

13 End Of Treatment: 11-gen-2016

Event Status: completed

Completion Status - V01

Handwritten signatures and initials

Section Title: End of Neoadjuvant Treatment Completion Status and Reason of Discontinuation

Was Trastuzumab treatment completed as per protocol?: * Yes No

PRINTED PAGE

If No, please specify the reason of discontinuation: * (select one)
 Adverse event
 Consent withdrawn
 Progressive disease
 Patient refused to continue trastuzumab
 Other

Specify: *

Was Pertuzumab treatment completed as per protocol?: * Yes No

If No, please specify the reason of discontinuation: * (select one)
 Adverse event
 Consent withdrawn
 Progressive disease
 Patient refused to continue pertuzumab
 Other

Specify: *

Was Palbociclib treatment completed as per protocol?: * Yes No

If No, please specify the reason of discontinuation: * (select one)
 Adverse event
 Consent withdrawn
 Progressive disease
 Patient refused to continue palbociclib
 Other

Specify: *

Was Fulvestrant treatment completed as per protocol?: * Yes No Not Done (Cohort B)

If No, please specify the reason of discontinuation: *

Specify: *

~~XXXXXXXXXX~~

Completion Status V01

10001

CRF Header Info

Click the flag icon next to an input to enter/view discrepancy notes. Please note that you can only save the notes if CRF data entry has already started.

Exit

SCREEN
SNAPSHOT

DSDISC (12/12)

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Was Trastuzumab treatment completed as per protocol? Yes No *

If No, please specify the reason of discontinuation: (select one) *
 Adverse event
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 Progressive disease
 Patient refused to continue trastuzumab
 Other

Specify: *

Was Pertuzumab treatment completed as per protocol? Yes No *

If No, please specify the reason of discontinuation: (select one) *
 Adverse event
 Consent withdrawn
 Progressive disease
 Patient refused to continue pertuzumab
 Other

Specify: *

Was Palbociclib treatment completed as per protocol? Yes No *

If No, please specify the reason of discontinuation: (select one) *
 Adverse event
 Consent withdrawn
 Progressive disease
 Patient refused to continue palbociclib
 Other

Specify: *

Was Fulvestrant treatment completed as per protocol? Yes No *

If No, please specify the reason of discontinuation: (select one) *
 Adverse event
 Consent withdrawn
 Progressive disease
 Patient refused to continue fulvestrant
 Other

Specify: *