

S1803 – Multiple Myeloma

PHASE III STUDY OF DARATUMUMAB/rHuPH20 (NSC- 810307) + LENALIDOMIDE OR LENALIDOMIDE AS POST AUTOLOGOUS STEM CELL TRANSPLANT MAINTENANCE THERAPY IN PATIENTS WITH MULTIPLE MYELOMA (MM) USING MINIMAL RESIDUAL DISEASE TO DIRECT THERAPY DURATION (**DRAMMATIC** STUDY)

Things to remember

- Baseline Tumor Assessment (BTA) must be completed with initial diagnosis disease assessment
- Step 1 Source Documents are to be from initial diagnosis
 - Each document must be uploaded separately to resolve expectations
 - Required documents are diagnostic pathology, radiology and FISH reports
 - If one of the required documents are not available due to not being completed at time of diagnosis, notify SDMC to have expectation manually resolved.
- All patients require a 24-hour UPEP at these timepoints:
 - Within 60 days prior to Registration to Step 2
 - 12 months after registration to Step 2
 - 24 months after registration to Step 2
 - 36 months after registration to Step 2
 - 48 months after registration to Step 2
 - To confirm a complete response as defined per section 10 of the protocol
- Archival slides, or linkable commercial sequencing is required for all patients registered after 9/15/2022
 - Without a successful archival slide or linkable sequencing, MRD results cannot be provided.
 - SWOG SDMC will reach out to sites for patients who have a failed or polyclonal archival result to ask if additional sample may be submitted. Sites will be reimbursed for the additional submission if required.
- 24-month MRD results **MUST** come from Adaptive and the SDMC. Local MRD results are not allowed to determine Step 3 eligibility.
- Sites **MUST** wait for the completion of the 24-month MRD and Response eCRF in Rave before registering patients to Step 3.
- Any specimen not collected must be noted as such in the Specimen Tracking System (STS). Help document is available on CTSU to detail this process.
- Updated CRF Guidelines will be uploaded to CTSU

Helpful Contacts

- myelomaquestion@crab.org
 - Reach out to this email first for all study related questions. If we can't help you, we will loop in the appropriate contacts
- ctsucontact@westat.com
 - CTSU grants access to Rave. The SDMC cannot provide this access and will refer you to this distribution list.
- Clinicaltrials-diagnostics@adaptivebiotech.com
 - Adaptive can help link commercial sequencing if archival slides are not available
 - Will assist with the Adaptive Portal to log specimens being shipped to Adaptive.

S1803 Data Submission Guidelines

These guidelines were developed to address frequently asked questions and common errors. Not all forms available are included in this guideline; if there are not frequently asked questions about a form, it may not have been included in this document. This guide is not a replacement for form instructions. Please carefully read all form instructions before submitting data.

If you have further questions about data entry or eligibility, please email

MyelomaQuestion@crab.org.

For other questions, please refer to the S1803 Protocol Contact Information page in the S1803 protocol.

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Step 2 Registration Worksheet

Page: S1803 Registration Worksheet - Step 2 - Enrollment Forms

SWOG Patient ID	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Registrar's SWOG Roster ID Number	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
SWOG Investigator Number	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
SWOG Treating Institution Number	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Projected Start Date of Treatment:	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
R-ISS Stage at time of initial diagnosis	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Proteasome inhibitor or daratumumab/rHuPH20 Induction therapy	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Best response to ASCT	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
I agree that my study doctor, or someone on the study team, may contact me or my doctor to see if I wish to participate in other research in the future.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
I agree that my samples and related health information may be used for the laboratory MRD study described above.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
My samples and related information may be kept in a Biobank for use in future health research.	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Language for patient completed questionnaires	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Has the SWOG Registration Worksheet been completed entirely and is the patient eligible according to the current version of protocol section 5.0?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>

If unknown, select I / II

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Step 3 Registration Worksheet

Page: S1803 Registration Worksheet - Step 3 - Enrollment Forms

SWOG Patient ID	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Registrar's SWOG Roster ID Number	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
SWOG Investigator Number	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
SWOG Treating Institution Number	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Has the patient been enrolled on Registration Step 2 for at least 24 months?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Is the patient MRD negative by NGS?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Is the patient in confirmed very good partial remission (VGPR) or better by IMWG response criteria according to the S1803 24-month MRD and Response form?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>
Has the SWOG Registration Worksheet been completed entirely and is the patient eligible according to the current version of protocol section 5.0?	<input type="radio"/> <input type="checkbox"/> <input type="checkbox"/>

MRD results MUST be from Adaptive; Response results MUST be determined by the SDMC and entered on the 24-month MRD and Response CRF by the SDMC

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Step 3 Registration information

- Patients are not to be registered until the 24-month MRD and Response form has been completed by SWOG.
 - Results for the MRD assessment, and patients' current response will be entered to determine patient eligibility.
 - All disease assessment data MUST be up to date before response is able to be determined

- This includes completion of 24 hour UPEP assessment and results of the 24 month bone marrow biopsy
- Site’s MRD assessments CAN NOT to be used to determine 24-month MRD results.
 - Only results provided by SWOG SDMC are to be used.
 - MRD results must be by Next Gen Sequencing (NGS) provided by Adaptive
- See [Step 3 Registration and Procedures](#) document for additional information

Vital Status Form

Fill out the Vital Status form any time you enter data, **PRIOR to submitting any other data.** Otherwise, you will get system queries on other forms. See protocol section 14.4 for required timepoints for completion.

Page: On Tx Vital Status - Vital Status (On Treatment)

Instructions: Please complete this form when contact is made with the patient for any reason. This form should be submitted prior to any other data entry related to that visit. If this is the first Registration Step for the Study and the patient has not been seen since registration, please enter the Registration Date for Step 1.

Vital status Alive Dead

Date of last contact

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Page: Off Tx Vital Status - Vital Status (Off Treatment)

Instructions: Please complete this form when contact is made with the patient for any reason. This form should be submitted prior to any other data entry related to that visit.

Vital status Alive Dead

Date of last contact

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Confirmation of vital status can be obtained through phone call, EMR records, tele-health visits, etc.

Step 1 Onstudy Forms

- The Onstudy forms should use the screening information from prior to Step 1 Registration

Patient and Disease Description – Step 1

- History and Physical must be performed within 28 days prior to registration to Step 1
- Date of current diagnosis is asking for the date the patient was diagnosed with symptomatic multiple myeloma as defined in section 4.1
- If R-ISS Stage at diagnosis is not known, or was not done, please select stage I or II and enter a comment at the bottom of the form stating the test was not performed at time of diagnosis.

Page: Onstudy: Patient and Disease Description - Step 1 - Baseline Step 1

Performance Status (Zubrod)	<input type="text"/> ... <input type="button" value="v"/>
Height	<input type="text"/> cm (xxx)
Weight	<input type="text"/> kg (xxx.x)
Date of history and physical exam	<input type="text"/> ... <input type="button" value="v"/>
Date of current diagnosis	<input type="text"/> ... <input type="button" value="v"/>
R-ISS stage at diagnosis	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III
Did the patient have progressive disease any time prior to registration?	<input type="radio"/> Yes <input type="radio"/> No
If yes, date	<input type="text"/> ... <input type="button" value="v"/>
Is the patient a female of childbearing potential?	<input type="radio"/> Yes <input type="radio"/> No
If yes, date of urine pregnancy test	<input type="text"/> ... <input type="button" value="v"/>
Date of second pregnancy test	<input type="text"/> ... <input type="button" value="v"/>
Does the patient have adjusted DLCO, FEV, FVC \geq 50% of predicted value (corrected for Hgb)?	<input type="radio"/> Yes <input type="radio"/> No
Does the patient have multi-organ involvement by amyloidosis or evidence of amyloidosis related organ dysfunction within 60 days prior to registration?	<input type="radio"/> Yes <input type="radio"/> No
Does the patient have active hepatitis (HBV or HCV) as determined by serology or NAAT?	<input type="radio"/> Yes <input type="radio"/> No
Does the patient have an adequate autologous graft with CD34 counts $> 2 \times 10^6$?	<input type="radio"/> Yes <input type="radio"/> No
Is the patient HIV+?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Complete the following questions for HIV+ patients only:	
Date of diagnosis	<input type="text"/> ... <input type="button" value="v"/>
Current viral load	<input type="text"/> copies HIV mRNA (xxxxxx)
CD4 cells, #, blood	<input type="text"/> cells/ μ L (xxxxx)
Comments	<input type="text"/>

Date patient was diagnosed with symptomatic multiple myeloma as defined in section 4.1.

