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

Case Report Forms

June 2016

Leids Universitair Medisch Centrum

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

Aspirin TRIAL

RANDOMISATION FORM

Center Id	Subject Id	Date of Birth
	8	- - 19

1. GENERAL INFORMATION

1.	Physician _____	☐ surgeon ☐ medical oncologist ☐ 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	☐	☐
2.	TNM stage: pT3-4; N0-2 and M0, or pT1-2 and N1-2 (UICC stage II and III) (in case of >1 tumour: largest tumour is stage II or III)	☐	☐
3.	Age ≥ 45 years	☐	☐
4.	Completed surgical resection (R0) within 12 weeks of randomisation	☐	☐
5.	Written informed consent according to local Ethics Committee requirements	☐	☐

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)	☐	☐
2.	Currently taking oral anti-coagulants.	☐	☐
3.	Currently taking (low-dose) aspirin for any reason	☐	☐
4.	History of bleeding disorders or active gastric or duodenal ulcers	☐	☐
5.	Currently taking high dose (≥ 30 mg predniso(lo)ne) systemic glucocorticoids	☐	☐
6.	Patients with (suspected) (non-) polyposis syndrome (FAP/AFAP, MAP, Lynch syndrome)	☐	☐
7.	Patients with >100 polyps of the colon or a known hereditary syndrome of the colon in a first degree family member	☐	☐
8.	Local or distant recurrent disease	☐	☐
9.	Allergy or intolerance for salicylates	☐	☐
10.	History of other malignancies in the last 5 years, except for SSC, BCC or CIN	☐	☐
11.	Presence of any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule	☐	☐

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4. SPECIFIC QUESTIONS

1.	Date of written informed consent	☐☐-☐☐-20☐☐
2.	Date of surgery	☐☐-☐☐-20☐☐
3.	Adjuvant chemotherapy	☐ no ☐ yes
4.	Stage	☐ stage II ☐ stage III
5.	Gender	☐ male ☐ female

5. RANDOMISATION

1.	Date of randomisation	☐☐-☐☐-20☐☐

Notes: _____

Your local hospital pharmacist will be automatically notified of the randomisation to be able to deliver the study drug.

Signature Datacenter	Name	Date
Signature Investigator	Name	Date

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Center Id	Subject Id	Date of Birth
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1. GENERAL

1. DSCA registration number ☐☐☐ - ☐☐☐☐☐☐☐☐
2. CEA at baseline (pre-operative) ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐

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

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Cogent comorbid ailment	Grade 3 Severe decompensation	Grade 2 Moderate decompensation	Grade 1 Mild decompensation	
Respiratory System				
	☐Marked pulmonary insufficiency ☐Restrictive Lung Disease or COPD with dyspnea at rest despite treatment ☐Chronic supplemental O_2 ☐CO_2 retention (pCO_2 > 50 torr) ☐Baseline pO_2 < 50 torr ☐FEV1 (< 50%)	☐Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which limits activities ☐FEV1 (51%-65%)	☐Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which has responded to treatment ☐FEV1 (66%-80%)	☐none
Gastrointestinal System				
Hepatic	☐Portal hypertension and/or esophageal bleeding ≤ 6 mos. (Encephalopathy, Ascites, Jaundice with Total Bilirubin > 2)	☐Chronic hepatitis, cirrhosis, portal hypertension with moderate symptoms "compensated hepatic failure"	☐Chronic hepatitis or cirrhosis without portal hypertension ☐Acute hepatitis without cirrhosis ☐Chronic liver disease manifested on biopsy or persistently elevated bilirubin (>3 mg/dl)	☐none
Stomach / Intestine	☐Recent ulcers(≤ 6 months ago) requiring blood transfusion	☐Ulcers requiring surgery or transfusion > 6 months ago	☐Diagnosis of ulcers treated with meds ☐Chronic malabsorption syndrome ☐Inflammatory bowel disease (IBD) on meds or h/o with complications and/or surgery	☐none
Pancreas	☐Acute or chronic pancreatitis with major complications (phlegmon, abscess, or pseudocyst)	☐Uncomplicated acute pancreatitis ☐Chronic pancreatitis with minor complications (malabsorption, impaired glucose tolerance, or GI bleeding)	☐Chronic pancreatitis w/o complications	☐none
Renal System				
End-stage renal disease	☐Creatinine > 3 mg% with multi-organ failure, shock, or sepsis ☐Acute dialysis	☐Chronic Renal Insufficiency with creatinine >3 mg% ☐Chronic dialysis	☐Chronic Renal Insufficiency with creatinine 2-3 mg%	☐none
Endocrine System *(Code the comorbid ailments with the (*) in both the Endocrine system and other organ systems if applicable)*				
Diabetes Mellitus	☐Hospitalization ≤ 6 months for DKA ☐Diabetes causing end-organ failure ☐retinopathy ☐neuropathy ☐nephropathy* ☐coronary disease* ☐peripheral arterial disease*	☐IDDM without complications ☐Poorly controlled AODM with oral agents	☐AODM controlled by oral agents only	☐none

