

# 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 .....

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## 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 .....

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## Treatment given

CHOP  Fludara  Fludara plus Cyclo

Other. Please specify .....

Date initiated ...../...../.....

No. of courses given .....

Response  CR  NPR  PR  NR  PD  Not assessable

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## Vital status

Alive  Dead

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

Autopsy done?  Yes  No