

HALT-C Trial  
**Sustained Virologic Responder Follow-up Ancillary Study:  
Study Visit**

Form # 710    Version A: 05/01/2008

**SECTION A: GENERAL INFORMATION**

A1. Affix ID Label Here → \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

A2. Patient initials:   \_\_ \_\_ \_\_

A3. Visit number:   **SVR** \_\_\_\_\_

A4. Visit Date: MM / DD / YYYY   \_\_ \_\_ / \_\_ \_\_ / \_\_\_\_ \_\_ \_\_

A5. Initials of person completing form:   \_\_ \_\_ \_\_

**SECTION B: POTENTIAL CLINICAL OUTCOMES**

B1. Did the patient visit the HALT-C Clinical Center or was the patient interviewed by telephone?

HALT-C Clinical Center visit ..... 1

Interviewed by telephone ..... 2

**HALT-C SVR Ancillary Study: Clinical Outcomes**

Death from any cause  
Development of hepatocellular carcinoma  
CTP score of 7 or higher  
Variceal hemorrhage  
Ascites  
Spontaneous bacterial peritonitis  
Hepatic encephalopathy  
Liver transplant  
Development of presumed hepatocellular carcinoma

B2. Since the Week 72 study visit, has the patient had any liver related imaging such as an ultrasound / MRI / CT that indicated possible HCC or ascites?

Yes ..... 1 (COMPLETE CLINICAL OUTCOME FORM #763)

No..... 2

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

B3. Since the Week 72 study visit, has the patient had a liver biopsy that indicated possible HCC?

Yes ..... 1 (COMPLETE CLINICAL OUTCOME FORM #763)

No..... 2

B4. Since the Week 72 study visit, has the patient had an endoscopy that indicated a possible variceal bleed?

Yes ..... 1 (COMPLETE CLINICAL OUTCOME FORM #763)

No..... 2

B5. Since the Week 72 study visit, has the patient had a hospital admission that indicated a possible clinical outcome?

Yes ..... 1 (COMPLETE CLINICAL OUTCOME FORM #763)

No..... 2

B6. Since the Week 72 study visit, has the patient had any other changes in her/his health that may be considered a possible clinical outcome?

Yes ..... 1 (COMPLETE CLINICAL OUTCOME FORM #763)

No..... 2

B7. Are you requesting source documentation for a possible clinical outcome?

Yes ..... 1

No..... 2

**IF APPROPRIATE, HAVE THE PATIENT SIGN A MEDICAL RECORD RELEASE FORM.**

**SECTION C: ANTIVIRAL MEDICATION FOR HEPATITIS C**

C1. Since the Week 72 study visit, has the patient taken any kind of prescription antiviral medication for hepatitis C?

Yes ..... 1

No ..... 2