If unknown, select I or II; enter comment that actual R-ISS stage at diagnosis is unknown

Laboratory Values – Step 1

- Labs should be entered to match the Lab test units to the left of the lab value
 - Platelets: XXX,XXX (100000)
 - ANC: X,XXX (2000)
 - No commas should be entered
- If LLN or ULN boxes are listed, values are required for that lab assessment
- Section 5.1 of the protocol specifies the timeframes that labs must be collected within. There are some labs that do not have a window and, if available, may be entered from any time after diagnosis from any time can be entered (LVEF, LDH, Beta-2 Microglobulin and C Reactive Protein)
 - Log lines 1-8 should be collected as close to registration as possible
 - Log lines 9-14 can be from any time after diagnosis, if collected.

Page: Onstudy: Laboratory Values - Step 1 - Baseline Step 1

Confirm values are entered in the correct units

#	Lab test	Lab test units	Lab value	LLN	ULN	Sample collection date
1	Absolute Neutrophil Count (ANC), Blood	/uL (x,xxx)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
2	Platelets, Blood	/uL (xxx,xxx)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
3	Hemoglobin, Blood	g/dL (xx.x)	<input type="text"/>	<input type="text"/>		<input type="text"/> ... <input type="text"/>
4	Creatinine, Serum	mg/dL (xx.xx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
5	Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	mL/min				
6	Aspartate Aminotransferase (AST or SGOT), Serum	U/L (xxx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
7	Alanine Aminotransferase (ALT or SGPT), Serum	U/L (xxx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
8	Bilirubin, Total, Serum	mg/dL (xxx.x)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
9	ECHO	% (xxx)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
10	LVEF	% (xxx)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
11	Lactate Dehydrogenase (LDH), Serum	U/L (xxxx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
12	Beta-2 Microglobulin, Serum	ug/mL (xx.x)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
13	C Reactive Protein, Serum	ug/dL (xxx.x)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
14	Albumin, Serum	g/dL (xx.x)	<input type="text"/>			<input type="text"/> ... <input type="text"/>

These labs are not required per protocol. If they were completed at time of diagnosis, please enter this data.

Comments

Baseline Source Documentation – Step 1

- Please upload **only diagnostic reports** here
 - Include diagnostic radiology and pathology reports
 - Include diagnostic FISH/CYTO reports separately – Indicate the “Type of scan” for these reports as “Cytologic Confirmation” or “FISH Report”
 - The full FISH report is preferred as it provides more information for the study chairs
 - Additional labs and physicals are not required documents and **should not be uploaded**
- All uploaded source documentation must contain the patient’s initials and patient ID number on at least one page of each uploaded document
- Use the drop down to select the correct Type of Procedure
 - Expectations will not resolve unless the correct type of scan/document is selected. See protocol section 14.4 for required documents
- Avoid using “Other Scan Type” whenever possible
- Date of procedure is to be the date the scan/biopsy was performed, not the date the results were provided/received

Page: Source Documentation: Baseline - Baseline Step 1

Instructions: Use this form to upload reports as specified per protocol in section 14.4. Please ensure all source documents:

- Include patient’s initials, patient id number and study number on the first page of each uploaded document (i.e. S2300, ABC, 123456);
- Are properly and completely redacted and free of PHI before uploading to Rave;
- File names of uploaded documents are free of any special characters (i.e. #, \$, %, &, etc);
- Have the proper file type selected to ensure correct expectation is resolved (i.e. a CT Scan report must be labeled with scan type “CT Scan”)

Uploading documents in PDF format is preferred and should be the method used whenever possible (especially for multi-page documents). Do not combine different medical record reports (operative, pathology, radiology, etc.) as a single PDF. Each report must be identified separately to streamline data review. Furthermore, a single upload will not resolve multiple expectations.

#	Date of procedure	Type of procedure	Upload document?	Comments
1	<input type="text"/> ... <input type="text"/>	...	<input type="button" value="Choose File"/> No file chosen	

Add a new Log line Inactivate

Comments

If you're not done completely that edit checks will still fire

Save this form, but don't submit

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work for later, check the box below and click the Save button. Note

- Skeletal Survey
- Pathology Report
- Operative Report
- Colposcopy
- Endoscopy
- Plain Film/X-ray w/o Contrast
- Plain Film/X-ray w/ Contrast
- CT Scan
- MRI Scan
- Radioisotope Scan
- Ultrasound
- PET Scan
- Spiral CT Scan
- Cystoscopy
- Histologic Confirmation
- Cytologic Confirmation
- PET/Spiral CT
- PET/Conventional CT
- FISH Report
- Other Scan Report

If a procedure was not performed at time of diagnosis, enter comment here, and email myelomaquestion@crab.org to have the expectation manually resolved.

Pre-Randomization Off Study

Patients not continuing to randomization (Step 2 registration) will have this form completed. DO NOT COMPLETE THIS FORM IF PATIENT WILL BE REGISTERED TO STEP 2

Subject: 123456
Page: Pre-Randomization Off Study Form - Pre-Randomization Off Study

PLEASE LEAVE THIS FORM BLANK UNLESS THE PATIENT WILL NOT BE RANDOMIZED TO STEP 2

Instructions: Submit this form if the patient will not be registered to Step 2 (Randomization), indicating the primary reason below. Submit this form within 7 days after the decision not to register the patient to Step 2 (Randomization).

Primary reason patient is not being registered to Step 2 (Randomization) of the study (select only one)

If Death, Date of death

Date of decision not to register patient to Step 2 (Randomization)

Will patient receive further treatment?

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

Select the reason patient will not continue to Step 2 from the dropdown. Any option that includes "specify" requires a comment at the bottom of the form with additional clarification

Patient refused, specify
Adverse events, specify
Investigator decision, specify
Disease progression
Death, primary cause of death
Patient is not eligible for the Step 1 registration (Observation), specify
Patient is not eligible for Step 2 (Randomization), specify
Other, specify

All patients registered to Step 1 must complete **ALL** Baseline Step-1 Onstudy forms and Baseline Tumor Assessment form.

Baseline Tumor Assessment (BTA)

Completing the BTA

- Unlike most studies, S1803 requires the Baseline Tumor Assessment (BTA) to be completed using INITIAL DIAGNOSIS disease assessment rather than the screening assessment.
 - Patient must have measurable disease by either SPEP, UPEP or FLC as defined in protocol criteria 5.1.a.
 - Information should be around the date of initial diagnosis entered on the Baseline Step 1 Onstudy form.
 - This form must be completed with an assessment from prior to any induction-treatment
- Date of diagnosis and start date of induction therapy will be compared to the dates of assessments entered on the BTA to ensure the data is from initial diagnosis.
- All patients registered to Step 1 must have this form completed.

