Follow-Up Form
CDDP Colorectal

Instructions: *The Follow-up Form is to be completed 12 months after a case enters the Biospecimen Core Resource (BCR). All information provided on this form includes activity from the "Date of Last Contact" provided on the CDDP Enrollment Form to the most recent date of contact with the patient. This form should only be completed by the Tissue Source Site if updated information can be provided to CDDP. Please direct any questions to the Clinical Outreach team at the BCR.*

Please note the following definitions for the "Unknown" and "Not Evaluated" answer options on this form.

Unknown: This answer option should only be selected if the TSS cannot answer the question because the answer is not known at the TSS. If this answer option is selected for a question that is part of the CDDP required data set, the TSS must complete a discrepancy note providing a reason why the answer is unknown.

Not Evaluated: This answer option should only be selected by the TSS if it is known that the information being requested cannot be obtained. If for example, a test was not performed the results of that test cannot be provided because it was "Not Evaluated."

Tissue Source Site (TSS): _____TSS Identifier: _____ TSS Unique Patient Identifier: _____

Completed By *(Interviewer Name on OpenClinica)*: _____Completed Date: _____

General Information

#	Data Element	Entry Alternatives	Working Instructions
1*	Is this Patient Lost to Follow-up?	☐ Yes ☐ No	Indicate whether the patient is lost to follow-up, as defined by the ACoS Commission on Cancer. This only includes cases where updated follow-up information has not been collected within the past 15 months and all efforts to contact the patient have been exhausted (this includes reviewing the Social Security death index). If the patient is lost to follow-up, the remaining questions can be left unanswered. 61333 *If the patient is **deceased** and a CDDP follow-up form has not yet been completed, the answer to this question should be "no," and the remaining applicable questions should be completed.*

Follow-Up Information

#	Data Element	Entry Alternatives	Working Instructions
2*	Adjuvant (Post-Operative) Radiation Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had radiation therapy for the sample submitted for CDDP. 2005312 If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.
3*	Adjuvant (Post-Operative) Pharmaceutical Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had pharmaceutical therapy for the sample submitted for CDDP. 3397567 If the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed.
4*	Tumor Status *(at time of last contact or death)*	☐ Tumor free ☐ With tumor ☐ Unknown	Indicate whether the patient was tumor/disease free at the date of last contact or death. 2759550
5*	Vital Status *(at date of last contact)*	☐ Living ☐ Deceased	Indicate whether the patient was living or deceased at the date of last contact. 5
6*	Date of Last Contact	___ ___ / ___ ___ / ___ ___ ___ ___ (month)* (day) (year)*	If the patient is living, provide the date of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). 2897020 (month), 2897022 (day), 2897024 (year) Please Note: Do not answer if patient is deceased.
7*	Date of Death	___ ___ / ___ ___ / ___ ___ ___ ___ (month)* (day) (year)*	If the patient is deceased, provide the date of death. 2897026, (month) 2897028 (day), 2897030 (year)

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New Tumor Event Information *Complete this section if the patient had a new tumor event. If the patient did not have a new tumor event (or if the TSS does not know) indicate this in the question below, and the remainder of this section can be skipped.*

Note: The New Tumor Event section on OpenClinica can be completed multiple times, if the patient had multiple New Tumor Events.

#	Data Element	Entry Alternatives	Working Instructions
8*	New Tumor Event After Initial Treatment?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had a new tumor event (e.g. metastatic, recurrent, or new primary tumor) after initial treatment. 3121376 If the patient did not have a new tumor event or if this is unknown, the remaining questions can be skipped.
9	Type of New Tumor Event	☐ Locoregional Recurrence ☐ Distant Metastasis ☐ New Primary Tumor	Indicate whether the patient's new tumor event was a locoregional recurrence, a distant metastasis or a new primary tumor. A new primary tumor is a tumor with a different histology as the tumor submitted to CDDP. 3119721
10	Anatomic Site of New Tumor Event	☐ Bone ☐ Lung ☐ Liver ☐ Retroperitoneum ☐ Lymph Node(s) ☐ Other, please specify	Indicate the site of this new tumor event. 3108271
11	Other Site of New Tumor Event	_____	If the site of the new tumor event is not included in the provided list, describe the site of this new tumor event. 3128033
12*	Date of New Tumor Event	___ ___ / ___ ___ / ___ ___ ___ ___ (month)* (day) (year)*	If the patient had a new tumor event, provide the date of diagnosis for this new tumor event. 3104044 (month), 3104042 (day), 3104046 (year)
13	Additional Surgery for New Tumor Event:	☐ Yes ☐ No ☐ Unknown	Using the patient's medical records, indicate whether the patient had surgery for the new tumor event in question. 3427611
14	Additional treatment for New Tumor Event: *Radiation Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received radiation treatment for this new tumor event. 3427615
15	Additional treatment for New Tumor Event: *Pharmaceutical Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received pharmaceutical treatment for this new tumor event. 3427616 *Note: Pharmaceutical treatment includes chemotherapy, immunotherapy, hormonal therapy, and targeted molecular therapy.*

_____ _____ ___ ___/ ___ ___/ ___ ___ ___ ___

Principal Investigator or Designee Signature | Print Name | Date (Month/Day/Year)

Time Intervals: The following questions are only to be answered if the Tissue Source Site is unable to provide the dates requested on this form.
Please Note: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.

#	Question	Entry Alternatives	Working Instructions
i	Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form?	☐ Yes ☐ No	If the answer to this question is yes, time intervals must be provided instead of dates, as indicated throughout this form. Provided time intervals must begin with the date of initial pathologic diagnosis (i.e. biopsy or resection).
ii	Number of Days from Date of Initial Pathologic Diagnosis to Date of Last Contact	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on the submitted enrollment form to the date of last contact. 3008273
iii	Number of Days from Date of Initial Pathologic Diagnosis to Date of Death	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on the submitted enrollment to the date of death. 3165475
iv	Number of Days from Date of Initial Pathologic Diagnosis to Date of New Tumor Event After Initial Treatment	_____ days	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease on the submitted enrollment to the date of new tumor event after initial treatment. 3392464