

MONTH 12 DATA CAPTURE FORM

Study ID number

Participant Initials

headandneck
5000

A – BASIC DATA	
A1. DATE OF 12 MONTH DATA COLLECTION	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
A10. IS THE PATIENT ALIVE?	A. Yes <input type="checkbox"/> B. No <input type="checkbox"/>
A11. IF NO, DATE OF DEATH	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> If deceased please complete mortality form
B – TREATMENT	
B1. CANCER PLAN OF ANY TREATMENT SINCE MONTH 4	
A. Curative <input type="checkbox"/> B. Palliative anti-cancer <input type="checkbox"/> C. Supportive <input type="checkbox"/> D. No specific anti-cancer <input type="checkbox"/>	
B2. TREATMENT TYPE RECEIVED SINCE MONTH 4 (Please tick all that apply)	
A. Surgery (primary site) <input type="checkbox"/>	B. Surgery (neck dissection for lymph nodes in neck) <input type="checkbox"/>
C. Teletherapy (Radiotherapy) <input type="checkbox"/>	D. Chemotherapy <input type="checkbox"/>
E. Hormone therapy - please state: _____ <input type="checkbox"/>	F. Specialist palliative <input type="checkbox"/>
G. Brachytherapy <input type="checkbox"/>	H. Biological - please state: _____ <input type="checkbox"/>
I. Other - please state: _____ <input type="checkbox"/>	J. Active monitoring <input type="checkbox"/>
K. Combined chemoradiotherapy <input type="checkbox"/>	L. Reconstruction with free flap <input type="checkbox"/>
M. Laser Surgery <input type="checkbox"/>	
B3. TREATMENT TYPE SEQUENCE 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>	
B10. PROCEDURE/TREATMENT START DATE <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
B4. CO-MORBIDITY INDEX (please see the guide to Data Capture Form completion for the comorbidity scoring system)	
A. No co-morbidity <input type="checkbox"/> B. Mild decompensation <input type="checkbox"/> C. Moderate decompensation <input type="checkbox"/>	
D. Severe decompensation <input type="checkbox"/> E. Unknown <input type="checkbox"/>	
B5. MOST RECENT TNM STAGING (if applicable)	
A. DATE: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
B. T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C. N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. M <input type="checkbox"/>	

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B11. WAS THE INITIAL COURSE OF RADIOTHERAPY TREATMENT COMPLETED? (if prescribed at diagnosis)

A. Yes B. No C. Ongoing D. Not applicable

B11a. If Radiotherapy not completed please give reason:

A. Toxicity/side effects B. Altered treatment plan C. Patient choice D. Other

B12: WAS THE INITIAL COURSE OF CHEMOTHERAPY TREATMENT COMPLETED? (if prescribed at diagnosis)

A. Yes B. No C. Ongoing D. Not applicable

B12a. If Chemotherapy not completed please give reason:

A. Toxicity/side effects B. Altered treatment plan C. Patient choice D. Other

B12b: WAS ANY FURTHER TREATMENT COURSE COMPLETED?

A. Yes B. No C. Ongoing D. Not Applicable

B13. DOES THE PATIENT HAVE A FEEDING TUBE?

A. Yes B. No

B14. IF YES, APPROXIMATELY HOW MUCH DIETARY INTAKE IS THROUGH THE FEEDING TUBE?

A. None B. < 20% C. 20 – 80% D. > 80%

B15. DOES THE PATIENT HAVE A TRACHEOSTOMY?

A. Yes B. No

B16. HAS THERE BEEN TUMOUR RECURRENCE?

A. Yes B. No C. N/A

B16 a. If YES what is the staging of the recurrence?

A. T B. N C. M

B17. HAS THERE BEEN A NEW HEAD & NECK PRIMARY?

A. Yes B. No

B18. IS THE PATIENT CLINICALLY DISEASE FREE?

A. Yes B. No

C – OTHER

C1. PATIENT TRIAL STATUS (for trials other than H&N5000)

A. Eligible and entered B. Eligible, declined
C. Eligible, not approached D. Ineligible E. Not applicable

C2. COMMENTS:
