



**Case #:**

**Institution #:**  
**Form A 5**

<h2>Demographics</h2>
-----------------------

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

**Case #:**

**Institution #:**  
**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

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

**Case #:**

**Institution #:**  
**Form A 5**

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

**Case #:**

**Institution #:**  
**Form I 1**

<h2>History</h2>
------------------

1. Karnofsky performance status \_\_\_\_\_  
60 = Requires occasional assistance  
70 = Unable to carry on normal activity/work  
80 = Normal activity with effort  
90 = Minor signs or symptoms of disease  
100 = Normal  
999 = Unknown
  
2. Weight loss pre-RT \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
  
3. Weight at start of radiation treatment (lbs.) \_\_\_\_\_ (999 = Unknown)
  
4. Parenteral nutritional support pre-RT \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
  
5. Enteral nutritional support (e.g., feeding tube) pre-RT \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
  
6. GI Bleeding \_\_\_\_\_  
1 = No  
2 = Yes  
3 = Yes, transfusion required  
9 = Unknown

**Case #:**

**Institution #:**  
**Form I 1**

## Workup and Studies

11. Barium swallow performed \_\_\_\_\_ 1 = No 2 = Yes 9 = Unknown

12. Endoscopy performed \_\_\_\_\_ 1 = No 2 = Yes 9 = Unknown

13. Endoscopic Ultrasound \_\_\_\_\_ 1 = No 2 = Yes 9 = Unknown

*If Q13 is yes, complete Qs 14-16*

14. Endoscopic ultrasound (EUS) cranial-caudal extent from the incisors for GE junction tumor: \_\_\_\_\_ (mm) (888=not applicable; 999= unknown)

15. Endoscopic US-T classification (AJCC 02) \_\_\_\_\_

- 1 = TX
- 2 = T0
- 3 = Tis
- 4 = T1
- 5 = T2
- 6 = T2a
- 7 = T2b
- 8 = T3
- 9 = T4
- 99 = Unknown

16. Endoscopic US- N classification (AJCC 02) \_\_\_\_\_

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

17. Chest CT performed \_\_\_\_\_ 1 = No 2 = Yes 9 = Unknown

18. Abdominal CT performed \_\_\_\_\_ 1 = No 2 = Yes 9 = Unknown

*If yes to Q 17 or 18, complete Qs 19 & 20*

19. Chest/Abdominal CT-T classification (AJCC 02) \_\_\_\_\_

- 1 = TX
- 2 = T0
- 3 = Tis
- 4 = T1
- 5 = T2
- 6 = T2a
- 7 = T2b
- 8 = T3
- 9 = T4
- 99 = Unknown

**Case #:**

**Institution #:**

**Form I 1**

**20. Chest/Abdominal CT – N classification (AJCC 02) \_\_\_\_\_**

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

*Additional diagnostic methods used to detect regional nodes (Peri-esophageal and Mediastinal)*

**21. Laparoscopy \_\_\_\_\_**

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

**22. PET \_\_\_\_\_**

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

**23. MRI \_\_\_\_\_**

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

**24. Other \_\_\_\_\_**

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

*If other, specify:*

**25. \_\_\_\_\_**

**Case #:**

**Institution #:**  
**Form I 1**

## Staging & Extent of Disease

31. Histology \_\_\_\_\_  
1 = Squamous cell  
2 = Adenocarcinoma  
3 = Adenosquamous  
9 = Unknown
32. Grade \_\_\_\_\_  
1 = GX = Grade cannot be assessed  
2 = G1 = Well differentiated  
3 = G2 = Moderately-differentiated  
4 = G3 = Poorly-differentiated  
9 = Unknown
33. Signet cell features \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
34. Clinical Stage: (AJCC 02) \_\_\_\_\_  
1 = 0  
2 = 1A  
3 = 1B  
4 = II  
5 = IIIA  
6 = IIIB  
7 = IV  
9 = Unknown
35. Surgical T classification (AJCC 02) \_\_\_\_\_  
0 = Not applicable/Surgery not performed  
1 = TX  
2 = T0  
3 = T1  
4 = T2  
5 = T2a  
6 = T2b  
7 = T3  
8 = T4  
9 = Unknown
36. Surgical N classification (AJCC 02) \_\_\_\_\_  
0 = Not applicable  
1 = NX  
2 = N0  
3 = N1  
4 = N2  
5 = N3  
9 = Unknown