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

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3. G8 GERIATRIC ASSESSMENT SCREENING TOOL & SOCIAL STATUS

1. Date of geriatric assessment	☐☐-☐☐-20☐☐		
A. Food intake over past 3 months	☐ severe reduction	☐ moderate reduction	☐ normal food intake
B. Weight loss during last 3 months	☐ > 3 kg	☐ 1-3 kg	☐ no loss
C. Mobility	☐ bed or chair bound	☐ out of bed	☐ goes out
E. Neuropsychological problems	☐ severe dementia/ depression	☐ mild dementia/ depression	☐ no psychological disorders
F1. Height *[cm]*	☐☐☐		
F2. Weight at randomisation *[kg]*	☐☐☐		
H. More than 3 medications per day	☐ no	☐ yes	
P. Health status compared to same age	☐ not as good	☐ as good	☐ better
2. Social situation	☐ home by him/herself	☐ home with someone	☐ institutional care

4. CHRONICAL USE CONCOMITANT MEDICATION

1. Chronical use of concomitant medication ☐ no ☐ yes →

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	_____
11.	Name	_____	Dose	_____

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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	☐ no → 5.2	☐ yes → 5.3 to 5.8	
2.	Reason no start chemotherapy	☐ not indicated	☐ comorbidity	☐ age
		☐ patient's wish	☐ other	
3.	Date of first dose	☐☐-☐☐-20☐☐		
4.	Drugs and dose			
5.	Number of courses	☐		
6.	Chemotherapy completed	☐ no → 5.7	☐ yes→ 5.8	
		☐ not yet completed		
7.	Reason chemotherapy not completed	☐ toxicity	☐ comorbidity	☐ patient's wish
		☐ other		
8.	Date of last dose	☐☐-☐☐-20☐☐		

Notes:

Signature Investigator	Name	Date

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FOLLOW-UP FORM

Center Id	Subject Id	Date of Birth
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6 MONTHS POST SURGERY visit 1

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy started ☐ no → ***End of Study Treatment Form***
   ☐ yes → ☐☐-☐☐-20☐☐
2. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
3. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 3 months ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 6 months ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
   _____

4. Disease Status

1. Locoregional recurrence ☐ no ☐ yes → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ yes → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ yes → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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Center Id	Subject Id	Date of Birth
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1 YEAR POST SURGERY visit 2

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
   ☐ already stopped previously
2. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 9 months ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 12 months ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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1½ YEAR POST SURGERY visit 3

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
   ☐ already stopped previously
2. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 15 months ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 1½ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
   _____

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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2 YEARS POST SURGERY
visit 4

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
   ☐ already stopped previously
2. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 1¾ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 2 years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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3 YEARS POST SURGERY
visit 5

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped
   - ☐ no
   - ☐ yes → ***End of Study Treatment Form***
   - ☐ already stopped previously
2. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 2¼ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 2½ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 2¾ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 3 years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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

Aspirin TRIAL

FOLLOW-UP FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

4 YEARS POST SURGERY
visit 6

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
   ☐ already stopped previously
2. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 3½ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 4 years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
   _____

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

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FOLLOW-UP FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

5 YEARS POST SURGERY visit 7

1. Visit ☐ not done ☐ done → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
   ☐ already stopped previously
2. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA at 4½ years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
   CEA at 5 years ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
   _____

