Trial number: ☐☐☐☐

CONFIDENTIAL WHEN COMPLETE

UNIVERSITY OF BIRMINGHAM | BCTU Birmingham Clinical Trials Unit

CALIBRE

BASELINE FORM

IDENTIFYING DETAILS

Trial number: ☐☐☐☐	Initials: ☐☐☐☐
Site name: ……	
Date of baseline visit: D D / M M M / Y Y Y Y	
Participant self-declared ethnicity code: ☐☐ *(Please refer to coded list, **Note 1** at the end of this form)*	

CONFIRMATION OF CONSENT

Does the participant wish to continue taking part in the CALIBRE trial?	No ☐ Yes ☐	*If no, please complete a Change of Status Form.* *If yes, please continue to Confirmation of Eligibility.*

CONFIRMATION OF ELIGIBILITY

Please confirm that the participant is eligible to participate in the CALIBRE Trial

*If any of the shaded boxes are ticked, the participant is **not** eligible to take part in the CALIBRE Trial. If the participant is found to be ineligible, please contact the CALIBRE Trial Office.*

		No	Yes
1.	Does the participant have liver cirrhosis as defined clinically, radiologically, with transient elastography (where liver stiffness in the clinician's opinion supports a diagnosis of cirrhosis) or on histology?	☐	☐
2.	Does the participant have medium and/ or large varices that have never bled as defined in the BSG guidelines?	☐	☐
3.	Is the participant's age < 18 years?	☐	☐
4.	Is the participant a pregnant or lactating woman?	☐	☐
5.	Does the participant have a known intolerance or contraindications to beta-blockers including asthma?	☐	☐
6.	Is the participant already on or has a past history of non-selective beta blocker use (such as carvedilol, nadolol or propranolol?)	☐	☐
7.	Does the participant have a current or past history of variceal band ligation?	☐	☐

8.	Does the participant have a malignancy or systemic disease that significantly affects 1 year survival?	☐	☐
9.	Is the participant unable to give informed consent?	☐	☐
10.	Does the participant have acute alcoholic hepatitis at randomisation?	☐	☐
11.	Has the participant had surgical or radiological porto-systemic shunts such as transjugular portosystemic stent-shunt (TIPSS)?	☐	☐
12.	Has the participant had an organ transplant?	☐	☐

QUALITY OF LIFE QUESTIONNAIRE

If no please ask participant to complete and return to BCTU in the prepaid envelope provided

Has the participant completed the EQ-5D-5L questionnaire: No ☐ Yes ☐

COVID-19 STATUS

Has the participant, at any point, been diagnosed with COVID-19? No ☐ Yes ☐

Has the participant received <u>all</u> recommended doses of an initial COVID-19 vaccination? No ☐ Yes ☐

BLOOD TESTS

Please enter results from the most recent standard care blood tests:

Test		Date taken	Not available
Sodium	☐☐☐ mmol/L	D D / M M M / Y Y Y Y	☐
INR *(If unavailable then both PTT for patient and control needs completing)*:	☐☐.☐	D D / M M M / Y Y Y Y	☐
PTT (Patient):	☐☐☐.☐ Seconds	D D / M M M / Y Y Y Y	☐
PTT (Control):	☐☐☐.☐ Seconds	D D / M M M / Y Y Y Y	☐
Albumin:	☐☐ g/L	D D / M M M / Y Y Y Y	☐
Creatinine:	☐☐☐ µmol/L	D D / M M M / Y Y Y Y	☐

BLOOD TESTS

Please enter results from the most recent standard care blood tests:

AST:	☐☐☐ U/L	D D / M M M / Y Y Y Y	☐
ALT:	☐☐☐ U/L	D D / M M M / Y Y Y Y	☐
GGT:	☐☐☐ U/L	D D / M M M / Y Y Y Y	☐
Bilirubin:	☐☐☐ µmol/L	D D / M M M / Y Y Y Y	☐
Alkaline Phosphatase	☐☐☐ U/L	D D / M M M / Y Y Y Y	☐
eGFR:	☐☐☐ mL/min	D D / M M M / Y Y Y Y	☐
Ferritin:	☐☐☐ ug/L	D D / M M M / Y Y Y Y	☐
Platelets:	☐☐☐ U/L	D D / M M M / Y Y Y Y	☐

CONCOMITANT MEDICATIONS

Is the participant taking any of the following medications currently?

