

## Follow-up Form

**DO NOT MAKE ANY ENTRIES ON THE FOLLOW-UP FORM UNTIL YOU HAVE UPDATED THE OFF-TREATMENT VITAL STATUS FORM.**

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**Instructions:** Please submit at each follow-up after completion and at protocol-specified intervals after relapse or progression.

**Date of last contact or death** (Date will be derived based on most recent Vital Status submission. If you have had more recent contact with the patient, please submit a new Vital Status form with the new date.)

**LATE ADVERSE EVENT**

Did the patient experience any reportable\* adverse events during this reporting period?  Yes  No

*\*\*Severe (grade >=3) adverse event that is possibly, probably or definitely related to protocol treatment, or a Serious Adverse Event (SAE) of any grade/attribution, that has not been previously reported.*

**DISEASE FOLLOW-UP STATUS**

Was disease status (for this cancer) evaluated during this reporting period?  Yes  No

If yes, date of last clinical assessment

**NOTICE OF FIRST RELAPSE OR PROGRESSION**

Has the patient developed a first relapse or progression that has not been previously reported?  Yes  No

If yes, date of relapse or progression

If yes, site(s) of relapse or progression

**NON-PROTOCOL TREATMENT**

Has the patient received any non-protocol cancer therapy (prior to progression/ relapse) not previously reported?  Yes  No

**NOTICE OF NEW PRIMARY**

Has a new primary cancer or MDS (myelodysplastic syndrome) been diagnosed that has not been previously reported?  Yes  No

If yes, date of diagnosis

If yes, new primary site

**Comments**

*If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.*

Save this form, but don't submit to SWOG yet.

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CRF Version 2872 - Page Generated: 16 Jun 2021 13:52:52 Pacific Daylight Time

This field derives automatically from the most recent Vital Status form. Once you save this form, you CANNOT amend Last Contact Date, so **ALWAYS update Vital Status form before starting a new Follow-up form.**

This is only YES if the AE meets the criteria in italics on the left. Please read carefully.