

Case #:

Institution #:  
**Form E 1**

## Eligibility Check List

**Inclusion criteria:**

(Answer all questions 1-4)

- |   | <u>No</u>             | <u>Yes</u>            |
|---|-----------------------|-----------------------|
| 1. Limited stage small cell lung cancer (LS-SCLC)       | <input type="radio"/> | <input type="radio"/> |
| 2. Stage I, II & III non-small cell lung cancer (NSCLC) | <input type="radio"/> | <input type="radio"/> |
| 3. Treated from: 2006 thru 2007                         | <input type="radio"/> | <input type="radio"/> |
| 4. Karnofsky >=60                                       | <input type="radio"/> | <input type="radio"/> |

**Exclusion criteria:**

(Answer must be No)

- |  | <u>No</u>             | <u>Yes</u>            |
|--|-----------------------|-----------------------|
| 5. Distant metastases or malignant pleural effusion  | <input type="radio"/> | <input type="radio"/> |
| 6. Prior thoracic radiotherapy   | <input type="radio"/> | <input type="radio"/> |
| 7. Concurrent or prior malignancy within 5 years<br>(Excluding in-situ or non-melanoma skin cancers) | <input type="radio"/> | <input type="radio"/> |

9. Patient eligible according to check list:
- |  |                             |  |  |   |
|--|-----------------------------|--|--|---|
|  | <input type="radio"/><br>No | <input type="radio"/><br>Yes to<br>LS-SCLC | <input type="radio"/><br>Yes to<br>NSCLC | <input type="radio"/><br>Yes to both<br>LS-SCLC & NSCLC |
|--|-----------------------------|--|--|---|

10. Is patient administratively ineligible?
- |  |                             |                              |
|--|-----------------------------|------------------------------|
|  | <input type="radio"/><br>No | <input type="radio"/><br>Yes |
|--|-----------------------------|------------------------------|

11. If yes, give reason for administrative ineligibility: \_\_\_\_\_  
(E.g., chart unavailable)

12. Type of Radiation Therapy chart:
- |                                     |                                |   |
|-------------------------------------|--------------------------------|---|
| <input type="radio"/><br>Electronic | <input type="radio"/><br>Paper | <input type="radio"/><br>Electronic and Paper |
|-------------------------------------|--------------------------------|---|

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

13. Comments: \_\_\_\_\_

14. Comments: \_\_\_\_\_

15. Date of data collection (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Form A 5**

## Demographics

1. Zip code: \_\_\_\_\_
2. Year of birth (yyyy): \_\_\_\_\_
3. Year at start of RT (yyyy): \_\_\_\_\_
4. Age at start of RT: \_\_\_\_\_
5. Primary payment method: \_\_\_\_\_
  - 1 = Medicare
  - 2 = Medicare HMO
  - 3 = Medicaid, Medi-Cal, etc.
  - 4 = Blue Cross/Blue Shield
  - 5 = HMO
  - 6 = Champus/VA/TRICARE
  - 7 = Other insurance plan
  - 8 = Self-pay
  - 9 = Unknown
6. Secondary payment method \_\_\_\_\_
  - 0 = Not applicable
  - 1 = Medicare
  - 2 = Medicare HMO
  - 3 = Medicaid, Medi-Cal, etc.
  - 4 = Blue Cross/Blue Shield
  - 5 = HMO
  - 6 = Champus/VA/TRICARE
  - 7 = Other insurance plan
  - 8 = Self-pay
  - 9 = Unknown
7. Race \_\_\_\_\_
  - 1 = White
  - 2 = Black or African American
  - 3 = Asian
  - 4 = Native Hawaiian or Other Pacific Islander
  - 5 = American Indian or Native Alaskan
  - 6 = More than one race
  - 8 = Other
  - 9 = Unknown
8. Ethnicity \_\_\_\_\_
  - 1 = Hispanic or Latino
  - 2 = Not Hispanic or Latino
  - 9 = Unknown

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**Form A 5**

9. Communicates in English \_\_\_\_\_  
1 = No  
2 = Yes, no problem  
3 = Yes, with difficulty - language issue  
4 = Yes, with difficulty - physical/psychological issues  
9 = Unknown