**Case #:**

**Institution #:**  
**Form I 1**

**37. Primary location of tumor per pathology report \_\_\_\_\_**

- 1 = Antrum
- 2 = Corpus
- 3 = Cardia
- 4 = GE junction
- 9 = Unknown

**38. Maximum dimension of primary tumor per pathology report \_\_\_\_\_ mm (999 = unknown)**

**Case #:**

**Institution #:**  
**Form I 1**

<b>Treatment Course</b>
-------------------------

51. Investigational protocol \_\_\_\_\_

- 1 = No
- 2 = Yes, NCI Clinical Trials Cooperative Group or other external clinical trials (*Specify below.*)
- 3 = Yes, IRB-approved institutional clinical trials
- 4 = Yes, IRB-approved PHARMA or Device, Clinical Trial
- 5 = Other
- 9 = Unknown

*If Yes (2),*

52. Protocol group & number (e.g., RTOG 9709) \_\_\_\_\_ (9999 = *Unknown*)

**Planned Treatment:**

53. External beam \_\_\_\_\_

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

54. Surgical resection \_\_\_\_\_

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

55. Chemotherapy \_\_\_\_\_

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

**Treatment Given:**

56. External beam \_\_\_\_\_

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

57. Surgical resection \_\_\_\_\_

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

**Case #:**

**Institution #:**  
**Form I 1**

- 59. When was radiation delivered \_\_\_\_\_**  
0 = No surgical resection  
1 = post-surgery  
2 = pre-surgery  
3 = both  
9 = Unknown

- 60. Planned radiation treatment completed \_\_\_\_\_**  
1 = No  
2 = Yes  
9 = Unknown

*If No (not completed),*

- 61. Primary reason RT incomplete \_\_\_\_\_**  
1 = Progressive disease  
2 = Complications  
3 = Non-compliance/Patient refusal  
4 = Intercurrent disease  
5 = Death  
6 = Other  
9 = Unknown

**Case #:**

**Institution #:**  
**Form I 1**

<b>Surgery</b>
----------------

71. Type of surgical resection per operative report \_\_\_\_\_  
 0 = No surgical resection  
 1 = Total gastrectomy  
 2 = Partial gastrectomy  
 3 = Esophago-gastrectomy  
 4 = Other  
 9 = Unknown

72. Was resection performed laparoscopically? \_\_\_\_\_  
 1 = No  
 2 = Yes  
 9 = Unknown

73. Contiguous organ removal per pathology & operative reports \_\_\_\_\_  
 1 = No  
 2 = Yes  
 9 = Unknown

*If yes,*

Contiguous Organs	Organ removed 1 = Not removed 2 = Yes 9 = unknown
Spleen	74. _____
Pancreas	75. _____
Liver	76. _____
Other	77. _____
Site unknown	78. _____

79. Completion of primary resection per pathology & operative reports \_\_\_\_\_  
 1 = RX (Presence of residual tumor cannot be assessed)  
 2 = RO (complete resection with negative margins)  
 3 = R1 (microscopically positive margins or microscopic residual disease)  
 4 = R2 (gross residual disease or macroscopically positive margins)  
 9 = Unknown

**Case #:**

**Institution #:**  
**Form I 1**

**80. Completion of lymph node resection per pathology & operative reports of Gastric tumors \_\_\_\_\_**

- 1 = Not done
- 2 = Yes
- 9 = Unknown

*If yes, complete table; otherwise, skip to Q 101:*

Site of lymph node resection	Nodes resected 1 = Not resected 2 = Yes 9 = unknown
Perigastric nodes	81. _____
Celiac	82. _____
Splenetic artery	83. _____
Splenic hilar	84. _____
Other	85. _____
Site unknown	86. _____

**87. Total number of lymph nodes resected per pathology report \_\_\_\_\_**  
*(0 = none, 99 = unknown)*

**88. Total number of positive lymph nodes per pathology report \_\_\_\_\_**  
*(0 = none, 99 = unknown)*

**Comments**

*Use multiple lines, as needed.*

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

91. \_\_\_\_\_

92. \_\_\_\_\_

93. \_\_\_\_\_

94. \_\_\_\_\_

95. \_\_\_\_\_

**Case #:**

**Institution #:**

**Form I 1**

<b>External Beam</b>
----------------------

101. Prescription \_\_\_\_\_  
1 = Isodose  
2 = Point  
9 = Unknown
102. Photon Energy \_\_\_\_\_ (MV)  
1 = <=6  
2 = 7-9  
3 = 10-15  
4 = >15  
5 = Co60  
6 = Mixed Energies  
9 = Unknown
103. Total dose given (cGy) \_\_\_\_\_
104. Dose/fx (cGy) \_\_\_\_\_
106. Total # of Fractions \_\_\_\_\_
107. All fields treated each day \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
108. Fields reduced during RT \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
109. Treatment position \_\_\_\_\_  
1 = Prone  
2 = Supine  
3 = Both prone and supine  
9 = Unknown
113. Technique \_\_\_\_\_  
1 = AP/PA  
2 = 3 field  
3 = 4 field  
4 = >4 field  
8 = Other  
9 = Unknown

