

A Phase III double-blind placebo-controlled randomized trial of aspirin on recurrence and survival in colon cancer patients



Case Report Forms



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A phase III double-blind placebo-controlled randomized trial of aspirin on recurrence and survival in colon cancer patients



RANDOMISATION FORM

CRF: F01 (Page 1 of 2), version 2.2, 06/06/2016

Center Id	Subject Id	Date of Birth
	8	- - 1 9

1. GENERAL INFORMATION

1. Physician	_____	<input type="checkbox"/> surgeon
		<input type="checkbox"/> medical oncologist
		<input type="checkbox"/> gastroenterologist
2. Center	_____	

2. INCLUSION CRITERIA

All answers must be "Yes" otherwise patient is not eligible

	Yes	No
1. Histologically confirmed adenocarcinoma of the colon	<input type="checkbox"/>	<input type="checkbox"/>
2. TNM stage: pT3-4; N0-2 and M0, or pT1-2 <u>and</u> N1-2 (UICC stage II and III) (in case of >1 tumour: largest tumour is stage II or III)	<input type="checkbox"/>	<input type="checkbox"/>
3. Age ≥ 45 years	<input type="checkbox"/>	<input type="checkbox"/>
4. Completed surgical resection (R0) within 12 weeks of randomisation	<input type="checkbox"/>	<input type="checkbox"/>
5. Written informed consent according to local Ethics Committee requirements	<input type="checkbox"/>	<input type="checkbox"/>

3. EXCLUSION CRITERIA

All answers must be "No" otherwise patient is not eligible

	Yes	No
1. Rectal cancer (defined as tumor within 15 cm from the anal verge)	<input type="checkbox"/>	<input type="checkbox"/>
2. Currently taking oral anti-coagulants.	<input type="checkbox"/>	<input type="checkbox"/>
3. Currently taking (low-dose) aspirin for any reason	<input type="checkbox"/>	<input type="checkbox"/>
4. History of bleeding disorders or active gastric or duodenal ulcers	<input type="checkbox"/>	<input type="checkbox"/>
5. Currently taking high dose (≥ 30 mg predniso(lo)ne) systemic glucocorticoids	<input type="checkbox"/>	<input type="checkbox"/>
6. Patients with (suspected) (non-) polyposis syndrome (FAP/AFAP, MAP, Lynch syndrome)	<input type="checkbox"/>	<input type="checkbox"/>
7. Patients with >100 polyps of the colon or a known hereditary syndrome of the colon in a first degree family member	<input type="checkbox"/>	<input type="checkbox"/>
8. Local or distant recurrent disease	<input type="checkbox"/>	<input type="checkbox"/>
9. Allergy or intolerance for salicylates	<input type="checkbox"/>	<input type="checkbox"/>
10. History of other malignancies in the last 5 years, except for SSC, BCC or CIN	<input type="checkbox"/>	<input type="checkbox"/>
11. Presence of any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule	<input type="checkbox"/>	<input type="checkbox"/>