10. Primary spoken language \_\_\_\_\_  
1 = English  
2 = Spanish  
3 = Chinese (Mandarin, Cantonese etc.)  
4 = Japanese  
5 = Korean  
6 = Vietnamese  
7 = Tagalog  
8 = French (Patois, Cajun, Creole etc.)  
9 = German  
10 = Italian  
11 = Russian  
12 = Portuguese (Creole)  
13 = Polish  
14 = Arabic  
15 = Other, NOS  
88 = Other (specify, below)  
99 = Unknown

If Other (code 88),

11. Other language, specified \_\_\_\_\_

*If primary language spoken is not (1) English then,*

12. Non-English speaking by history \_\_\_\_\_  
1 = No  
2 = Yes
13. Foreign language consent \_\_\_\_\_  
1 = No  
2 = Yes
14. Use of translator documented \_\_\_\_\_  
1 = No  
2 = Yes

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15. Marital/partner status \_\_\_\_\_

- 1 = Married
- 2 = Widowed
- 3 = Divorced
- 4 = Separated
- 5 = Never Married
- 6 = Living with partner
- 9 = Unknown

17. Gender

- 1 = Male
- 2 = Female

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

18: Comments: \_\_\_\_\_

19: Comments: \_\_\_\_\_

20. Did chart include init consultative report sent from RO to ref MD? \_\_\_\_\_

- 1 = No
- 2 = Yes
- 3 = Yes, Report in chart, but no indication it was sent to referring MD
- 4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
- 9 = Unknown

21. Did chart include tmnt summary report sent from RO to referring MD? \_\_\_\_\_

- 1 = No
- 2 = Yes
- 3 = Yes, Report in chart, but no indication it was sent to referring MD
- 4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
- 9 = Unknown

22. Was informed consent documented in the chart? \_\_\_\_\_

- 1 = No
- 2 = Yes, signed and witnessed consent document in chart
- 3 = Yes, consent process documented only (ICF not in the chart)
- 9 = Unknown

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## History and Physical Studies

1. Weight loss within six months prior to treatment \_\_\_\_\_  
 1 = No  
 2 = Yes, weight loss, >= 5%  
 3 = Yes, documented weight loss, % unknown  
 9 = Unknown
  
2. If yes, how many pounds lost? (lbs) \_\_\_\_\_ (999 = unknown)
  
3. Pre-radiation weight (lbs) \_\_\_\_\_ (999 = unknown)
  
4. Post-radiation weight at the end of RT (lbs.) \_\_\_\_\_ (999 = unknown)
  
5. Karnofsky performance status (KPS) \_\_\_\_\_  
 60 = Requires occasional assistance; cares for most needs  
 70 = Cares for self; unable to carry on normal activity/work  
 80 = Normal activity with effort  
 90 = Minor signs or symptoms of disease  
 100 = Normal  
 888 = Cannot be determined  
 999 = Unknown
  
6. Source of KPS data \_\_\_\_\_  
 1 = recorded in chart  
 2 = derived by abstractor  
 8 = Could not be determined
  
7. Smoking status \_\_\_\_\_  
 1 = Never smoked  
 2 = Current smoker  
 3 = Former smoker, (quit <= 1 year)  
 4 = Former smoker, (quit >1 year & <= 10 yrs)  
 5 = Former smoker, (quit >10 years)  
 6 = Former smoker, (quitting period unknown)  
 9 = Unknown smoking status

*Brinkmann index = # Pack-years (# packs per day x # years)*

8. # Packs per day \_\_\_\_\_ (9. = Unknown)
  
9. # Years \_\_\_\_\_ (99. = Unknown)
  
10. # Pack-years \_\_\_\_\_ (999. = unknown)

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11. FEV<sub>(1)</sub> (Forced expiratory volume in first second) \_\_\_\_\_ (Liters) (9. = *unknown*)
12. % Predicted \_\_\_\_\_ (%) (999. = *unknown*)
13. (D<sub>L, CO</sub>) Carbon monoxide diffusing capacity of the lung? \_\_\_\_\_ (99. = *unknown*)
14. % Predicted \_\_\_\_\_ (%) (999. = *unknown*)

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## Workup and Studies

Were the following diagnostic studies performed?

21. Chest CT scan \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

22. Upper abdominal CT scan \_\_\_\_\_

- 1 = No
- 2 = Yes, separate abdominal CT
- 3 = Yes, included w/ chest CT
- 9 = Unknown

23. Was contrast used in abdominal CT \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

24. Bone scan \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

25. Brain CT \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

26. Brain MRI \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

27. PET scan \_\_\_\_\_

- 1 = No
- 2 = Yes, PET only
- 3 = Yes, PET/CT
- 9 = Unknown

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**Location of primary tumor:**

28. Right Lung \_\_\_\_\_

- 1 = No
- 2 = Yes, upper and/or middle lobe(s)
- 3 = Yes, lower lobe
- 4 = Yes, upper and/or middle lobe(s) & lower lobe
- 9 = Unknown

29. Left Lung \_\_\_\_\_

- 1 = No
- 2 = Yes, upper and/or middle lobe(s)
- 3 = Yes, lower lobe
- 4 = Yes, upper and/or middle lobe(s) & lower lobe
- 9 = Unknown

30. Superior sulcus (Pancoast) tumor \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

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## Clinical Staging

*Clinical staging (AJCC 02):*

41. T-primary tumor \_\_\_\_\_

- 1 = TX
- 2 = T0
- 3 = Tis
- 4 = T1
- 5 = T2
- 6 = T3
- 7 = T4
- 9 = Unknown

42. N-Regional lymph nodes \_\_\_\_\_

- 1 = NX
- 2 = N0
- 3 = N1
- 4 = N2
- 5 = N3
- 9 = Unknown

*Answer the following questions even if either T or N above is unknown.*

### Stage Grouping

43. Maximum dimension of primary tumor \_\_\_\_\_ (mm)  
(999 = unknown)

44. Pulmonary nodules \_\_\_\_\_

- 1 = No
- 10 = Yes
- 99 = Unknown

45. Clinical stage \_\_\_\_\_

- 1 = I
- 2 = II
- 3 = III
- 9 = Unknown

46. Stage group \_\_\_\_\_

- 1 = A
- 2 = B
- 9 = Unknown

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**47. Sentinel LN mapping done of mediastinum\_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

**48. Mediastinum pathologically staged \_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes to Q48:*

**49. Transbronchial needle biopsy ( WANG) \_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

**50. Transesophageal ultrasound guided biopsy\_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

**51. Mediastinoscopy\_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

**52. Mediastinotomy\_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

**53. VATS (video-assisted thoracoscopic surgery) \_\_\_\_\_**

- 1 = No
- 2 = Yes
- 9 = Unknown

**55. Stage changed from chart \_\_\_\_\_**

- 1 = No
- 2 = Yes, incorrectly staged, or not staged, by M.D.
- 3 = Other
- 9 = Unknown

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## Pathology

60. Histopathologic type \_\_\_\_\_

- 1 = Small cell lung cancer / oat cell (SCLC)
- 2 = Squamous cell
- 3 = Adenocarcinoma
- 4 = Large cell
- 5 = Non-small cell carcinoma (NSCLC), NOS
- 6 = NSCLC - neuroendocrine
- 7 = Alveolar or bronchoalveolar
- 8 = Adenosquamous cell
- 9 = Adenocarcinoma with BAC features
- 10 = Mixed histology (NSCLC)
- 11 = Mixed histology (SCLC)
- 12 = Mixed histology (SCLC and NSCLC)
- 99 = Unknown (e.g., not in chart)

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## Treatment

71. Investigational protocol \_\_\_\_\_

- 1 = No
- 2 = Yes, NCI Clinical Trials Cooperative Group (*specify below*)
- 3 = Yes, IRB-approved institutional clinical trial
- 4 = Yes, IRB-approved PHARMA clinical trial
- 5 = Yes, IRB-approved device clinical trial
- 8 = Other
- 9 = Unknown

