Neo-tAnGo Annual Follow-Up Form (Yr 1)

Trial no.: | **Patient's initials:** | *Give FIRST and SURNAME initials only* | **Date of birth:** *dd mon yyyy*

Hospital no.: | **Hospital:**

Date patient last seen: *(dd mon yyyy)*

When last seen, please indicate if the patient was receiving or received any of the following medications:

	N/K	No	Yes	Date first prescribed: *(dd mon yyyy)*	Ongoing	Date stopped: *(dd mon yyyy)*
Anastrozole (Arimidex)	☐	☐	☐ →		☐ or	
Exemestane (Aromasin)	☐	☐	☐ →		☐ or	
Letrozole (Femera	☐	☐	☐ →		☐ or	
Goserelin (Zoladex)	☐	☐	☐ →		☐ or	
Tamoxifen (Nolvadex)	☐	☐	☐ →		☐ or	
Trastuzumab (Herceptin)	☐	☐	☐ →		☐ or	
Celecoxib	☐	☐	☐ →		☐ or	
Bisphosphonate	☐	☐	☐ →		☐ or	
Please provide drug name: →						
Other:			→		☐ or	
Other:			→		☐ or	

If the patient was suffering any persistent Neo-tAnGo <u>chemotherapy</u> treatment-related toxicities, please give brief details of these:

Further Chemotherapy:

When last seen, had the patient undergone further chemotherapy treatment for their primary breast cancer following completion of Neo-tAnGo trial treatment (excluding treatment for relapse or new primary)?

No ☐ Yes ☐ → If yes, provide details below:

Chemotherapy Regimen	No. of cycles

Further surgery:

When last seen, had the patient undergone further surgery for their primary breast cancer following completion of the surgery CRF (excluding treatment for relapse or new primary)?

No ☐ Yes ☐ → If yes, provide details below:

Surgery 1 type (use code from list on right) ☐ → Date: dd mon yyyy

If 'other' please specify: →

Surgery 2 type (use code from list on right) ☐ → Date: dd mon yyyy

If 'other' please specify: →

Surgery codes:

1 = Delayed Reconstruction
2 = Mastectomy of treated breast
3 = Mastectomy of treated breast with reconstruction
4 = Mastectomy of contralateral breast
5 = Mastectomy of contralateral breast with reconstruction
6 = Oophorectomy
7 = Other (specify)

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Trial no.: ☐☐☐☐

Patient's initials: ☐☐ *Give FIRST and SURNAME initials only*

Date of birth: ☐☐ *dd* ☐☐☐ *mon* ☐☐☐☐ *yyyy*

Patient Status

Was patient free from cancer? No ☐ Yes ☐ → If 'No', please complete details below:

Type of relapse:	**No**	**Yes**	**Site of relapse:**	**Date of detection:** *(dd mon yyyy)*
First locoregional *(ipsilateral breast/chest wall, axillary and ipsilateral supraclavicular nodes)*	☐	☐		☐☐ ☐☐☐ ☐☐☐☐
First distant *(excluding ipsilateral supraclavicular nodes)*	☐	☐		☐☐ ☐☐☐ ☐☐☐☐
First 2nd primary *(incl. contralateral malignant breast disease)*	☐	☐		☐☐ ☐☐☐ ☐☐☐☐

Please summarise any treatment given for the relapse/2nd primary in the relevant row below:
(e.g. locoregional measures; palliative radiotherapy; 1st line metastatic chemotherapy or endocrine therapy)

First locoregional:

First distant:

First 2nd primary:

Details of Death *(if applicable)*

Has the patient died? No ☐ Yes ☐ → **Date of death:** *(dd mon yyyy)* ☐☐ ☐☐☐ ☐☐☐☐

Cause(s) of death:	**No**	**Yes**	**Please give brief details:**
Breast cancer	☐	☐ →	
Other cancer	☐	☐ →	
Protocol treatment related	☐	☐ →	
Other treatment related	☐	☐ →	
Other cause(s)	☐	☐ →	

Please ensure that a serious adverse event form has been completed if applicable.

Please provide copies of post-mortem reports if available.

Signed: _____ **Date:** ☐☐ *dd* ☐☐☐ *mon* ☐☐☐☐ *yyyy*

On completion, please take a copy of this form and return the original to the Neo- tAnGo trials office