

GHD Reversal Trial: Medication Worksheet

Please review the prescribed medication taken by the participant at EACH trial assessment, and update this medication form as necessary. If no changes are required to the medication form at the time of an assessment, please ensure it is still signed off to show review has taken place.

Additional visits after 36 months should only occur if near final height has not been reached. Please contact the GHD Reversal Trial team at BCTU for further information.

Trial Number Participant DOB e.g. JAN-2017

Site Name

Section 1 - Growth Hormone Therapy

Please document any growth hormone therapy prescribed since last trial assessment

Within this table, please document all growth hormone therapy prescribed from the date of randomisation onwards.

For those listed as ongoing at previous assessments, please review and document if still ongoing or provide an end date. **If the preparation or dose of growth hormone changes, please provide an end date for the previous medication, and add details of the new growth hormone preparation/ dose.**

Growth Hormone Therapy

GH Preparation (use Table 1)	Dose	Start Date	End Date	Tick if ongoing at assessment (months). Please tick one. Select most recent assessment.
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60
<input type="text"/>	___ µg/kg/day	D _ _ - M _ _ - Y _ _ Y _ _	D _ _ - M _ _ - Y _ _ Y _ _	Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input type="radio"/> 42 <input type="radio"/> 48 <input type="radio"/> 54 <input type="radio"/> 60

Please document any ENDOCRINE medicines (other than growth hormone therapy) prescribed since last trial assessment.

Within this table, please document all endocrine medicines being taken from the date of randomisation onwards (including ongoing prescriptions at the time of randomisation). This may include the following (but not limited to): oestrogen, testosterone, hydrocortisone, thyroxine, desmopressin (DDAVP)

For those listed as ongoing at previous assessments, please review and tick if still ongoing or provide an end date. **If the dose/frequency of a prescribed medication changes, please provide an end date for the previous dose, and add the new dose on a separate line.**

Prescribed Concomitant Medication						
Drug Name	Dose	Frequency (use Table 2)	Unit (use Table 3)	Start Date	End Date	Tick if ongoing at assessment (months). Please tick one. Select most recent assessment.
				D _ D - M M M - Y Y Y Y	D _ D - M M M - Y Y Y Y	<input type="radio"/> Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input checked="" type="radio"/> 42 <input checked="" type="radio"/> 48 <input checked="" type="radio"/> 54 <input checked="" type="radio"/> 60
				D _ D - M M M - Y Y Y Y	D _ D - M M M - Y Y Y Y	<input type="radio"/> Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input checked="" type="radio"/> 42 <input checked="" type="radio"/> 48 <input checked="" type="radio"/> 54 <input checked="" type="radio"/> 60
				D _ D - M M M - Y Y Y Y	D _ D - M M M - Y Y Y Y	<input type="radio"/> Baseline <input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 18 <input type="radio"/> 24 <input type="radio"/> 30 <input type="radio"/> 36 <input checked="" type="radio"/> 42 <input checked="" type="radio"/> 48 <input checked="" type="radio"/> 54 <input checked="" type="radio"/> 60

Section 3 - Details of Worksheet Completion

Please document the member of staff reviewing medication at EACH trial assessment. This person MUST be listed on the delegation log.

Reviewed and Completed			
	Reviewed/ completed by (name)	PI (or delegate) signature	Date
Baseline	_____	_____	D D - M M M - Y Y Y Y
6 months	_____	_____	D D - M M M - Y Y Y Y
12 months	_____	_____	D D - M M M - Y Y Y Y
18 months	_____	_____	D D - M M M - Y Y Y Y
24 months	_____	_____	D D - M M M - Y Y Y Y
30 months	_____	_____	D D - M M M - Y Y Y Y
36 months	_____	_____	D D - M M M - Y Y Y Y
42 months	_____	_____	D D - M M M - Y Y Y Y
48 months	_____	_____	D D - M M M - Y Y Y Y
54 months	_____	_____	D D - M M M - Y Y Y Y
60 months	_____	_____	D D - M M M - Y Y Y Y

Thank you for completing the GHD Reversal Trial Medication Worksheet. Please enter all data onto the participant's electronic case report form:

<https://www.trials.bham.ac.uk/GHD>

Note: If a participant has NOT reached Near Final Height with epiphyseal fusion by the time of the 36 month assessment, please contact the GHD Reversal Trial team at BCTU for further guidance on the additional follow up required.

Table 1: GH Preparation List

1. Genotropin
2. Humatrope
3. Norditropin
4. NutropinAQ
5. Omnitrope
6. Saizen
7. Zomacton
8. Other, please specify

Table 2: Frequency List

1. Daily
2. Twice a day
3. Three times a day
4. Four times a day
5. Alternate days
6. Hourly
7. 4 hourly
8. As desired
9. If necessary
10. Stat
11. Slow release
12. Other, please specify
13. Unknown

Table 3: Dose Unit

1. mg
2. µg
3. g
4. puffs
5. units
6. ml
7. mg/ml
8. mg/kg
9. µg/ml
10. Other, please specify
11. Unknown