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BASELINE FORM

CRF: F02 (Page 1 of 5), version 2.1, 12/02/2016

Center Id	Subject Id	Date of Birth
	8	X X - - 1 9

1. GENERAL

CEA at baseline (pre-operative) . at → - - 2 0

2. ADULT COMORBIDITY EVALUATION -27 (ACE-27)

Cogent comorbid ailment	Grade 3 Severe decompensation	Grade 2 Moderate decompensation	Grade 1 Mild decompensation	
Cardiovascular System				
Myocardial Infarct	<input type="checkbox"/> MI ≤ 6 months	<input type="checkbox"/> MI > 6 months ago	<input type="checkbox"/> MI by ECG only, age undetermined	<input type="checkbox"/> none
Angina / Coronary Artery Disease	<input type="checkbox"/> Unstable angina	<input type="checkbox"/> Chronic exertional angina <input type="checkbox"/> Recent (≤ 6 months) Coronary Artery Bypass Graft (CABG) or Percutaneous Transluminal Coronary Angioplasty (PTCA) <input type="checkbox"/> Recent (≤ 6 months) coronary stent	<input type="checkbox"/> ECG or stress test evidence or catheterization evidence of coronary disease without symptoms <input type="checkbox"/> Angina pectoris not requiring hospitalization <input type="checkbox"/> CABG or PTCA (>6 mos.) <input type="checkbox"/> Coronary stent (>6 mos.)	<input type="checkbox"/> none
Congestive Heart Failure (CHF)	<input type="checkbox"/> Hospitalized for CHF within past 6 months <input type="checkbox"/> Ejection fraction < 20%	<input type="checkbox"/> Hospitalized for CHF >6 months prior <input type="checkbox"/> CHF with dyspnea which limits activities	<input type="checkbox"/> CHF with dyspnea which has responded to treatment <input type="checkbox"/> Exertional dyspnea <input type="checkbox"/> Paroxysmal Nocturnal Dyspnea (PND)	<input type="checkbox"/> none
Arrhythmias	<input type="checkbox"/> Ventricular arrhythmia ≤ 6 months	<input type="checkbox"/> Ventricular arrhythmia > 6 months <input type="checkbox"/> Chronic atrial fibrillation or flutter <input type="checkbox"/> Pacemaker	<input type="checkbox"/> Sick Sinus Syndrome <input type="checkbox"/> Supraventricular tachycardia	<input type="checkbox"/> none
Hypertension	<input type="checkbox"/> DBP ≥ 130 mm Hg <input type="checkbox"/> Severe malignant papilledema or other eye changes <input type="checkbox"/> Encephalopathy	<input type="checkbox"/> DBP 115-129 mm Hg <input type="checkbox"/> DBP 90-114 mm Hg while taking antihypertensive medications <input type="checkbox"/> Secondary cardiovascular symptoms: vertigo, epistaxis, headaches	<input type="checkbox"/> DBP 90-114 mm Hg while <u>not</u> taking antihypertensive medications <input type="checkbox"/> DBP < 90 mm Hg while taking antihypertensive medications <input type="checkbox"/> Hypertension, not otherwise specified	<input type="checkbox"/> none
Venous Disease	<input type="checkbox"/> Recent PE (≤ 6 mos.) <input type="checkbox"/> Use of venous filter for PE's	<input type="checkbox"/> DVT controlled with Coumadin or heparin <input type="checkbox"/> Old PE > 6 months	<input type="checkbox"/> Old DVT no longer treated with Coumadin or Heparin	<input type="checkbox"/> none
Peripheral Arterial Disease	<input type="checkbox"/> Bypass or amputation for gangrene or arterial insufficiency < 6 months ago <input type="checkbox"/> Untreated thoracic or abdominal aneurysm (≥ 6 cm)	<input type="checkbox"/> Bypass or amputation for gangrene or arterial insufficiency > 6 months ago <input type="checkbox"/> Chronic insufficiency	<input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Untreated thoracic or abdominal aneurysm (< 6 cm) <input type="checkbox"/> s/p abdominal or thoracic aortic aneurysm repair	<input type="checkbox"/> none



