Appendix 1. Baseline Comprehensive Health Assessment
Limited Health Assessment
Patient Symptom Questionnaire
Overall Treatment Utility

## Baseline Comprehensive Health Assessment (CHA)

#### 1. Completion by nurse at baseline.

#### Notes for Research Nurse/Data Manager:

This baseline health assessment is an indispensable part of the trial. It must be completed **after** obtaining the patient's consent, but **before** telephoning the CTC to register and randomise the patient. The CHA is in two parts, (a) a nurse-administered assessment of physical parameters, mental state and medical history, and (b) a patient-completed questionnaire dealing with various aspects of quality of life. **Randomisation will not be performed until both parts of the CHA have been completed.** 

#### **CHA Nurse-Administered Section:**

For this section of the CHA, you need a quiet, private environment where the patient can answer questions without feeling pressurised or "on trial". Ensure the patient is comfortable and not hungry, thirsty or in need of the toilet or analgesia. Hearing aids, if used, should be working. The patient may have a carer present, but if so ask them not to answer questions on the patient's behalf. If an interpreter is required, use a professional interpreter in preference to a relative.

You will need: a blank sheet of paper; scales and a measure for height and weight; a tape measure for arm circumference. This assessment includes a timed 20-metre walk. For this, a straight 20-metre distance should be marked out, for example in the clinic corridor, and you will need a watch or stopwatch.

Patient initials	Date form completed	Trial N°. (complete after registering)			
Section P - Physical tests					
P.1) height in cm:	P.2) weight in kg:	P.3) right arm circumference in cm (midway between elbow and shoulder):			
P.4) approximate weight chan Ask the patient if they a don't know	ge in past 3 months: are aware of having lost or gained we	eight:			
weight loss. If so	, how much? Approxkg				
weight gain If so	, how much? Approxkg				
P.5) timed 20-metre walk. Use an unobstructed straight 20-metre distance (this should be marked off, for example, in the clinic corridor). Ask the patient to walk as fast as they can without running, starting at the start line and continuing for a few steps beyond the finish line. If they normally use a walking stick or frame, this should be used. Gentle support (e.g. holding elbow) may be given.  Did the patient walk 20 metres? Yes \Boxedom No \Boxedom If yes, time taken in seconds: \Boxedom seconds  If no, give reason: \Boxedom declined test \Boxedom unable to walk					

### Baseline Comprehensive Health Assessment: Completion by nurse at baseline.

#### Section M (Mini-Mental State Examination)

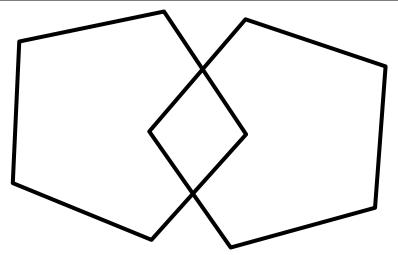
Introduce this section with something along the lines of: "Please don't be offended, but I'd like to ask you a few memory test questions now."

Then ask the patient the following questions (exact words in **bold**) clearly and score the patient's answers.

M.1) "What day of the week is it?" (must be exact to score as correct)		correct	incorrect	
M.2) "What is the date today?" (must be exact to score as correct)		correct	incorrect	
M.3) "What is the month?" (must be exact to score as correct)		correct	incorrect	
M.4) "What is the season?" ("spring" acceptable for Mar – Jun; "summer" for Jun – Sep; "autumn" for Sep – Dec, and "winter" for Dec – Mar inclusive)		correct	incorrect	
M.5) "What is the year?" (must be exact to score as correct)		correct	incorrect	
M.6) "Where are we now?" (must be correct but may need clarification)		correct	incorrect	
M.7) "What floor are we on?" ("upstairs"/"downstairs" is acceptable)		correct	incorrect	
M.8) "In which city are we?" (accept only the correct answer)		correct	incorrect	
M.9) "In which state are we?" (accept any correct answer)		correct	incorrect	
M.10) "In which country are we?" (accept any correct answer)		correct	incorrect	
M.11-13) "I am going to name three objects, After I have finished	Apple:			
saying all three, please repeat them. Remember what they are because I am going to ask you to name them again in a few	Table:			
minutes: Apple Table Penny" (may repeat up to 5 times)	Penny			
		correct	incorrect	
M.14) "Now please take 7 away from 100" (only "93" scores correct)		correct	incorrect	
M.15) "Now take 7 away from the number you get" (score correct if difference is 7, even if previous answer was wrong)		correct	incorrect	

