

CLL4 - FOLLOW-UP FORM [C]

Please complete this form yearly for the first 5 years from entry 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

Disease status

- Never responded Stable disease
 Relapse (progression requiring therapy)

If progression: Date when documented/...../.....

- Evidence of progression: Downward trend Hb/plt
 Lymphocyte doubling time <12 months
 Progressive organomegaly

Have you initiated further therapy? Yes No

- If yes, treatment: Chlorambucil Fludara
 Fludara plus Cyclo CHOP
 Other. Specify
-

Vital status

- Alive Dead

If died: Date of death/...../..... Cause of death

- Autopsy done? Yes No