

Case #:

Institution #:
Form E 1

Eligibility Check List

Inclusion criteria:

(Answer must be Yes)

- | | <u>No</u> | <u>Yes</u> |
|---|-----------------------|-----------------------|
| 1. Received radiation therapy (2005 thru 2007) | <input type="radio"/> | <input type="radio"/> |
| 2. Adenocarcinoma, squamous, adenosquamous | <input type="radio"/> | <input type="radio"/> |
| 3. Stage Ib, II, III or IV (non-metastatic disease) | <input type="radio"/> | <input type="radio"/> |
| 4. Tumor in the stomach or GE junction | <input type="radio"/> | <input type="radio"/> |
| 5. Karnofsky >= 60 | <input type="radio"/> | <input type="radio"/> |

Exclusion criteria:

(Answer must be No)

- | | | |
|---|-----------------------|-----------------------|
| 6. Distant metastases | <input type="radio"/> | <input type="radio"/> |
| 7. Prior malignancies within past 5 years.
(excluding non-melanoma skin cancers) | <input type="radio"/> | <input type="radio"/> |

9. Patient eligible, according to check list _____

<input type="radio"/>	<input type="radio"/>
No	Yes

10. Is patient administratively ineligible?

<input type="radio"/>	<input type="radio"/>
No	Yes

11. If yes, give reason for administratively ineligibility: _____
(for example, chart unavailable)

12. Type of Radiation Therapy chart type:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic	Paper	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): ____/____/____