## 2 Protocol Amendments

**Amendments/administrative changes made to the study protocol since original approval.**

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| **Date of Amendment** | **Protocol Version No.** | **Description of change** |
| 28 January 2014 | 2.0 | 1. Clarifying the end date of the study between different documents2. Amending the protocol in line with final changes with the grant body and end date of study.3. Use of EQ-5D 5 level rather than 3 level questionnaire |
| 10th June 2014 | 3.0 | Clarification of consent process: Eligible patients will be sent an invitation letter, patient information sheet, consent form and a SAE in the post. Patients will be followed up via telephone call, interested patients will be invited to return the consent form to the Research Team via the provided SAE or an appointment will be made to meet the Research Team at their next Hospital appointment. On receipt of the completed consent form a member of the research team will phone the patient to conduct the baseline visit. |
| 17th October 2014 | 3.1 | One minor change to clarify the inclusion criteria. The inclusion criteria will read greater or equal (≥) to 4 cm rather than greater than (>) 4cm. |
| 19th May 2015 | 4.0 | The PIS has been changed to reflect the relocation of the database server to the UK from the US. Clarification to the exclusion criteria and definition of the arch and descending aorta included.Addition of a Glossary defining CRF clinical terms. |
| 10th July 2015 | 4.1 | Changing terminology of the Best Medical Therapy (BMT) group to Conservative Management (CM) |
| 17th December 2015 | 5.0 | Protocol amended to clarify that, as confirmed with HRA Medical Physics Expert Advisor, the collection of anonymised routine clinical scans are not classified as research exposures.  |
| 08th January 2018 | 6.0 | Protocol amended to reflect changes in recruitment targets included in HTA approved Recovery plan. |