

ARISTOTLE

Trial Number:

A

R

I

-

Patient Initials:

SUSPECTED RESIDUAL DISEASE OR RECURRENCE FORM

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

SR-1/2

INSTRUCTIONS:

Complete this form if the patient has suspected residual disease or recurrence.

Suspected residual disease is defined as incomplete resection of tumour after CRT without biopsy proof of residual disease.

A **suspected recurrence** includes:

- Elevated CEA but without evidence of unequivocal loco-regional or metastatic disease
- Appearance of unequivocal findings on CT or pelvic MRI scanning without elevated CEA
- In CEA non-secretors:
 - Enlarging or new mass indicative of loco-regional recurrence without biopsy confirmation
 - Evidence of distant metastases without biopsy confirmation

Once a suspected recurrence or residual disease is reported, **the case must be reviewed by the MDT a minimum of 6 months later** and a Confirmation of Residual Disease or Recurrence (CRDR) Form submitted

(NB: A CRDR Form must be submitted in ALL cases. If the suspected disease is not confirmed after 6 months, this must be recorded on the CRDR Form)

1. Residual Disease following CRT

A) Does the patient have suspected residual disease? ☐ Yes ☐ No

2. Elevated CEA

A) Does the patient have suspected recurrence based on elevated CEA? ☐ Yes ☐ No

If yes, i) Date of blood sample: / /

ii) CEA value (µg/L):

3. Unequivocal Loco-Regional Recurrence in CEA non-secretors (Biopsy confirmation contraindicated or not feasible)

A) Does the patient have a new mass? ☐ Yes ☐ No

B) Does the patient have an enlarging mass? ☐ Yes ☐ No

C) If yes to A or B,

i) Date of scan identifying new or enlarging mass: / /

ii) Type of scan: ☐ MRI pelvis

☐ CT scan

☐ PET scan

☐ Other (specify) _____

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

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4. Unequivocal Metastatic Disease in CEA non-secretors (Biopsy confirmation contraindicated or not feasible)

A) Does the patient have evidence of metastatic disease? ☐ Yes ☐ No

If yes, i) Date of scan identifying metastases:

/

ii) Type of scan: ☐ MRI pelvis

☐ CT scan

☐ PET scan

☐ Other (specify) _____

iii) Site(s) of metastatic disease:

☐ Liver

☐ Lung

☐ Lymph nodes

☐ Peritoneum

☐ Bone

☐ Brain

☐ Other (specify) _____

5. Equivocal Findings on Imaging

A) Is the suspected recurrence based on equivocal findings on imaging? ☐ Yes ☐ No

If yes, i) Date of scan:

/

ii) Type of scan: ☐ MRI pelvis

☐ CT scan

☐ PET scan

☐ Other (specify) _____

iii) Findings: ☐ Evidence of loco-regional recurrence

(tick all that apply) ☐ Evidence of distant metastases

iv) Site(s) of metastatic disease:

☐ Liver

☐ Lung

☐ Lymph nodes

☐ Peritoneum

☐ Bone

☐ Brain

☐ Other (specify) _____

Completed by (print name):

Signature:

Date Completed:

Site:

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