Page: Baseline Tumor Assessment for Multiple Myeloma - Disease Assessment

SERUM M-PROTEIN	
Date of SPEP	<input type="text"/> ... <input type="text"/>
SPEP not done	<input type="checkbox"/>
Monoclonal protein, electrophoresis, serum	<input type="text"/> g/dL (xx.x)
Too small to quantify	<input type="checkbox"/>
Date of immunofixation	<input type="text"/> ... <input type="text"/>
Immunofixation not done	<input type="checkbox"/>
Monoclonal protein, immunofixation electrophoresis, serum	<input type="radio"/> Negative <input type="radio"/> Positive
Free light chains, freelite assay, serum	
Kappa free light chain	<input type="text"/> mg/dL (xxxxx.xx)
Lambda free light chain	<input type="text"/> mg/dL (xxxxx.xx)
Kappa/lambda ratio (<i>derived</i>)	(xxxxxx.xx)
Kappa/lambda difference (dFLC)	<input type="text"/> mg/dL (xxxxx.xx)
Quantitative immunoglobulins	
Immunoglobulin G (IgG), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin A (IgA), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin M (IgM), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin D (IgD), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin E (IgE), serum	<input type="text"/> mg/dL (xxxxx)
Light chain serum	... <input type="text"/>
Heavy chain, serum	... <input type="text"/>
URINE M-PROTEIN	
Date of 24-hour UPEP	<input type="text"/> ... <input type="text"/>
24-hour UPEP not done	<input type="checkbox"/>
Monoclonal protein, electrophoresis, urine	<input type="text"/> mg/24.h (xxxxx)
Too small to quantify	<input type="checkbox"/>
Date of immunofixation	<input type="text"/> ... <input type="text"/>
Not done	<input type="checkbox"/>
Monoclonal protein, immunofixation electrophoresis, urine	<input type="radio"/> Negative <input type="radio"/> Positive
Urine volume	<input type="text"/> ml/24.h (xxxx)
Urine total protein	<input type="text"/> mg/24.h (xxxx)
Urine light chain	... <input type="text"/>

Confirm value is entered in mg/dL rather than mg/L. If your site reports in mg/L, convert value by dividing by 10

Derived by Rave

Ensure this is the monoclonal protein, not total protein

BONE MARROW PLASMACYTOSIS

Bone marrow biopsy date ...

Biopsy type

Cellularity, %, bone marrow (xxx)

Plasma cells, %, bone marrow (xxx)

Monoclonal cells in bone marrow Present Absent

BONE DISEASE

Serum calcium date ...

Not done

Calcium, serum mg/dL (xx.xx)

Did the patient have a PET scan, MRI, CT, or skeletal survey? Yes No

If yes, please specify type and date (check all that apply)

PET scan

PET scan date ...

MRI

MRI date ...

CT

CT date ...

Skeletal survey

Skeletal survey date ...

Number of lytic lesions

PLASMACYTOMAS

Soft tissue plasmacytomas?

Please record the requested information for all plasmacytomas present. List the plasmacytomas in the same each assessment.

#	Site of lesion	Greatest measurement	Greatest perpendicular measurement	Assessment date
1	<input type="text"/>	<input type="text"/> cm (xx.x)	<input type="text"/> cm (xx.x)	<input type="text"/> ... <input type="text"/>

Add a new Log line Inactivate

Comments

If <10%, biopsy confirmed plasmacytoma must be entered to confirm eligibility

Dates and scan types must match documents uploaded in Step 1 Source Documentation

If a specific number is not given, use best judgement to select the correct response

ALL plasmacytomas (soft or bony) present at time of diagnosis must be entered here. Lytic lesions should NOT be entered in this table

If measurements of plasmacytoma are unknown, enter comment

Step 2 Onstudy Forms

Patient and Disease Description – Step 2

- Complete with data from as close to registration to Step 2 as possible.
 - Unless otherwise specified that assessment must be done sooner, all assessments must be completed within 60 days prior to registration to Step 2
 - Patients registered to Steps 1 and 2 concurrently may use a lot of the same screening information

Page: Onstudy: Patient and Disease Description - Step 2 - Baseline Step 2 (1)

Height	<input type="text"/>	cm (xxx)
Weight	<input type="text"/>	kg (xxx.x)
Date of history and physical exam	<input type="text"/>	<input type="text"/> ... <input type="text"/>
Date of ASCT	<input type="text"/>	<input type="text"/> ... <input type="text"/>
Has the patient received any other maintenance therapy post-ASCT and prior to step 2 registration?	<input type="radio"/> Yes <input type="radio"/> No	
Performance Status (Zubrod)	<input type="text"/> ... <input type="text"/>	
Have all ASCT-related toxicities recovered to ≤ Grade 1 (except for alopecia, fatigue, and amenorrhea) prior to first randomization?	<input type="radio"/> Yes <input type="radio"/> No	
Did the patient have mucositis or gastrointestinal symptoms?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, have they resolved to ≤ Grade 1?	<input type="radio"/> Yes <input type="radio"/> No	
Is the patient able to take oral medications?	<input type="radio"/> Yes <input type="radio"/> No	
Does patient have archival specimens for MRD by NGS or a linkable commercial sequencing to provide ID clonality?	<input type="radio"/> Yes <input type="radio"/> No	
Comments	<input type="text"/>	

If registered to Step 1 and 2 concurrently, date of H&P for both steps may be the same

Answer "Yes" if samples are sent to Adaptive, regardless of result; Only answer "No" if there are not archival samples to submit

Laboratory Values – Step 2

- All Step 2 labs must be completed within 28 days prior to registration to Step 2
- Patients registered to Steps 1 and 2 concurrently may use the same labs for both steps, but they must be entered on each form
- LLN and ULN are required if able to enter a value. If your institution does not have these values, please use the standard LLN and ULN that can be found online

Page: **Onstudy: Laboratory Values - Step 2 - Baseline Step 2 (1)**

#	Lab test	Lab test units	Lab value	LLN	ULN	Sample collection date
1	Absolute Neutrophil Count (ANC), Blood	/uL (x,xxx)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
2	Platelets, Blood	/uL (xxx,xxx)	<input type="text"/>			<input type="text"/> ... <input type="text"/>
3	Hemoglobin, Blood	g/dL (xx.x)	<input type="text"/>	<input type="text"/>		<input type="text"/> ... <input type="text"/>
4	Creatinine, Serum	mg/dL (xx.xx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
5	Creatinine Clearance (CrCl), Cockcroft-Gault, Serum	mL/min	<input type="text"/>			<input type="text"/> ... <input type="text"/>
6	Aspartate Aminotransferase (AST or SGOT), Serum	U/L (xxx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
7	Alanine Aminotransferase (ALT or SGPT), Serum	U/L (xxx)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
8	Bilirubin, Total, Serum	mg/dL (xxx.x)	<input type="text"/>		<input type="text"/>	<input type="text"/> ... <input type="text"/>
Comments						<input type="text"/>

Value derived by Rave



Source Documentation – Step 2

- Upload Pre-Registration Step 2 pathology and radiology reports
 - If FISH/CYTO was completed, upload as a separate document
 - All reports should be within 60 days prior to registration to Step 2
- Only the above reports are required
 - Please do not upload additional reports
 - Other screening lab reports should not be uploaded
- Ensure patient number and initials are present on at least one page of each uploaded document
- Do not use special characters (#, &, \$, %, etc.) when naming document to be uploaded
 - The SDMC cannot open documents that contain special characters in the title. You will be queried to rename and reupload
- Use the dropdown to select the appropriate type of procedure.
 - “Other Scan Type” should not be needed or used here.

Page: **Source Documentation: Baseline - Baseline Step 2 (1)**

Instructions: Use this form to upload reports as specified per protocol in section 14.4. Please ensure all source documents:

- Include **patient's initials, patient id number and study number** on the first page of each uploaded document (i.e. S2300, ABC, 123456);
- Are properly and completely **redacted** and free of PHI before uploading to Rave;
- **File names** of uploaded documents are **free of any special characters (i.e. #, \$, %, &, etc)**;
- Have the proper file type selected to ensure correct expectation is resolved (i.e. a CT Scan report must be labeled with scan type “CT Scan”)

Uploading documents in PDF format is preferred and should be the method used whenever possible (especially for multi-page documents).
Do not combine different medical record reports (operative, pathology, radiology, etc.) as a single PDF. Each report must be identified separately to streamline data review. Furthermore, a single upload will not resolve multiple expectations.

