ARISTOTLE

Trial Number: A R I — ☐☐☐ **Patient Initials:** ☐☐☐

FOLLOW UP FORM

☐ 48 months ☐ 60 months

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

FU48-60-1/1

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

☐ No ☐ N/A—confirmed recurrence reported previously

4. 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)* _____

5. DEFUNCTIONING STOMA

A) Does the patient have a defunctioning stoma? ☐ Yes ☐ No

i) If yes, what type: ☐ Ileostomy ☐ Colostomy

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

Completed by (print name): _____ **Signature:** _____ **Date Completed:** ☐☐☐☐☐☐☐☐

Site: _____

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