

ARISTOTLE

Trial Number:

Patient Initials:

FOLLOW UP FORM

☐ 48 months

☐ 60 months

NB All dates should be in DD-MM-YYYY format

FU48-60-1/3

INSTRUCTIONS:

If confirmed residual disease or recurrence has been reported prior to this visit, please complete sections 1 and 3 **only**.

1. DATE OF LAST CONTACT

A) Date patient last known to be alive: / /

i) How was this information obtained? (*tick one box only*)

- ☐ Patient attended for clinic visit ☐ Telephone call with patient ☐ Via GP ☐ Via local hospital
☐ Via hospice ☐ Other (*please specify*) _____

If the patient has died since the last visit please submit a death form

2. PHYSICAL EXAMINATION

☐ N/A (patient did not attend)

A) Weight (kg): .

B) ECOG Performance Status:

3. DISEASE STATUS

A) Has the patient's disease recurred since the last visit (*tick one box only*)?

- ☐ Yes—suspected (*complete a Suspected Residual Disease or Recurrence form*) ☐ Unknown
☐ Yes—confirmed (*complete a Confirmed Residual Disease or Recurrence form*) ☐ N/A- patient had residual disease after CRT ± Surgery
☐ No ☐ N/A—confirmed recurrence reported previously

4. SURGERY

A) Has the patient had surgery for their rectal cancer since the last visit? ☐ Yes* ☐ No

**If the patient has had surgery for their rectal cancer, please submit a Surgery Form*

For UCL CTC use only: Date Checked: _____ Initials: _____ Date entered: _____ Initials: _____

ARISTOTLE Follow Up Form - 48/60 months, v5, 05/01/2018

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5. CHEMOTHERAPY

A) Has the patient started any new chemotherapy regimens since the last visit? ☐ Yes ☐ No ☐ Unknown

i) If the patient started a new regimen, give start date of chemotherapy: / /

ii) If yes, what was the function of the regimen

☐ Adjuvant

☐ Palliative

☐ Other (please specify) _____

iii) If yes, give details of the regimen

☐ 5FU

☐ Capecitabine

☐ Oxaliplatin + Capecitabine

☐ Oxaliplatin + 5FU

☐ Other (please specify) _____

B) Has the patient stopped any ongoing chemotherapy regimens since the last visit? ☐ Yes ☐ No ☐ Unknown

i) If yes, give date of completion of chemotherapy: / /

ii) If yes, give duration of chemotherapy: months

5. SURGERY FOR LATE EFFECTS OF RADIOTHERAPY

A) Has the patient required surgery for late effects of radiotherapy since the last visit? ☐ Yes ☐ No ☐ Unknown

i) If yes, date of surgery: / /

ii) If yes, was this for:

☐ Bleeding

☐ Blockage (stricture)

☐ Other (please specify) _____

7. SECOND (UNRELATED) MALIGNANCY

A) Has the patient developed a second unrelated malignancy since the last visit? ☐ Yes ☐ No

i) If yes, specify type: _____

ii) Is there histological evidence? ☐ Yes ☐ No

Please send a copy of the pathology report to the Trials Centre if available.

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FU48-60-3/3

8. DYSFUNCTIONING STOMA

A) Does the patient have a dysfunctioning stoma?

☐

Yes

☐

No

i) If yes, what type:

☐

Ileostomy

☐

Colostomy

ii) If yes, is it intended to be temporary or permanent?

☐

Temporary

☐

Permanent

9. ASPIRIN

A) Has the patient been entered onto the Add-Aspirin trial?

☐

Yes

☐

No

i) If no, is the patient taking aspirin:

☐

Yes

☐

No

Completed by (print name):

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Signature:

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Date Completed:

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Site:

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For UCL CTC use only: Date Checked: _____ Initials: _____ Date entered: _____ Initials: _____

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