HORIZONS

UNIVERSITY OF Southampton

Understanding the impact of cancer diagnosis and treatment on everyday life

6 MONTH OVARIAN CANCER CRF

(please also use for primary peritoneal and fallopian tube cancers)

FOR STAFF USE ONLY

CRF Completion Instructions

- **Please complete as much of the CRF as possible**
- **Please refer to your copy of the baseline CRF when completing this 6 month CRF: the questions marked with a RED ASTERISK need only be answered if they were marked "not currently known", "unknown" or left blank at baseline**
- **If you have any queries, please contact the HORIZONS Co-ordinating Centre, email address HORIZONS@soton.ac.uk**
- **Please tick boxes when appropriate**
- **When you have completed the CRF, please keep a copy for your own records and return a copy to us, by post, fax or email along with the completed return cover sheet**

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Participant's date of birth d d m m y y y y

Participant's tumour type (please tick one box below, or tick to indicate the question was answered at baseline)*

This question was answered at baseline ☐

Type	Sub-type	
Ovarian	Serous	
	Mucinous	
	Endometrioid	
	Clear Cell	
	Undifferentiated/unclassifiable	
Primary peritoneal cancer		
Fallopian tube cancer		
Other (please describe)		
Not currently known		

Date of participant's current cancer diagnosis (please add details or tick to indicate the question was answered at baseline)*

This question was answered at baseline ☐

Date of current cancer diagnosis

(date that histological diagnosis was reported) d d m m y y y y

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Participant's FIGO stage at diagnosis (please tick one box OR tick to indicate the question was answered at baseline)*

This question was answered at baseline ☐

Stage 1	Stage IA	
	Stage IB	
	Stage 1C1	
	Stage 1C2	
	Stage 1C3	
Stage 2	Stage 2A	
	Stage 2B	
Stage 3	Stage 3A1	

IMPORTANT—YOU SHOULD HAVE ENTERED A FIGO STAGING FOR EACH PARTICIPANT, EITHER IN THIS CRF OR IN THE BASELINE CRF

Participant's tumour grade (please tick one box OR tick to indicate the question was answered at baseline)*

This question was answered at baseline ☐

Grade 1/low grade/well differentiated	
Grade 2/moderate/intermediate grade	
Grade 3/high-grade/poorly differentiated	
Grade not currently known	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Has the participant been tested for BRCA1 or BRCA2 (please tick one box)*

Yes (already recorded in baseline CRF)	
Yes (but not recorded in baseline CRF)	
No	
Unknown	

If you answered "Yes (but not recorded in baseline CRF)" to the above question, was the result (please tick one box)

Positive for a mutation in BRCA1 or BRCA2	
Negative for a mutation in BRCA1 or BRCA2	
Ambiguous or uncertain	
Unknown	
Awaiting result	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Has the participant had any other genetic tests for inherited cancers? (please tick one box)

Yes (already recorded in baseline CRF)	
Yes (but not recorded in baseline CRF)	
No	
Unknown	

If you answered "Yes (but not recorded in baseline CRF)" to the above question, please provide some information about the participant's other genetic test(s) by completing

Name of genetic test for cancer (1)	Result of genetic test	
	Positive	
	Negative	
	Ambiguous/uncertain	
	Awaiting result	
	Unknown	

Name of genetic test for cancer (2)	Result of genetic test	
	Positive	
	Negative	
	Ambiguous/uncertain	
	Awaiting result	
	Unknown	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Has the participant developed any NEW co-morbidities (which were not recorded in the baseline CRF)? (please tick all that apply) in the tables below and overleaf)

Myocardial infarct	
Angina/coronary artery disease	
Congestive Heart Failure	
Cardiac Arrythmias	
Hypertension	
Venous Disease (PE/DVT)	
Peripheral Arterial Disease	
Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, asthma etc.)	
Liver Disease (portal hypertension, chronic/acute hepatitis, cirrhosis etc.)	
Stomach Ulcers or Inflammatory Bowel Disease	
Acute or Chronic Pancreatitis	
End-stage Renal Disease (chronic renal insufficiency, dialysis etc.)	
Thyroid problems (hyperthyroidism, hypothyroidism etc.)	
Diabetes Mellitus Type 1	
Diabetes Mellitus Type 2	
Stroke/TIA	
Dementia	
Paralysis (paraplegia or hemiplegia)	
Neuromuscular Condition (multiple sclerosis, Parkinson's, myasthenia gravis, other chronic neuromuscular disorder)	
Clinical diagnosis of anxiety	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Participant's new co-morbidities continued

Clinical diagnosis of depression	
Psychiatric Diagnosis (eg. schizophrenia, bipolar disorder)	
Osteoarthritis	
Rheumatoid Arthritis	
Other Rheumatological Disease (systemic lupus, mixed connective tissue disorder, polymyositis, rheumatic polymyositis, scleroderma etc.)	
HIV/AIDS	
Alcohol Abuse (or history of, must be accompanied by social, behavioural or medical complications)	
Drug/Substance Abuse (or history of, must be accompanied by social, behavioural or medical complications)	
Morbid Obesity	
Other (please give details) ……..	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

What was the participant's route to diagnosis (the route they took through the healthcare system before receiving a cancer diagnosis)? (please tick one box)

The participant was diagnosed:	
1. Following attendance at a screening programme (via the national screening programmes for bowel, breast and cervical cancers)	
2. During/following a hospital outpatient appointment which resulted from:	
i) An urgent GP referral for suspected cancer ("Two-week wait")	
ii) A routine GP referral (for symptoms which don't arouse suspicion of cancer but need investigating)	
iii) A referral from a different outpatient specialty (eg. ENT)	
3. During/following an admission to hospital which was:	
i) An inpatient elective	
ii) An emergency (after an emergency GP referral, during an A&E visit, whilst in hospital due to an emergency)	
4. Other (please give details) _____	
5. Unknown	