#	Date of procedure	Type of procedure	Upload document?	Comments
1	<input type="text"/> ... <input type="text"/>	... <input type="text"/>	<input type="button" value="Choose File"/> No file chosen	

Add a new Log line Inactivate

Comments

If you're not done completing Note that edit checks will still

Save this form, but don't submit

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your work for later, check the box below and click the Save button.

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PRO-CTCAE

- Complete within ±7 days of registration to Step 2, but PRIOR to C1D1
- Following PRO-CTCAE forms will be completed at the end of the cycle with patient’s AE assessment
- This form is not used as a replacement for AE assessment. A full toxicity assessment is to be completed at the end of each cycle.

Patient Reported Outcomes

- Questionnaires/QOL have been added to Revision 5 (PVD 3/10/2022) and are required to be completed by all patients registered to this protocol version or later.
 - Patients registered prior to version 5, WILL NOT complete the questionnaires.
 - The documents may be printed from the CTSU website for patients to complete; results are entered into respective eCRFs in Rave.
 - Training for administration of the questionnaires can be found here: <https://www.swog.org/clinical-trials/protocol-workbench>
- Due:
 - Registration to Step 2
 - 12 months after registration to Step 2
 - 24 months after registration to Step 2
 - 36 months after registration to Step 2
 - 48 months after registration to Step 2

PROMIS-29 Profile

- Complete within ± 7 days of registration to Step 2, but PRIOR to C1D1
- Use drop down options to select patient's response
- Required for patients who speak English or Spanish (if initially registered to protocol revision 5-revision 9)
 - Also available for patients who speak French (if initially registered to Protocol revision 5-revision 9)
 - Language is selected during registration

Intolerance of Uncertainty Scale (IUS) Short Form

- Complete within ± 7 days of registration to Step 2, but PRIOR to C1D1
- Use drop down options to select patient's response
- Required for patients who speak English or Spanish (if initially registered to protocol revision 5-revision 9)
 - Also available for patients who speak French (if initially registered to Protocol revision 5-revision 9)
 - Language is selected during registration
- To determine the patient's Score, add the values of the answers:
 - 1 Point = Not at all characteristic of me
 - 2 Points = A little characteristic of me
 - 3 Points = Somewhat characteristic of me
 - 4 Points = Very characteristic of me
 - 5 Points = Entirely characteristic of me
 - 0 Points = Not answered by patient



Date Questionnaire Completed

 ...

Please circle the number that best corresponds to how much you agree with each item.

1 Unforeseen events upset me greatly.

2 It frustrates me not having all the information I need.

3 Uncertainty keeps me from living a full life.

4 One should always look ahead so as to avoid surprises.

5 A small unforeseen event can spoil everything, even with the best of planning.

6 When it's time to act, uncertainty paralyses me.

7 When I am uncertain I can't function very well.

8 I always want to know what the future has in store for me.

9 I can't stand being taken by surprise.

10 The smallest doubt can stop me from acting.

11 I should be able to organize everything in advance.

12 I must get away from all uncertain situations.

Score:

Use points detailed above (and on Master Forms Set) to get the sum of the patient's score and enter that value here

 (xx)

Comments

First Follow-up Tumor Assessment (FUTA)

Page: Follow-Up Tumor Assessment for Multiple Myeloma: Assessment - Follow-up Tumor: Assessment

<p>Was disease status evaluated during this reporting period? (Comments are required if disease status was not evaluated.)</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>If yes, date of most recent disease status evaluation</p>	<input type="text"/> ... <input type="text"/>
<p>If no, planned disease status evaluation date</p>	<input type="text"/> ... <input type="text"/>
<p>Has the patient progressed or relapsed? (Per the definition in Section 10 of the protocol.)</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>Comments</p>	<div style="border: 1px solid #ccc; padding: 5px; min-height: 30px;"> <p>Enter date of most recent assessment completed for screening. All dates entered here must be within 60 days prior to registration to Step 2</p> </div>

General notes for completing first Follow-up Tumor Assessment

- Complete the first FUTA using patient's post-transplant, pre-registration step 2 information
 - Using this data allows us to see the patient's response to induction/transplant therapies which is a stratification factor per protocol.
 - All assessments are required to be completed prior to Registration Step 2, **including 24-hour UPEP**, regardless of how the patient had measurable disease at diagnosis.
 - All assessments must be from within 60 days prior to registration per eligibility criterion 5.2.e.
 - If the patient had measurable disease by UPEP at diagnosis, the patient **MUST** be followed by UPEP for the duration of the study per section 10.2.e.
- Only numeric values can be entered on this form
 - If a result is provided with "<", please enter the whole number in the field, and enter a comment at the bottom of the field stating "Resulted as <5"
- Upload bone marrow pathology report and imaging report to the Source Documentation folder
 - Must be uploaded to BOTH Step 2 Source Documentation, and this Source Documentation folders to ease the study chairs' review process
 - Please do not upload other lab results; they are not required
 - Ensure all documents are fully redacted and labeled per form instructions (patient number, patient initials and study number)

Follow-up Tumor Assessment: Report

- Enter patient’s screening (Pre-registration Step 2) disease assessment here
 - All assessments entered must be from within **60 days prior to registration to Step 2**
 - Bone marrow biopsy, imaging and 24-hour UPEP are required for ALL patients, in addition to SPEP, free light chain assessment and serum calcium assessment

Page: Follow-Up Tumor Assessment for Multiple Myeloma: Report - Follow-up Tumor: Assessment (new)

<u>SERUM M-PROTEIN</u>	
Date of SPEP	<input type="text"/> ... <input type="text"/>
SPEP not done	<input type="checkbox"/>
Monoclonal protein, electrophoresis, serum	<input type="text"/> g/dL (xx.x)
Too small to quantify	<input type="checkbox"/>
Date of immunofixation	<input type="text"/> ... <input type="text"/>
Immunofixation not done	<input type="checkbox"/>
Monoclonal protein, immunofixation electrophoresis, serum	<input type="radio"/> Negative <input type="radio"/> Positive
<u>Free light chains, Freelite assay, serum</u>	
Kappa free light chain	<input type="text"/> mg/dL (xxxxx.xx)
Lambda free light chain	<input type="text"/> mg/dL (xxxxx.xx)
Kappa/lambda ratio (derived)	(xxxxx.xx)
Kappa/lambda difference (dFLC)	mg/dL (xxxxx.xx)
Quantitative Immunoglobulins	Derived by Rave
Immunoglobulin G (IgG), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin A (IgA), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin M (IgM), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin D (IgD), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin E (IgE), serum	<input type="text"/> mg/dL (xxxxx)
Light chain, serum	... <input type="text"/>
Heavy chain, serum	... <input type="text"/>
<u>URINE M-PROTEIN</u>	
Date of 24-hour UPEP	<input type="text"/> ... <input type="text"/>
24-hour UPEP not done	<input type="checkbox"/>
Monoclonal protein, electrophoresis, urine	<input type="text"/> mg/24.h (xxxxx)
Too small to quantify	<input type="checkbox"/>
Date of immunofixation	<input type="text"/> ... <input type="text"/>
Not done	<input type="checkbox"/>
Monoclonal protein, immunofixation electrophoresis, urine	<input type="radio"/> Negative <input type="radio"/> Positive
Urine volume	<input type="text"/> ml/24.h (xxxx)
Urine total protein	<input type="text"/> mg/24.h (xxxx)
Urine light chain	... <input type="text"/>

Required for all eligible patients; date must be within 60 days prior to registration to Step 2

Confirm value is entered in mg/dL rather than mg/L. If your site reports in mg/L, convert value by dividing by 10

Derived by Rave

Required for all eligible patients. Date must be within 60 days prior to Step 2 registration

BONE MARROW PLASMACYTOSIS

Bone Marrow Biopsy Date ...

