

Oxaliplatin with Surgery for Curative Intent for Colorectal Cancer Patients with Resectable or Potentially Resectable Extrahepatic Metastases - Supplemental Form 1

(This form should be completed six months from the date of patient enrolment.)

1. Patient Profile

- * Surname:
- * Given Name:
- * OHIN: * Chart Number:
- * Postal Code:
- * Height (cm): * Weight (kg):
- * BSA (m²): * Gender: ☐ Male ☐ Female ☐ Other
- * Date of Birth:
 Day Month Year
- * Site:
- * Attending Physician (MRP- Most Responsible Physician):

2. Questions

- *a. Did the treatment plan follow the Multidisciplinary Cancer Conference (or equivalent) recommendation?
☐ Yes ☐ No
- *b. The patient has received: ☐ Pre-op FOLFOX only
☐ Perioperative (pre- and post-op) FOLFOX
☐ Post-op FOLFOX only
- *c. Did the patient undergo surgical resection of the metastases?
☐ Yes. Go to question 2d. ☐ No. Go to question 2e.
- d. If surgical resection occurred, was the entire resection R0?
☐ Yes ☐ No

Date of surgery

.....
 Day Month Year

e. If surgical resection did not occur, please indicate the reason:

☐ Disease progression

☐ Patient factors

☐ Other

Other (specify):

.....

* f. Is the patient alive?

☐ Yes

☐ No

Date of death:

.....
Day Month Year

Cause(s):

.....

*g. Is the patient disease free?

☐ Yes

☐ No

☐ Not applicable

If no, date of recurrence:

.....
Day Month Year

Site(s):

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Signature of Attending Physician
(MRP- Most Responsible Physician):

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02 09 2014

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Day Month Year