# **Baseline Comprehensive Health Assessment:** Completion by nurse at baseline.

M.16-18) "Now keep going until I ask you to stop" (score	first:	
each correct if difference is 7, even if previous answer was	second:	
wrong)	third:	
	correct	incorrect
M.19-21) "What were the three words I asked you to repeat a	Apple:	
little while ago?: (there should be no prompting)	Table:	
	Penny:	incorrect
	correct	
M.22) "What is this?: (show a pencil)	Correct	incorrect
	0011001	
M.23) "What is this?" (show a watch)		П
	Correct	incorrect
	_	ı
M.24)"I am going to say something and I would like you to repeat it after me. NO IFS, ANDS OR BUTS: (read this only once)	correct	incorrect
M 25 27) "Lam going to ack you to corry out come actions	Take paper	
M.25-27) "I am going to ask you to carry out some actions.  Please listen to the whole command before trying: take this	Fold in half:	
piece of paper, fold it in half and put it on the floor" (offer a sheet of paper)	Put on floor:	incorrect
check of paper)	correct	
M.28 " <b>Please do this</b> " (close your eyes)		
W.20 Ticase do tins (close your cycs)	correct	incorrect
		_
M.29) "Please write a sentence of your choice on this piece of paper" (grammar and spelling not important; accept any		incorrect
sentence with a subject (real or implied) and verb. "Help" or "Go	correct	
away" are acceptable)		
M.30) "Copy this drawing on a piece of paper" (show the		
patient the following drawing. To score correct, they must draw	correct	incorrect
two intersection pentagons, and the intersection should be a diamond shape)	CONTECT	
diamond shape)		



### Baseline Comprehensive Health Assessment: Completion by nurse at baseline.

Section C (Charlson Comorbidity Index)
This section is completed from the medical notes, although it is helpful to do so whilst the patient is still present so that you can clarify any missing data (using lay terms).

Record whether there is a past or current history of any of the following medical conditions (if in doubt, consult the doctor responsible):

	Score-
Managed Information	points
Myocardial infarct History of medically documented myocardial infarction	1
Congestive heart failure Symptomatic congestive heart failure with response to specific treatment	1
Peripheral vascular disease Intermittent claudication, peripheral arterial bypass for insufficiency, gangrene, acute arterial insufficiency, untreated aneurysm (>6cm)	1
Cerebrovascular disease (except hemiplegia) History of Transient ischaemic attack or stroke with no or minor sequelae	1
Dementia Chronic cognitive deficit	1
Chronic pulmonary disease Symptomatic rheumati due to chronic respiratory conditions (including asthma)	1
Connective tissue disease Systemic lupus erythematosis, polymyositis, mixed CTD, polymyalgia rheumatic, moderate to severe rheumatoid arthritis.	1
Ulcer disease Patients who have required treatment for peptic ulcer disease	1
Mild liver disease  Cirrhosis without portal hypertension eg, chronic hepatitis	1
Diabetes (without complications)  Diabetes with medication	1
Diabetes with end organ damage Retinopathy, neuropathy, nephropathy	2
Hemiplegia  Hemiplegia or paraplegia	2
Moderate or severe renal disease  GFR <30mls/min dialysis, transplantation, uraemic syndrome	2
2nd Solid tumour (non metastatic) Initially treated in the last 5 years. Excluding non-melanomatous skin cancer, and in situ cervical ca.	2
Leukaemia Any type	2
Lymphoma, Multiple myeloma Non Hodgkin's Lymphoma (NHL), Hodgkins, Waldenstrom, multiple myeloma	2
Moderate or severe liver disease  Cirrhosis with portal hypertension and/or variceal bleeding	3
2nd Metastatic solid tumour	6
AIDS AIDS and AIDS related complex	6

# **Baseline Comprehensive Health Assessment (CHA)**

#### 2. Completion by patient at baseline.

#### **CHA Patient Questionnaire Section:**

This section of the CHA is a patient-completed questionnaire. Please ensure the patient has a relaxed, private environment such as a clinic room, **not a public waiting area**. Ensure they are comfortable and not hungry, thirsty or in need of the toilet or analgesia. The patient may have a carer present, but if so ask them not to answer questions on the patient's behalf. If an interpreter is required, use a professional interpreter rather than a relative, if possible.

Some patients will require help reading or interpreting the questions, or ticking the response boxes. The research nurse or data manager should offer to sit with the patient and help if they wish, but if so should not change the patient's initial "gut reaction" responses. When the patient has finished, the research nurse or data manager should look through the questionnaire before the patient leaves, check that there are no missing or unclear answers and check that the patient ID and date are complete.

