UKALL14 | Trial Number: 14 | Patient Initials:

Intensification (1/3)

Intensification/CNS Prophylaxis

Did the patient receive intensification/CNS prophylaxis? *(1=Yes, 2=No)* ☐

If yes, please complete the information below:

Date intensification started (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Was treatment given according to protocol schedule
(i.e. without dose reduction, delay or omission)? (1=Yes, 2=No) ☐

If No, please complete the table below:

Drug	Reduction[1]	Delay[1]	Omission[1]
Methotrexate			
Imatinib (for Ph+ve patients only)			

[1] 0=No reduction/delay/omission, 1=Neurotoxicity, 2=Hepatotoxicity, 3=Cardiotoxicity 4=Haematological toxicity, 5=Infusion-related toxicity 6=Pancreatitis 7=Patient choice, 8=Clinician choice, 9=Administrative, 10=Other (specify below):

Drug	10 = OTHER Reason for Reduction/Delay/Omission

UKALL14 | Trial Number: 14 | Patient Initials:

Intensification treatment form (2/3)

Oncaspar (Pegylated-Asparaginase)

BSA (m^2)

Please enter the <u>daily dose given</u> below, and indicate any reduction/delay/omission.

If the patient experienced a hypersensitivity reaction to Oncaspar, please indicate this in the 'omission' column in the table below, and then complete the Erwinase section of this page.

Day	Oncapsar (IU)	Reduction[1]	Delay[1]	Omission[1]
2				
16				

[1] 0=No reduction/delay/omission, 1=Neurotoxicity, 2=Hepatotoxicity, 3=Cardiotoxicity 4=Haematological toxicity, 5=Infusion-related toxicity 6=Pancreatitis 7=Patient choice, 8=Clinician choice, 9=Administrative, 10=Other (specify below), 11=Hypersensitivity (switched to Erwinase), 12=Ph+ve

Day	10 = OTHER Reason for Reduction/Delay/Omission
2	
16	

Erwinase

If the patient experienced a hypersensitivity reaction to Oncaspar, and received Erwinase as an alternative, please complete the table below.

Planned Oncaspar dose	Number of doses given	Total daily dose given (IU)
Day 2		
Day 16		

UKALL14 | Trial Number: 14 | Patient Initials:

Intensification treatment form (3/3)

Liver Function Tests

Please enter liver function test results taken from routine bloods prior to/and after the doses of Oncaspar, if available.

Day 2– Prior to Oncaspar

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

Day 2– Post Oncaspar

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

Day 16– Prior to Oncaspar

Albumin (g/L) ☐☐☐ Bilirubin (µmol/L) ☐☐☐

Aspartate Transaminase (IU/L) ☐☐☐ Alanine Transaminase (IU/L) ☐☐☐

Completed by:

Signature:

Date completed: d d m m y y y y