CLL4 - 2ND LINE TREATMENT FORM [D]

Please complete this form for all patients treated with 2nd line therapy (different from initial treatment) at the end of this phase of treatment, and return to:
FREEPOST RLUJ-UUUU-UUAC, CTSU, Richard Doll Building, Old Road, Headington, Oxford OX3 7LF or Fax: +44-(0)1865-743986

Date ....../....../........
Consultant ......................................................... Hospital ..............................................
Patient’s full name ............................................ CLL trial number .................................

Second randomisation

Was second randomisation done?  □ Yes  □ No
If No, reason  □ Patient refusal
□ Clinical, please specify .................................
□ Other, please specify .................................
If Yes, was recommended treatment given?  □ Yes  □ No
If No, reason:  □ Patient refusal
□ Clinical, please specify .................................
□ Other, please specify .................................

Treatment given

□ CHOP  □ Fludara  □ Fludara plus Cyclo
□ Other. Please specify ...........................................

Date initiated ....../....../........  No. of courses given .........................
Response  □ CR  □ NPR  □ PR  □ NR  □ PD  □ Not assessable

Vital status

□ Alive  □ Dead
If died: Date of death ....../....../........  Cause of death ..............................................
      Autopsy done? □ Yes  □ No

Revised protocol - 27th February 2001