#### Dear Patient,

As part of our research into finding the best chemotherapy for your condition, we'd like to ask you some questions about your activities, symptoms and feelings. Would you please go through this questionnaire and, for each question, tick the answer that fits most closely, even if it is not exact. If there are questions you cannot answer, please ask the nurse for help (or, if you would prefer, the nurse can sit with you and read out all the questions). Thank you!

	1 1	
Your initials	Today's Date	Trial N <sup>o</sup> . (Nurse to complete)

# **Baseline Comprehensive Health Assessment:** Completion by patient at baseline.

First, some questions about what activities you can manage currently:

A.1) Do you walk around outside?	not at all	with help	alone with difficulty	alone easily
Lo Do you dimb atairo?		With Help		
A.2) Do you climb stairs?	not at all	with help	alone with difficulty	alone easily
Da				
A.3) Do you get in and out of the car?	not at all	with help	alone with difficulty	alone easily
A.4) Do you walk over uneven ground?				
A.4) Do you walk over allovell ground.	not at all	with help	alone with difficulty	alone easily
A.5) Do you cross roads?				. 🗆
· · · · · ·	not at all	with help	alone with difficulty	alone easily
A.6) Do you travel on public transport?	not at all	with help	alone with difficulty	alone easily
		П		
A.8) Do you manage to feed yourself?	not at all	with help	alone with difficulty	alone easily
A.9) Do you manage to make yourself a				
hot drink?	not at all	with help	alone with difficulty	alone easily
A.10) Do you take hot drinks from one				
room to another?	not at all	with help	alone with difficulty	alone easily
De very de the conschient on 2				
A.11) Do you do the washing up?	not at all	with help	alone with difficulty	alone easily
A.12) Do you make yourself a hot snack?				
A.12) Do you make yoursen a not snack:	not at all	with help	alone with difficulty	alone easily
A.14) Do you manage your own money				
when you are out?	not at all	with help	alone with difficulty	alone easily
A.15) Do you wash small items of clothing?				
, ,	not at all	with help	alone with difficulty	alone easily
A.16) Do you do your own shopping?				
., ., ., ., ., ., ., ., ., ., ., ., ., .	not at all	with help	alone with difficulty	alone easily
A.17) Do you do a full clothes wash?				
	not at all	with help	alone with difficulty	alone easily
A.19) Do you read newspapers or books?	not at all	with help	alone with difficulty	alone easily
	П	П	П	
A.20) Do you use the telephone?	not at all	with help	alone with difficulty	alone easily
D				
A.21) Do you write letters?	not at all	with help	alone with difficulty	alone easily
Do you go out agaight?				
A.22) Do you go out socially?	not at all	with help	alone with difficulty	alone easily
A.23) Do you manage our own garden?				
M.23) DO YOU Manage Our Own garden?	not at all	with help	alone with difficulty	alone easily
A car Do you drive a cor?				
A.24) Do you drive a car?	not at all	with help	alone with difficulty	alone easily

# Baseline Comprehensive Health Assessment: Completion by patient at baseline.

0 11 10					
•	Over the past <b>6 weeks</b> how many times				
has your GP visited	you?		not at all	or: How	many times?:
E.2) Over the past <b>6 weeks</b> how many times					
have you visited you	have you visited your GP?		not at all or: How		many times?:
E.3) Over the past 6 wee	E.3) Over the past <b>6 weeks</b> how often have				
you been visited by	a community nurse?	?	not at all	or: How	many times?:
E.4) Over the past 6 wee	eks, have you been				
visited by a palliativ	e care nurse?		not at all	or: How	many times?:
E.5) Which best					
describes your	I have no problems	Ιh	ave some pro	blems	I am confined to bed
mobility <b>today</b> ?	walking about		walking abo		
E.6) Which best					
describes your self-	I have no problems	Ιh	ave some problems		I am unable to wash
care <b>today</b> ?	with self care		ashing or dressing		or dress myself
E.7) Which best					
describes your	I have no problems	Ιh	ave some pro	blems	I am unable to
activities <b>today</b> ?	performing my		erforming my		perform my usual
denvines today:	usual activities	-	activities		activities
E.8) Do you have any					
pain <b>today</b> ?	I have no pain or	I	I have some pain or		I have extreme pain
pain today:	discomfort		discomfor	t	or discomfort
E.9) Which best					
describes your	I am not anxious or		I am modera	tely	I am extremely
mood today?	depressed	ar	xious or depr	essed	anxious or depressed

# **Baseline Comprehensive Health Assessment:** Completion by patient at baseline.

Now some questions about your symptoms over the past week.

