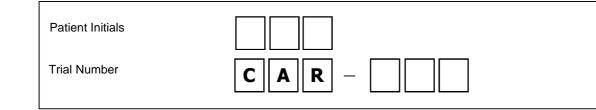


Carfilzomib/Cyclophosphamide/Dexamethasone with maintenance carfilzomib in untreated transplant-eligible patients with symptomatic MM to evaluate the benefit of upfront ASCT

## Withdrawal/Lost to Follow Up Form



## (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: <u>ctc.cardamon@ucl.ac.uk</u>



Cancer Research UK and UCL Cancer Trials Centre





Cancer Research UK and UCL Cancer Trials Centre



## Additional instructions for completing forms

Page 2 of 3

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 <u>Treatment Summary Form</u>. For all withdrawals or losses to follow up after the patient has started maintenance treatment please complete the <u>Maintenance Summary Form</u>

## **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

| CANCER<br>RESEARCH<br>UK Cal   | ncer Research UK and UCL Cancer Trials Centre  |
|--|--|
| Cardamon   | Trial <b>C A R</b> – <b>Patient</b> Initials   |
| Vithdrawal/Lost to   | Follow Up Form Page 3 of 3   |
| Please specify patient's status:   | Lost to Follow Up         Withdrawn consent           Please complete Sections A & C         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  | rup  |
| Moved Away   | Emigrated Lost Contact Discharged to GF  |
| Other (specify rea   | son)   |
| B: Withdrawn   |  |
| Date patient withdrew (DD/MM/Y   | YYY)   |
|  | the trial the patient has withdrawn from (even though they cannot be personally tions i.e. anonymity will be preserved):                               |
| <u>1. Trial Follow Up</u><br>Patient has withdrawn from all fut<br>Outcome data will continue to be      | ure follow up visits and scans mandated by the trial protocol. $1 = Yes$<br>collected unless indicated below. $2 = No$                                 |
| 2. Future Data Collection: Hospita<br>Patient has withdrawn consent for<br>GP.                           | $\frac{1 \text{ Notes/GP}}{2 \text{ Point of any further data from hospital notes or their}} = 1 = Yes$  |
| 3. Future Data Collection: NHS In<br>Patient has withdrawn consent f<br>from the NHS Information Service | or collection of information about their future health status  |
| <u>4. Biological Samples</u><br>Patient withdraws consent for any<br>future research                     | previously collected tissue/blood samples to be used in $1 = Yes$<br>2 = No  |
| C: Contact Details   |  |
|  | details of patient's GP or referral hospital to assist with collection of data regarding if patient has consented, and has not withdrawn such consent) |
| Contact Name:  | Contact's Role<br>(GP, Nurse etc):   |
| Contact Address:   |  |
| Name of person completing form:  | Signature of person completing form: Date completed:   |
|  |  |
| The site PI or delegated investigator must sig   | Investigator signature: Date completed:  |
|  |  |
|  |  |

 Please return to: Cardamon Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

 CRF Template V1– 19 Oct 2010 Modified for Cardamon on 17 Sep 2018, v4.0

 UCL CTC Use only:
 Form received: \_\_\_\_\_\_ Date form entered: \_\_\_\_\_\_ Initials: \_\_\_\_\_