Class	Yes	Agent
Anticoagulants	☐	
Anti-platelets	☐	
ACE inhibitors	☐	
Angiotensin II receptor blockers	☐	
Calcium channel blockers	☐	
Statins	☐	
Alpha blockers	☐	
Beta blockers	☐	
Nitrates	☐	
Thiazide/ loop diuretics	☐	

CONCOMITANT MEDICATIONS		
Is the participant taking any of the following medications currently?		
Class	**Yes**	**Agent**
Potassium-sparing diuretics	☐	
Sildenafil (if > 1 month)	☐	
Antibiotics (if > 1 month)	☐	
Antiviral agent	☐	
Ursodeoxycholic acid	☐	
Obeticholic Acid	☐	
Fibrate	☐	
Other (please specify)	☐	
I confirm that all above items have been considered and only those ticked are being taken	No ☐	Yes ☐

MEDICAL HISTORY

Past Medical History

Has the participant ever been diagnosed with any of the following? *Please tick all that apply:*

	Yes		Yes
Hypertension	☐	Peripheral vascular disease	☐
TIA	☐	Stroke	☐
Type 1 diabetes	☐	Type 2 diabetes	☐
Hypercholesterolaemia	☐	Myocardial infarction	☐

Please confirm all above items have been considered and only those ticked were present No ☐ Yes ☐

Aetiology of Cirrhosis

	Yes		Yes
Alcohol related liver disease	☐	Non-alcoholic fatty liver disease	☐
Primary sclerosing cholangitis	☐	Primary biliary cholangitis	☐
Hepatitis B	☐	Hepatitis C	☐
Autoimmune hepatitis	☐	If participant is hepatitis C positive, has a sustained virologic response been achieved? ☐ No ☐ Yes Unknown ☐	
Other (*please specify*)	☐	……	

Please confirm all above items have been considered and only those ticked were present No ☐ Yes ☐

Smoking Status

*If the participant has **never smoked** or is an **ex-smoker**, please continue to Alcohol Consumption.*

Smoking status: Never smoked ☐ Ex-smoker ☐ Ex-smoker (<12 months) ☐ Current smoker ☐

*If the participant is a **current smoker** or has **smoked in the last 12 months**, please complete the following question.*

On average, how many cigarettes/ cigars/ cigarillos/ has the participant smoked daily for the last 12 months? ☐☐☐

Alcohol Consumption

Has the participant consumed alcohol in the last 12 months? No ☐ Yes ☐

If no, please continue to Coffee Consumption.

If yes, please complete the following questions.

On average, how many units of alcohol has the participant consumed per week over the last 12 months? ☐☐☐

Has an AUDIT – C assessment been undertaken? No ☐ Yes ☐

If no or not available, please continue to Coffee Consumption.

If yes, please complete the AUDIT questions below.

Please provide details of the participant's current alcohol consumption using the AUDIT-C, and if required, AUDIT assessment tool:

AUDIT – C score: ☐☐

Total AUDIT score ☐☐

If the participant's Audit C score is ≥ 5, using the guidance below please complete the remaining AUDIT questions and enter the total score.

Guidance:

AUDIT –C score:

Questions	Scoring system					Participant score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Total AUDIT score:

Questions	Scoring system					Participant score
	0	1	2	3	4	
How often during the last year, have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year, have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Coffee Consumption

Does the participant drink coffee daily? No ☐ Yes ☐

If no, please continue to Ascites.

If yes, please complete the following question.

On average, how many cups of coffee does the participant drink per day? ☐☐

Ascites:

Is ascites present? No ☐ Yes ☐

If no, please continue to Spontaneous Bacterial Peritonitis.

If yes, please complete the following question.

Grade: Grade 1 ☐ Grade 2 ☐ Grade 3 ☐

Guidance:

International Club of Ascites grading system

- *Grade 1: Mild ascites detectable only by ultrasound*
- *Grade 2: Moderate ascites manifested by moderate symmetrical distension of the abdomen*
- *Grade 3: Large or gross ascites with marked abdominal distension*

Spontaneous Bacterial Peritonitis

Has the participant ever been diagnosed with bacterial peritonitis? No ☐ Yes ☐

If no, please continue to Renal Dysfunction.

If yes, please complete the following question.