	1	1			
<b>During the past week</b> Q.8)were you short of breath?					
a.s, minor o you online or produm	not at all	a litt	le	quite a bit	very much
Q.9)have you had pain?					
a.s/iavo you naa pain.	not at all	a litt	le	quite a bit	very much
Q.10)did you need to rest?					
Q.10)did you need to rest:	not at all	a litt	le	quite a bit	very much
Q.11)have you had trouble sleeping?					
Q. (1) have you had trouble sleeping:	not at all	a litt	le	quite a bit	very much
Q.12)have you felt weak?					
Q.12) Have you left weak:	not at all	a litt	le	quite a bit	very much
Q.13)have you lacked appetite?					
Q.13) nave you lacked appetite:	not at all	a litt	le	quite a bit	very much
have you felt naugested?					
Q.14)have you felt nauseated?	not at all	a litt	le	quite a bit	very much
have you vemited?					
Q.15)have you vomited?	not at all	a litt	le	quite a bit	very much
have you have constinuted?					
Q.16)have you been constipated?	not at all	a litt	le	quite a bit	very much
have you had diagunhage?					
Q.17)have you had diarrhoea?	not at all	a litt	le	quite a bit	very much
word vou tired?					
Q.18)were you tired?	not at all	a litt	le	quite a bit	very much
Q.31)have you had a dry and/or sore					
mouth?	not at all	a litt	le	quite a bit	very much
Q.32)have you had problems eating or					
drinking because of a sore mouth?	not at all	a litt	le	quite a bit	very much
Q.33)have you had soreness or redness of					
your hands or feet?	not at all	a litt	le	quite a bit	very much
Q.34)have you had difficulty handling small					
objects (eg buttons or zips)?	not at all	a litt	le	quite a bit	very much
have you lost any hair?					
Q.35)have you lost any hair?	not at all	a litt	le	quite a bit	very much
Q.36)if you have a colostomy, have you					
had trouble with it (soreness of skin,		not at all	a little	quite a bit	very much
increased frequency, leakage)? a	pplicable				
How was your <b>overall health</b> during the	1 :	2 3	4	5	6 7
past week? (put a circle round the score)	Very poor	2 3	7	3	Excellent
,					
G.2)					
And how was your <b>overall quality of life</b> during the past week?	1 Very poor	2 3	4	5	6 7 Excellent
	very poor				LACCIICIII

# <u>Baseline Comprehensive Health Assessment</u>: Completion by patient at baseline. Finally, please answer these questions about your feelings. For each statement

Finally, please answer these questions about your feelings. For each statement please mark the box which best describes how you have been feeling over the past week:

н.1) "I feel tense or 'wound up'"				
	most of the time	a lot of the time	time-to-time, occasionally	not at all
" "I still aniou the things I used to enjoy."				
н.2) "I still enjoy the things I used to enjoy"	definitely as much	not quite so much	only a little	hardly at all
н.з) "I get a sort of frightened feeling as if				
something awful is about to happen"	very definitely and quite badly	yes, but not too badly	a little but it doesn't worry me	not at all
н.4) "I can laugh and see the funny side of				
things"	as much as I always could	not quite so much now	definitely not so much now	not at all
н.5) "Worrying thoughts go through my mind"	a great deal of the time	a lot of the time	time to time but not too often	only occasionally
н.6) "I feel cheerful…"	not at all	not often	sometimes	most of the time
н.т) "I can sit at ease and feel relaxed"				
	definitely	usually	not often	not at all
н.в) "I feel as if I am slowed down"				
This, Tree as it rain slewed dewittin.	nearly all the time	very often	sometimes	not at all
н.9) "I get a sort of frightened feeling like				
'butterflies' in the stomach…"	not at all	occasionally	quite often	very often
н.10) "I have lost interest in my appearance…"	definitely	I take less care than I should	I may not take quite as much care	I take just as much care as ever
appearance"	_	I take less care than I	I may not take quite as much	I take just as much care as
·	definitely	I take less care than I	I may not take quite as much care	I take just as much care as ever
appearance"  H.11) "I feel restless as if I have to be on the move"	definitely  uery much	I take less care than I should	I may not take quite as much care	I take just as much care as ever
appearance"  H.11) "I feel restless as if I have to be on the	definitely  uery much	I take less care than I should	I may not take quite as much care	I take just as much care as ever
appearance"  H.11) "I feel restless as if I have to be on the move"  H.12) "I look forward with enjoyment to things"	definitely  very much indeed  as much as I	I take less care than I should  quite a lot  rather less	I may not take quite as much care  not very much  definitely less	I take just as much care as ever
appearance"  H.11) "I feel restless as if I have to be on the move"  H.12) "I look forward with enjoyment to	definitely  very much indeed  as much as I ever did	I take less care than I should  quite a lot  rather less than I used to	I may not take quite as much care  not very much  definitely less than I used to	I take just as much care as ever  not at all hardly at all
<ul> <li>appearance"</li> <li>H.11) "I feel restless as if I have to be on the move"</li> <li>H.12) "I look forward with enjoyment to things"</li> <li>H.13) "I get sudden feelings of panic"</li> <li>H.14) "I can enjoy a good book or radio or TV</li> </ul>	definitely  very much indeed  as much as I ever did  very often	I take less care than I should  quite a lot  rather less than I used to	I may not take quite as much care  not very much  definitely less than I used to	I take just as much care as ever  not at all  hardly at all
appearance"  H.11) "I feel restless as if I have to be on the move"  H.12) "I look forward with enjoyment to things"  H.13) "I get sudden feelings of panic"	very much indeed as much as I ever did very often indeed	I take less care than I should  quite a lot  rather less than I used to  quite often	I may not take quite as much care  not very much  definitely less than I used to  not very often	I take just as much care as ever  not at all  hardly at all  not at all

