

Declaration of the End of Trial Form (cf. Section 4.2.1 of the *Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial*¹)

NOTIFICATION OF THE END OF A CLINICAL TRIAL OF A MEDICINE FOR HUMAN USE TO THE COMPETENT AUTHORITY AND THE ETHICS COMMITTEE

For official use

Date of receipt :	Competent authority registration number : Ethics committee registration number:
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To be filled in by the applicant

A MEMBER STATE IN WHICH THE DECLARATION IS BEING MADE :

B TRIAL IDENTIFICATION

B.1 EudraCT number :	2015-004937-29
B.2 Sponsor's protocol code number:	NL55621.029.15
B.3 Full title of the trial : Towards early identification of response to cabazitaxel in patients with metastasized castrate-resistant prostate cancer: potential of 18F-Choline PET-CT	

C APPLICANT IDENTIFICATION (please tick the appropriate box)

C.1 DECLARATION FOR THE COMPETENT AUTHORITY	<input type="checkbox"/>
C.1.1 Sponsor	<input checked="" type="checkbox"/>
C.1.2 Legal representative of the sponsor	<input type="checkbox"/>
C.1.3 Person or organisation authorised by the sponsor to make the application.	<input type="checkbox"/>
C.1.4 Complete below:	
C.1.4.1 Organisation : Amsterdam UMC, location VUmc	
C.1.4.2 Name of person to contact : M. Cysouw	
C.1.4.3 Address : de Boelelaan 1117, 1081HV, Amsterdam	
C.1.4.4 Telephone number : 0204444837	
C.1.4.5 Fax number : -	
C.1.4.6 E-mail: m.cysouw@vumc.nl	

C.2 DECLARATION FOR THE ETHICS COMMITTEE	<input type="checkbox"/>
C.2.1 Sponsor	<input checked="" type="checkbox"/>
C.2.2 Legal representative of the sponsor	<input type="checkbox"/>
C.2.3 Person or organisation authorised by the sponsor to make the application.	<input type="checkbox"/>
C.2.4 Investigator in charge of the application if applicable ² :	
• Co-ordinating investigator (for multicentre trial):	<input type="checkbox"/>
• Principal investigator (for single centre trial):	<input type="checkbox"/>
C.2.5 Complete below :	
C.2.5.1 Organisation: Amsterdam UMC, location VUmc	
C.2.5.2 Name : M. Cysouw	
C.2.5.3 Address : de Boelelaan 1117, 1081HV, Amsterdam	
C.2.5.4 Telephone number : 0204444837	
C.2.5.5 Fax number : -	
C.2.5.6 E-mail : m.cysouw@vumc.nl	

D END OF TRIAL

D.1 Date of the end of the trial in this Member State ?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
D.1.1. (YYYY/MM/DD): 2019-05-01	
D.2 Date of the end of the complete trial in all countries concerned by the trial?	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
D.2.1 (YYYY/MM/DD): 2019-05-01	

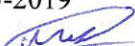
¹ OJ, C82, 30.3.2010, p. 1; hereinafter referred to as 'detailed guidance CT-1'.

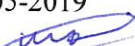
² According to national legislation.

D.3	Is it an early termination?³	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
D.3.1	If yes, give date (YYYY/MM/DD): 2019-05-01	
D.3.2	Briefly describe in an annex (free text): Trial terminated early due to insufficient subject inclusion (1 inclusion out of 30). Due to clinical use of other drugs after docetaxel (ie. Enzalutamide, abiraterone), patients receiving cabazitaxel directly after docetaxel have become very rare.	
D.3.2.1	The justification for early termination of the trial; No eligible patients.	
D.3.2.2	Number of patients still receiving treatment at time of early termination in the MS concerned by the declaration and their proposed management; None.	
D.3.2.3	The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product: Evaluation of results not possible for 1 included subject.	

E SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

E.1	I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable):
	<ul style="list-style-type: none"> The above information given on this declaration is correct; and That the clinical trial summary report will be submitted within the applicable deadlines in accordance with the applicable guidance by the Commission.⁴

E.2	APPLICANT TO THE COMPETENT AUTHORITY (as stated in C.1)	<input type="checkbox"/>
E.2.1	Date : 08-05-2019	
E.2.2	Signature : 	
E.2.3	Print name: M. Cysouw, on behalf of the principle investigator	

E.3	APPLICANT TO THE ETHICS COMMITTEE (as stated in C.2) :	<input type="checkbox"/>
E.3.1	Date : 08-05-2019	
E.3.2	Signature : 	
E.3.3	Print name: M. Cysouw, on behalf of the principle investigator	