Biopsy type

Cellularity, %, bone marrow (xxx)

Plasma cells, %, bone marrow (xxx)

Monoclonal cells in bone marrow Present Absent

Required for all eligible patients. Date must be within 60 days prior to Step 2 registration

BONE DISEASE

Serum calcium date ...

Not done

Calcium, serum mg/dL (xx.xx)

Did the patient have a PET scan, MRI, CT, or skeletal survey? Yes No

If yes, please specify type and date (check all that apply)

PET scan

PET scan date ...

MRI

MRI date ...

CT

CT date ...

Skeletal survey

Skeletal survey date ...

Number of lytic lesions

Compared to last survey, bone health is

Required for all eligible patients. Date must be within 60 days prior to registration to Step 2

PLASMACYTOMAS

Soft tissue plasmacytomas?

Please record the requested information for all plasmacytomas present. List the plasmacytomas in the same order as they were identified.

#	Site of lesion	Greatest measurement	Greatest perpendicular measurement	Assessment date
1	<input type="text"/>	<input type="text"/> cm (xx.x)	<input type="text"/> cm (xx.x)	<input type="text"/> ... <input type="text"/>

Add a new Log line Inactivate

Has the patient had a confirmed progression per the definition in Section 10.0 of the protocol? Yes No

Comments

If patient had plasmacytoma (soft or bony) at time of diagnosis, please enter comment if it has fully resolved. If it has not fully resolved, please enter the lesion site and measurements (if available)

Ongoing Follow-up Tumor Assessments (FUTA)

Page: Follow-Up Tumor Assessment for Multiple Myeloma: Assessment - Follow-up Tumor: Assessment

<p>Was disease status evaluated during this reporting period? (Comments are required if disease status was not evaluated.)</p>	<p>Enter the date of the last assessment performed for this period</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>If yes, date of most recent disease status evaluation</p>		<p><input type="text"/> ... <input type="text"/></p>
<p>If no, planned disease status evaluation date</p>	<p>If disease was not assessed, a date MUST be entered here. This should be the date patient should have had the assessment (~56 days after last assessment)</p>	<p><input type="text"/> ... <input type="text"/></p>
<p>Has the patient progressed or relapsed? (Per the definition in Section 10 of the protocol.)</p>		<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Comments</p>	<p>This question MUST be answered; if disease was not assessed, answer "No" as the patient could not have progressed without an assessment</p>	<p><input type="text"/></p>

General notes for follow-up tumor assessments:

- Only numeric values can be entered on this form
 - If a result is provided with "<", please enter the whole number in the field, and enter a comment at the bottom of the field stating "Resulted as <5"
- Disease assessments are due every other cycle (approximately every 56 days)
- Assessments only documenting the IgG value are not to be entered in Rave as a separate follow-up tumor assessment. Only enter the IgG value with a complete disease assessment
- It is site's discretion whether to follow at odd or even cycles
 - If pre-registration step 2 assessment was completed within 30 days of registration, it is advised that patient be followed at the end of cycle 1 (prior to cycle 2) and at the end of odd cycles going forward.
 - If pre-registration step 2 assessment utilized the full 60-day window, it is advised that patient have disease assessed prior to C1D1 and prior at the end of each even cycle going forward.
- If a patient's IFE (immunofixation) result is negative, we expect the monoclonal protein value to be "0"
 - Immunofixation is a more sensitive test that confirms or rules out the presence of monoclonal protein.
 - If SPEP or UPEP result states "trace amounts" or "possible monoclonal protein" etc., but the IFE result is negative, the monoclonal protein value should be entered as "0" rather than "too small to quantify"
- Patients with measurable disease at diagnosis by UPEP (≥ 200 mg/24hr) **MUST** be followed by 24-hour UPEP at EACH disease assessment for the duration of the study
- All patients are to complete 24-hour UPEP performed at the protocol defined bone marrow biopsy time points (12, 24, 36, 48 months after registration to Step 2).
 - If complete response (as defined by section 10 of the protocol) is seen, a second 24-hour UPEP should be completed to confirm the patient's response
- Only radiology reports and pathology reports completed at the disease assessment are to be uploaded to Source Documentation. It is not necessary to upload other assessment results.

Page: Follow-Up Tumor Assessment for Multiple Myeloma: Report - Follow-up Tumor: Assessment (new)

SERUM M-PROTEIN	
Date of SPEP	<input type="text"/> ... <input type="text"/>
SPEP not done	<input type="checkbox"/>
Monoclonal protein, electrophoresis, serum	<input type="text"/> g/dL (xx.x)
Too small to quantify	<input type="checkbox"/>
Date of immunofixation	<input type="text"/> ... <input type="text"/>
Immunofixation not done	<input type="checkbox"/>
Monoclonal protein, immunofixation electrophoresis, serum	<input type="radio"/> Negative <input type="radio"/> Positive
Free light chains, Freelite assay, serum	
Kappa free light chain	<input type="text"/> mg/dL (xxxxx.xx)
Lambda free light chain	<input type="text"/> mg/dL (xxxxx.xx)
Kappa/lambda ratio (derived)	(xxxxx.xx)
Kappa/lambda difference (dFLC)	<input type="text"/> mg/dL (xxxxx.xx)
Quantitative Immunoglobulins	
Immunoglobulin G (IgG), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin A (IgA), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin M (IgM), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin D (IgD), serum	<input type="text"/> mg/dL (xxxxx)
Immunoglobulin E (IgE), serum	<input type="text"/> mg/dL (xxxxx)
Light chain, serum	<input type="text"/>
Heavy chain, serum	<input type="text"/>
URINE M-PROTEIN	
Date of 24-hour UPEP	<input type="text"/> ... <input type="text"/>
24-hour UPEP not done	<input type="checkbox"/>
Monoclonal protein, electrophoresis, urine	<input type="text"/> mg/24.h (xxxxx)
Too small to quantify	<input type="checkbox"/>
Date of immunofixation	<input type="text"/> ... <input type="text"/>
Not done	<input type="checkbox"/>
Monoclonal protein, immunofixation electrophoresis, urine	<input type="radio"/> Negative <input type="radio"/> Positive
Urine volume	<input type="text"/> ml/24.h (xxxx)
Urine total protein	<input type="text"/> mg/24.h (xxxx)
Urine light chain	<input type="text"/>

Confirm value is entered in mg/dL rather than mg/L. If your site reports in mg/L, convert value by dividing by 10

Derived by Rave

BONE MARROW PLASMACYTOSIS

Bone Marrow Biopsy Date ...

Biopsy type

Cellularity, %, bone marrow (xxx)

Plasma cells, %, bone marrow (xxx)

Monoclonal cells in bone marrow Present Absent

BONE DISEASE

Serum calcium date ...

Not done

Calcium, serum mg/dL (xx.xx)

Did the patient have a PET scan, MRI, CT, or skeletal survey? Yes No

If yes, please specify type and date (check all that apply)

PET scan

PET scan date ...

MRI

MRI date ...

CT

CT date ...

Skeletal survey

Skeletal survey date ...

Number of lytic lesions

Compared to last survey, bone health is

PLASMACYTOMAS

Soft tissue plasmacytomas?

Please record the requested information for all plasmacytomas present. List the plasmacytomas in the same order as they are observed.

