

Centre..... Study no..... Initials..... Date of birth dd/mm/yyyy

Date of follow-up dd/mm/yyyy Months post treatment (please circle) 12...24...36...60

Status on this date

- Alive no disease
Alive with disease
Dead

Three empty boxes for status selection

Date of death dd/mm/yyyy

If low anterior resection was performed, did the patient have a stoma reversal?

Yes [ ] No [ ]

when: dd/mm/yyyy

Recurrence

Date of recurrence dd/mm/yyyy

Site of recurrence:

Method of detection

CT [ ] MRI [ ] Other [ ]

Specify.....

Remaining in trial

- Yes
No (no further follow-up)

Two empty boxes for remaining in trial

Reason for withdrawal

Lost to follow-up
Withdrawn consent

Two empty boxes for reason for withdrawal

Comment Please give details of any important protocol deviations, serious toxicity (requiring hospitalisation), cause of death, change of doctor, etc.

Four horizontal lines for comment text

Name of person completing form..... Date of form completed dd/mm/yyyy Signature.....

E-mail..... Telephone Number..... Please fax this page to 0208 915 6721