*If Q# 71 is Yes, option (2),*

72. Protocol group & number are (e.g., RTOG 9801) \_\_\_\_\_ (9999 = Unknown)

### Treatment given

73. External Beam (not including stereotactic radiation) \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

74. Total dose (cGy) \_\_\_\_\_ (9999 = Unknown)

75. Dose/fx (cGy) \_\_\_\_\_ (9999 = Unknown)

76. Split course \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

77. Hyper-fractionation \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes to hyper-fractionation:*

78. Specify fractional dose (cGy) \_\_\_\_\_ (999 = Unknown)

79. Interval between each fx (hrs) \_\_\_\_\_ (99 = Unknown)

80. # of fractions per day \_\_\_\_\_ (99 = Unknown)

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81. Brachytherapy \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes:*

82. Total Dose (cGy) \_\_\_\_\_ (9999 = Unknown)

83. # of Fractions \_\_\_\_\_ (99 = Unknown)

84. Prescription depth (cm) \_\_\_\_\_ (9 = Unknown)

85. Type \_\_\_\_\_

- 1 = LDR
- 2 = HDR
- 3 = Other
- 9 = Unknown

86. Stereotactic Radiation \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes:*

87. Total dose \_\_\_\_\_ (cGy) (99999 = Unknown)

88. Dose/fx \_\_\_\_\_ (cGy) (9999 = Unknown)

89. How many fractions per week? \_\_\_\_\_ (99 = Unknown)

90. Total # of fractions \_\_\_\_\_ (99 = Unknown)

91. Technology used for SBRT (Stereotactic Body Radiotherapy) \_\_\_\_\_

- 1 = Novalis
- 2 = TomoTherapy
- 3 = Cyberknife
- 4 = Varian Trilogy
- 5 = Novalis Tx
- 6 = Electa Synergy
- 7 = Protons
- 8 = Other
- 9 = Unknown

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92. Use of IGRT (image guided RT) for treatment delivery\_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes:*

93. Which IGRT technique used\_\_\_\_\_

- 1 = Cone beam CT (CBCT)
- 2 = CT-on-rails
- 3 = Fiducials
- 4 = Exactrac
- 5 = Optical System
- 6 = Ultrasound
- 7 = Tomotherapy
- 8 = Other
- 9 = Unknown

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## RT Treatment Planning

101. Was a PTV defined? \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

102. Was an ITV (internal target volume) defined? \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*Were the following used in treatment planning?*

103. CT simulation \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

104. PET for treatment planning \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

105. 3D conformal RT (3D CRT) \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

106. IMRT \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

107. 4D treatment planning (e.g., CT sims incorporating timing) \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

108. Strategy to account for respiration (e.g., gating/abdominal compression /breath-hold) \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

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109. Patient immobilized \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

111. Dose volume histograms \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

112. Criteria for lung toxicity (e.g., V20) \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes:*

113. What is the V20 \_\_\_\_\_ (%) -

114. What is the V10? \_\_\_\_\_ (%)

115. What is the V5? \_\_\_\_\_ (%)

*(888 = Cannot be computed) (889 = DVH in a different format) (999 = Unknown)*

116. Mean Lung dose? \_\_\_\_\_ (cGy) (99999 = Unknown)

117. Lung heterogeneity correction \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

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## External Beam RT Summary

121. Any external beam RT (including stereotactic radiation)? \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

122. Prescription \_\_\_\_\_

- 1 = Isodose
- 2 = Point (e.g., mid-plane)
- 9 = Unknown

123. Beam type \_\_\_\_\_

- 1 = Cobalt
- 2 = Photon
- 3 = Mixed
- 4 = Proton
- 5 = Electron
- 9 = Unknown

*If photons or mixed beam, specify energies (List 1 per line):  
(If not done, use 88 = not applicable)*

124. Energy 1 \_\_\_\_\_ (99 = Unknown)

125. Energy 2 \_\_\_\_\_ (99 = Unknown)

126. Energy 3 \_\_\_\_\_ (99 = Unknown)

*Fields included in initial RT:*

127. Primary tumor mass \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

128. Ipsilateral hilum \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

129. Ipsilateral Mediastinum \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

130. Ipsilateral supraclavicular fossa \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

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131. Contralateral hilum \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

