



ACRIN 6678
FDG - PET/CT Tumor Response
End of Study Form

ACRIN Study 6678
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

If this is a revised or corrected form, please box.

Instructions: For each registered participant, please submit this form within two (2) weeks of study completion or premature discontinuation, including death.

1. End of Study status: [1]

- 1 Protocol specific criteria and follow-up complete (sign and date form)
- 2 Premature discontinuation (complete Q2 and Q2a)
- 3 Participant death (skip to Q3 and Q3a)

2. Date of premature discontinuation: _____ - _____ - _____ (mm/dd/yyyy) [2]

2a. Primary reason for premature discontinuation: (check only one) [3]

- Adverse events/side effect/complications (also specify on the Adverse Event form)
- Participant explicitly withdraws from further study participation
- Protocol violation
- Did not meet baseline criteria
- Lost to follow-up (unable to obtain contact with the participant during the prescribed protocol intervals)
- Unsatisfactory therapeutic effect
- Abnormal laboratory value(s)
- Investigator decision (specify reason in comments)
- Other (specify reason in comments)

3. Date of death _____ - _____ - _____ (mm/dd/yyyy) [4]

3a. Cause of death [5]

- Disease progression
- Other _____ (specify cause of death) [6]

COMMENTS: _____

_____ [7]

 Signature of person responsible for the data [8]

 Date form completed (mm-dd-yyyy) [10]

 Signature of person entering data onto the web [9]