HORIZONS

UNIVERSITY OF Southampton

Understanding the impact of cancer diagnosis and treatment on everyday life

BASELINE NON HODGKIN LYMPHOMA (NHL) CRF

FOR STAFF USE ONLY

CRF Completion Instructions

- **This CRF is for completion by members of site staff NOT study participants**
- **Please complete the CRF when a patient has been recruited to the study**
- **Please complete as much of the CRF as possible**
- **If you have any queries, please contact the HORIZONS Co-ordinating Centre, email address HORIZONS@soton.ac.uk**
- **Please tick boxes when appropriate**
- **When you have completed the CRF, please keep a copy for your own records and return a copy to us, by post, fax or email, along with the completed cover sheet**

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Participant's date of birth d d m m y y y y

Participant's weight ____ kg Participant's height ____ cms

Participant's blood pressure *(Please give the most recently reported figures and the date on which they were measured)*

Systolic _____ mmHg

Diastolic _____ mmHg

Date measured

d d m m y y y y

Participant's lymphoma type (please tick one box)

Type	Sub-type	
High Grade B-cell non Hodgkin Lymphoma	Diffuse large B-cell lymphoma	
	T cell rich large B-cell lymphoma	
	Primary mediastinal (thymic) large B-cell lymphoma	
	High grade B-Cell with MYC and BCL2 and/or BCL6 rearrangements	
	Other (please describe on line below) …….	
	Not currently known	

Date of participant's current cancer diagnosis d d m m y y y y

(date that histological diagnosis was reported)

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Participant's tumour number stage (please tick one box OR tick the box indicating the number stage is not currently known)

Stage 1 - One group of lymph nodes affected either above or below diaphragm	
Stage 1E (Extranodal Lymphoma) - Started in a single organ and is contained within organ	
Stage 2 - Two or more groups of lymph nodes affected either above or below the diaphragm	
Stage 2E (Extranodal Lymphoma) - Started in one organ and also in one or more groups of lymph nodes	
Stage 3 - Lymph nodes affected on both sides of the diaphragm	
Stage 3E (Extranodal Lymphoma) - Lymph nodes affected on both sides of the diaphragm and a nearby organ is affected	
Stage 4 (treated with curative intent)	

Number stage not currently known ☐

Does the participant have bulky disease, ie a nodal mass > 7.5cm—often marked as 'X'

Yes		No		Unknown	

Participant's letter stage (please tick one box OR tick the box indicating the letter stage is not currently known)

A	Absence of B symptoms	
B	One or more of: Unintentional weight loss Night sweats Fevers	

Letter stage not currently known ☐

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Participant's cell of origin subtype classification (please tick one box OR tick the box indicating the cell of origin subtype is not currently known)

Germinal centre B-cell like (GCB)	
Activated B-cell-like (ABC) or non-GCB	

Cell of origin subtype not currently known ☐

Participant's LDH level at diagnosis (please give reported level OR tick the box indicating the LDH level is not currently known)

LDH Level _____ U/L

LDH level at diagnosis not currently known ☐

Participant's pre-treatment ECOG status (please tick one box)

ECOG 0 (the patient has no symptoms)	
ECOG 1 (the patient has symptoms but is ambulatory)	
ECOG 2 (the patient is bedridden less than half the day)	
ECOG 3 (the patient is bedridden half the day or longer)	
ECOG 4 (the patient is chronically bedridden and requires assistance with the activities of daily living)	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Has the participant had a previous diagnosis of cancer (please tick one box)

Yes		No		Unknown	

If you answered "yes" to the above question, please provide some information about the patient's previous cancer(s) by completing the box(es) below

PREVIOUS DIAGNOSIS 1

Type of cancer	
Date of diagnosis	
Treatment received	
Date treatment ended	

PREVIOUS DIAGNOSIS 2

Type of cancer	
Date of diagnosis	
Treatment received	
Date treatment ended	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Has the participant had any genetic tests for inherited cancers?

(please tick one box)

Yes		No		Unknown	

If you answered "Yes" to the above question, please provide some information about the participant's other genetic test(s) by completing the table(s) below

Name of genetic test for cancer (1)	Result of genetic test	
	Positive	
	Negative	
	Ambiguous/uncertain	
	Awaiting result	
	Unknown	

Name of genetic test for cancer (2)	Result of genetic test	
	Positive	
	Negative	
	Ambiguous/uncertain	
	Awaiting result	
	Unknown	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Has a first degree relative of the participant (parent, sibling or child) been diagnosed with cancer? (please tick one box)

Yes		No		Unknown	

If you answered "yes" to the above question, what type of cancer and when was it diagnosed? (Please complete the table below)

	Type of cancer	Age at diagnosis	Date of diagnosis
Relative 1			
Relative 2			
Relative 3			

Does the participant have any co-morbidities? (please tick one box)

Yes		No		Unknown	

If the participant does have co-morbidities, please indicate which by ticking the relevant box(es) in the table below

Myocardial infarct	
Angina/coronary artery disease	
Congestive Heart Failure	
Cardiac Arrythmias	
Hypertension	
Venous Disease (PE/DVT)	
Peripheral Arterial Disease	
Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, asthma etc.)	
Liver Disease (portal hypertension, chronic/acute hepatitis, cirrhosis etc.)	
Stomach Ulcers or Inflammatory Bowel Disease	
Acute or Chronic Pancreatitis	
End-stage Renal Disease (chronic renal insufficiency, dialysis etc.)	
Thyroid problems (hyperthyroidism, hypothyroidism etc.)	

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Participant's co-morbidities continued (please tick all that apply)

Diabetes Mellitus Type 1	
Diabetes Mellitus Type 2	
Stroke/TIA	
Dementia	
Paralysis (paraplegia or hemiplegia)	
Neuromuscular Condition (multiple sclerosis, Parkinson's, myasthenia gravis, other chronic neuromuscular disorder)	
Clinical diagnosis of anxiety	
Clinical diagnosis of depression	
Other psychiatric Diagnosis (schizophrenia, bipolar disorder etc.)	
Osteoarthritis	
Rheumatoid Arthritis	
Other Rheumatological Disease (systemic lupus, mixed connective tissue disorder, poly-myositis, rheumatic polymyositis, scleroderma etc.)	
HIV/AIDS	
Alcohol Abuse (or history of, must be accompanied by social, behavioural or medical com-plications)	
Drug/Substance Abuse (or history of, must be accompanied by social, behavioural or medical complications)	
Morbid Obesity	
Other (please give details) ……..	

What is the participant's proposed treatment start date (main first-line treatment for NHL)

d d / m m / y y y y

Please add your name and signature and the date that you completed this CRF

Name _____ Signature _____

Date

d d / m m / y y y y