The route to diagnosis questions are based on the eight routes to diagnosis described by Elliss-Brookes et al 2012. This is detailed in the following publication and is licensed under the Creative Commons Attribution-NonCommercial-Share Alike 3.0 Unported License https://creativecommons.org/licenses/by-nc-sa/3.0/deed.en

Elliss-Brookes L, McPhail S, Ives A, Greenslade M, Shelton J, Hiom S, Richards M. Routes to diagnosis for cancer - determining the patient journey using multiple routine data sets. Br J Cancer. 2012 Oct 9;107(8):1220-6. doi: 10.1038/bjc.2012.408. Epub 2012 Sep 20. PMID: 22996611; PMCID: PMC3494426.

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

What treatments has the participant received, please tick ALL that apply and write details in the spaces provided

Treatment type	Specific treatment details	Tick if patient has received	Date of surgery or start date of other treatment (dd/mm/yyyy)	End date of treatment (if finished) (dd/mm/yyyy)	If course of treatment was not completed as planned, please give a reason why
Surgery	Bilateral Salpingo-Oophorectomy (BSO)		__ / __ / 20___		
	Total Abdominal Hysterectomy (TAH)		__ / __ / 20___		
	Omentectomy		__ / __ / 20___		
	Debulking surgery Please give details below _____		__ / __ / 20___		
	Fertility conserving surgery (please give details below) _____		__ / __ / 20___		
	Other surgery (please give details below) _____		__ / __ / 20___		
Radiotherapy	Radiotherapy		__ / __ / 20___	__ / __ / 20___	
	Number of radiotherapy fractions, please enter on line _____				
	Dose for each radiotherapy fraction please enter on line _____				
Neo-adjuvant chemotherapy	Drug(s), please give details below _____		__ / __ / 20___	__ / __ / 20___	
	Neo-adjuvant chemotherapy number of cycles, please enter on line _____				

Treatment type	Specific treatment details	Tick if patient has received	Date of surgery or start date of other treatment (dd/mm/yyyy)	End date of treatment (if finished) (dd/mm/yyyy)	If course of treatment was not completed as planned, please give a reason why
Chemotherapy	Drug(s), please tick all that apply				
	Carboplatin		__ / __ / 20___	__ / __ / 20___	
	Paclitaxel		__ / __ / 20___	__ / __ / 20___	
	Abraxane (Paclitaxel protein bound)		__ / __ / 20___	__ / __ / 20___	
	Liposomal doxorubicin		__ / __ / 20___	__ / __ / 20___	
	Docetaxel		__ / __ / 20___	__ / __ / 20___	
	Gemcitabine		__ / __ / 20___	__ / __ / 20___	
	Topotecan		__ / __ / 20___	__ / __ / 20___	
	Etoposide		__ / __ / 20___	__ / __ / 20___	
	Cyclophosphamide		__ / __ / 20___	__ / __ / 20___	
	Other (please describe below): _____		__ / __ / 20___	__ / __ / 20___	
	Chemotherapy number of cycles, please enter on line _____				
Maintenance chemotherapy	Please give details of any drugs used as maintenance therapy _____		__ / __ / 20___	__ / __ / 20___	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

Is the participant taking part in a clinical trial? (please tick one box)

Yes		No		Unknown	

If you answered "yes" to the above question, please give the NAME of the clinical trial the participant is taking part in

Name of clinical trial _____

Since the participant's diagnosis of ovarian, primary peritoneal or fallopian tube cancer, have they been diagnosed with another new primary cancer? (please tick one box)

Yes		No		Unknown	

If you answered "yes" to the above question, please provide some information about the participant's new cancer diagnosis by completing the table overleaf

Details of participant's new cancer diagnosis

Type of cancer	
Date of diagnosis	__ / __ / 20___
Treatment received	
Date treatment ended (if finished)	__ / __ / 20___

Participant's Study ID | | | / | | | / | | | | |

Has the participant had a recurrence of their ovarian, primary peritoneal or fallopian tube cancer? (please tick one box)

Yes		No	

If the participant has had a recurrence, on what date was the recurrence diagnosed?

d	d	m	m	y	y	y	y

If the participant has had a recurrence, was the recurrence local or distant? (please tick one box)

Local recurrence	
Distant recurrence	

If the participant has had a recurrence, is any further treatment planned? (please tick one box and if "yes" give details)

Yes		No	

Please describe any planned treatment

_____

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

What type of follow-up care is the participant receiving? (please tick ONE box)

Routine/regular hospital clinic based follow-up (medical or nurse led, face-to-face or by telephone)	
Primary care based follow-up	
Patient initiated follow-up (also known as patient triggered follow-up (PTFU), open access follow-up, or supported self-managed follow-up)	
If the participant is receiving patient-initiated follow-up, on what date were they discharged to this? d d m m y y y y	

Has the participant been referred to any of the following services and/or had a Holistic Needs Assessment? (please tick all that apply)

Participant has been referred to palliative care services	
Participant has been referred to psychological services	
Participant has been referred to community services	
Participant has had an HNA (holistic needs assessment)	

Participant's Study ID ☐☐ / ☐☐ / ☐☐☐☐

If the participant has died please give the date and cause of death:

Participant's date of death d d / m m / y y y y

Cause of participant's death

1) a)	
1) b)	
1) c)	
2)	

☐

Please add your name and signature and the date that you completed this CRF

Name _____ Signature _____

Date CRF completed d d / m m / y y y y