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 any of the following medications:

	N/K	No	Yes	Date first prescribed: *(dd mon yyyy)*	Please provide drug name:
Tamoxifen	☐	☐	☐ →		
Herceptin	☐	☐	☐ →		
Aromatase inhibitor	☐	☐	☐ →		
Bisphosphonate	☐	☐	☐ →		

If the patient was suffering any persistent treatment-related toxicities, please give brief details of these:

______

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 or axillary nodes)*	☐	☐		
First distant *(incl. 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)	☐	☐ →	
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