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

FOLLOW-UP FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

ADDITIONAL VISIT

1. Date of Visit → ☐☐-☐☐-20☐☐

2. Therapy Compliance

1. Randomised therapy stopped ☐ no
   ☐ yes → ***End of Study Treatment Form***
   ☐ already stopped previously
3. Pattern of compliance ☐ high *≥ 90%* ☐ unsystematically *60-89%* ☐ consistently low *30-59%* ☐ virtually nill *0-29%*

3. Investigations

1. CEA ☐☐☐☐.☐ at → ☐☐-☐☐-20☐☐
2. US liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
3. CT liver/abdomen ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐
4. Other _____ ☐ not done ☐ normal ☐ suspect → ☐☐-☐☐-20☐☐

4. Disease Status

1. Locoregional recurrence ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
2. Distant metastases ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***
3. New primary tumour ☐ no ☐ known ☐ new → ***Recurrence/New Primary Form***

5. Toxicity/Adverse Events ☐ no ☐ yes → ***Adverse Event Form***

Note: grade 3-5 AEs should always be reported. In addition, relevant (possibly related) AEs grade 1-2 (e.g. bruises, gingival bleedings, epistaxis and thrombocytopenia) should also be reported

6. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***

7. Changes Chronical Concomitant Medication ☐ no ☐ yes → ***Concomitant Medication Form***

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

RECURRENCE/NEW PRIMARY FORM

CRF: F04 (Page 1 of 1), version 2.0, 01/09/2015

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

1. Event *[please, fill in for each new event, see instructions for locations]*

1.	Locoregional recurrence	☐ no	☐ yes →	- - 20
2.	Distant metastases	☐ no	☐ yes →	- - 20
3.	New primary tumour	☐ no	☐ yes →	- - 20

2. Location(s) *[see instructions for locations]*

1. _____ 3. _____

2. _____ 4. _____

3. Investigations and Results

1.	Cytology	☐ not done	☐ normal	☐ suspect	- - 20
2.	Histology	☐ not done	☐ normal	☐ suspect	- - 20
3.	Bone Scintigraphy	☐ not done	☐ normal	☐ suspect	- - 20
4.	Chest X ray	☐ not done	☐ normal	☐ suspect	- - 20
5.	CT chest	☐ not done	☐ normal	☐ suspect	- - 20
5.	US liver/abdomen	☐ not done	☐ normal	☐ suspect	- - 20
6.	CT liver/abdomen	☐ not done	☐ normal	☐ suspect	- - 20
7.	MRI scan	☐ not done	☐ normal	☐ suspect	- - 20
8.	PET scan	☐ not done	☐ normal	☐ suspect	- - 20
9.	CEA	☐ not done	.		- - 20
10.	Other	☐ not done	☐ normal	☐ suspect	- - 20

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

CONCOMITANT MEDICATION FORM

CRF: F05 (Page 1 of 1), version 2.0, 01/09/2015

Center Id	Subject Id	Date of Birth
	8	XX - - 19

1. STOP MEDICATION

Chronical Medication Stopped ☐ no ☐ yes →

1. 1. Date stop chronical concomitant medication __-__-20__

2. Name _____ Dose _____

3. Reason stop _____

1. 1. Date stop chronical concomitant medication __-__-20__

2. Name _____ Dose _____

3. Reason stop _____

1. 1. Date stop chronical concomitant medication __-__-20__

2. Name _____ Dose _____

3. Reason stop _____

2. START MEDICATION

Chronical Medication Started ☐ no ☐ yes →

2. 1. Date start chronical concomitant medication __-__-20__

2. Name _____ Dose _____

3. Reason start _____

2. 1. Date start chronical concomitant medication __-__-20__

2. Name _____ Dose _____

3. Reason start _____

2. 1. Date start chronical concomitant medication __-__-20__

2. Name _____ Dose _____

3. Reason start _____

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

END OF STUDY TREATMENT FORM

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

1. Date of last study medication intake ☐☐-☐☐-20☐☐

2. Reason for end of study treatment

- ☐ completed protocol treatment
- ☐ treatment refusal
- ☐ symptoms/toxicities/AEs → ***Adverse Event Form***
- ☐ recurrence → ***Recurrence / New Primary Form***
- ☐ new primary tumour → ***Recurrence / New Primary Form***
- ☐ protocol deviation
- ☐ intercurrent illness/personal event, not associated with treatment
- ☐ other aspirin indication
- ☐ death → ***Death Form***
- ☐ other _____