**Case #:**

**Institution #:**  
**Form I 1**

**114. CT based treatment plan \_\_\_\_\_**

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

*If 1 or 9, skip to Q 123.*

*If yes (code 2),*

**115. 3D conformal technology \_\_\_\_\_**

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

**116. If 3-D planning performed, were dose volume histograms of both kidneys performed \_\_\_\_\_**

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

*If Q 116 is yes,*

**117. Was at least 67% of one kidney kept at or below 20 Gy \_\_\_\_\_**

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

**118. If 3-D planning performed, were dose volume histograms of the liver performed \_\_\_\_\_**

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

*If yes,*

**119. Was at least 40% of the liver kept at or below 30 Gy \_\_\_\_\_**

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

**120. In GE junction tumors, if 3-D planning performed, were dose volume histograms of the heart performed \_\_\_\_\_**

- 1 = No
- 2 = Yes
- 8 = Not applicable
- 9 = Unknown

**121. If yes, was at least 40% of the heart kept at or below 30 Gy \_\_\_\_\_**

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

**Case #:**

**Institution #:**

**Form I 1**

122. If 3-D planning performed, did the planning tumor volume receive at least 95% of the prescribed dose \_\_\_\_\_

1 = No

2 = Yes

8 = Not applicable

9 = Unknown

123. Was IMRT (intensity modulated RT) used \_\_\_\_\_

1 = No

2 = Yes

9 = Unknown

124. Parenteral nutritional support during RT \_\_\_\_\_

1 = No

2 = Yes

9 = Unknown

125. Enteral nutritional support during RT (e.g., feeding tube) \_\_\_\_\_

1 = No

2 = Yes

9 = Unknown

126. Weight at end of radiation treatment (lbs.) \_\_\_\_\_ (999 = Unknown)

Image guided tools, other than CT, used in the radiation planning and treatment delivery:

127. PET \_\_\_\_\_

128. MRI \_\_\_\_\_

129. Respiratory gating  
and/or 4D-CT \_\_\_\_\_

130. On-board imaging \_\_\_\_\_

0 = Not used

1 = Used in both radiation planning & delivery

2 = Used in radiation planning only

3 = Used in treatment delivery only

9 = Unknown

**Case #:**

**Institution #:**  
**Form I 1**

**Comprehensive Care**

131. Did the radiation oncologist first meet with the patient? \_\_\_\_\_  
1 = pre-operatively  
2 = post-operatively  
8 = not applicable  
9 = Unknown
132. Was the case discussed in a multi-disciplinary tumor board? \_\_\_\_\_  
1 = No  
2 = Yes  
9 = Unknown
136. Was acute toxicity (*during radiation treatment*) assessed? \_\_\_\_\_  
1 = No  
2 = Yes, using a standard numerical scoring system (e.g. RTOG or NCI CTC)  
3 = Yes, descriptive assessment only  
9 = Unknown
137. Was late toxicity (*after radiation treatment*) assessed? \_\_\_\_\_  
(*up to 24 months post-treatment*)  
1 = No  
2 = Yes, using a standard numerical scoring system (e.g. RTOG or NCI CTC)  
3 = Yes, descriptive assessment only  
9 = Unknown
138. Was the patient seen by the radiation oncologist in follow-up? \_\_\_\_\_  
1 = No  
2 = Yes, 1 visit only  
3 = Yes, > 1 visit  
9 = Unknown

Case #:

