Eligibility and Registration Worksheet

Instructions: The eligibility checklist (A0) must be used to determine and confirm study eligibility status. This information is submitted to ACRIN via the website: www.acrin.org. After entry, the form data will be read only in Rave.

DEMOGRAPHICS

1. Site Registrar (Initials only) __________

26. Site Registrar Email: ______________________

4. Date Informed Consent Signed ____-____-_______ (mm-dd-yyyy) (Must be prior to study entry)

5. Patient Initials (last, first, middle) (L, F, M) __________

6. Treating Investigator (Site PI) ______________________

10. Ethnicity
   ○ Hispanic or Latino
   ○ Not Hispanic or Latino
   ○ Not reported
   ○ Unknown

11. Gender of a Person:
   ○ Male
   ○ Female
   ○ Unknown

12. Country of residence
   ○ United States
   ○ Canada
   ○ Other

13. Zip Code (5 digit code, US residents) __________

14. Method of Payment
   ○ Private Insurance
   ○ Medicare
   ○ Medicare and Private Insurance
   ○ Medicaid
   ○ Medicaid and Medicare
   ○ Military or Veteran’s Administration
   ○ Self Pay (No insurance)
   ○ No means of payment (No insurance)
   ○ Military Sponsored (including CHAMPUS & TRICARE)
   ○ Veterans Sponsored
   ○ Other
   ○ Unknown/Decline to answer

___-___-____ 16. Enrollment Date(= to registration date) (mm-dd-yyyy)
ACRIN 4704
Detection of Early Lung Cancer
Among Military Personnel Study 2
(DECAMP) Screening of Patients with
Early Stage Lung Cancer or at High Risk
for Developing Lung Cancer

Eligibility and Registration Worksheet

___-___-____ 17. Enrollment Date (mm-dd-yyyy)

Race, check all that apply (1=not marked, 2=marked)
19. ☐ Race: American Indian or Alaskan Native
20. ☐ Race: Asian
21. ☐ Race: Black or African American
22. ☐ Race: Native Hawaiian or Other Pacific Islander
23. ☐ Race: White
24. ☐ Race: Not Reported
25. ☐ Race: Unknown

ELIGIBILITY CHECKLIST

Demography: Age and Birth Year:

27. Year of Birth ________
28. Age (at the time of registration) ________

Inclusion Criteria:

30. Is the patient willing and able to provide written informed consent? ○ No ○ Yes

31. Is the patient 50-79 years old? ○ No ○ Yes

32. Is the patient able to fill out the Patient Lung History questionnaire? ○ No ○ Yes

33. Is the patient able to tolerate all biospecimen collection as required by protocol? ○ No ○ Yes

42. Does the patient have a history of Chronic Obstructive Pulmonary Disease (COPD) or emphysema? ○ No ○ Yes

43. Does the patient have at least one first-degree relative with a diagnosis of lung cancer? ○ No ○ Yes

45. Indicate the patients smoking status: ○ Current Smoker ○ Former smoker
Eligibility and Registration Worksheet

Current smokers only:

54. Has the patient smoked >10 cigarettes per day for at least 25 years?  ○ No  ○ Yes

46. Provide the current number of cigarettes smoked per day: ________ cigarettes per day

Former smokers only:

55. Does the patient have at least ≥20 pack years history and quit 20 years ago or less?  ○ No  ○ Yes

47. Provide the pack years: ________ pack years

48. Is the patient willing to undergo fiberoptic bronchoscopy?  ○ No  ○ Yes

49. Is the patient able to comply with standard-of-care follow-up visits, including clinical exams, diagnostic work-ups, and imaging for a maximum of four years or until diagnosis of lung cancer?  ○ No  ○ Yes

Exclusion Criteria:

50. Does the patient have a diagnosis of lung cancer prior to the current assessment (that is, patients are eligible for Group A if first lung cancer diagnosis has been recently confirmed by bronchoscopic biopsy and is leading to resection surgery, but not if this is not a first diagnosis)?  ○ No  ○ Yes

51. Does the patient have any contraindications to nasal brushing or fiberoptic bronchoscopy (including: ulcerative nasal disease, hemodynamic instability, severe obstructive airway disease (i.e., disease severity does not allow for bronchoscopic procedures), unstable cardiac or pulmonary disease; as well as other comorbidities leading to inability to protect airway, or altered level of consciousness)?  ○ No  ○ Yes

52. Does the patient have allergies to any local anesthetic that may be used to obtain biosamples in the study?  ○ No  ○ Yes

53. Does the patient weigh more than allowable by the CT scanner?  ○ No  ○ Yes

Initials of Person(s) Completing This Form  mm-dd-yyyy  Date Form Completed