Many thanks for helping us by filling in this questionnaire. Please now hand it to the research nurse. You may feel that you wish to discuss some of the issues which it has raised – please feel free to do so.

# Patient Symptom Questionnaire (PSQ)

Completion by patient every 4 weeks until disease progression. Do not administer at baseline or week 16 as this questionnaire forms part of the LHA. Q37 and Q38 form part of the Overall Treatment Utility assessment.

All Patient Symptom Questionnaires must be completed prior to the patient seeing the treating clinician on that visit day.

#### **Patient Symptom Questionnaire**

Please answer these questions about your symptoms, over the past week....

e anone, incee queenene about your eyn	<i></i>	10 past 11 cs.		
Q.8)were you short of breath?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.9)have you had pain?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.10)did you need to rest?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.11)have you had trouble sleeping?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.12)have you felt weak?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.13)have you lacked appetite?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.14)have you felt nauseated?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.15)have you vomited?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.16)have you been constipated?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.17)have you had diarrhoea?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.18)were you tired?	□	□	□	□
	not at all	a little	quite a bit	very much
Q.31)have you had a dry and/or sore mouth?	□	□	□	□
	not at all	a little	quite a bit	very much

# Patient Symptom Questionnaire: Completion by patient every 4 weeks until disease progression.

Q.32)have you had problems eating or drinking because of a sore mouth?	□ not at all		□ a litt		qı	□ uite a bit	□ very much		
Q.33)have you had soreness or redness of your hands or feet?	□ not at all		□ a litt		qı	□ uite a bit	□ very much		
Q.34)have you had difficulty handling small objects (eg buttons or zips)?	□ □ □ not at all a little		□ a little		qı	□ uite a bit	□ very much		
Q.35)have you lost any hair?	not at all	II a little		_		-		□ uite a bit	□ very much
Q.36) If you have a colostomy, have you had trouble with it (soreness of skin, increased frequency, leakage)?	□ not applicable	no	□ ot at all	□ a little	Э	□ quite a bit	□ very much		
Q.37)how much has your chemotherapy treatment interfered with your normal daily activities?	□ not applicable	no	□ ot at all	□ a little	Э	□ quite a bit	□ very much		
Q.38) Since you started chemotherapy, how worthwhile do you think your treatment has been?	□ not applicable	no	□ ot at all	□ a little	Э	□ Quite a bit	□ very much		
G.1) How was your <b>overall health</b> during the past week? (put a circle round the score)	1 2 Very poor	!	3	4		5	6 7 Excellent		
G.2) And how was your <b>overall quality of life</b> during the past week?	1 2 Very poor	!	3	4		5	6 7 Excellent		

# **Limited Health Assessment (LHA)**

Completion once by nurse and patient ONCE after 16 weeks.

The Limited Health Assessment must be completed prior to the patient seeing the treating clinician on that visit day.

#### Notes for Research Nurse/Data Manager:

This health assessment, along with the baseline CHA, is an indispensable part of the trial. It is completed once after the first 16 weeks of chemotherapy. These forms will provide important data for the trial. Like the CHA, the LHA is in two sections, (a) a nurse-administered assessment of physical parameters, and (b) a patient-completed questionnaire dealing with various aspects of quality of life.

#### **LHA Nurse-Administered Section:**

You will need: scales and a measure for height and weight; a tape measure for arm circumference. This assessment includes a timed 20-metre walk. For this, a straight 20-metre distance should be marked out, for example in the clinic corridor, and you will need a watch or stopwatch.

