis, it must not be after the steroid pre-phase start date.
% Bone Marrow Blasts	This result is required in order to confirm trial eligibility. *If these results are pending or unobtainable, an anonymised diagnostic report must be submitted with this form.*
Page 6 – Liver Function Tests	
Date of Liver Function Tests	This date must be the same as, or immediately before, the date of diagnosis, it must not be after the steroid pre-phase start date.
Page 7 – Medical History	
Does the patient have a significant medical history or baseline symptoms?	This should include *significant* pre-existing medical conditions and *all* baseline symptoms including symptoms related to the diagnosis of ALL. (e.g.: anaemia, neutrophil count decreased, etc.)
Severity Grade	This is only required for conditions reported to be continuing.
Page 8 – Informed Consent	

Registration Form at Study Entry	
Date PIS given to patient	This should be at least 1 day before the date the patient has signed the consent forms.
Version Number Patient Information Sheet	This must be the current version of this document.
Date patient signed Part 1 of the Consent Form	This must be on or before the date of randomisation.
Version Number of Consent Form	This must be the current version of this document.
Date Part 2 of the Consent Form signed	If the patient has signed part 2 of the consent form (optional), this date must be on or before the date of randomisation
Name of person taking consent	This must be someone who is listed on the site delegation and who is authorised to carry out this trial activity.
Page 9 – Informed Consent for Constitutional DNA (Optional)	
Date PIS given to patient	This should be at least 1 day before the date the patient has signed the consent forms.
Version Number Patient Information Sheet	This must be the current version of this document.
Version Number of Consent Form	This must be the current version of this document.
Name of person taking consent	This must be someone who is listed on the site delegation and who is authorised to carry out this trial activity.
Trial information & randomisation results	The registering site will receive confirmation of the randomisation result by fax at the numbers provided. The registering site will also receive confirmation of the randomisation result by email.

Cytogenetics Form	
Required for:	**When/How to Submit:**
All registered patients ***All patients who have relapsed***	Within 2 weeks of registration/randomisation. As soon as possible following relapse.
Date of Diagnosis or Relapse sample	This date must be before the dates reported for results/analysis
Date of cytogenetic analysis	These dates must be after the date of diagnosis or relapse sample
Date of FISH	
Date of Molecular Genetic testing	

Induction Treatment – Phase 1 Form	
Required for:	**When/How to Submit:**
Any patient who received any Induction Phase 1 treatment	Within 30 days following the completion of Induction Phase 1 treatment.
Page 2 - Phase 1 Induction - Standard Therapy	
Date Phase 1 induction started	This date must be on or after the date of registration but it does not have to match the proposed date reported at the time of registration.
Page 3 - Phase 1 Induction - B Lineage/Rituximab Randomisation	
BSA (m^2)	This should be the BSA used to calculate the dose given.
Rituximab Dose (mg)	This must not be left blank, write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]

Induction Treatment – Phase 1 Form	
Reduction	A dose *reduction* has occurred if the dosing *rate* (mg/m^2) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please report matching data on the Adverse Event CRF for this phase of treatment.
Page 4 – Oncaspar (Pegylated-Asparaginase)	
BSA (m^2)	This should be the BSA used to calculate the dose given.
Oncaspar Dose (IU)	Write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]
Reduction	A dose *reduction* has occurred if the dosing *rate* (IU/m^2) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If Erwinase has been given in place of Oncaspar following hypersensitivity reaction, report this as an omission. If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please report matching data on the Adverse Event CRF for this phase of treatment.
Erwinase	This section should be completed if Erwinase has been given in place of Oncaspar following hypersensitivity reaction.
Page 6 - Response Assessment	
Date of Response Assessment	This date should not be more than 35 days after Day 1 of Induction Phase 1
Number of days in hospital	This is the number of days the patient has been an in-patient from Day 1 until the date of assessment.

