

F4

**ACRIN 6678
FDG - PET/CT Tumor Response
1 Year Follow-up (F/U) Form**

ACRIN Study 6678
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

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

1 YEAR FOLLOW-UP

INSTRUCTIONS: The Research Staff will complete this form following contact with the participant's treating physician. Please submit this form within 2 weeks of the one year evaluation, following cycle two of chemotherapy. Question 1a, is considered the date of follow-up for purposes of this form. This is the date on which the participant's treating physician was contacted for information pertaining to disease progression and vital status. For question 5, please refer to Appendix VII (section 3.2) which summarizes the categories of response status.

1. Timepoint for this follow-up [1]

- 1 year follow-up

1a. Date the site RA/PI contacted the treating physician for this follow-up evaluation [2]

____-____-____ (mm-dd-yyyy)

2. Was the follow-up evaluation completed? [3]

- 1 No (complete Q2a, sign and date form)
 2 Yes (skip to Q3)

2a. Reason not completed: (check all that apply)

= 1 Not Marked, = 2 Marked

- Scheduling problem [4]
 Patient refusal [5]
 Medical reason (define reason in comments) [6]
 Withdrew consent (submit the end of study form (DS)) [7]
 Other, [8] specify _____ [9]

3. Date of last contact between the treating physician and the participant [10]

____-____-____ (mm-dd-yyyy)

4. Participant's vital status at the time of this follow-up [11]

- 1 Alive
 2 Dead (submit the end of study form (DS))
 99 Unknown

5. Response status at this assessment (see Instructions) [12]

- 1 Complete response (CR)
 2 Partial response (PR)
 3 Stable disease (SD)
 4 Progressive disease (PD)
 99 Unknown

5a. Date the response status was determined [13]

____-____-____ (mm-dd-yyyy)

6. Did the participant develop a first progression not previously reported [14]

- 1 No
 2 Yes (submit the progression form (PF))
 99 Unknown

7. Did the participant receive any Radiation Therapy not previously reported? [15]

- 1 No
 2 Yes (specify location and provide date)
 99 Unknown

7a. Anatomic location of Radiation Therapy:

_____ [16]

7b. Date of Radiation Therapy: [17]

____-____-____ (mm-dd-yyyy)

8. Did the participant have surgery not previously reported? [18]

- 1 No
 2 Yes (specify location and provide date)
 99 Unknown

8a. Anatomic location of surgery:

_____ [19]

8b. Date of surgery: [20]

____-____-____ (mm-dd-yyyy)

9. Did the participant have any non-protocol chemotherapy not previously reported [21]

- 1 No
 2 Yes (specify and provide date)
 99 Unknown

9a. Type of non-protocol chemotherapy:

_____ [22]

9b. Date of non-protocol chemotherapy: [23]

____-____-____ (mm-dd-yyyy)

10. Did the participant receive any other non-protocol treatment not previously reported [24]

- 1 No
 2 Yes (specify and provide date)
 99 Unknown

10a. Type of treatment:

_____ [25]

10b. Date of non-protocol treatment: [26]

____-____-____ (mm-dd-yyyy)



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1 YEAR FOLLOW-UP

Comments: _____

[27]

Signature of Person responsible for the data [28]

____-____-____ [30]
Date form completed (*mm-dd-yyyy*)

Signature of Person entering data onto the web [29]