

Case #:

Institution #:

**Form E 1**

## Eligibility Check List

**Inclusion criteria:**

*(Answer all questions 1-4)*

- |                                                         | <b><u>No</u></b>      | <b><u>Yes</u></b>     |
|---------------------------------------------------------|-----------------------|-----------------------|
| 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)*

- |                                                                                                             | <b><u>No</u></b>      | <b><u>Yes</u></b>     |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 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><i>(Excluding in-situ or non-melanoma skin cancers)</i> | <input type="radio"/> | <input type="radio"/> |

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9. Patient eligible according to check list:       No       Yes to LS-SCLC       Yes to NSCLC       Yes to both LS-SCLC & NSCLC

10. Is patient administratively ineligible?       No       Yes

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

12. Type of Radiation Therapy chart:       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)    \_\_\_/\_\_\_/\_\_\_