ACRIN 4703/4704
Detection of Early Lung Cancer Among Military Personnel (DECAMP)

Post Lung Cancer Outcomes Assessment Worksheet

Instructions: The Outcomes Assessment form is completed post a lung cancer diagnosis every 3 months for 2 years, then every 6 months for 1 year. The data can be collected from medical records, contact with the treating physician, and/or direct contact with the patient. This form is completed by the site RA and/or treating physician.

Timepoint this form corresponds to: ○ 3 month ○ 6 month ○ 9 month ○ 12 month ○ 15 month ○ 18 month ○ 21 month ○ 24 month

Note: This question is not part of the eCRF ○ 30 month ○ 36 month

1. Participants Vital Status ○ Alive
   ○ Dead
   ○ Unknown

2. Was the outcome assessment completed for this time point? ○ No, complete 2a then sign off on form
   ○ Yes, continue to Q3

   2a. If no, indicate the primary reason not completed:
      ○ Patient Refused
      ○ Patient Lost to Follow up
      ○ Site Error
      ○ Other, specify: ________________________________

3. Date of Assessment: _______-_____-_______ MMM-dd-yyyy

4. Indicate the person(s) who assessed the patients’ status: check all that apply
   □ Site RA
   □ Treating Physician
   □ Other, specify: ________________________________

5. Indicate the method(s) status was assessed: check all that apply
   □ Medical Records
   □ Treating Physician
   □ Participant
   □ Other, specify: ________________________________

6. Did the participant develop progression at primary site, new lesions, growth of existing lesions, metastases, and/or other recurrence not previously reported? ○ No, skip to Q7
   ○ Yes, complete Q6a and Q6b then continue to Q7
   ○ Unknown, skip to Q7

   6a. Date of first documentation of progressive lung cancer: _______-_____-_______ MMM-dd-yyyy

6b: Indicate the site(s) of progression of lung cancer: check all that apply
   □ Original Lung Site
   □ Other lung site(s)
   □ Pleura
   □ Brain
   □ Bone
   □ Liver
   □ Adrenal
   □ Skin/subcutaneous tissue
   □ N1 regional lymph nodes (ipsilateral hilar/intrapulmonary)
   □ N2 ipsilateral mediastinal lymph nodes
   □ Unknown
   □ Other, specify: ________________________________
7. Did the participant develop a second primary lung cancer following treatment for an initial primary lung cancer not previously reported?
   - No, skip to Q8
   - Yes, complete Q7a then continue to Q8
   - Unknown, skip to Q8

   7a. Date of diagnosis of second primary lung cancer: ______-____-____ MMM-dd-yyyy

8. Did the participant undergo lung cancer radiation treatment(s) not previously reported?
   - No
   - Yes
   - Unknown

   Note: If yes, the details of treatment will be required to be reported

9. Did the participant undergo lung cancer surgical treatment(s) not previously reported?
   - No
   - Yes
   - Unknown

   Note: If yes, the details of treatment will be required to be reported

10. Did the participant receive lung cancer chemotherapy not previously reported?
    - No
    - Yes
    - Unknown

    Note: If yes, the details of treatment will be required to be reported

11. Did the participant undergo any other lung cancer treatment(s) administered by a physician not previously reported?
    - No
    - Yes
    - Unknown

    Note: If yes, the details of treatment will be required to be reported

   ___________________________   ___________________________
   Signature of Person Completing This Form   Date Form Completed