Institution #:  
**Form I 1**

**Chemotherapy**

140. Chemotherapy given \_\_\_\_\_  
1 = No      2 = Yes      3 = Yes, but no details      9 = Unknown

*If Q 140 is yes, complete table; otherwise, skip to Comments (Q 186)*

Sequence1	Sequence2 1=No surg. 2=Pre-surg. 3=Post-surg.	Therapy Given	Agent 1	Agent 2	Agent 3	Agent 4
Concurrent with RT	141. _____	142. _____ 1 = No 2 = Yes 3 = Yes, but no details 9 = Unknown	143. _____ <i>If other, specify below</i> 144. _____	145. _____ <i>If other, specify below</i> 146. _____	147. _____ <i>If other, specify below</i> 148. _____	149. _____ <i>If other, specify below</i> 150. _____
Pre-RT	151. _____	152. _____ 1 = No 2 = Yes 3 = Yes, but no details 9 = Unknown	153. _____ <i>If other, specify below</i> 154. _____	155. _____ <i>If other, specify below</i> 156. _____	157. _____ <i>If other, specify below</i> 158. _____	159. _____ <i>If other, specify below</i> 160. _____
Post-RT	161. _____	162. _____ 1 = No 2 = Yes 3 = Yes, but no details 9 = Unknown	163. _____ <i>If other, specify below</i> 164. _____	165. _____ <i>If other, specify below</i> 166. _____	167. _____ <i>If other, specify below</i> 168. _____	169. _____ <i>If other, specify below</i> 170. _____
Sequence Unknown	171. _____	172. _____ 1 = No 2 = Yes 3 = Yes, but no details 9 = Unknown	173. _____ <i>If other, specify below</i> 174. _____	175. _____ <i>If other, specify below</i> 176. _____	177. _____ <i>If other, specify below</i> 178. _____	179. _____ <i>If other, specify below</i> 180. _____

**Agents:**

- |                    |                  |                    |
|--------------------|------------------|--------------------|
| 1 = bolus 5FU      | 10 = Oxaliplatin | 18 = VP16          |
| 2 = infusional 5FU | 11 = Paclitaxel  | 19 = Vinblastine   |
| 3 = Cisplatin      | 12 = Docetaxel   | 20 = Cetuximab     |
| 4 = Carboplatin    | 13 = Irinotecan  | 21 = Bevacizumab   |
| 6 = Leucovorin     | 14 = Taxane      |                    |
| 7 = Taxol          | 15 = Taxotere    | 88 = Other         |
| 8 = Capecitabine   | 16 = ECF         | 99 = Unknown       |
| 9 = Epirubicin     | 17 = Mitomycin   | 0 = Not applicable |

**Case #:**

**Institution #:**  
**Form I 1**

<b>COMMENTS</b>
-----------------

*Use multiple lines, as needed.*

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

186. \_\_\_\_\_

187. \_\_\_\_\_

188. \_\_\_\_\_

189. \_\_\_\_\_

190. \_\_\_\_\_

191. \_\_\_\_\_

192. \_\_\_\_\_

193. \_\_\_\_\_

194. \_\_\_\_\_

195. \_\_\_\_\_

Case #:

Institution #:

**Form I 1**

**Adult Comorbidity Evaluation**

200. Comorbidities \_\_\_\_\_

1 = No comorbidities    2 = Yes, one or more    9 = Cannot be determined

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> )	201. _____
Respiratory system comorbidity score ( <i>Including pulmonary insufficiency, and restrictive lung disease or COPD</i> )	203. _____
Gastrointestinal system comorbidity score ( <i>Including hepatic disease, stomach/intestine, and pancreatic disease</i> )	205. _____
Renal system comorbidity score ( <i>End stage renal disease</i> )	207. _____
Endocrine system comorbidity score ( <i>Including Insulin dependent diabetes mellitus, and adult onset diabetes mellitus</i> )	209. _____
Neurological system comorbidity score ( <i>Including stroke, dementia, paralysis, and neuromuscular disorders</i> )	211. _____
Psychiatric comorbidity score ( <i>Including major depression, bipolar disorder, and schizophrenia</i> )	213. _____
Rheumatologic comorbidity score ( <i>Including rheumatoid arthritis, systemic lupus, connective tissue disorder, and polymyositis</i> )	215. _____
Immunological system comorbidity score ( <i>HIV, and AIDS</i> )	217. _____
Malignancy comorbidity score ( <i>Solid tumors including melanoma, leukemia, myeloma, and lymphoma</i> )	219. _____
Substance Abuse comorbidity score ( <i>Including alcohol abuse, illicit drug abuse</i> )	221. _____
Body weight comorbidity score ( <i>Obesity, BMI &gt;= 38</i> )	223. _____

225. 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.**

230. \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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>Surgical Pathology &amp; Staging:</u></b>			
Initial biopsy/diagnosis:	241. ___/___/___	242. _____	
Resection:	243. ___/___/___	244. _____	
<b><u>External Beam RT:</u></b>			
Start of External Beam/Chest therapy:	245. ___/___/___	246. _____	
End of External Beam/Chest therapy:	247. ___/___/___	248. _____	249. _____ (248-246)

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

**SOE COMMENTS:**

*Use multiple lines, as needed.*

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

260. \_\_\_\_\_

261. \_\_\_\_\_

262. \_\_\_\_\_

263. \_\_\_\_\_

**Case #:**

**Institution #:**

**Form I 1**

**SOE COMMENTS (continued):**

264. \_\_\_\_\_

265. \_\_\_\_\_

266. \_\_\_\_\_

267. \_\_\_\_\_

268. \_\_\_\_\_

269. \_\_\_\_\_