When was the last episode of bacterial peritonitis diagnosed? M M M / Y Y Y Y

Renal Dysfunction

Has the participant ever been diagnosed with Hepatorenal Syndrome per International Club of Ascites definitions?	No ☐ Yes ☐	*If no, please continue to Hepatocellular Carcinoma.* *If yes, please complete the following question.*
When was the last episode of Hepatorenal Syndrome diagnosed?	M M M / Y Y Y Y	

Guidance:

Diagnostic criteria of hepatorenal syndrome (HRS) type of acute kidney injury (AKI) in patients with cirrhosis

HRS-AKI

- *Diagnosis of cirrhosis and ascites*
- *Diagnosis of AKI according to ICA-AKI criteria**
- *No response after 2 consecutive days of diuretic withdrawal and plasma volume expansion with albumin 1 g/kg bodyweight*
- *Absence of shock*
- *No current or recent use of nephrotoxic drugs (NSAIDs, aminoglycosides, iodinated contrast media, etc)*
- *No macroscopic signs of structural kidney injury[#], defined as:*
  - *absence of proteinuria (>500 mg/day)*
  - *absence of microhaematuria (>50 RBCs per high power field)*
  - *normal findings on renal ultrasonography*

**Patients who fulfil these criteria may still have structural damage such as tubular damage. Urine biomarkers will become an important element in making a more accurate differential diagnosis between HRS and acute tubular necrosis.*
ICA, International Club of Ascites; NSAIDs, non-steroidal anti-inflammatory drugs; RBCs, red blood cells.

[#]Increase in sCr ≥0.3 mg/dL (≥26.5 µmol/L) within 48 h; or a percentage increase sCr ≥50% from baseline which is known, or presumed, to have occurred within the prior 7 days. (A value of sCr obtained in the previous 3 months, when available, can be used as baseline sCr. In patients with more than one value within the previous 3 months, the value closest to the admission time to the hospital should be used. In patients without a previous sCr value, the sCr on admission should be used as baseline).

Hepatocellular Carcinoma (HCC):

Has the participant ever been diagnosed with HCC? No ☐ Yes ☐

If no, please continue to Hepatic Encephalopathy.

If yes, please complete the following questions.

BCLC stage: Stage 0 ☐ Stage A ☐ Stage B ☐ Stage C ☐ Stage D ☐

When was the participant diagnosed? M M M / Y Y Y Y

Guidance:

BCLC Staging System

- *Stage 0: The tumour is less than 2 cm, the person feels well (performance status 0) and the liver is working normally*
- *Stage A: There is a single tumour less than 5 cm, or up to 3 tumours all less than 3cm. The person feels well and is active (performance status 0) and the liver is working well*
- *Stage B: There are many tumours in the liver, but the person feels well (performance status 0) and the liver is working well*
- *Stage C: The cancer has spread into the blood vessels, lymph nodes or other body organs. Or the person does not feel well (performance status 1 or 2). The liver is still working.*
- *Stage D: There is severe liver damage or the person is not well and needs help in being looked after (performance status 3 or 4)*

Hepatic Encephalopathy

Has the participant ever been diagnosed with hepatic encephalopathy? No ☐ Yes ☐

If no, please continue to Ultrasound Scan Report.

If yes, please complete the following questions.

Grade: Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐

When was the last episode of hepatic encephalopathy? M M M / Y Y Y Y

Guidance:

West Haven Criteria for hepatic encephalopathy grading

- *Grade 1: Trivial lack of awareness; euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction*
- *Grade 2: Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behaviour*
- *Grade 3: Somnolence to semi stupor, but responsive to verbal stimuli; confusion; gross disorientation*
- *Grade 4: Coma*

ULTRASOUND SCAN REPORT

Has the participant undergone an abdominal ultrasound? No ☐ Yes ☐

If no, please continue to FibroScan Report.

If yes, please complete the following questions.

Date ultrasound was undertaken: D D / M M M / Y Y Y Y

Hepatomegaly: No ☐ Yes ☐ Not available ☐

Splenomegaly: No ☐ Yes ☐ If yes, size: ☐☐.☐ cm

Was the hepatic vein patent? No ☐ Yes ☐ Not available ☐

Was the portal vein patent? No ☐ Yes ☐ Not available ☐

FIBROSCAN REPORT

Has the participant undergone a FibroScan No ☐ Yes ☐

If no, please continue to Diagnostic Endoscopy Report.