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BASELINE FORM

CRF: F02 (Page 2 of 5), version 2.1, 12/02/2016

Center Id	Subject Id	Date of Birth
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Cogent comorbid ailment	Grade 3 Severe decompensation	Grade 2 Moderate decompensation	Grade 1 Mild decompensation	
Respiratory System				
	<input type="checkbox"/> Marked pulmonary insufficiency <input type="checkbox"/> Restrictive Lung Disease or COPD with dyspnea at rest despite treatment <input type="checkbox"/> Chronic supplemental O ₂ <input type="checkbox"/> CO ₂ retention (pCO ₂ > 50 torr) <input type="checkbox"/> Baseline pO ₂ < 50 torr <input type="checkbox"/> FEV1 (< 50%)	<input type="checkbox"/> Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which limits activities <input type="checkbox"/> FEV1 (51%-65%)	<input type="checkbox"/> Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which has responded to treatment <input type="checkbox"/> FEV1 (66%-80%)	<input type="checkbox"/> none
Gastrointestinal System				
Hepatic	<input type="checkbox"/> Portal hypertension and/or esophageal bleeding ≤ 6 mos. (Encephalopathy, Ascites, Jaundice with Total Bilirubin > 2)	<input type="checkbox"/> Chronic hepatitis, cirrhosis, portal hypertension with moderate symptoms "compensated hepatic failure"	<input type="checkbox"/> Chronic hepatitis or cirrhosis without portal hypertension <input type="checkbox"/> Acute hepatitis without cirrhosis <input type="checkbox"/> Chronic liver disease manifested on biopsy or persistently elevated bilirubin (>3 mg/dl)	<input type="checkbox"/> none
Stomach / Intestine	<input type="checkbox"/> Recent ulcers (≤ 6 months ago) requiring blood transfusion	<input type="checkbox"/> Ulcers requiring surgery or transfusion > 6 months ago	<input type="checkbox"/> Diagnosis of ulcers treated with meds <input type="checkbox"/> Chronic malabsorption syndrome <input type="checkbox"/> Inflammatory bowel disease (IBD) on meds or h/o with complications and/or surgery	<input type="checkbox"/> none
Pancreas	<input type="checkbox"/> Acute or chronic pancreatitis with major complications (phlegmon, abscess, or pseudocyst)	<input type="checkbox"/> Uncomplicated acute pancreatitis <input type="checkbox"/> Chronic pancreatitis with minor complications (malabsorption, impaired glucose tolerance, or GI bleeding)	<input type="checkbox"/> Chronic pancreatitis w/o complications	<input type="checkbox"/> none
Renal System				
End-stage renal disease	<input type="checkbox"/> Creatinine > 3 mg% with multi-organ failure, shock, or sepsis <input type="checkbox"/> Acute dialysis	<input type="checkbox"/> Chronic Renal Insufficiency with creatinine >3 mg% <input type="checkbox"/> Chronic dialysis	<input type="checkbox"/> Chronic Renal Insufficiency with creatinine 2-3 mg%	<input type="checkbox"/> none
Endocrine System (Code the comorbid ailments with the (*) in both the Endocrine system and other organ systems if applicable)				
Diabetes Mellitus	<input type="checkbox"/> Hospitalization ≤ 6 months for DKA <input type="checkbox"/> Diabetes causing end-organ failure <input type="checkbox"/> retinopathy <input type="checkbox"/> neuropathy <input type="checkbox"/> nephropathy* <input type="checkbox"/> coronary disease* <input type="checkbox"/> peripheral arterial disease*	<input type="checkbox"/> IDDM without complications <input type="checkbox"/> Poorly controlled AODM with oral agents	<input type="checkbox"/> AODM controlled by oral agents only	<input type="checkbox"/> none



