

Patient Initials	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Trial Number	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This CRF should be completed if the patient is found to have a new primary cancer, either in the contralateral kidney or another organ.

A. New Primary Cancer

1 Method of assessment

- CT Scan
 MRI Scan
 X-ray
 Biopsy
 Other, please specify

i Please note that if the patient's original renal cancer is found to have progressed, this should be reported on the Progression CRF (Form 10). This CRF is only for new unrelated primary cancers.

2 Site of new primary cancer

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Myeloma |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Non-Hodgkin Lymphoma |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Oesophagus |
| <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Ovary |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Leukaemia | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Thyroid |
- Other, please specify

3 Did the new primary cancer meet any of the seriousness criteria for an SAE?

- No
 Yes

Signature

Printed Name

Date Completed

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

For office use only

Date form received at CTU dd / mmm / yyyy

Date form entered onto database dd / mmm / yyyy

Initials of data enterer

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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