

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


Date of First Progression //

*This CRF should be completed once disease progression has been confirmed. Please also complete an **End of Treatment CRF (Form 07A and/or Form 07B)** at the same time if progression has occurred during the treatment phase.*

### A. Progression Site and Assessment

ⓘ Please note that 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 primary cancers should not be detailed on this Progression CRF (Form 10), which is for local progression or metastases only.

#### 1 Local recurrence


- No —  go to question A4  
 Renal bed  
 Remnant kidney  
 Local node

2 // Date of scan

#### 3 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

#### 4 Contralateral kidney progression


- No —  go to question A7  
 Yes

5 // Date of scan

#### 6 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

#### 7 Distant node progression


- No —  go to question A10  
 Yes

8 // Date of scan

#### 9 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

#### 10 Lung progression

- No —  go to question A13  
 Yes

11 // Date of scan

#### 12 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

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

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

### A. Progression Site and Assessment — continued

#### 13 Bone progression


- No —  go to question A16  
 Yes

14   /    /     **Date of scan**

#### 15 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

#### 16 Liver progression


- No —  go to question A19  
 Yes

17   /    /     **Date of scan**

#### 18 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

#### 19 Other progression site

- No —  go to question B1  
 Yes, please specify: .....


20   /    /     **Date of scan**

#### 21 Scan method

- CT scan  
 MRI scan  
 X-ray  
 Other, please specify and explain reason for use: .....

### B. Treatment Plan

#### 1 Is the treatment plan known?

- No — please skip the remaining questions B2–B5 and  **resend** this form with the **updated details** once known  
 Yes, there will be treatment  
 Yes, there will be no treatment — please skip the remaining questions B2–B5

#### 2 Is surgery planned?

- No  
 Yes, please give details:  
.....

#### 3 Will the patient be treated with any systemic therapies?

- No  
 Yes, please give details:  
.....

#### 4 Is radiotherapy planned?

- No  
 Yes, please give details:  
.....

#### 5 Any other planned non-protocol treatment?

- No  
 Yes, please give details:  
.....

Signature

Printed Name

Date Completed

/    /

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