Patient initials	Date form completed	Trial N°.			
1 attorit mittaro	Date term completed	11141111			
Section P – Physical tests					
P.1) height in cm:	P.2) weight in kg:	P.3) right arm circumference in cm			
		(midway between elbow and shoulder):			
P.4) approximate weight char	nge in past 3 months:				
Ask the notiont if they	are aware of having last or gained w	oight:			
	are aware of having lost or gained w	eignt.			
don't know					
weight loss. If so	o, how much? Approxkg				
☐ weight gain If so	o, how much? Approxkg				
	The significant in cost, now indom: 7 pprox				
P.5) timed 20-metre walk. Use an unobstructed straight 20-metre distance (this should be marked off, for					
		ley can without running, starting at the			
		e. If they normally use a walking stick or frame,			
_	pport (e.g. holding elbow) may be give	•			
ino oriodia de deca. Certilo dap	sport (e.g. flording oldow) may be give	on.			
Did the patient walk 20 metres	? Yes □ No □				
Dia ino panoni waiii 20 menee	166 🖺				
If yes, time taken in seconds:	seconds				
, ,					
If no, give reason:	declined test				
	☐ unable to walk				
	U ullable to walk				

#### **LHA Patient Questionnaire Section:**

This section of the LHA is a patient-completed questionnaire. Please ensure the patient has a relaxed, private environment such as a clinic room, **not a public waiting area**. Ensure they are comfortable and not hungry, thirsty or in need of the toilet or analgesia. The patient may have a carer present, but if so ask them not to answer questions on the patient's behalf. If an interpreter is required, use a professional interpreter rather than a relative, if possible.

Some patients will require help reading or interpreting the questions, or ticking the response boxes. The research nurse or data manager should offer to sit with the patient and help if they wish, but if so should not change the patient's initial "gut reaction" responses. When the patient has finished, the research nurse or data manager should look through the questionnaire before the patient leaves, check that there are no missing or unclear answers and check that the patient ID and date are complete.

#### Dear Patient,

As part of our research into finding the best chemotherapy for your condition, we would like to ask you the same questions that we did at the start of your treatment, about your activities, symptoms and feelings. For each question, tick the answer which fits most closely, even if it is not exact. If there are questions you cannot answer, please ask the nurse for help (or, if you would prefer, the nurse can sit with you and read out all the questions).

Thank you!
------------

	/ /	
Your initials	Today's Date	<b>Trial N</b> <sup>o</sup> . (Nurse to complete)

#### First, some questions about what activities you can manage currently:

A.1) Do you walk around outside?				
A.1) Do you walk aloullu outside!	not at all	with help	alone with difficulty	alone easily
A.2) Do you climb stairs?				
A.z) Do you ciirib stairs:	not at all	with help	alone with difficulty	alone easily
A.3) Do you get in and out of the car?				
7.10, 20 year get in and eat of the ear.	not at all	with help	alone with difficulty	alone easily
A.4) Do you walk over uneven ground?				
7.1.4) Do you want over anover ground.	not at all	with help	alone with difficulty	alone easily
A.5) Do you cross roads?				
A.S) Do you cross rouds:	not at all	with help	alone with difficulty	alone easily
A.6) Do you travel on public transport?				
A.0) Do you traver on public transports	not at all	with help	alone with difficulty	alone easily
A.8) Do you manage to feed yourself?				
A.o, Do you manage to rood yourself:	not at all	with help	alone with difficulty	alone easily
A.9) Do you manage to make yourself a			🖶	
hot drink?	not at all	with help	alone with difficulty	alone easily
A.10) Do you take hot drinks from one				
room to another?	not at all	with help	alone with difficulty	alone easily
A.11) Do you do the washing up?				
A. 11) Do you do the washing up:	not at all	with help	alone with difficulty	alone easily

A.12) Do you make yourself a hot snack?    A.14) Do you manage your own money with you are out?   A.15) Do you wash small items of clothing?   A.16) Do you wash small items of clothing?   A.17) Do you do your own shopping?   A.18) Do you do your own shopping?   A.19) Do you do a full clothes wash?   A.19) Do you do a full clothes wash?   A.19) Do you go a full clothes wash?   A.19) Do you use the telephone?   A.19) Do you use the telephone?   A.19) Do you write letters?   A.20) Do you use the telephone?   A.21) Do you go out socially?   A.21) Do you go out socially?   A.22) Do you go out socially?   A.23) Do you manage our own garden?   A.24) Do you drive a car?   A.25) Do you drive a car?   A.26) Do you drive a car?   A.27) Do you drive a car?   A.28) Do you drive a car?   A.29) Do you drive a car?   A									
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Mow some questions about your symptoms. Over the past week	E.9) Which best								
Mow some questions about your symptoms. Over the past week		I am not anxious	or I am moderatel		tely	I am e	xtremely		
Q.8)were you short of breath?	mood today?	depressed	а			•		•	
Q.8)were you short of breath?	Now some questions about your symptoms. Over the past week								
not at all a little quite a bit very much	were you short of breath?								
	Q.oj WOLG YOU SHOIL OF D	icaui:	not	at all	a lit	tle	quite a bit	very much	