Induction Treatment – Phase 2 Form	
Required for:	**When/How to Submit:**
Any patient who received any Induction Phase 2 treatment	Within 30 days following the completion of Induction Phase 2 treatment.
Page 1 - Phase 2 Induction - Standard Therapy	
Date Phase 2 induction started	This date cannot be before the date of response assessment following Phase 1.
Page 2 - Phase 2 Induction - T Lineage/Nelarabine Randomisation:	
Did the patient have unresolved Grade 2 or greater neurotoxicity at the end of Phase 2?	If the answer to this question is yes, please report matching data on the Adverse Event CRF for this phase of treatment.
If yes, was Nelarabine omitted?	If the answer to this question is yes, no further data on this page are required.
BSA (m^2)	This should be the BSA used to calculate the dose given.

Induction Treatment – Phase 2 Form	
Nelarabine Dose (g)	This must not be left blank, write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]
Reduction	A dose *reduction* has occurred if the dosing *rate* (g/m^2) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please document this on the Adverse Event CRF for the relevant treatment phase.
Date of response assessment	This date should not be more than 35 days after Day 1 of Induction Phase 2
Number of days in hospital	This is the number of days the patient has been an in-patient from Day 1 until the date of assessment.
Remission Status	If the patient is not in Complete Remission (CR) at this time point but *was* in CR at the end of Phase 1 Induction, please submit a Relapse Form. Annual Follow Up Forms: If remission has not yet been achieved, i.e the patient was not in CR at Phase 1 or Phase 2 Response Assessments, please use the Annual Followup Form headed 'Not in CR after Phase 2'. If the patient was in CR at the end of Phase 1 Induction, please use the Annual Followup Form headed 'Relapse/Second Cancer'.

Post Induction Treatment Allocation (PITA) Form	
It is essential that this CRF is submitted for *all patients who are in CR at the end of Induction Phase 2.* Answer the questions and follow the arrows in the flowchart accordingly. The answer to all other questions is N/A (not applicable) Don't forget the 'completed by' for this CRF is on page 3 – often missed.	
Required for:	**When/How to Submit:**
All patients in CR at the end of Induction Phase 2	*Urgent Fax* As soon as possible following the completion of Induction Phase 2 treatment **but not before the completion of any ongoing donor search*.* If a patient is not in CR at the end of Induction Phase 2 – please submit a Treatment Summary CRF as soon as possible.
Fax Cover Sheet	
Site contact details	It is essential this page contains complete and accurate site contact details to ensure CTC staff can communicate with research staff at the participating hospital site.
Page 1	
Does the patient have a sibling donor?	This question cannot be answered accurately until tissue typing of all eligible siblings tested has been completed. If a search for a matched sibling donor was not carried out at all, this should be reported as Not Done (ND).
Is a protocol* donor available?	This question cannot be answered accurately until the search for a suitable donor has been completed. If a search for a suitable unrelated donor was not carried out at all, this should be reported as Not Done (ND).
*Protocol donor (section 5.6.1) *Standard risk patients with a sibling donor* *Any high risk patient with an *8/8 MUD donor* *Patients with High Risk cytogenetics and/or MRD (post induction phase 2) with a 7/8 MMUD **or** cord blood*	
Page 2	
This page is only required for high risk patients without a suitable protocol donor *or* standard risk patients not continuing to maintenance treatment.	
Page 3	
This page is only required for patients with suitable protocol donor but not continuing to transplant treatment for any reason; e.g.: clinical decision, patient choice)	

Post Induction Registration – Maintenance Form	
It is essential that this CRF is submitted for *all patients who have been allocated to Maintenance Treatment.* This group *does not include* patients who have received interim chemotherapy prior to Transplant.	
Required for:	**When/How to Submit:**
All patients allocated to Maintenance Chemotherapy	*Urgent Fax* As soon as possible following the completion of Induction Phase 2 treatment **but not before the completion of any ongoing donor search*.* Registration should be completed before Intensification Treatment begins. Registration requests received after 4pm may not be processed until the next business day.
Fax Cover Sheet	
Site contact details	It is essential this page contains complete and accurate site contact details to ensure CTC staff can communicate with research staff at the registering site throughout the registration process.
Page 1	
Confirmation of Registration to Maintenance	The registering site will receive confirmation of the registration to maintenance by fax at the numbers provided. The registering site will also receive confirmation of the registration by email.