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BASELINE FORM

CRF: F02 (Page 3 of 5), version 2.1, 12/02/2016

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Cogent comorbid ailment	Grade 3 Severe decompensation	Grade 2 Moderate decompensation	Grade 1 Mild decompensation	
Neurological System				
Stroke	<input type="checkbox"/> Acute stroke with significant neurologic deficit	<input type="checkbox"/> Old stroke with neurologic residual	<input type="checkbox"/> Stroke with no residual <input type="checkbox"/> Past or recent TIA	<input type="checkbox"/> none
Dementia	<input type="checkbox"/> Severe dementia requiring full support for activities of daily living	<input type="checkbox"/> Moderate dementia (not completely self-sufficient, needs supervising)	<input type="checkbox"/> Mild dementia (can take care of self)	<input type="checkbox"/> none
Paralysis	<input type="checkbox"/> Paraplegia or hemiplegia requiring full support for activities of daily living	<input type="checkbox"/> Paraplegia or hemiplegia requiring wheelchair, able to do some self care	<input type="checkbox"/> Paraplegia or hemiplegia, ambulatory and providing most of self care	<input type="checkbox"/> none
Neuromuscular	<input type="checkbox"/> MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder and requiring full support for activities of daily living	<input type="checkbox"/> MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder, but able to do some self care	<input type="checkbox"/> MS, Parkinson's, Myasthenia Gravis, or other chronic neuromuscular disorder, but ambulatory and providing most of self care	<input type="checkbox"/> none
Psychiatric				
	<input type="checkbox"/> Recent suicidal attempt <input type="checkbox"/> Active schizophrenia	<input type="checkbox"/> Depression or bipolar disorder uncontrolled <input type="checkbox"/> Schizophrenia controlled w/ meds	<input type="checkbox"/> Depression or bipolar disorder controlled w/ medication	<input type="checkbox"/> none
Rheumatologic (Incl. Rheumatoid Arthritis, Systemic Lupus, Mixed Connective Tissue Disorder, (Rheumatic) Polymyositis)				
	<input type="checkbox"/> Connective Tissue Disorder with secondary end-organ failure (renal, cardiac, CNS)	<input type="checkbox"/> Connective Tissue Disorder on steroids or immunosuppressant medications	<input type="checkbox"/> Connective Tissue Disorder on NSAIDs or no treatment	<input type="checkbox"/> none
Immunological System (AIDS should not be considered a comorbidity for Kaposi's Sarcoma or Non-Hodgkin's Lymphoma)				
AIDS	<input type="checkbox"/> Fulminant AIDS w/KS, MAI, PCP (AIDS defining illness)	<input type="checkbox"/> HIV+ with h/o defining illness. CD4 ⁺ < 200/μL	<input type="checkbox"/> Asymptomatic HIV+ patient. <input type="checkbox"/> HIV ⁺ w/o h/o AIDS defining illness. CD4 ⁺ > 200/μL	<input type="checkbox"/> none
Malignancy (Excluding Cutaneous Basal Cell Ca., Cutaneous SCCA, Carcinoma in-situ, and Intraepithelial Neoplasm)				
Solid Tumor including melanoma	<input type="checkbox"/> Uncontrolled cancer <input type="checkbox"/> Newly diagnosed but not yet treated <input type="checkbox"/> Metastatic solid tumor	<input type="checkbox"/> Any controlled solid tumor without documented metastases, but initially diagnosed and treated within the last 5 years	<input type="checkbox"/> Any controlled solid tumor without documented metastases, but initially diagnosed and treated > 5 years ago	<input type="checkbox"/> none
Leukemia and Myeloma	<input type="checkbox"/> Relapse <input type="checkbox"/> Disease out of control	<input type="checkbox"/> 1 st remission or new dx <1yr <input type="checkbox"/> Chronic suppressive therapy	<input type="checkbox"/> H/o leukemia or myeloma with last Rx > 1 yr prior	<input type="checkbox"/> none
Lymphoma	<input type="checkbox"/> Relapse	<input type="checkbox"/> 1 st remission or new dx <1yr <input type="checkbox"/> Chronic suppressive therapy	<input type="checkbox"/> H/o lymphoma w/ last Rx >1 yr prior	<input type="checkbox"/> none
Substance Abuse (Must be accompanied by social, behavioral, or medical complications)				
Alcohol	<input type="checkbox"/> Delirium tremens	<input type="checkbox"/> Active alcohol abuse with social, behavioral, or medical complications	<input type="checkbox"/> H/o alcohol abuse but not presently drinking	<input type="checkbox"/> none
Illicit Drugs	<input type="checkbox"/> Acute Withdrawal Syndrome	<input type="checkbox"/> Active substance abuse with social, behavioral, or medical complications	<input type="checkbox"/> H/o substance abuse but not presently using	<input type="checkbox"/> none
Body Weight				
Obesity		<input type="checkbox"/> Morbid (i.e., BMI ≥ 38)		<input type="checkbox"/> none



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BASELINE FORM

CRF: F02 (Page 5 of 5), version 2.1, 12/02/2016

Center Id	Subject Id	Date of Birth
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12. Name	_____	Dose	_____
13. Name	_____	Dose	_____
14. Name	_____	Dose	_____
15. Name	_____	Dose	_____
16. Name	_____	Dose	_____
17. Name	_____	Dose	_____
18. Name	_____	Dose	_____