have you had pain?									
Q.9)have you had pain?		not at a	not at all		le	quite a bit		very much	
o 40) did you need to rest?									
Q.10)did you need to rest?		not at a	II	a little		quite a bit		very	much
Q.11)have you had trouble sleeping?		not at a	II	a litt	le	quite a bit		very	much
Q.12)have you felt weak?		not at a	II	a litt	le	qι	uite a bit	very	much
Q.13)have you lacked appetite?		not at a	II	a litt	ile	qı	uite a bit	very much	
						·			
Q.14)have you felt nauseated?		not at a	II	a little		quite a bit		very	much
Q.15)have you vomited?		not at a	II	a litt	le	quite a bit		very much	
Q.16)have you been constipated?		not at a	II	a litt	le	quite a bit		very much	
Q.17)have you had diarrhoea?		not at a	II	a litt	le	quite a bit		very much	
						П			
Q.18)were you tired?		not at a	II	a little		quite a bit		verv	— much
Q.31)have you had a dry and/or sore									
mouth?		not at a	II	a little		aı	uite a bit	verv	— much
Q.32)have you had problems eating or		П			1				7
drinking because of a sore mouth?		not at a	II	a litt	le	quite a bit		verv	— much
Q.33)have you had soreness or redness of	of	П			1				7
your hands or feet?		not at a	II	a litt	le	aı	uite a bit	verv	— much
Q.34)have you had difficulty handling sm	all								
objects (eg buttons or zips)?		not at a	II	a little		quite a bit		verv	— much
Q.35)have you lost any hair?		not at a	all a lit		tle		uite a bit	very much	
Q.36) If you have a colostomy, have you			]		ÏΠ				
had trouble with it (soreness of skin,	not	applicable n		ot at all	a little		quite a bit	very much	
increased frequency, leakage)?						7			
0.37)how much has your									
chemotherapy treatment interfered with your normal daily activities?	not	applicable n		ot at all	a little		quite a bit	very much	
Q.38) Since you started chemotherapy,							П		
how worthwhile do you think your	not	_				little   quite a bit			
treatment has been?				or ar a	G		94	,	
G.1)   How was your <b>overall health</b> during the			_	_			_	_	_
past week? (put a circle round the score)		<b>1</b>   Very poo	<b>2</b> r	3	4	ł	5	6 Fx	<b>/</b> cellent
G.2)		very poo							CONCIN
And how was your overall quality of life		1	2	3	4	ļ	5	6	7
during the past week?		Very poo	r					Ex	cellent

Finally, please answer these questions about your feelings. For each statement please mark the box which best describes how you have been feeling over the past week:

		П	П	П			
н.1) "I feel tense or 'wound up'"	most of the	a lot of the	time-to-time,	not at all			
mana ap	time	time	occasionally	not at all			
н.2) "I still enjoy the things I used				L			
to enjoy"	definitely as much	not quite so much	only a little	hardly at all			
	mach						
н.з) "I get a sort of frightened		<b>□</b>		<b>□</b>			
feeling as if something awful	very definitely and quite	yes, but not	a little but it doesn't worry	not at all			
is about to happen"	badly	too badly	me				
н.4) "I can laugh and see the	as much as I	not quito co	_	not at all			
funny side of things"	always could	not quite so much now	definitely not so much now	not at all			
н.5) "Worrying thoughts go	a great deal of	a lot of the	time to time	only			
through my mind"	the time	time	but not too	occasionally			
3 ,			often	Cocacionally			
н.6) "I feel cheerful"	not at all	not often	sometimes	most of the			
				time			
н.т) "I can sit at ease and feel							
relaxed…"	definitely	usually	not often	not at all			
н.в) "I feel as if I am slowed							
down"	nearly all the	very often	sometimes	not at all			
down	time	•					
н.9) "I get a sort of frightened							
feeling like 'butterflies' in the	not at all	occasionally	quite often	very often			
stomach"	_						
"I have lost interest in my				Ш			
н.10) "I have lost interest in my appearance"	definitely	I take less	I may not take	I take just as			
арреагансе		care than I should	quite as much care	much care as ever			
		onodia —					
н.11) "I feel restless as if I have to		الما ماند		<u> </u>			
be on the move"	very much indeed	quite a lot	not very much	not at all			
	П	П	П	П			
H.12) "I look forward with	as much as I	rather less	definitely less	hardly at all			
enjoyment to things"	ever did	than I used to	than I used to	naraly at all			
"I got avalable for the second							
H.13) "I get sudden feelings of	very often	quite often	not very often	not at all			
panic…"	indeed	1	, , , , , , , , , , , , , , , , , , ,				
н.14) "I can enjoy a good book or							
radio or TV programme"	often	sometimes	not often	very seldom			
Many thanks for helping us by filling in this guestionnaire. Please now hand it to							

