

Patient Initials     Date of Birth   /    /     Trial Number **R**

Date of Scan   /    /

- Week 16    Week 52    Month 24    Month 36    Month 60    Year 10    Unscheduled  
 Week 32    Month 18    Month 30    Month 48    Year 7    Progression (please tick)

*This CRF should be completed at Weeks 16, 32 and 52, and Months 18, 24, 30, 36, 48, 60, Years 7 and 10, or at any point if progression is suspected.*

**A. CT Scan**

**1 Any new lesions found on CT scan?**

- No — please skip the remaining question A2  
 Yes

**2 Has disease progressed since the last visit?**

- No, disease status uncertain, to be reassessed by CT  
 No, lesions not considered malignant — please provide additional details below  
 Yes — if progression has been confirmed, please complete a Progression CRF (Form 10). If the patient is still on trial treatment, stop trial treatment and complete an End of Treatment CRF (Form 07A/B).

.....

.....

.....

**i** If the patient is found to have a **new primary cancer**, either in the contralateral kidney or another organ, this should be reported on the **SAE CRF (Form 13)** and the **AE Log (Form 06)** should be updated.

**New primaries should not be reported on the Progression CRF (Form 10).**

Signature

Printed Name

Date Completed   /    /

Please return a copy to RAMPART Trial, MRC Clinical Trials Unit at UCL, 90 High Holborn, 2<sup>nd</sup> Floor, London WC1V 6LJ

**For office use only**

Date form received at CTU   /    /

Date form entered onto database   /    /

Initials of data enterer