

# CANCER AND LEUKEMIA GROUP B

*CALGB Statistical Center*  
2424 Erwin Road, Suite 802 Durham, NC 27705

Telephone (919) 668-9350

Fax (919) 668-9348

## MEMORANDUM

**TO:** CALGB Participants  
**FROM:** Sherry Breaux, Director of CALGB Quality Assurance  
**DATE:** December 15, 2007  
**SUBJECT:** New Lost to Follow-up Policy

In June 2007, the CALGB Board of Directors approved a policy that provides institutions with a procedure for removing lost patients from delinquency lists and calculations. This policy will become effective December 15, 2007, and will be phased in during a 6-month transition period. Under the new policy, after the institution has tried unsuccessfully for 2 years to contact a patient, the institution may submit to the CALGB Statistical Center the new C-1742 form (CALGB: Confirmation of Lost to Follow-up), which asks for limited details about the follow-up procedures that were used by the institution. The C-1742 will be used on CALGB studies still in follow-up. The new policy is described in section 8.1.2.6 of the CALGB *Policies and Procedures* manual:

[http://www.calgb.org/Private/COOP\\_Groups/CALGB/policies/manual/pdfs/08\\_Data\\_management.pdf](http://www.calgb.org/Private/COOP_Groups/CALGB/policies/manual/pdfs/08_Data_management.pdf)

On November 7, 2007, the CALGB Statistical Center held a webinar to train main and at-large member institutions on the new policy and procedures. An open access training module from the webinar is posted on the CALGB Web site in two formats at the following URLs:

- PowerPoint Presentation:  
[http://www.calgb.org/Private/COOP\\_Groups/CALGB/training/policies/LTFU\\_policy\\_11072007.pps](http://www.calgb.org/Private/COOP_Groups/CALGB/training/policies/LTFU_policy_11072007.pps)
- PDF Version (Handouts):  
[http://www.calgb.org/Private/COOP\\_Groups/CALGB/training/policies/LTFU\\_policy\\_11072007.pdf](http://www.calgb.org/Private/COOP_Groups/CALGB/training/policies/LTFU_policy_11072007.pdf)

Please review the module for more information about the transition period and other details of the new procedures.

The C-1742 form will be available immediately on the CALGB Web site on the Forms by Number page:

[http://www.calgb.org/Private/COOP\\_Groups/CALGB/studies/forms/by\\_number/1700\\_1799\\_forms.php](http://www.calgb.org/Private/COOP_Groups/CALGB/studies/forms/by_number/1700_1799_forms.php)

It will also be available in the Common Forms section. This section displays in the lower right side of all study- and forms-related pages:

[http://www.calgb.org/Private/COOP\\_Groups/CALGB/studies/studies.php](http://www.calgb.org/Private/COOP_Groups/CALGB/studies/studies.php)

Eventually, the C-1742 form will also appear in the forms lists on pages for Study Specific Forms for Active and Closed Studies.

- Initially, the "all forms" document for existing studies will not be updated to include the C-1742.
- In the future, the C-1742 will be included in the "all forms" document for any study receiving a forms update.
- The C-1742 will be included in the "all forms" document for all new activating studies.

Copy: CTSU  
ECOG  
NCCTG  
RTOG  
~~SWOG~~



23350

# CALGB: CONFIRMATION OF LOST TO FOLLOW-UP FORM

**INSTRUCTIONS:** Complete and submit this form as required by the protocol. Information in the upper right box must be completed for this form to be accepted. For optimal accuracy use black ink. **Mark an X** in the appropriate box for fields with a choice. **Print text in capital letters.** Avoid contact with the edges of the boxes. If data are amended, circle amended items and check the "Yes" box. If submitting by mail, retain a copy for your records. If submitting by fax, use an original form for maximum clarity in transmission and fax to 919-416-4990.

CALGB Form	C-1742								
CALGB Study No.	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
CALGB Patient ID	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Date Form Submitted	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;">M</td> <td style="width: 20px;">M</td> <td style="width: 20px;">D</td> <td style="width: 20px;">D</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		
Are data amended?	<input type="checkbox"/> Yes								

Patient Initials:   
 ,   
   
  
Last,    First    Middle

Participating Group: \_\_\_\_\_

Patient Hospital No. \_\_\_\_\_ Participating Group Study No. \_\_\_\_\_

Institution/Affiliate \_\_\_\_\_ Participating Group Patient ID \_\_\_\_\_

**CRA INSTRUCTIONS:** Submit this form to confirm that no further clinical or survival information can be obtained for this patient. (**NOTE: Submit the entire form even if page 2 is left blank.**) Routine attempts to obtain information must have been made over a two-year period, followed by an unsuccessful search of the Social Security Death Index and no response by the patient to a certified or registered international letter.

After lost status is confirmed and approved by the Statistical Center, the patient will not be included in delinquency calculations. All protocol-required data obtained prior to the patient being lost to follow-up must still be submitted.

**AMENDING THIS FORM:** If data are now available to change this patient's survival or clinical status (from "lost to follow-up" status), check the "amended" box on the top of this form and complete page 2.

## CRITERIA FOR LOST TO FOLLOW-UP STATUS

1. Has it been at least 2 years since you were last able to contact the patient?     No     Yes

*NOTE: If the answer is No, your patient is not eligible to be confirmed as lost. Please do not submit.*

Date of last contact prior to this confirmation

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

*NOTE: This date should correspond to the patient survival date on the last delinquent data report. If this date is more recent, send any required data for the interim period.*

2. Please indicate when steps were taken to contact the patient. Both Social Security Death Index and Certified/Registered Letter methods must be attempted without success after 2 years without contact before a patient can be declared lost.

Researched Social Security Death Index and found no information for this patient; specify most recent date:

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sent certified or registered international letter to last known address; specify most recent date sent: *(Mark one with an X.)*

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

- Letter returned unclaimed or marked addressee unknown
- No response 1 month after confirmed receipt of letter

*I verify that the above information is correct and that all attempts to contact this patient have failed.*

\_\_\_\_\_ Date 

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Signature of Principal Investigator)

Form completed by: \_\_\_\_\_ Email: \_\_\_\_\_

(Last Name, First Name)





23350

## CALGB: CONFIRMATION OF LOST TO FOLLOW-UP FORM

CALGB Form	C-1742
CALGB Study No.	<input type="text"/>
CALGB Patient ID	<input type="text"/>
Date Form Submitted	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<small>M M / D D / Y Y Y Y</small>

Patient Initials  ;    
Last, First Middle

**PATIENT NO LONGER LOST TO FOLLOW-UP**

If data are now available to change this patient's survival or clinical status (from "lost to follow-up status"), check the "amended" box on the top of page 1 and complete the following:

New information for this patient is now available for: *(Mark one with an X.)*

- Survival status only. This patient is no longer lost to survival follow-up.
- Clinical and survival status. This patient is no longer lost. Both survival and clinical follow-up are now available.  
*(Send new clinical data to the CALGB Statistical Center on protocol-required data submission forms.)*

Survival status based on new data *(Mark one with an X.)*

- Alive
- Dead *(If patient is dead, also submit C-113 Notification of Death Form or study specific form that collects death informaton.)*

Date patient was last known alive, or date of death  /  /   
M M / D D / Y Y Y Y

**NOTE:** For data submission instructions for patients no longer lost to follow-up see CALGB Policies and Procedures Chapter 8.

**CALGB STATISTICAL CENTER USE ONLY**

Patient accepted as Confirmed Lost to Follow-Up?  No  Yes

If No, specify reason:

Data Coordinator's name

Review date

/  /   
M M / D D / Y Y Y Y