Post Induction Registration – Transplant Form	
It is essential that this CRF is submitted for *all patients who have been allocated to Transplant Treatment.* If the patient is moving to a different trial participating site for transplant, the research teams at both hospitals will need to work together to capture and report trial data throughout this phase of treatment; the CTC will make every effort to co-ordinate between the two sites wherever possible.	
Required for:	**When/How to Submit:**
All patients allocated to Bone Marrow Transplant	*Urgent Fax* As soon as possible following the completion of a successful donor search. Registration should be completed before Conditioning Treatment begins. Registration for Myeloablative Transplant and Randomisation for Palifermin MUST be completed no less than 5 days before Conditioning Treatment begins to ensure Palifermin is available before treatment begins. Registration requests received after 4pm may not be processed until the next business day.
Fax Cover Sheet	
Site contact details	It is essential this page contains complete and accurate site contact details to ensure CTC staff can communicate with research staff at the registering site throughout the registration process.
Page 1	
Over 40 years of age	This is an assessment of the patient's risk of relapse due to age. If the patient was greater than 40 (i.e.: has past their 41st birthday), at the time of study entry, the answer to this question is YES
Page 4	
Transplant Registration/Randomisation	The registering site will receive confirmation of the registration to transplant by fax at the numbers provided. The registering site will also receive confirmation of the registration by email.

Intensification Treatment Form	
Required for:	**When/How to Submit:**
Any patient who received any Intensification Treatment	Within 30 days following the completion of Intensification Treatment.
Page 1	
Did the patient receive intensification/CNS prophylaxis?	If the patient received any intensification treatment, including patients who had a cycle of intensification treatment before proceeding to transplant, the answer to this question is Yes. If the patient did not received any intensification treatment, no further data are required.
Date Intensification started	This date cannot be before the date of response assessment following Induction Phase 2.

Intensification Treatment Form	
Was treatment given according to protocol schedule?	If all IMPs and Non-IMPS in this treatment phase were given without delay, reduction or omission, the answer to this question is Yes. If there were any delays, reductions or omissions during this treatment phase, the answer to this question is No. Please report the reason for the delay, reduction or omission in the table provided.
Page 2	
BSA (m2)	This should be the BSA used to calculate the dose given.
Oncaspar Dose (IU)	Write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]
Reduction	A dose *reduction* has occurred if the dosing *rate* (IU/m^2) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If Erwinase has been given in place of Oncaspar following hypersensitivity reaction, report this as an omission. If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please report matching data on the Adverse Event CRF for this phase of treatment.
Erwinase	This section should be completed if Erwinase has been given in place of Oncaspar following hypersensitivity reaction.

Consolidation Treatment Form	
Required for:	**When/How to Submit:**
Any patient who received any Consolidation Treatment	Within 30 days following the completion of Cycle 4 Consolidation Treatment. (One CRF for all 4 cycles)
Page 1	
Date cycle 1 started	This date must be 29 days or more from Intensification Day 1
Page 2	
BSA (m^2)	This should be the BSA used to calculate the dose given.
Oncaspar Dose (IU)	Write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]
Reduction	A dose *reduction* has occurred if the dosing *rate* (IU/m^2) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If Erwinase has been given in place of Oncaspar following hypersensitivity reaction, report this as an omission. If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please report matching data on the Adverse Event CRF for this phase of treatment.
Erwinase	This section should be completed if Erwinase has been given in place of Oncaspar following hypersensitivity reaction.
Page 4	
Date cycle 2 started	This date must be 22 days or more from Consolidation Cycle 1 Day 1

Consolidation Treatment Form	
Page 5	
Date cycle 3 started	This date must be 22 days or more from Consolidation Cycle 2 Day 1
Page 6	
BSA (m2)	This should be the BSA used to calculate the dose given.
Oncaspar Dose (IU)	Write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]
Reduction	A dose *reduction* has occurred if the dosing *rate* (IU/m^2) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If Erwinase has been given in place of Oncaspar following hypersensitivity reaction, report this as an omission. If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please report matching data on the Adverse Event CRF for this phase of treatment.
Erwinase	This section should be completed if Erwinase has been given in place of Oncaspar following hypersensitivity reaction.
Page 7	
Date cycle 4 started	This date must be 22 days or more from Consolidation Cycle 3 Day 1

