



MRC Patient ID No.

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CCTG Patient ID No.

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14 ☐ **Distant node metastatic disease**

0 = No disno1

1 = Yes

2 = Suspicious, *specify why* —redacted—

Please answer question 15 if 1 = Yes or 2 = Suspicious

d	m	e	t	s	d	i	s	_	d

Date of diagnosis of distant node metastatic disease

16 ☐ **Bony metastatic disease**

0 = No bmet

1 = Yes

2 = Suspicious, *specify why* —redacted—

Please answer question 17 if 1 = Yes or 2 = Suspicious

d	m	e	t	a	b	o	n	y	_

Date of diagnosis of bony metastatic disease

18 ☐ **Liver metastatic disease**

0 = No livmet

1 = Yes

2 = Suspicious, *specify why* —redacted—

Please answer question 19 if 1 = Yes or 2 = Suspicious

d	m	e	t	a	b	o	n	y	_

Date of diagnosis of liver metastatic disease

20 ☐ **Lung metastatic disease**

0 = No lungmet

1 = Yes

2 = Suspicious, *specify why* —redacted—

Please answer question 21 if 1 = Yes or 2 = Suspicious

d	m	e	t	a	b	o	n	y	_

Date of diagnosis of lung metastatic disease

22 ☐ **Other metastatic disease**

0 = No othmet

1 = Yes, *specify where* —redacted—

d	m	e	t	a	b	o	n	y	_

Date of diagnosis of other metastatic disease

24 ☐ **Second primary cancer**

0 = No secprica

1 = Yes, *specify* —redacted—

d	m	e	t	a	b	o	n	y	_

Date of diagnosis of second primary cancer

26 ☐ **Has any treatment been given for the disease event (s) listed on this form?**

0 = No

1 = Yes - please complete an Additional Treatment Update Form

27 ☐ **Do any of the events reported on this Disease Event Form meet the criteria of an SAE?**

0 = No - None of the events meet the SAE criteria

1 = Yes, Resulted in death - Please complete a death form (CRF9)

2 = Yes, Life-threatening.

3 = Yes, Required inpatient hospitalisation or prolongation of existing hospitalisation

4 = Yes, Persistent or significant disability/incapacity

5 = Yes, Other important medical condition, *please specify* —redacted—

If yes, please continue on next page ➡

Signed by .....

(Only MRC authorised person or CCTG investigator)

Date

d	m	e	t	a	b	o	n	y	_



Variable Available

**RADICALS - CRF 7**  
Disease Event Form

Variable Unavailable

MRC PR10  
CCTG PR13  
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Please note an SAE form does not need to be completed for this event

Details of Event (s)		
28. Main Event (1) (Enter the MAIN EVENT below)	maine1	29. Grade <CTCAE v3.0>
	maine2	
Associated symptoms:	mev1s1	
Please only complete the section below if more than one of the reported events has been classified as serious		
31. Main Event (2) (Enter the MAIN EVENT below)	maine3	32. Grade <CTCAE v3.0>
	maine4	
Associated symptoms:	mev2s1	

Only complete Q.34 if the event was within 30 days of last protocol treatment

**34. Describe serious adverse event (s)** (include manifestation & progression of event, any treatments given in response to the event and any relevant tests carried out e.g. WBC, neutrophil count. Continue on a separate sheet if necessary).

—redacted—

CTU Clinical Reviewer Use ONLY	MRC CTU Staff Use ONLY
Comments:	Date checked by Clinical Reviewer
Body system:	Event No
Clinical Reviewer Signature:	