132. Contralateral mediastinum \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

133. Contralateral supraclavicular fossa \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

134. Fields reduced during RT \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

135. Maximum dose to spinal cord \_\_\_\_\_ cGy (9999 = unknown)

136. Prophylactic cranial irradiation (PCI) employed \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

*If yes:*

137. Total dose PCI (cGy) \_\_\_\_\_ (9999 = Unknown)

138. Dose/tx (cGy) \_\_\_\_\_ (999 = Unknown)

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**Treatment Course:**

**139. Patient completed planned radiation treatment \_\_\_\_\_**

- 1 = No**
- 2 = Yes**
- 9 = Unknown**

***If no, reason:***

**140. Principal reason incomplete \_\_\_\_\_**

- 1 = Progressive disease**
- 2 = Complications**
- 3 = Non-compliance/Patient refusal**
- 4 = Intercurrent disease**
- 5 = Other**
- 9 = Unknown**

**141. Unplanned breaks in radiation >5 days \_\_\_\_\_**

- 1 = No**
- 2 = Yes**
- 9 = Unknown**

***If yes, reason(s):***

**142. # 1. \_\_\_\_\_**

**143. # 2. \_\_\_\_\_**

- 0 = None**
- 1 = Equipment problem**
- 2 = Non-compliance/Patient refusal**
- 3 = Intercurrent disease**
- 4 = Hematologic complications**
- 5 = Esophageal complications**
- 6 = Pulmonary complications**
- 7 = Other complications**
- 9 = Unknown**

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## Surgery

151. Surgery performed \_\_\_\_\_

- 1 = No
- 2 = Yes, lung biopsy only
- 3 = Yes, pulmonary resection
- 4 = Yes, both lung biopsy and pulmonary resection
- 5 = Yes, lung biopsy only, surgical staging N/A
- 6 = No, mediastinum only
- 9 = Unknown

*If question 151 is option 3 or 4, yes resection:*

Approach to pulmonary resection:

152. Thoracotomy \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

153. VATS (Video-Assisted Thorascoscopic Surgery ) \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

Extent of pulmonary resection:

154. Exploration, no resection \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

155. Segmentectomy \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

156. Lobectomy \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

157. Bi-lobectomy \_\_\_\_\_

- 1 = No
- 2 = Yes
- 9 = Unknown

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**158. Pneumonectomy \_\_\_\_\_**

**1 = No**

**2 = Yes**

**9 = Unknown**

**159. Wedge \_\_\_\_\_**

**1 = No**

**2 = Yes**

**9 = Unknown**

**160. Residual Tumor (R) \_\_\_\_\_**

**1 = RX (Presence of residual tumor cannot be assessed)**

**2 = R0 (all margins pathologically negative)**

**3 = R1 (microscopically positive margins or microscopic residual disease)**

**4 = R2 (gross residual disease or macroscopically positive margins)**

**9 = Unknown**

**Lymph nodes resected: (If no nodes resected, use 88 = not applicable)**

**161. Total #Lymph Nodes positive \_\_\_\_\_ (99 = Unknown)**

**162. Total #Lymph Nodes sampled \_\_\_\_\_ (99 = Unknown)**

**163. Extracapsular nodal extension \_\_\_\_\_**

**1 = No**

**2 = Yes**

**9 = Unknown**

**164. Surgical T-classification (AJCC 02) \_\_\_\_\_**

**1 = TX**

**2 = T0**

**3 = Tis**

**4 = T1**

**5 = T2**

**6 = T3**

**7 = T4**

**9 = Unknown**

**165. Surgical N-classification \_\_\_\_\_**

**1 = NX**

**2 = N0**

**3 = N1**

**4 = N2**

**5 = N3**

**9 = Unknown**

**166. Stage \_\_\_\_\_**

**1 = I**

**2 = II**

**3 = III**

**9 = Unknown**

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**167. Group** \_\_\_\_\_

- 1 = A
- 2 = B
- 9 = Unknown

**168. Surgical Stage changed from chart?** \_\_\_\_\_

- 1 = No
- 2 = Yes, incorrectly staged or not staged by MD
- 3 = Other
- 9 = Unknown

**169. If other, specify** \_\_\_\_\_

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**Systemic Therapy (Initial Rx only)**