Maintenance Treatment Form	
Required for:	**When/How to Submit:**
Any patient who received any Maintenance Treatment	Within 30 days of each 3 month treatment cycle (3 – 24 months post-transplant)
Date of assessment	This is the date of assessment after a given 3 month cycle of maintenance treatment. The date should be approximately 3 months after the most recent assessment unless a delay to treatment has been reported.
Month of assessment	This must tally with the date of assessment provided

TRANSPLANT FORMS

1. Non-Myeloablative Conditioning Regimen Form (1 Page)

Required for:	When/How to Submit:
Any patient who received any Conditioning Treatment	Within 30 days following the completion of Conditioning Treatment.
Daily Dose	Dose should be reported in the units specified or, the units must be provided.
If the regimen given differs from the protocol in drugs, doses or schedule, please annotate the CRF accordingly. The reason for the deviation from protocol guidance also needs to be clearly documented.	

2. Myeloablative Conditioning Regimen Form (2 Pages)

Required for:	When/How to Submit:
Any patient who received any Conditioning Treatment	Within 30 days following the completion of Conditioning Treatment.
Daily Dose	Dose should be reported in the units specified or, the units must be provided.
If the regimen given differs from the protocol in drugs, doses or schedule, please annotate the CRF accordingly. The reason for the deviation from protocol guidance also needs to be clearly documented.	

3. Palifermin Form (1 Page)

Required for:	When/How to Submit:
All patients randomised for Palifermin Treatment	Within 30 days following the completion of Conditioning Treatment.
Palifermin Dose (mcg)	This must not be left blank, write 0 if any dose of this IMP has been completely omitted. [NB: All doses of IMPs given or not given must be explicitly documented in order to facilitate safety reporting and trial analysis.]
Reduction	A dose *reduction* has occurred if the dosing *rate* (mcg/Kg) used to calculate the dose *given* (mg) is less than the protocol dose *or* if the total calculated dose is not given for any reason (e.g.: infusion stopped for any reason)
Reason for reduction/delay/omission	If any doses of this IMP have been reduced/delayed/omitted due to toxicity (adverse event), please report matching data on the Adverse Event CRF for this phase of treatment.

4. Oral Daily Mucositis Questionnaire (1 Page per Day)

Required for:	When/How to Submit:
All patients randomised for Palifermin Treatment	Within 30 days following the completion of Conditioning Treatment.

THESE QUESTIONNAIRES CAN NOT BE COMPLETED RETROSPECTIVELY

It is essential that this questionnaire is complete by all patients participating in the Palifermin randomisation from the date of admission until D28 or date of discharge (whichever is sooner).

If the patient is moving to a different trial participating site for transplant, the research teams at both hospitals will need to work together to capture and report trial data throughout this phase of treatment; the CTC will make every effort to co-ordinate between the two sites wherever possible.

TRANSPLANT FORMS

5. Transplant Form (1 Page)

Required for:	When/How to Submit:
Any patient who received donor stem cells	Within 30 days following Transplant Day 0.
Type of donor	This must match the donor type reported on the Post Induction Treatment Allocation CRF. If a 9/10 matched donor is used, please specify if this is equivalent to an 8/8 match or a 7/8 match.

6. Day 100 Form (2 Pages)

Required for:	When/How to Submit:
Any patient who received donor stem cells	Within 30 days following the Day 100 assessment.
Page 1	
Day 100	Please do not submit this CRF until the Day 100 time point has been reached.
Page 2	
If ITU admission was required, was this exempt from SAE reporting?	Any adverse event that is life-threatening or results in prolonged hospitalisation is serious. ITU admissions are often associated with life-threatening events or prolonged hospitalisations. The purpose of this question is to confirm that an SAE report was not required in this case. Please refer to SAE reporting time frames, exemptions and flowchart in protocol section 12.2.2. If the answer to this question is NO, CTC will cross-check against the SAE records for this patient to confirm that an SAE has already been submitted.