3. Study treatment deblinded

- ☐ no
- ☐ yes

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

OFF STUDY FORM

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

1. Last date in study ☐☐-☐☐-20☐☐

2. Reason off study

☐ patient wish, specify _____

_____

_____

☐ investigator wish, specify _____

_____

_____

☐ death → ***Death Form***

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

DEATH FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

1. Date of death ☐☐-☐☐-20☐☐

2. Autopsy ☐ no ☐ yes → *Please send autopsy report*

3. Cause of death
   - ☐ colon cancer
   - ☐ second primary malignancy → _____
   - ☐ chemotherapy related
   - ☐ study medication related
   - ☐ other → _____

Notes: _____

Signature Investigator	Name	Date

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Aspirin TRIAL

ADVERSE EVENT FORM

CRF: F30 (Page 1 of 1), version 2.0, 01/09/2015

Center Id	Subject Id	Date of Birth
	8	XX - - 19

Instructions: Use NCI CTCAE version 4.03. Use this form for AEs during study medication treatment.
Note: *in this study chemotherapy toxicity is not considered an adverse event*

….. Adverse Event

1. Description of AE _____
2. Date of visit ☐☐-☐☐-20☐☐
3. Date of onset AE ☐☐-☐☐-20☐☐
4. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***
5. Grade AE *[CTC grading]* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. Relation AE to study medication ☐ not related ☐ unlikely related ☐ possibly related ☐ probably related ☐ definitely related
7. Action with study medication ☐ continue ☐ interrupt ☐☐ days ☐ stop
8. Treatment of the AE ☐ no ☐ yes → _____
9. Outcome AE ☐ resolved ☐ persists ☐ died → ***Death Form***
   1. Date resolved AE ☐☐-☐☐-20☐☐

….. Adverse Event

1. Description of AE _____
2. Date of visit ☐☐-☐☐-20☐☐
3. Date of onset AE ☐☐-☐☐-20☐☐
4. Serious Adverse Event ☐ no ☐ yes → ***Serious Adverse Event Form***
5. Grade AE *[CTC grading]* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. Relation AE to study medication ☐ not related ☐ unlikely related ☐ possibly related ☐ probably related ☐ definitely related
7. Action with study medication ☐ continue ☐ interrupt ☐☐ days ☐ stop
8. Treatment of the AE ☐ no ☐ yes → _____
9. Outcome AE ☐ resolved ☐ persists ☐ died → ***Death Form***
   1. Date resolved AE ☐☐-☐☐-20☐☐

Signature Investigator	**Name**	**Date**

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Aspirin TRIAL

SERIOUS ADVERSE EVENT FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

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 → ☐ sequalae ☐ unchanged ☐ worsened ☐ fatal

    Date of recovery SAE ☐☐-☐☐-20☐☐

2. Suspect Drug Information

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

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Aspirin TRIAL

SERIOUS ADVERSE EVENT FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

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 ☐☐-☐☐-20☐☐ ☐ not done
2. Haemoglobin *[mmol/L]* ☐☐.☐
3. Platelet count *[x 10^9]* ☐☐☐
4. WBC *[x 10^9]* ☐☐.☐
5. Neutrophils *[x 10^9]* ☐☐.☐
6. Other, specify incl unit → _____ ☐ not done

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SERIOUS ADVERSE EVENT FORM

Center Id	Subject Id	Date of Birth
	8	XX - - 19

6. Manufacturer Information

1. Report source — *Health professional*
2. Date of initial report — ☐☐-☐☐-20☐☐ ☐ N.A.
3. Date of final report — ☐☐-☐☐-20☐☐ ☐ N.A.

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

Notes:

Signature Investigator	Name	Date

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Aspirin TRIAL

COMMENT FORM

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

Form Nr.	Page Nr.	Visit Nr.	Date	Comment

Signature Investigator	Name	Date