

BOSS Initial History Sheet

Site:	Investigator:	
Patient Trial Number: BS	Date of Birth: dd _mm _yyyy	Gender: Male / Female <i>(delete as appropriate)</i>

Inclusion criteria – please tick box to confirm that these are met

- Aged 18 or over
- Barrett's oesophagus of either:
 - at least 1cm from gastro-oesophageal junction Yes No
 - or at least a 2cm non circumferential tongue / island Yes No
- Are the results Histologically *(please tick one)*: Definite Consistent with or Corroborative
- Able to give written consent
- Patient informed of risk of Barrett's oesophagus developing into cancer
- Fit for endoscopy
- Resident in UK
- Endoscopy findings available from within last 2 years

Please tick one box.

This patient has consented to be randomised into the study

This patient has consented to provide anonymised information only
(complete Sections 2 and 3 ONLY)

SECTION 1

Title	First Name*	Family name*
Address*		
Post code*		
NHS Number*		
or affix an addressograph here and initial the bottom right hand corner to confirm that you have checked the details are correct:		
<div style="border: 1px solid black; width: 80%; height: 150px; margin: 0 auto;"></div>		

*essential information

Form completed by:

Name:	Signature:	Date:
Job title:		

Following completion of ALL parts of this form please fax all three pages to the central trial office on 08454 225469
No cover sheet is required

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SECTION 2

ALCOHOL INTAKE

Yes No

If yes, please specify amount/week: . _units

Please calculate amount of pure alcohol consumed per week, using the conversion table below

1 pt of beer	2 units
Spirit (25 ml)	1 unit
Spirit (35 ml)	1.5 units
Glass of wine (125 ml)	1.5 units

SMOKING HISTORY

current smoker previous smoker never smoked

For current and previous smokers

Years of smoking: Number per day:

BARRETT'S HISTORY

Duration of reflux symptoms:

Year(s)

Date of endoscopy confirming Barrett's oesophagus

Date : dd _mm _yyyy

Date of most recent endoscopy if different from above

Date : dd | mm | yyyy

Regular surveillance for Barretts oesophagus prior to trial entry

No Yes

ENDOSCOPY FINDINGS AT STUDY ENTRY (OR WITHIN 2 YEARS)

Mucosal break(s) / Oesophagitis No Yes (please tick)
(if yes - Los Angeles Classification grade A B C D)

Length of circumferential Columnar Lining **C** . cm

Length of Tongues / Island(s) of Columnar Lining (maximal extent) **M** . cm

Was intestinal metaplasia found? No Yes

Was high grade dysplasia present? No Yes

Was low grade dysplasia present? No Yes

Was indefinite dysplasia present? No Yes

Was **adenocarcinoma** present? No Yes

HELICOBACTER TEST Not taken

Taken (please complete HP up-date form when results known)

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Signature:	Date:
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SECTION 3

FAMILY HISTORY – digestive tract related conditions only

Relation to patient (brother, sister, parent, or child)	Heartburn	Barrett's	Age at diagnosis	Oesophageal Cancer (type)	Age at diagnosis

UPPER GI SURGERY

Previous upper gastrointestinal surgery: **No** **Yes** *(please give details, below)*

Type of Surgery	Date of Surgery	Outcome
	mm yyyy	
	mm yyyy	
	mm yyyy	

CURRENT MEDICATION – digestive tract related medication only

Drug (brand name)	DOSE (Including units)	Frequency	Route e.g. IV	Form e.g. tablet	Indication	Start Date
						mm yyyy
						mm yyyy
						mm yyyy
						mm yyyy
						mm yyyy

OTHER DETAILS

Height	ft	ins	OR	cm
Current weight	st	lbs	OR	kg

Form completed by:

Signature:	Date:
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SITE USE ONLY	DATE COMPLETED
Group randomised	
Patient informed of randomisation	
Copy of consent form sent	
GP letter sent	