

Patient Surname: Forename:

Date of Birth: ____/____/____ Hospital Number:

Referring Consultant: Hospital:

ELIGIBILITY CHECKLIST

- 1 Histological diagnosis of invasive breast cancer
2. Clinically early stage disease
3. Complete excision of tumour
4. Definite indication for chemotherapy, in the opinion of the responsible clinician
5. Patient is fit to receive treatment according to either of the study arms
6. Patient has given written informed consent
7. Patient has not received previous radiotherapy or chemotherapy
8. Adequate renal, hepatic and bone marrow function
9. No longer than 6 weeks has elapsed since surgery
10. No previous cancer except basal cell carcinoma or carcinoma in situ
11. Non-pregnant and no risk of pregnancy during chemotherapy

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INFORMATION ESSENTIAL FOR RANDOMISATION

Age: ≤ 50 ☐ > 50 ☐Node -ve ☐ Node +ve \rightarrow 1-3 ☐ ≥ 4 ☐

Radiotherapy to be given?

No ☐Yes ☐ \rightarrow intend to randomise into **SECRAB** ☐ \rightarrow with CMF ☐ OR after CMF ☐

INFORMATION REQUESTED AT RANDOMISATION

Tumour size: ____ x ____ cm

Tumour grade: 1 (well diff.) ☐ 2 (mod. diff.) ☐ 3 (poorly diff.) ☐ECOG Performance status ☐How do you intend to give Cyclophosphamide? oral ☐ OR i.v. ☐

Date to start chemotherapy: ____/____/____

Menopausal status: Pre ☐ Post ☐ Peri ☐ Unknown ☐Oestrogen Receptors: Neg ☐ Pos ☐ Unknown ☐Is patient on, or to go on tamoxifen? No ☐ Yes ☐ Unknown ☐If Yes: Will it be concurrent with chemotherapy? \rightarrow Start Date ____/____/____Or, after completion of chemotherapy? \rightarrow Proposed Start Date ____/____/____Has patient agreed to complete Q of L questionnaires? Yes ☐ No ☐

TREATMENT ALLOCATION

Epirubicin + CMF ☐Classical CMF ☐

TRIAL NUMBER

Signed: Date of Randomisation : ____/____/____