Protocol	Eligibility		Monitoring	Recall
Chronic Lymphocytic Leukaemia (CLL) & Small Lymphocytic Leukaemia (SLL) LEVEL 2 PIFU *Review at Year 25*	No ongoing functional or psychological problems requiring secondary care input identified on the HNA & fulfil one of the 3 scenarios below (all criteria must be met): • Consultant decision to recruit to PIFU. • Not participating in a clinical interventional trial. • Recruited in MLMS study (at consultant discretion) One of the following scenarios: **Scenario 1** – a. Low-risk patient according to Consultant criteria [including Untreated Rai stage 0 or clinical MBL, Mutated IGHV, No evidence of high-risk molecular lesions (11q deletion, Trisomy 12, 17p deletion, TP53 mutation)] b. No progressive or active CLL c. No complications or concomitant conditions requiring haematologist intervention (e.g. recurrent infections, chronic cytopenia's) **Scenario 2** – a. Following finite treatments (e.g., Ibrutinib+venetoclax, venetoclax+obinutuzumab or venetoclax+rituximab) and EOT assessment of response indicates radiological CR (by CT and or PET/CT), normal blood counts and undetectable MRD in the peripheral blood using HMDS criteria. b. No treatment-related toxicity requiring haematologist intervention. **Scenario 3** – a. Following any treatments b. Low-risk recurrence according to Consultant criteria [including Mutated IGHV, No evidence of high-risk molecular lesions (11q deletion, Trisomy 12, 17p deletion, TP53 mutation)] c. EOT assessment of response indicates radiological CR (by CT and or PET/CT), normal blood counts, no treatment-related toxicity requiring haematologist intervention. d. No evidence of active or progressive disease. **Scenario 4** – a. high-risk patient b. No progressive or active CLL **for more than 5 years** c. No complications or concomitant conditions requiring haematologist intervention (e.g. recurrent infections, chronic cytopenia's)	Exclude patients who cannot self-manage or must attend the clinic to manage functional or psychological issues.	Year 1 – Month 6 & 12 • FBC • Offered a Symptom Questionnaire Year 2 – Month 18 & 24 • FBC • Offered a Symptom Questionnaire Year 3 – Month 30 & 36 • FBC • Offered a Symptom Questionnaire Year 4 – 25 Annual Surveillance – • FBC • Offered a Symptom Questionnaire	Trend changes/new abnormalities in blood results • Hb <110 • Platelets <100 • Neutrophils <1.0 • Lymphocyte count doubles over 30 in <6 months Patient reports signs or symptoms lasting more than 4 weeks & not explained by other conditions - • New enlarged lymph nodes • Night sweats • Recurrent infections in the last 12months (>3) • Abdominal discomfort, feeling full early when eating or after eating a small amount of food • Shortness of breath at rest or on exertion • Worsening tiredness/fatigue • Unexplained weight loss or loss of appetite • Changes in bowel habits

Protocol	Eligibility		Monitoring	Recall
Leukaemic MZL, including Splenic MZL LEVEL 2 PIFU *Review at Year 25*	No ongoing functional or psychological problems requiring secondary care input identified on the HNA & fulfil one of the 2 scenarios below (all criteria must be met): • Consultant's decision to recruit to PIFU. • Not participating in a clinical interventional trial. • Recruited in MLMS study (at consultant discretion) One of the following scenarios: Scenario 1 – a. post diagnosis if untreated b. Low-risk patient according to Consultant criteria Scenario 2 – a. Post completion of treatment b. Complete, or stable partial remission confirmed on: • CT scan or clinical examination (at the Consultant's discretion) • Blood results	Exclude patients who cannot self-manage or must attend the clinic to manage functional or psychological issues.	Year 1 – Month 6 & 12 • FBC • Offered a Symptom Questionnaire Year 2 – Month 18 & 24 • FBC • Offered a Symptom Questionnaire Year 3 – Month 30 & 36 • FBC • Offered a Symptom Questionnaire Year 4 – 25 Annual Surveillance – • FBC • Offered a Symptom Questionnaire	Trend changes/new abnormalities in blood results • Hb <110 • Platelets <100 • Neutrophils <1.0 • Lymphocyte count doubles over 30 in <6 months Patient reports signs or symptoms lasting more than 4 weeks & not explained by other conditions - • New enlarged lymph nodes • Night sweats • Recurrent infections in the last 12months (>3) • Abdominal discomfort, feeling full early when eating or after eating a small amount of food • Shortness of breath at rest or on exertion • Worsening tiredness/fatigue • Unexplained weight loss or loss of appetite • Changes in bowel habits

