

BREAST WITHDRAWAL FORM

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF _____

Date of withdrawal (dd/mm/yyyy)

□□/□□/□□□□

Current status

- 1=Alive without disease recurrence
 2=Alive with disease recurrence
 3=Alive with second cancer
 4=Non-cancer related death
 5=Breast cancer death
 6=Other cancer related death
 7=Death, unknown cause
 9=Not known

**If deceased:
Death due to treatment toxicity?**

- 0=No
 1=Yes, please specify toxicity _____
 9=Not known

Reason for withdrawal

- 1=Did not wish to continue with study
 2=Change of address (lost to follow up)
 3=Change of treatment regimen
 4=Disease progression/ recurrence without mastectomy
 5=Disease progression/ recurrence with mastectomy
 6=Death
 7=Other

If other, please specify _____