#	Site of lesion	Greatest measurement	Greatest perpendicular measurement	Assessment date
1	<input type="text"/>	<input type="text"/> cm (xx.x)	<input type="text"/> cm (xx.x)	<input type="text"/> ... <input type="text"/>

Add a new Log line Inactivate

Has the patient had a confirmed progression per the definition in Section 10.0 of the protocol? Yes No

Comments

Required for ALL patients at 12, 24, 36 and 48 months after registration to Step 2

If radiology was performed as clinically indicated, complete this section and upload source documentation

Use the comments field to enter any additional information not captured or explained in the form above

Hydrashift Report

Instructions

- Patients registered to Arm 1 or Arm 1b with IgG Kappa Myeloma may experience daratumumab interference on immunofixation which may provide a false VGPR response when patient is actually in CR
- To rule this out, these patients will have a hydrashift assay performed at the timepoints of bone marrow biopsies (prior to starting C1D1 for the pre-registration to Step 2 timepoint), 12 months, 24 months, 36 months and 48 months after registration to Step 2.
 - Results will be entered in Rave by using the Add Event function to add the Hydrashift Report
- The assay may be known as a few different names:
 - Hydrashift 2/4 Assay
 - Immunofixation, Daratumumab-Specific, Serum
 - Daratumumab specific IFE reflex assay
 - Daratumumab – specific immunofixation electrophoresis reflex assay
 - Daratumumab interference reflex assay
- Assay is to be completed locally; sites will be reimbursed for protocol specified timepoints
- If patient had the assessment completed at a different timepoint that is not specified per protocol, please enter results on the form.

Page: S1803 Hydrashift Report - Hydrashift Report (1)

Instructions: After review of patient's Hydrashift Assay Results, please complete this form.

Was Hydrashift 2/4 assay performed? Yes No

If yes, what was the date of assay? ...

If yes, does the patient have remaining monoclonal protein? Yes No

If yes, what is the value of the M spike? g/dL (xx.x)

Too small to quantify

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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If patient truly has monoclonal protein remaining, this will be yes; Patient will not be considered in CR if this is yes

Treatment

Please be careful to answer this correctly. This is only **YES** if patient had **CONFIRMED DSEASE PROGRESSION**.

Page: Treatment - Cycle 01

Instructions: Please complete this form after every cycle (1 cycle = 28 days). If any of the agents listed were not administered during this reporting period, please enter "0" for the dose value. Has the patient progressed or relapsed (per the definition in Section 10.0 of the protocol)? Yes No

TREATMENT FOR THIS CYCLE

BSA (first day this cycle) m² (x.xx)

Weight kg (xxx.X)

Reporting period start date Day 1 of the next cycle. If final cycle, date of last treatment

Reporting period end date

Treatment start date Date last treatment was given for this cycle. If only Dara was given on D1, this date will be the same as treatment start date.

Date of last treatment

Were there any dose modifications or additions/omissions to protocol treatment?

#	Agent name	Dose planned at cycle start	Units	Dose delivered at cycle end	Units	Total dose given	Units	Modifications	Dose modification reason
1	Lenalidomide	<input type="text"/>	mg	<input type="text"/>	mg	<input type="text"/>	mg	<input type="text"/>	<input type="text"/>
2	Daratumumab	<input type="text"/>	mg	<input type="text"/>	mg	<input type="text"/>	mg	<input type="text"/>	<input type="text"/>

Will the patient continue to receive protocol therapy? Yes No

Comment

This is the dose planned for the first dose of the cycle. If there were no dose modifications, this will be the protocol specified dose.

This is the dose delivered for the last planned dose. If there were no dose modifications, this will be exactly the same as Dose Planned at Cycle Start.

This is the actual dose that the patient received for the entire cycle in milligrams. For example, for lenalidomide, if patient received all 28 doses of 10mg tablets, this will be 280

Do not select "Other" unless no other dose mod reason applies. For example, if dose was modified due to an AE, you must select Adverse Event for the Dose modification reason. Use dropdown to select proper term

If patient mistakenly missed a dose, this will be "Patient refusal/non-compliance, not due to toxicity"; "Dosing error" is only to be used if patient received the wrong daily dose of treatment. Use dropdown to select proper term

Treatment notes

- Reporting period end date should always be Day 1 of the next cycle Reporting this way ensures the patient's treatment is reported completely through this cycle and into the next
 - One way to think about this is we follow the patient on C1 until 12:00, and begin following for C2 at 12:01.
 - The next cycle reporting period start date should be the same as the reporting period end date of the previous cycle.
 - Usually the day after date of last treatment
- Treatment start date: Date patient first takes treatment for the cycle
- Treatment end date: Date patient takes last dose of treatment (in most cases for this study, the last dose date of Lenalidomide) in the cycle.
 - If patient is only on Dara, may be the same date as treatment start date
- Dose planned at cycle start
 - Daily dose planned at start of cycle
 - If patient did not receive an agent, enter "0"
- Dose delivered at cycle end
 - Daily dose that was given at the end of the cycle
 - This allows us to document if a patient down-dosed in the middle of a cycle due to AE or other reason
 - If patient did not receive an agent, enter "0"
- Total dose given
 - Sum of the daily doses received.
 - If a cycle is extended or shortened for some reason, please be sure to account for this in the total dose given
 - For example, if a cycle was 26 days rather than 28 days due to scheduling, the patient Lenalidomide total dose would be 260 rather than 280 (if dosing 10mg/day every day)
 - If a patient missed 2 doses due to accidentally forgetting, this would also be 260 rather than 280 (if dosing 10mg/day)
 - If a cycle was extended for some reason and patient continued to dose, ALL doses must be included in the total dose given. If a patient dosed for 30 days, the total dose given would be 300 (if dosing 10mg/day and did not miss any doses)
 - The dates of treatment (Treatment start date and date of last treatment) are used by the SDMC to calculate the expected total dose given. If this does not add up, a dose modification must be entered and a comment given as to why the totals do not match.
 - Daratumumab total dose given changes depending on the cycle and how many doses were received within the cycle.
 - If patient did not receive an agent, enter "0"
- Modification
 - If a patient accidentally skips a dose, the dose modification should be "Patient refusal/non-compliance (not due to toxicity)"
 - If a patient did not take a dose due to an AE (related to treatment or not) the dose modification should be "Adverse Event"
 - Doses missed should not be made up, per protocol
- Will the patient continue to receive protocol therapy?
 - Answering "yes" to this question is the only way to get the next cycle to roll out.
 - When answered "no", the off-treatment form will populate instead of the next treatment cycle.

Dose Mods due to AE

Page: Treatment: Dose Mods Due to AE - Cycle 01

Instructions: For dose modifications due to adverse events, select the agent modified and the adverse events that caused the modification.

#	Agent name	Modification due to adverse event
1	...	

Add a new Log line Inactivate

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Save Cancel

Please only select Other, specify if no other category applies. For example, if dose was reduced d/t allergic reaction, please select "Allergy/Immunology" NOT "Other"

Adverse Events

Adverse Events: Assessment

- Reporting period start and end date should match the dates entered on the treatment form.
- Date of most recent adverse event assessment should be the same, or very close to (within 5 days of), the reporting period end date.

Page: Adverse Events: Assessment - Cycle 01

Instructions: Please complete this form after each cycle (one cycle = 28 days) and after protocol specified residual PET RT if administered. For the final cycle of protocol systemic therapy, report toxicities that were assessed after the last dose and at the EOT visit 4-8 weeks after last dose of protocol systemic therapy. Report adverse events occurring up until the next cycle of treatment begins. Document the worst Grade seen during the reporting period. Do not code a condition existing prior to registration as an adverse event unless it worsens, or improves and then recurs during a different cycle. An adverse event which improves and then recurs during a different cycle, must be reported each cycle it recurs. Indicate if the adverse event results in inpatient hospitalization or prolongation of existing hospitalization for 24 hours. Follow instructions in Section 8.0 of the protocol for expedited reporting requirements on this study. Category lists may not include all adverse events from that category. Record any observed adverse events not listed on the blank lines at the end. Date is in DD MON YYYY format. Explain any blank dates or fields in the Comments section.

Reporting period start date Day 1 of this cycle

Reporting period end date Day 1 of the next cycle. If final cycle, date of the EOT toxicity assessment (4-8 weeks after last dose of study drug).

