

Trial no.:

Patient's initials:

Give FIRST and SURNAME initials only

Date of birth:

dd

mon

yyyy

Hospital no.:

Hospital:

DETAILS OF LAST CHEMOTHERAPY TREATMENT

Date of last chemotherapy treatment (dd mon yyyy):

Cycle no. (please circle):

1 2 3 4 5 6 7 8 → Day 1 ☐ Day 8 ☐

DETAILS OF RELAPSE

Type of relapse:

No Yes

First locoregional ☐ ☐
(ipsilateral breast/chest wall or axillary nodes)

First distant ☐ ☐
(incl. supraclavicular nodes)

First 2nd primary ☐ ☐
(incl. contralateral malignant breast disease)

Site of relapse:

Date of diagnosis:

dd mon yyyy

Please summarise any treatment given for the relapse (e.g. locoregional measures; palliative radiotherapy; 1st line metastatic chemotherapy or endocrine therapy):

DETAILS OF DEATH

Has the patient died?

No ☐

Yes ☐



Date of death:

dd

mon

yyyy

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

Diagnosed cause(s) of death:

Please specify diagnosis:

Breast cancer ☐ →

Other cancer ☐ →

Protocol treatment related ☐ →

Other treatment related ☐ →

Other cause(s) ☐ →

Unknown ☐

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 your original to your tAnGo Study Office