Protocol	Eligibility		Monitoring	Recall
Hairy Cell Leukaemia (HCL) & Variant Hairy Cell Leukaemia (HCLv) LEVEL 2 PIFU *Review at Year 25*	No ongoing functional or psychological problems requiring secondary care input identified on the HNA & fulfil one of the 2 scenarios below (all criteria must be met): • Consultant's decision to recruit to PIFU. • Not participating in a clinical interventional trial. • Recruited in MLMS study (at consultant discretion) One of the following scenarios: Scenario 1 – a. post diagnosis if untreated b. Low-risk patient according to Consultant criteria Scenario 2 – a. Post completion of treatment b. Complete, or stable partial remission confirmed on: • CT scan or clinical examination (at the Consultant's discretion) • Blood results	Exclude patients who cannot self-manage or must attend the clinic to manage functional or psychological issues.	Year 1 – Month 6 & 12 • FBC • Offered a Symptom Questionnaire Year 2 – Month 18 & 24 • FBC • Offered a Symptom Questionnaire Year 3 – Month 30 & 36 • FBC • Offered a Symptom Questionnaire Year 4 – 25 Annual Surveillance – • FBC • Offered a Symptom Questionnaire	Trend changes/new abnormalities in blood results • Hb <110 • Platelets <100 • Neutrophils <1.0 • Lymphocyte count doubles over 30 in <6 months Patient reports signs or symptoms lasting more than 4 weeks & not explained by other conditions - • New enlarged lymph nodes • Night sweats • Recurrent infections in the last 12months (>3) • Abdominal discomfort, feeling full early when eating or after eating a small amount of food • Shortness of breath at rest or on exertion • Worsening tiredness/fatigue • Unexplained weight loss or loss of appetite • Changes in bowel habits

Protocol	Eligibility		Monitoring	Recall
Leukaemic T-cell lymphomas LEVEL 2 PIFU *Review at Year 25*	No ongoing functional or psychological problems requiring secondary care input identified on the HNA & fulfil one of the 2 scenarios below (all criteria must be met): • Consultant's decision to recruit to PIFU. • Not participating in a clinical interventional trial. • Recruited in MLMS study (at consultant discretion) One of the following scenarios: Scenario 1 – a) post diagnosis if untreated b) Low-risk patient according to Consultant criteria Scenario 2 – a) Post completion of treatment b) Complete, or stable partial remission confirmed on: • CT scan or clinical examination (at the Consultant's discretion) • Blood results	Exclude patients who cannot self-manage or must attend the clinic to manage functional or psychological issues.	Year 1 – Month 6 & 12 • FBC • Offered a Symptom Questionnaire Year 2 – Month 18 & 24 • FBC • Offered a Symptom Questionnaire Year 3 – Month 30 & 36 • FBC • Offered a Symptom Questionnaire Year 4 – 25 Annual Surveillance – • FBC • Offered a Symptom Questionnaire	Trend changes/new abnormalities in blood results • Hb <110 • Platelets <100 • Neutrophils <1.0 • Lymphocyte count doubles over 30 in <6 months Patient reports signs or symptoms lasting more than 4 weeks & not explained by other conditions - • New enlarged lymph nodes • Night sweats • Recurrent infections in the last 12months (>3) • Abdominal discomfort, feeling full early when eating or after eating a small amount of food • Shortness of breath at rest or on exertion • Worsening tiredness/fatigue • Unexplained weight loss or loss of appetite • Changes in bowel habits