Were adverse events assessed during this time period? Yes No

If yes, did the patient experience any adverse events during this reporting period? Yes No

Date of most recent adverse event assessment

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Save Cancel

This should always be at the END of the reporting period. It is the date of the last AE assessment prior to starting the next cycle of Tx. It will almost always be the same date as Day 1 of the next cycle.

Adverse Events: Report

- All AEs should match a dropdown that matches a CTCAE V5 term. Beginning to type the event name should bring up options to select
 - Typing in the name of an AE without selecting from the drop down will result in “non-conformant data”
 - The grade should also be selected with the dropdown.
 - The “other, specify” option should *only* be used if there is no other CTCAE term applicable to the AE
- Only the highest grade seen in a cycle should be reported
 - If a patient experienced fatigue grade 2 that resolved and then re appeared later in the cycle at grade 1, only the grade 2 instance would be reported
- All AEs seen in a cycle should be reported in that cycle regardless of when the AE began (with the exception of AEs present at baseline prior to starting treatment that remain unchanged).
 - Ongoing AEs should be reported in each cycle that they are seen.

Page: Adverse Events: Report

Form Instructions

* Red asterisk before a field denotes that it is required by the system for rules evaluation.

* Start date of this course/cycle

* Start date of first course/cycle (derived)

Currently viewing line 1 of 1.
Click here to return to "Complete View".

* Adverse event term (CTCAE v5.0)

* Adverse event grade description (first 120 characters)

Attribution to study intervention

Treatment received for this AE

If yes, concomitant agent name

* Did the adverse event result in (at least one outcome must be checked):

None of the items below

Hospitalization

Life-threatening

Death

Disability

Congenital anomaly/birth defect

Required intervention

Other

SAE report recommended (derived)

* AE entry date (derived)

* Time zone (derived)

INSTRUCTIONS: After entering new or modified data in the table above, adverse events must be submitted to CTEP-AERS for rules evaluation by saving the Expedited Reporting Evaluation CRF in Rave.

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Save Cancel

Only report each AE term once per cycle at the highest grade observed during the cycle.

Use dropdown to select AE term and grade

This is attribution to ANY protocol treatment, not only investigational agents. Please report the highest attribution.

Please **do not** check the Required Intervention box for any patient on S1803. *

***The AE form above is a standard form for studies with CTEP-AERS integration. The “Required Intervention” checkbox is only for device trials. S1803 is not a device trial, so it should never be checked for patients on S1803.**

Page: Adverse Events: Report Cycle 01

Form Instructions

* Red asterisk before a field denotes that it is required by the system for rules evaluation.

* Start date of this course/cycle 2 Jun 2021

* Start date of first course/cycle (derived)

#	Adverse event term (CTCAE v5.0)	*Adverse event grade description (first 120 characters)	Attribution to study intervention	Immune related	Treatment received	Corticosteroids	None	Hospitalization	Life-threatening	Death	Disability	Congenital anomaly/birth defect	Required intervention	Other	SAE report recommended (derived)	* AE entry date (derived)	*Time zone (derived)
1	Headache	(1) Mild pain	Unrelated	No	No	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	16 Jun 2021 04:38:59 PM	Eastern Standard Time

add a new Log line Inactivate

INSTRUCTIONS: After entering new or modified data in the table above, adverse events must be submitted to CTEP-AERS for rules evaluation by saving the Expedited Reporting Evaluation CRF in Rave.

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Save Cancel

These two forms are linked to each other. Any time you enter or amend data on the Adverse Events: Report (top) form, you must run the Expedited Reporting Evaluation (bottom) form by checking the "Send all AEs for evaluation" checkbox and saving the form.

Page: Expedited Reporting Evaluation Cycle 01

Form Instructions

A delay is expected when the safety system is called for AE evaluation.

Note: Do not open more than one ticket per course/cycle in CTEP-AERS. If more than one serious adverse event occurs this course/cycle, amend the report so both events are entered on the same ticket.

Send all AEs for evaluation

Report ID (derived)

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Save Cancel

In the event your PI disagrees with the suggestion for an expedited report, you can amend the answer to the Recommended action for report field to "NONE" rather than "CREATE"

If there is any question about the reportability of an SAE, please refer to protocol section 16, or contact the SAE Program Manager at the Operations Office, 210/614-8808 or adr@swog.org, before preparing the report.

Off Treatment Notice

Page: Off Treatment Notice - Off Treatment (1)

If patient received **ANY** protocol treatment, this will be YES. The only time this is NO is if the patient did not receive any protocol treatment after registration.

Did the patient receive any protocol treatment?
(On this registration step) Yes No

Off treatment reason

For Adverse Event, was treatment termination medically required?

For Patient Withdrawal, was reason due to adverse event, side effects, or complications?

Off treatment date
(Date of completion, progression, death or decision to discontinue therapy)

Will patient receive further treatment?

Comments

If you're not sure, you can save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Save Cancel

- Treatment complete
- Adverse event, specify
- Patient withdrawal, specify
- Disease progression, specify sites
- Death
- Other, specify

Choose the primary off treatment reason from dropdown. Please do not choose Other unless no other option applies.

If off for progression, this date is the FIRST date progression was seen, not the confirmation date

DO NOT MAKE ANY ENTRIES ON THE FOLLOW-UP FORM UNTIL YOU HAVE UPDATED THE VITAL STATUS FORM.

Follow-up

Page: Follow-up - Follow-up

Instructions: Please submit at each follow-up after completion of treatment and at protocol-specified intervals after relapse or progression. Also submit at protocol-specified intervals after relapse or progression.

Date of last contact or death (*Date will be derived based on most recent Vital Status submission. If you have had more recent contact with the patient, please submit a new Vital Status form with the new date.*)

02 Jun 2021

This field derives automatically from the most recent Vital Status form. Once you save this form, you CANNOT amend Last Contact Date, so **ALWAYS update Vital Status form before starting a new Follow-up form.**

LATE ADVERSE EVENT

Did the patient experience any reportable* adverse events during this reporting period?

***Severe (grade >=3) adverse event that is possibly, probably or definitely related to protocol treatment, or a Serious Adverse Event (SAE) of any grade/attribution, that has not been previously reported.*

This is only YES if the AE meets the criteria in italics on the left. Please read carefully.

Yes No

DISEASE FOLLOW-UP STATUS

Was disease status (for this cancer) evaluated during this reporting period?

Yes No

If yes, date of last clinical assessment

...

NOTICE OF FIRST RELAPSE OR PROGRESSION

Has the patient developed a first relapse or progression that has not been previously reported?

Yes No

If yes, date of relapse or progression

...

If yes, site(s) of relapse or progression

NON-PROTOCOL TREATMENT

Has the patient received any non-protocol cancer therapy (prior to progression/ relapse) not previously reported?

Yes No

NOTICE OF NEW PRIMARY

Has a new primary cancer or MDS (myelodysplastic syndrome) been diagnosed that has not been previously reported?

Yes No

If yes, date of diagnosis

...

If yes, new primary site

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Notice of Death

Page: Notice of Death - Death

Instructions: Answer all questions and explain any blank fields or blank dates in the Comments section.

Date of death	<input type="text"/> ... <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cause of death	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer-related causes	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxicity from disease-related treatment	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-cancer and non-treatment related causes	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autopsy performed?				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Source(s) of death information (select all that apply)				
Autopsy report				<input type="checkbox"/>
Medical record/death certificate				<input type="checkbox"/>
Physician				<input type="checkbox"/>
Relative or friend				<input type="checkbox"/>
Other				<input type="checkbox"/>
<i>If Other, specify</i>	<input type="text"/>			<input type="radio"/>
Comments	<input type="text"/>			<input type="radio"/>

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Answering "unknown" to all fields of this form is not a valid response. If this is truly unknown, then in the Comments section of the form, detail what steps were taken to find out the information.

