

ACRIN 4704
Detection of Early Lung Cancer Among Military Personnel Study 2 (DECAMP-2): Screening of Patients with Early Stage Lung Cancer or at High Risk for Developing Lung Cancer

Place Label Here

Institution _____ Institution No. _____
Case No. _____

Study Evaluation and Diagnosis Worksheet

Instructions:

Group A Only: The Study Evaluation and Diagnosis Worksheet should be completed by the Treating Physician at the time of malignant or benign determination/confirmation after surgical resection.

Group B Only: The Study Evaluation and Diagnosis Worksheet should be completed by the Treating Physician annually until lung cancer diagnosis or year 4 follow up. Any malignancy identified during the four-year follow-up time period will need to be reported on the Study Evaluation and Diagnosis Form. A response of "Primary Lung" or "Metastatic to the Lung" to Question #4a completes the participant's involvement in the follow up procedures.

1. Was the Study Evaluation and Diagnosis Form completed by the treating physician?

- No, *complete Q1a and sign off worksheet*
- Yes, *continue to Q2*

1a. If no, provide primary reason:

- Patient refused follow up
- Patient lost to follow up
- Treating physician did not complete form
- Other, specify _____

2. Date study evaluation and diagnosis completed: _____ - _____ - _____ *MMM-dd-yyyy*

3. Indicate the group the patient is enrolled in:

- Group A
- Group B
- Uncertain

4. Is there malignancy in the lung?

- No, *skip to Part III*
- Yes, *continue to Q4a*
- Uncertain, *continue to Q4a*

4a. If yes, the malignancy is:

- Primary Lung, *continue to Part II*
- Metastatic to the Lung, *complete Q4a1, then skip to Part III*
- Uncertain, *skip to Part III*

4a1. If metastatic, provide the primary site of origin: _____

Part II. Lung Cancer *complete this section only if Q4a=primary lung*

5. Date of first diagnosis _____ - _____ - _____ *MMM-dd-yyyy*

6. Has the patient developed progressive disease (e.g., progression at primary site, metastases, other recurrence) following treatment for lung cancer?

- No, *continue to Q7*
- Yes, *complete Q6a1 and 6a2*
- Unknown, *continue to Q7*

6a1. If yes, date of first documentation of progressive lung cancer: _____ - _____ - _____ *MMM-dd-yyyy*

6a2. List the site(s) of progression of lung cancer: _____

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- 7. Lung Cancer Type**
- Small Cell Lung Cancer
 - Non-Small Cell Lung Cancer
 - Unknown

- 8. Histologic Class**
- Adenocarcinoma
 - Adenosquamous Carcinoma
 - Epidermoid Carcinoma
 - Bronchioloalveolar Carcinoma
 - Carcinoid
 - Large Cell Carcinoma
 - Small Cell Carcinoma
 - Squamous Cell Carcinoma
 - Unknown
 - Other, specify _____

- 9. Histologic Subtype**
- Acinar
 - Bronchioalveola
 - Papillary
 - Solid carcinoma with mucus formation
 - Mixed
 - Large cell with rhabdoid phenotype
 - Other, specify _____
 - Pure small cell carcinoma
 - Combined small cell carcinoma
 - Large cell neuroendocrine
 - Basaloid
 - Lymphoepithelial-like
 - Unknown

- 10. Cancer Stage**
- Occult
 - 0
 - IA
 - IB
 - IIA
 - IIB
 - IIIA
 - IIIB
 - IV

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Study Evaluation and Diagnosis Worksheet

Part III. Diagnostic tests performed since the last Study Evaluation and Diagnosis Form was completed *required if Q1=yes.*
If the patient has had more than one of the diagnostic tests since the last evaluation, list them separately. For example, if they had 2 Chest X-Rays, list one in the Chest X Ray row and one in the other specify row, specifying Chest X Ray.

Note: For all diagnostic tests, sites will need to upload a de-identified copy of the report into Rave

Diagnostic Test Type	Was test performed since last Study Evaluation and Diagnosis form was completed?	If performed, date of test MMM-dd-yyyy	Was test used to establish diagnosis described above?
Biopsy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Bone Scan	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Bronchoscopy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Chest X Ray	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
CT Scan	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Mediastinoscopy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
MRI	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
PET	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Sputum	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Surgical Pathology	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
TBNA	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Thoracotomy	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
TTNA	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
Other, specify	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes
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Other, specify	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		<input type="radio"/> No <input type="radio"/> Yes

Signature of Treating Physician**Date Form Completed**_____-_____-_____
MMM-dd-yyyy