If yes, please complete the following questions.

Date FibroScan was undertaken: D D / M M M / Y Y Y Y

Type of probe: Medium ☐ Extra Large ☐ Both ☐ Not available ☐

Liver stiffness measurement: ☐☐.☐ kPa Not available ☐

Liver stiffness measurement (IQR): ☐☐ % Not available ☐

Liver stiffness measurement (valid readings): ☐☐☐ % Not available ☐

Controlled attenuation parameter: ☐☐☐.☐ dB/m Not available ☐

Controlled attenuation parameter IQR: ☐☐ dB/m Not available ☐

DIAGNOSTIC ENDOSCOPY REPORT

Date diagnostic endoscopy undertaken: D D / M M M / Y Y Y Y

Please specify the number of oesophageal varices present, per grade:

Grade I: ☐☐ Grade II: ☐☐ Grade III: ☐☐

Were red signs present: No ☐ Yes ☐

Were gastric varices present? No ☐ Yes ☐

If no, please continue to Vital Signs.

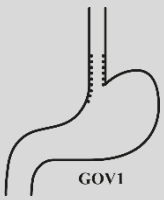
If yes, please complete the following questions.

Please specify the size of gastric varices identified, per grade:

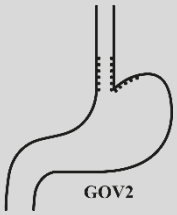
Grade	Small	Medium	Large	Not present
GOV1	☐	☐	☐	☐
GOV2	☐	☐	☐	☐
IGV1	☐	☐	☐	☐
IGV2	☐	☐	☐	☐

Were red signs present: No ☐ Yes ☐

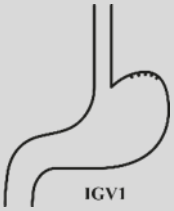
Guidance:



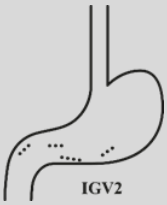
GOV 1: Oesophageal varices extending to lesser curve of stomach



GOV 2: Oesophageal varices extending to gastric fundus



IGV 1: Isolated fundal varices



IGV 2:Isolated varices in gastric antrum, body or pylorus

VITAL SIGNS

Date vital signs taken: D D / M M M / Y Y Y Y

Blood pressure: ☐☐☐ / ☐☐☐ mmHg Pulse: ☐☐☐ bpm

ANTHROPOMETRIC MEASUREMENTS

Please record measurements to the nearest <u>whole</u> number:

Date measurements taken: D D / M M M / Y Y Y Y

Height: ☐☐☐ cm Weight: ☐☐☐ kg

ECG

Was an ECG performed? No ☐ Yes ☐

If no, there are no further questions to complete.

If yes, please complete the following questions.

Was the ECG: Within normal limits ☐ Abnormal, not clinically significant ☐ Abnormal, clinically significant ☐

If abnormal and clinically significant, please indicate why:

Conduction abnormalities ☐ Rhythm abnormalities ☐

CRF completed by:

You **must** have signed the CALIBRE site training log and CALIBRE delegation log

Name: ……..
(please print)

Date: D D / M M M / Y Y Y Y **Signature:** ……..

Note 1: Ethnicity codes based on 2011 Census	
31	White - English / Welsh / Scottish / Northern Irish / British
32	White - Irish
33	White - Gypsy or Irish Traveller
34	White - Any Other White background
35	Mixed / Multiple ethnic group - White and Black Caribbean
36	Mixed / Multiple ethnic group - White and Black African
37	Mixed / Multiple ethnic group - White and Asian
38	Mixed / Multiple ethnic group - Any Other Mixed / multiple ethnic background
39	Asian / Asian British – Indian
40	Asian / Asian British – Pakistani
41	Asian / Asian British – Bangladeshi
42	Asian / Asian British – Chinese
43	Asian / Asian British - Any other Asian background
44	Black / African / Caribbean / Black British – African
45	Black / African / Caribbean / Black British – Caribbean
46	Black / African / Caribbean / Black British – Any other Black / African / Caribbean background
47	Other ethnic group – Arab
48	Other ethnic group – Any other ethnic group
98	Any other
99	Not known/not provided