

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 \geq 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 (\geq 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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<input type="text"/>	8 <input type="text"/>	X X - <input type="text"/> - 1 9 <input type="text"/>

4. SPECIFIC QUESTIONS

1. Date of written informed consent	<input type="text"/> - <input type="text"/> - 20 <input type="text"/>
2. Date of surgery	<input type="text"/> - <input type="text"/> - 20 <input type="text"/>
3. Adjuvant chemotherapy	<input type="checkbox"/> no <input type="checkbox"/> yes
4. Stage	<input type="checkbox"/> stage II <input type="checkbox"/> stage III
5. Gender	<input type="checkbox"/> male <input type="checkbox"/> female

5. RANDOMISATION

1. Date of randomisation	<input type="text"/> - <input type="text"/> - 20 <input type="text"/>
Notes:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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