

# NOTIFICATION OF ENTRY

Patient's initials:: .....	Sex:.....	Date of birth: ...../...../.....
Hospital: .....	Hospital No.: .....	
Consultant: .....	AML17 Trial No.: .....	

Is AML/APL secondary to a previously documented blood disorder? No  Yes

Has the patient had chemotherapy or radiotherapy previous to diagnosis of AML/APL? No  Yes

If YES to either question, please give details with dates: .....

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**Diagnostic data:** Weight: ..... kg Height: ..... cm

Blood: Date: ...../...../..... Hb: ..... g/dl Platelets: ..... x 10<sup>9</sup>/l  
(before any transfusions) Total WBC: ..... x 10<sup>9</sup>/l

Bone Marrow\*: Date: ...../...../..... Blasts: .....% FAB type: .....

CNS involvement: No  Yes  Not examined

Local cytogenetics\*: Normal  Abnormal  Not done  Failed  Pending

Local Immunophenotype\*: Available  Not available  Pending

\*\*CD33 -ve  \*\*CD33 +ve  Not done  \*\*Percentage: .....%

\*Please attach copy of report

Cigarette smoking history: Non-smoker  \*\*\*Ex-smoker  \*\*\*Current smoker  \*\*\*No. per day? .....

(adults only)

Ethnic Origin: Asian (Indian)  Asian (Pakistani)  Asian (Chinese)

Asian (other)  Black (Caribbean)  Black (African)

Black (other)  White  Other  please specify.....

Comorbidity Index (HCT-CI)

**Instructions:** Please tick either No, Yes or Unknown for each co-morbidity listed below:

Comorbidities	Definitions	No	Yes	Unknown
Arrhythmia	Atrial fibrillation or flutter, sick sinus syndrome, and ventricular arrhythmias			
Cardiac	Coronary artery disease†, congestive heart failure, myocardial infarction, or EF≤50%			
Heart valve disease*	Except mitral valve prolapse			
Inflammatory bowel disease	Crohn's disease or ulcerative colitis			
Diabetes*	Requiring treatment with insulin or oral hypoglycemic, but not diet alone			

Cerebrovascular disease	Transient ischemic attack or cerebrovascular accident			
Psychiatric disturbance*	Depression/anxiety requiring psychiatric consult or treatment			
Obesity*	Patients with a body mass index >35 kg/m <sup>2</sup>			
Infection*	Requiring continuation of anti-microbial treatment after day 0			
Rheumatologic	SLE, RA, polymyositis, mixed CTD, polymyalgia rheumatica			
Peptic ulcer*	Requiring treatment			
Moderate/severe renal*	Serum creatinine >2 mg/dl, on dialysis, or prior renal transplantation			
Moderate pulmonary*	DLco and/or FEV <sub>1</sub> >65%-80% or Dyspnea on slight activity			
Severe pulmonary*	DLco and/or FEV <sub>1</sub> ≤65% or Dyspnea at rest or requiring oxygen			
Prior solid tumour	Treated at any time point in the patient's past history, excluding non-melanoma skin cancer			
Hepatic – mild*	Chronic hepatitis, Bilirubin >ULN- 1.5 X ULN, or AST/ALT >ULN-2.5XULN			
Moderate/severe hepatic*	Liver cirrhosis, Bilirubin >1.5 X ULN, or AST/ALT >2.5XULN			
Other (Please specify any comorbidities not listed above)				

**NOTES:**

\* Comorbidity is currently active or patient requires medical treatment.

†One or more vessel-coronary artery stenosis, requiring medical treatment, stent, or bypass graft.

EF indicates ejection fraction; ULN, upper limit of normal; SLE, systemic lupus erythmatosis; RA, rheumatoid arthritis; CTD, connective tissue disease; DLco, diffusion capacity of carbon monoxide; FEV<sub>1</sub>, forced expiratory volume in one second; AST, aspartate aminotransferase; ALT, alanine aminotransferase.

**Please return the completed Section A form to the AML17 Trial Office, WCTU, Neuadd Meirionnydd, University Hospital of Wales, Heath Park, Cardiff CF14 4YS**