180. Systemic therapy \_\_\_\_\_  
1 = No 2 = Yes 3 = Yes, but no details available 9 = Unknown

Sequence1	Sequence2 1=No surg. 2=Pre-surg. 3=Post-surg.	Therapy Given 1 = No 2 = Yes 3 = Yes, but no info 9 = Unk	Agent 1	Agent 2	Agent 3	Agent 4
Concurrent with RT	181. _____	182. _____	183. _____ <i>If other, specify below</i> 184. _____	185. _____ <i>If other, specify below</i> 186. _____	187. _____ <i>If other, specify below</i> 188. _____	189. _____ <i>If other, specify below</i> 190. _____
Pre-RT	191. _____	192. _____	193. _____ <i>If other, specify below</i> 194. _____	195. _____ <i>If other, specify below</i> 196. _____	197. _____ <i>If other, specify below</i> 198. _____	199. _____ <i>If other, specify below</i> 200. _____
Post-RT	201. _____	202. _____	203. _____ <i>If other, specify below</i> 204. _____	205. _____ <i>If other, specify below</i> 206. _____	207. _____ <i>If other, specify below</i> 208. _____	209. _____ <i>If other, specify below</i> 210. _____
Sequence Unknown	211. _____	212. _____	213. _____ <i>If other, specify below</i> 214. _____	215. _____ <i>If other, specify below</i> 216. _____	217. _____ <i>If other, specify below</i> 218. _____	219. _____ <i>If other, specify below</i> 220. _____

**Agents:**

- |   |  |
|---|--|
| 1 = Cisplatin ( <i>Platinol</i> ) = CDDP      | 11 = Topotecan ( <i>Hycamptin</i> )        |
| 2 = Etoposide ( <i>VPI6</i> )                 | 12 = Amifostine ( <i>WR2721</i> ) = Ethyol |
| 3 = Premetrexed ( <i>Alimta</i> )             | 13 = Tirapazamine                          |
| 4 = Paclitaxel ( <i>Taxol</i> )               | 14 = Erlotinib ( <i>Tarceva</i> )          |
| 5 = Carboplatin ( <i>Paraplatin</i> ) = CBDCA | 15 = Gefitinib ( <i>Iressa</i> )           |
| 6 = Vinblastin9e ( <i>Velban</i> )            | 16 = C225 ( <i>Cetuximab</i> )             |
| 7 = Vinorelbine ( <i>Navelbine</i> )          | 17 = Bevacizumab ( <i>Avastin</i> )        |
| 8 = Gemcitabine ( <i>Gemzar</i> )             | 88 = Other                                 |
| 9 = Docetaxel ( <i>Taxotere</i> )             | 99 = Unknown                               |
| 10 = Irinotecan ( <i>CPT-11</i> )             | 0 = None                                   |

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**222. If patient had surgery (with node positive disease) and did not receive chemotherapy after surgery, why not: \_\_\_\_\_**

- 1 = Patient refusal**
- 2 = Documentation that patient would be unable to tolerate chemotherapy**
- 3 = No indication that patient was offered chemotherapy (or sent to medical oncologist)**
- 4 = Chemotherapy recommended but no indication that it was done**
- 5 = Chemotherapy before surgery**
- 6 = Other**
- 8 = Not applicable**
- 9 = Unknown**

**223. If other, specify \_\_\_\_\_**

Case #:

Institution #:

**Form I 1**

**CHEMOTHERAPY COMMENTS**

*Use multiple lines, as needed. Leave blank if no Comments.*

Note: DO NOT include any Personal Health Information (PHI) in these comments.

231. \_\_\_\_\_

232. \_\_\_\_\_

233. \_\_\_\_\_

234. \_\_\_\_\_

235. \_\_\_\_\_

236. \_\_\_\_\_

237. \_\_\_\_\_

238. \_\_\_\_\_

239. \_\_\_\_\_

240. \_\_\_\_\_

Case #:

Institution #:

**Form I 1**

**Adult Comorbidity Evaluation**

280. Comorbidities \_\_\_\_ 1 = No comorbidities 2 = Yes, one or more 9 Cannot be determined

*If yes (code 2), complete table, otherwise skip to Q 306)*

Comorbidity	Grade: 0 = None 1 = Grade 1 ( <i>mild</i> ) 2 = Grade 2 ( <i>mod</i> ) 3 = Grade 3 ( <i>severe</i> ) 4 = Present, grade unknown 9 = Unknown
Cardiovascular system comorbidity score ( <i>Including MI, angina / CAD, CHF, arrhythmias, HTN, venous and peripheral arterial disease</i> )	281. _____
Respiratory system comorbidity score ( <i>Including pulmonary insufficiency, and restrictive lung disease or COPD</i> )	283. _____
Gastrointestinal system comorbidity score ( <i>Including hepatic disease, stomach/intestine, and pancreatic disease</i> )	285. _____
Renal system comorbidity score ( <i>End stage renal disease</i> )	287. _____
Endocrine system comorbidity score ( <i>Including Insulin dependent diabetes mellitus, and adult onset diabetes mellitus</i> )	289. _____
Neurological system comorbidity score ( <i>Including stroke, dementia, paralysis, and neuromuscular disorders</i> )	291. _____
Psychiatric comorbidity score ( <i>Including major depression, bipolar disorder, and schizophrenia</i> )	293. _____
Rheumatologic comorbidity score ( <i>Including rheumatoid arthritis, systemic lupus, connective tissue disorder, and polymyositis</i> )	295. _____
Immunological system comorbidity score ( <i>HIV, and AIDS</i> )	297. _____
Malignancy comorbidity score ( <i>Solid tumors including melanoma, leukemia, myeloma, and lymphoma</i> )	299. _____
Substance Abuse comorbidity score ( <i>Including alcohol abuse, illicit drug abuse</i> )	301. _____
Body weight comorbidity score ( <i>Obesity, BMI &gt;= 38</i> )	303. _____

305. Was treatment contra-indicated or changed due to comorbidities?  No  Yes  Unknown

Case #:

Institution #:

**Form I 1**

**GENERAL COMMENTS**

*Use multiple lines, as needed.*

Note: DO NOT include any Personal Health Information (PHI) in these comments.

306. \_\_\_\_\_

307. \_\_\_\_\_

308. \_\_\_\_\_

309. \_\_\_\_\_

310. \_\_\_\_\_

311. \_\_\_\_\_

312. \_\_\_\_\_

313. \_\_\_\_\_

314. \_\_\_\_\_

315. \_\_\_\_\_

Case #:

Institution #:

**Form I 1**

**Sequence of Events**

**All dates will be blanked out before data are transmitted to the database. Only Elapsed days and Duration will be retained.**

Events	mm/dd/yyyy	Elapsed days*	Duration (days)
<b><u>Pathology:</u></b>			
Initial biopsy/diagnosis:	321. ___/___/___	322. _____	
<b><u>External Beam RT:</u></b>			
Start of External Beam/Chest therapy:	323. ___/___/___	324. _____	
End of External Beam/Chest therapy:	325. ___/___/___	326. _____	327. _____ (326-324)
Start of PCI:	328. ___/___/___	329. _____	
<b><u>Surgery:</u></b>			
	335. ___/___/___	336. _____	
<b><u>Recurrence:</u></b>			
First recurrence:	337. ___/___/___	338. _____	
<b><u>Outcome:</u></b>			
Last visit:	339. ___/___/___	340. _____	
Last contact:	341. ___/___/___	342. _____	
Death:	343. ___/___/___	344. _____	

\* Elapsed time (in days) for an event is the date of that event minus the reference date.

Case #:

Institution #:

**Form I 1**

**SOE COMMENTS:**

*Use multiple lines, as needed.*

Note: DO NOT include any Personal Health Information (PHI) in these comments.

346. \_\_\_\_\_

347. \_\_\_\_\_

348. \_\_\_\_\_

349. \_\_\_\_\_

350. \_\_\_\_\_

351. \_\_\_\_\_

352. \_\_\_\_\_

353. \_\_\_\_\_

354. \_\_\_\_\_

355. \_\_\_\_\_

Case #:

Institution #:

**Form F 1**

<b>Outcome</b>
----------------

1. Patient status \_\_\_\_\_

- 1 = Alive with disease
- 2 = Alive, unknown disease status
- 3 = Alive, NED (no evidence of disease)
- 4 = Dead
- 9 = Unknown