Many thanks for helping us by filling in this questionnaire. Please now hand it to the research nurse. You may feel that you wish to discuss some of the issues which it has raised – please feel free to do so.

#### **Overall Treatment Utility (OTU)**

Overall Treatment Utility (OTU) is a composite endpoint, originally designed by Matthew Seymour in the UK FOCUS-2 clinical trial<sup>41</sup> which recruited a similar patient population to this study. It is designed to assess the benefit from treatment based on efficacy, toxicity and subjective impact on the patient's quality of life.

OTU can be regarded as asking the physician: "In hindsight, am I glad I gave this treatment to this patient?"; and asking the patient: "In hindsight, am I glad I received this treatment"?

In this study, OTU will be categorised into a 2 point score based on whether the treatment has been clinically effective and tolerable/acceptable (see below).

The patient will complete their Patient Symptom Questionnaire every 4 weeks during treatment and at the end of each of these questionnaires will be asked if they believe their treatment-to date-has been worthwhile.

However OTU will only be formally assessed at 8 weeks and then 16 weeks after randomisation, which is time to coincide with CT scans assessing response/progression.

The scoring of OTU has been modified in this study, with "Intermediate OTU" removed to leave only "Good OTU" or "Poor OTU "as possible scores for OTU.

#### 1) Definition of clinical efficacy:

#### Effective:

- <u>Both</u> radiologically progression-free (RECIST response or stable disease)
- And no clinical deterioration, as assessed by treating consultant

#### Not effective:

- **Either** radiological progression (RECIST progressive disease)
- Or clinical deterioration, as assessed by treating consultant

Clinical deterioration means clear clinical evidence of significant cancer progression that is not evident radiologically. A rise in tumour marker, such as CEA, on its own, would not qualify as clinical deterioration.

#### 2) Definition of tolerability and acceptability:

#### Tolerable/ acceptable. All of the following:

- No SAE or SUSAR attributed to treatment. However, the SAE or SUSAR event must be felt by the treating clinician to be clinically significant and a threat to the patient's wellbeing.
- No episodes of grade ≥3 non-haematological toxicity. Again, the toxicity event must also be felt by the treating clinician to be of clinical importance and a significant threat to the patient. For example, asymptomatic grade 3 hypomagnesaemia will generally not infer intolerability and a poor OTU.
- Patient response to repeat Q37 ("How much has your treatment interfered with your normal daily activities?") is not "Very much" at both OTU assessment timepoints
- Patient response to repeat Q38 ("How worthwhile do you think your treatment has been?") is not "Not at all" at both OTU assessment time points

#### Not tolerable/acceptable. Any of the following:

- an SAE or SUSAR clearly attributed to treatment and felt by the investigator to be clinically significant and a threat to the patient's wellbeing.
- an episode of grade ≥3 non-haematological toxicity. Again, the toxicity event must be felt to be of clinical importance and a significant threat to the patient.
- patient response to Q37 ("How much has your treatment interfered with your normal daily activities?") is "Very much" at either OTU assessment timepoint
- patient response to Q38 ("How worthwhile do you think your treatment has been?") is "Not at all"; at that OTU assessment timepoint

#### Scoring

Good OTU - can only be scored when all the following apply at the time of scoring:

- Treatment is effective; and
- Treatment is tolerable/acceptable; and
- Patient is alive.

Poor OTU - can be scored when any of the following apply at the time of scoring:

- Treatment was either not effective OR not tolerable.
- Patient has died at time of assessment.

The matrix below is another way of displaying how to score OUT. As can be seen, the only time OTU can be scored as "good" is when the treatment is both effective and tolerable and the patient is alive, at the time of scoring.

Score	Good	Poor	Poor	Poor
A: Treatment is effective	х			Х
B: Treatment is tolerable / acceptable	Х	х		
C: Treatment is not effective		х	Х	
D: Treatment is not tolerable/acceptable			X	х
E: Patient has died		Х	Х	Х