7. GvHD Form (2 Pages)

Required for:	When/How to Submit:
Any patient who experiences GvHD	As soon as possible following confirmation of GvHD. One CRF for each episode.
Page 1	
Has this episode of GvHD resolved?	If No, please submit an updated CRF when the episode has resolved (don't forget to initial and date all changes).

8. Graft Failure Form (1 Page)

Required for:	When/How to Submit:
Any patient with confirmed graft failure	As soon as possible following confirmation of graft failure.

TRANSPLANT FORMS

9. Post-Transplant Assessment Form (1 Page per Visit)

Required for:	When/How to Submit:
Any patients who receives donor stem cells	Within 30 days of each 3 monthly assessment (6 – 24 months post-transplant)
Date of assessment	This is the date of assessment at the end of each 3 month period following transplant. The first date should be approximately 6 months after Day 0; all subsequent assessment dates should be 3 months after the most recent assessment.
Month of assessment	This must tally with the date of assessment provided
Has the patient been given DLI? If yes, please enter DLI details below:	Please provide the details of any DLI doses the patient has been given since the previous assessment.
Has the patient experienced GvHD since last assessment?	This refers to NEW episodes of GvHD. Please note that if GvHD is ongoing since the last post-transplant assessment, the answer to this question should be 'no'. Please ensure the GvHD form from the ongoing episode is updated with any new information (such as date of resolution)

Treatment Summary Form

Required for:	When/How to Submit:
All registered patients	Within 30 days of last trial treatment. Please note that trial treatment is not complete until the end of 24 months of Maintenance Treatment or post-transplant follow up.
Completed all trial treatment	A patient is considered to have completed all trial treatment if they have reached the end of maintenance treatment or the 24 month post-transplant assessment during 1st Complete Remission
Date most recent UKALL14 trial treatment (including any given during 24 month post-SCT follow-up):	Trial treatment refers to any treatment given to the patient not just IMP doses. If the patient has stopped treatment early due to relapse or death, this date must be on or before the date of relapse/death.
Reason for stopping trial treatment early	If the patient has stopped treatment early due to relapse or death, please don't forget to submit the Relapse or Death CRF.

Annual Follow-up Forms

It is essential that an Annual Follow-up CRF is submitted every year for all surviving patients on, or near, the anniversary of the last trial treatment date.
If a patient moves to a new location, including out of the UK, event (relapse) and outcome (survival) data must still be submitted.
There are three different Annual Follow-up CRFs – the type required is determined by the patient's status and progress through the trial.

1. Not in CR after Phase 2

Required for:	When/How to Submit:
Any surviving patients who did not reach complete remission (CR) at any time during Induction Treatment including patients who stopped trial treatment early at the end of Induction Phase 1 due to refractory disease.	Within 30 days of every annual assessment carried out on the anniversary of the last trial treatment.

2. Relapse/Second Cancer

Required for:	When/How to Submit:
Any surviving patients who have relapsed or been diagnosed with a second cancer	Within 30 days of each annual assessment carried out on the anniversary of the last trial treatment.

3. Annual Follow-Up (2 Pages)

Required for:	When/How to Submit:
Any surviving patients in first CR and not diagnosed with a second cancer	Within 30 days of each annual assessment carried out on the anniversary of the last trial treatment.

Late Effects Form (replaces 2 Year Additional Follow Up)

This CRF includes the General Health Questionnaire [GHQ-12] which cannot be completed retrospectively.

Required for:	When/How to Submit:
All surviving patients	Within 30 days of the late effects assessment which is to be carried out approximately 4.5 to 5 post registration. (Protocol section 8.3.)

Relapse Form

Required for:	When/How to Submit:
Any patient who has relapsed	*Urgent Fax* As soon as possible following the confirmed date of relapse.