5. CHEMOTHERAPY

1. Adjuvant chemotherapy started	<input type="checkbox"/> no → 5.2	<input type="checkbox"/> yes → 5.3 to 5.8
2. Reason no start chemotherapy	<input type="checkbox"/> not indicated	<input type="checkbox"/> comorbidity <input type="checkbox"/> age
	<input type="checkbox"/> patient's wish	<input type="checkbox"/> other _____
3. Date of first dose	____ - ____ - 20__	
4. Drugs and dose	_____ _____	
5. Number of courses	<input type="checkbox"/>	
6. Chemotherapy completed	<input type="checkbox"/> no → 5.7	<input type="checkbox"/> yes → 5.8
	<input type="checkbox"/> not yet completed	
7. Reason chemotherapy not completed	<input type="checkbox"/> toxicity	<input type="checkbox"/> comorbidity <input type="checkbox"/> patient's wish
	<input type="checkbox"/> other _____	
8. Date of last dose	____ - ____ - 20__	

Notes: _____

Signature Investigator	Name	Date
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SERIOUS ADVERSE EVENT FORM

CRF: F40 (Page 1 of 3), version 2.0, 01/09/2015

Center Id	Subject Id	Date of Birth
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1. Reaction Information

1. Report type initial follow-up final

2. Country *The Netherlands* 3. Age [years]

4. Sex male female

5. Treatment arm *Double-blind*

6. Date of onset SAE - - 20

7. Onsetperiod of SAE during chemotherapy (and study medication)
 during study medication
 during follow-up

8. Description SAE in a single term

9. Intensity SAE [CTC 4.0] grade 1 grade 2 grade 3 grade 4 grade 5

10. Category of SAE patient died ↓ persistent or sign.disability/incapacity
 (prolonged) inpatient hospitalisation life threatening

Date of death - - 20

Cause of death malignant disease toxicity other

11. Outcome SAE recovered → sequelae unchanged worsened fatal

Date of recovery SAE - - 20

2. Suspect Drug Information

Study Drugs	Daily dose [mg]	Indication for use		
Aspirin or Placebo	80	<i>Colon cancer</i>		
Therapy dates	First date of administration	Last date of administration		
Aspirin or Placebo	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 20 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 20 <input type="text"/> <input type="text"/>		
	Causality	Did reaction abate after stopping drug?	Did reaction reappear after reintroduction?	Action taken?
Aspirin or Placebo	<input type="checkbox"/> unrelated <input type="checkbox"/> unlikely <input type="checkbox"/> possible <input type="checkbox"/> probable <input type="checkbox"/> definite <input type="checkbox"/> not assessable	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> N.A.	<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> N.A.	<input type="checkbox"/> no <input type="checkbox"/> temp. stop <input type="checkbox"/> stop <input type="checkbox"/> other



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Center Id	Subject Id	Date of Birth
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3. Concomitant Medication no yes →

1. Name	Dose
2. Name	Dose
3. Name	Dose
4. Name	Dose
5. Name	Dose
6. Name	Dose
7. Name	Dose
8. Name	Dose
9. Name	Dose
10. Name	Dose

4. Relevant Medical History

5. Relevant Laboratory Values

1. Date laboratory tests	<input type="text"/> - <input type="text"/> - 20 <input type="text"/> <input type="text"/>	<input type="checkbox"/> not done
2. Haemoglobin [mmol/L]	<input type="text"/> <input type="text"/> . <input type="text"/>	
3. Platelet count [$\times 10^9$]	<input type="text"/> <input type="text"/> <input type="text"/>	
4. WBC [$\times 10^9$]	<input type="text"/> <input type="text"/> . <input type="text"/>	
5. Neutrophils [$\times 10^9$]	<input type="text"/> <input type="text"/> . <input type="text"/>	
6. Other, specify incl unit →	<input type="text"/>	<input type="checkbox"/> not done



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6. Manufacturer Information

- | | | |
|---------------------------|--|-------------------------------|
| 1. Report source | <i>Health professional</i> | |
| 2. Date of initial report | <input type="text"/> - <input type="text"/> - <input type="text"/> 20 <input type="text"/> | <input type="checkbox"/> N.A. |
| 3. Date of final report | <input type="text"/> - <input type="text"/> - <input type="text"/> 20 <input type="text"/> | <input type="checkbox"/> N.A. |

7. Contact details [person who filled out this form and e-mail address]

Notes:

Signature Investigator	Name	Date
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