Consent Withdrawal

This form can only be populated by the SWOG Data Coordinators. If the patient has withdrawn **all** consent including follow-up and survival, then please email MyelomaQuestion@crab.org.

Page: Consent Withdrawal - Consent Withdrawal

CONSENT WITHDRAWAL

Complete this section if the participant decides to refuse all further follow-up AND contact for the study.

Obtain clarification if the participant does not explicitly state why they do not want to be contacted. Ask if they would consider indirect contact gleaned from medical record review in lieu of direct follow-up such as a phone call in order to continue reporting survival data. Date is in DD MON YYYY format.

Date of consent withdrawal ...

I affirm that this patient has withdrawn their consent for further follow-up on this study.

RESCIND CONSENT WITHDRAWAL

Complete this section if the patient decides to resume follow-up on the study.

Date patient rescinded consent withdrawal ...

SOURCE DOCUMENTATION

Source documentation is **required** to support the consent withdrawal.

Please ensure all source documents are properly and completely scanned. Only black pen or marker works when the image is photocopied and scanned. Ways to redact: electronic redacting tools, covering PHI with labels, cutting out the identifiers and shred the clippings. Queries will be generated for missing information.

Please also ensure that file names on uploaded documents are descriptive and does not have the participant's name in it.

DO NOT enter a date here unless the patient changes their mind and wants to be followed after all. A date here means that we ARE following the patient.

#	Upload file?	Comments
1	<input type="button" value="Choose File"/> No file chosen	<input type="text"/>

Add a new Log line Inactivate

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.

Save this form, but don't submit to SWOG yet.

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Specimen Submission Tips


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[Instructions](#)

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[Specimen Manager](#)
[View/Update Consent Answers](#)
[Notify that Specimen Cannot be Submitted](#)
[Reports](#)
[Administration](#)
[Contact Us](#)

Version 3.0

Welcome to the SWOG Specimen Tracking Website

You are logged in as a user for [REDACTED]

Important Announcements:

9/21/2020

The document providing guidance of specimen submission for active SWOG protocols during the COVID-19 pandemic has been updated and is available [here](#). This document helps you evaluate how critical each specimen is to allow prioritization of efforts to bring the patients in to the clinic and ensure adequate phlebotomy and laboratory staff to process and ship specimens. This document will be updated on an as-needed basis.

7/16/2020

New SWOG Specimen Tracking Packing List Design

The SWOG Statistics and Data Management Center (SDMC) has re-designed the SWOG Specimen Tracking Packing list to put greater emphasis on how the specimens should be labelled and packaged, and to provide separate packing lists when multiple patients are included in the same shipment. The new design incorporates feedback we got from the SWOG biorepository at Nationwide Children's Hospital. [Specimen labelling instructions](#) on [swog.org](#) have also been updated to be consistent with the language and instructions on the new Packing List. The new Packing List design is effective 7/16/2020. Let us know any questions or feedback on the new design at TechnicalQuestion@crab.org.

1/27/2020

Specimen Submission Guidance for SWOG Protocols as of 4/22/2021

A document providing guidance of specimen submission for active SWOG protocols during the COVID-19 pandemic has been

If a specimen cannot be submitted (and will never be submitted), use this link to document that the [specimen will not be submitted](#).

If you have questions about how to log and ship specimens in the Specimen Tracking System, there are written instructions and a training video linked on the home page in STS (you may need to scroll down a bit to find them). If this resource does not answer your question, please reach out to MyelomaQuestion@crab.org.

Bone marrow biopsy/aspirate details

- Specimens are to be collected and sent until patient progression.
- Step 1 Pre-Reg refers to the patient's initial diagnostic bone marrow sample
 - Archival slides or a commercially completed NGS report must be sent to Adaptive for ID clonality testing for future MRD tests
 - If Archival slides or commercially completed report fail testing or result in polyclonal results, future MRD samples should not be submitted to Adaptive as they cannot run these samples without the archival analysis.
 - Archival samples should be from prior to any treatment to allow the study team to assess patients' initial disease status and to confirm the patient meets diagnostic criteria from section 4.1
 - Slides should contain disease burden of 5% or greater
 - 3-5 Bone Marrow Aspirate smear slides OR 5-10 FFPE slides from bone marrow clot (target 40 microns of material; decalcified bone marrow core is not

- acceptable). The slides must be of the same type (all BMA smears or all FFPE slides, not a mix of both types)
- The sample may be exhausted in testing, meaning no material will remain to return
 - If contacted by the SDMC that results of the archival test failed or have a polyclonal result, sites will be asked to resubmit slides if available.
 - Use the Specimen Tracking System to create a new shipment for the slides and use the Baseline: Resubmission timepoint
 - Sites will be reimbursed for additional submissions
 - Results of the diagnostic biopsy (cellularity and plasma cell percentages) are entered on the Baseline tumor assessment eCRF.
 - Upload the pathology report to the Baseline Step 1: Source Documentation folder.
 - Step 2 Pre-Reg refers to patient's post-transplant, pre-registration Step 2. This must be collected within 60 days prior to registration to Step 2 per eligibility criterion 5.2.e
 - Fresh aspirate should be shipped to Adaptive day of collection for MRD testing.
 - Results from this test are not required to register and begin treatment.
 - MRD results are blinded to the site until the 24-month timepoint at which point that result will be uploaded by the SWOG SDMC to the 24 Month MRD and Response form in Rave.
 - If the patient consented to optional biobanking, an additional sample must also be sent to Nationwide
 - Patients do not need to be registered to the study to send specimens. Please refer to the "Creating a patient ID through Spec Track" document for further instruction
 - Results from this biopsy must be entered on the first Follow-Up tumor assessment folder
 - This allows us to see the patient's response to induction/transplant therapies
 - Also allows us to see patient's status prior to beginning protocol therapy
 - Please upload this pathology report in the Baseline Step 2: Source documentation folder **and** the Source documentation folder for the first follow-up tumor assessment for ease of review of data for the study chair
 - Patients may have this specimen submitted prior to registration
 - Follow instructions from [this document](#) to obtain patient number prior to registration
 - Other biopsy time points
 - 12 months post-registration to Step 2
 - **Biopsy must be done regardless of optional specimen consent. We want to see patients' disease response after 12 months of treatment**
 - Only the specimen submission to Adaptive is optional, **all** patients are to complete the 12-month bone marrow biopsy procedure to assess disease status after 12 months on protocol
 - Submission to Adaptive only occurs when patient has consented to optional biobanking
 - 24, 36, and 48 months post-registration to Step 2
 - Submit fresh aspirate to Adaptive on same day as collection
 - 24-month biopsy should be planned to allow time for sites to receive MRD results
 - MRD results are entered on the 24 Month MRD and Response Assessment eCRF by SDMC Staff. Sites will also receive an email indicating the results are ready for review on the SWOG Reports page.

- If patient is MRD-negative and in VGPR or better, patient will be re-randomized to Step 3 to either continue treatment, or stop treatment
- If patient is MRD-positive, patient will remain on assigned study treatment
- If Archival specimens were not available or did not provide an ID clone, patient will be considered MRD-positive and remain on assigned treatment
- See "[Step 3 Registration Overview and Procedures](#)" document for additional Step 3 registration information

Other helpful tips

- The "[Best Practices](#)" document on the CRA workbench is a very valuable tool recommended for printing, or keeping handy.
- For study related questions, use the distribution list myelomaquestion@crab.org to ensure a data manager receives your questions. You may also call 206-652-2267.
- An Intake calendar/ pill tracker is available in the appendix of the protocol. Sites using the CIRB are required to use the provided intake calendar.
- The CRA workbench is a very helpful resource in general; please review for beneficial information.
- If something on a form was not completed and a system query generates, enter a comment at the bottom of the form to avoid additional queries from the SDMC