Death Form	
Required for:	**When/How to Submit:**
Any patient who has died	*Urgent Fax* Within 7 calendar days of becoming aware of the death.
Was there evidence (bone marrow, peripheral blood, CNS, other) of ALL at the time of death?	The purpose of the question is to confirm if the patient was in remission at the time of death. The answer to this question cannot be No unless a test (peripheral blood, bone marrow or CSF) was carried out which confirmed the patient was in remission. HOWEVER: If the patient has relapsed and a subsequent remission had not been achieved or if CR1 was never achieved, the answer to this question can be Yes.
Was this death exempt from SAE Reporting?	Any adverse event that results in death is serious. The purpose of this question is to confirm that an SAE report was not required to report this death. Please refer to SAE reporting time frames, exemptions and flowchart in protocol section 12.2.2. If the answer to this question is NO, CTC will cross-check against the SAE records for this patient to confirm that an SAE has already been submitted.

Second Cancer Form	
Required for:	**When/How to Submit:**
Any patient diagnosed with a second cancer	As soon as possible following confirmed diagnosis of second cancer
Diagnosis	Relapsed ALL is not a second cancer

Lost to Follow Up Form	
Required for:	**When/How to Submit:**
Any patient who has been lost-to-follow up or who has withdrawn trial consent completely; i.e. for any future follow up data to be sent to the CTC	As soon as possible
Lost to Follow Up	A patient will only be considered lost to follow up after every effort has been made to locate and make contact.

Centre Transfer Form	
Required for:	**When/How to Submit:**
Any patient whose care – including follow up - transferred from one trial centre to another at any point.	As soon as possible following the date of transfer

Adverse Events Form

There are five treatment phase specific Adverse Events CRFs. It is essential that an Adverse Event CRF is submitted for each phase of treatment the patient started.

1. Induction Phase 1

Required for:	When/How to Submit:
Any patient who received any Induction Phase 1 treatment	Within 30 days following the completion of Induction Phase 1 treatment.

2. Induction Phase 2

Required for:	When/How to Submit:
Any patient who received any Induction Phase 2 treatment	Within 30 days following the completion of Induction Phase 2 treatment.

3. Intensification

Required for:	When/How to Submit:
Any patient who received any Intensification Treatment	Within 30 days following the completion of Intensification Treatment.

4. Consolidation

Required for:	When/How to Submit:
Any patient who received any Consolidation Treatment	Within 30 days following the completion of Consolidation Treatment. (One CRF for all 4 cycles)

5. Transplant

Required for:	When/How to Submit:
Any patient who received donor stem cells	Within 30 days following Day + 30

Date of Onset	This date must not be before the date of consent. If the date of onset it before the date of consent this is considered a pre-existing medical condition or a baseline symptom and should be reported on the Medical History CRF. Pre-existing medical conditions or baseline symptoms do not need to be reported as Adverse Events unless they worsen or are one of the pre-printed event names. This date must not be after the start date of any subsequent treatment cycle
Was the event serious?	Please refer to SAE reporting time frames, exemptions and flowchart in protocol section 12.2.2. If the answer to the question is 1=Yes, CTC staff will cross-check against SAE records for this patient to confirm an SAE report has been submitted. If this event was serious but an SAE report was not required, the answer to this question is 2=Yes, but SAE report not required.

Adverse Event of Special Interest	
All thromboembolic events must be reported on either a Thromboembolic Event Urgent Event Form or on an SAE Report as appropriate.	
Required for:	**When/How to Submit:**
Use this form to report venous thromboembolisms occurring outside the SAE reporting window. (See Protocol section 12.2.2.1)	*Fax* AEs of special interest must be reported within 7 calendar days of becoming aware of the event

Informed Consent – Constitutional DNA	
Required for:	**When/How to Submit:**
Use this form to report information about consent for constitutional DNA studies and family history information for patients registered to UKALL14 prior to the implementation date of Protocol v7.0.	As soon as possible. The CTC will provide lists of patients that need to be contacted. Patients will either consent to the use of stored bone marrow or to having a buccal swab taken. Please cross through the section of the report that is not applicable.
Page 1 – Informed Consent – Constitutional DNA	
Date PIS given to patient	This should be at least 1 day before the date the patient has signed the consent forms.
Version Number Patient Information Sheet	This must be the current version of this document.
Version Number of Consent Form	This must be the current version of this document.
Name of person taking consent	This must be someone who is listed on the site delegation and who is authorised to carry out this trial activity.

UKALL14 CRF Flowchart