Cardamon

Carfilzomib/Cyclophosphamide/Dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT

Withdrawal/Lost to Follow Up Form

Patient Initials	☐☐☐
Trial Number	C A R – ☐☐☐

(This form has 3 pages including cover sheet)

Please send forms to:

Cardamon Trial Coordinator
CR UK & UCL Cancer Trials Centre
90 Tottenham Court Road
London W1T 4TJ

General enquires: **020 7679 9860**
Randomisations: **020 7679 9860** between 9.00am and 5.00pm
Fax: **020 7679 9861**
E-mail: **ctc.cardamon@ucl.ac.uk**

Additional instructions for completing forms

The Withdrawal/Loss to Follow Up Form is used to record details of a patient's withdrawing from the trial, or those lost to follow up

- In addition to this form, if the patient withdraws before they have started their first cycle of maintenance then sites should complete the **Treatment Summary Form** . For all withdrawals or losses to follow up after the patient has started maintenance treatment please complete the **Maintenance Summary Form**

Completing forms

- Ensure all entries are clear, legible and written in black ink
- Avoid the use of abbreviations and acronyms
- **Do not leave any fields blank. In case of missing data**
  - ND (not done) if a test has not been performed or a measure not taken. If applicable state the reason
  - NA (not applicable) if a measure is not applicable
  - NK (not known) if data is unknown. This should only be used once every effort to obtain the data has been exhausted
- CRFs may only be completed by an appropriately qualified individual delegated as responsible by the PI on the site delegation log
- CRF Footer section
  - The "completed by" Name should be legible Each CRF should be signed and dated by the person completing the form
  - Do not complete the *UCL CTC Use only* section
- **The CRF should be sent/faxed to the Cancer Trials Centre (CTC) with a copy retained at the Site** (ensure when photocopying the page that the copy is added to the CRF booklet in the same place where the original was stored)

If you have any questions about how to complete this form please contact the Cardamon Trial Coordinator on: 020 7679 9860

Withdrawal/Lost to Follow Up Form

Please specify patient's status:

☐ **Lost to Follow Up** *Please complete Sections A & C*

☐ **Withdrawn consent** *Please complete Sections B & C*

A: Lost to Follow Up

Date the patient was last known to be alive (DD/MM/YYYY) D D M M Y Y Y Y

Reason patient was lost to follow up

☐ Moved Away ☐ Emigrated ☐ Lost Contact ☐ Discharged to GP

☐ Other (specify reason) _____

B: Withdrawn

Date patient withdrew (DD/MM/YYYY) _ _ _ _ _ _ _ _

Please specify which aspects of the trial the patient has withdrawn from (*even though they cannot be personally identified in any results or publications i.e. anonymity will be preserved*):

1. Trial Follow Up
Patient has withdrawn from all future follow up visits and scans mandated by the trial protocol. Outcome data will continue to be collected unless indicated below.
☐ 1 = Yes 2 = No

2. Future Data Collection: Hospital Notes/GP
Patient has withdrawn consent for collection of any further data from hospital notes or their GP.
☐ 1 = Yes 2 = No

3. Future Data Collection: NHS Information Service
Patient has withdrawn consent for collection of information about their future health status from the NHS Information Service
☐ 1 = Yes 2 = No

4. Biological Samples
Patient withdraws consent for any previously collected tissue/blood samples to be used in future research
☐ 1 = Yes 2 = No

C: Contact Details

If available, please provide contact details of patient's GP or referral hospital to assist with collection of data regarding patient's future health status (*only if patient has consented, and has not withdrawn such consent*)

Contact Name: _____ Contact's Role (GP, Nurse etc): _____

Contact Address: _____

Name of person completing form: _____ Signature of person completing form: _____ Date completed: D D M M Y Y Y Y

The site PI or delegated investigator must sign to confirm that information within the CRF is accurate

Investigator name: _____ Investigator signature: _____ Date completed: D D M M Y Y Y Y

UCL CTC Use only: Form received: _____ Date form entered: _____ Initials: _____