Trial Feasibility Assessment to assist with understanding the impact the trial will have on UHPNT and supporting services.

Oncology

Date form issued by R&D Click here to enter a date.

Date form needs to be returned to R&D Click here to enter a date.

Protocol Title:	
Version:	
PI name:	
R&D ref:	

Trial Duration, including follow-up _____mths

Purpose of Form

This form has been designed to highlight everything additional to standard care for the duration of the **whole study** and will assist R&D in accurately costing the study, recouping the cost of running the study, working out any cost savings and ensuring the necessary support services are in place.

Dept	**Investigation**	Impact (please describe everything that is **ADDITIONAL** to standard care) **Please also consider the frequency of testing**	Please indicate if bloods are local or central
Labs	Haematology		
	Chemistry		
	Microbiology		
	Central PK/PD sampling		
Imaging	CT TAP	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐	
	CT Brain	Details:	

		Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	MRI	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	PET	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Ultrasound	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Bone	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	X-ray	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Nuclear Medicine	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐ *Please highlight if GFR is requested in protocol rather than eGFR.*
	Mammography	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	RECIST reporting requirements of trial	Frequency ☐
	Life expectancy of patient group	

	Average survival on standard care Click here to enter text. *(This is required in order to accurately assess the impact of any additional radiation the patient is subjected to as part of the trial)*	
Investigations	Physical examinations by Dr	How many are required throughout the trial? Click here to enter text.
	ECG's	How many are required throughout the trial? ☐ Do ECG's need to be done in triplicate? Yes ☐ No ☐ Is central review required? Yes ☐ No ☐
	Cardiology e.g. ECHO / MUGA	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Medical Photography	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Audiology	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Ophthalmology	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Dental Assessment	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
	Swallowing Assessment	Details: Number if not in trial ☐ Number if in trial ☐ Not applicable ☐
Biopsies /		

Tissue Sampling	
QOL questionnaire	*Please indicate how many are required, frequency and if electronic or paper.*
Consent	Screening ☐ Full Study ☐ Biomarker Study ☐ Other ☐ Click here to enter text.

Treatment	Radiotherapy Activity	Number of anticipated fractions / dose if not in trial	Number of anticipated fractions / dose if in trial (all arms)
	Complexity of RT		
	Will this trial impact on RT Tariff?		
	Pharmacy / Drugs	Standard Care	*Trial Treatment arms, please include dosing regimens, extra infusions, timings of infusions (to help plan for chemo chair time etc) and impact of pharmacy. Please also consider if there is a cost saving to running this study*
	Anticipated Supportive Medication requirements	Standard Care	Trial treatment arms

PI comments

Is there and increased risk of illness / hospital admission / overnight stay if the patient participates in this trial?

Unlikely ☐ Click here to enter text. Possible ☐ Click here to enter text. Probable ☐ Click here to enter text.

Considering the profile of the IMP / intervention are additional referrals to other clinical specialties likely e.g. Dermatology / Cardiology?

PI signature _____

How many patients do you expect to **screen** in total? ☐

How many patients do you expect to recruit in total? ☐

Form completed by _____ Signed_____

Date _____/_____/_____