Vital Status and Treatment/Response Worksheet

Instructions: The Vital Status and Treatment/Response Worksheet should be completed by the Treating Physician at year 4 for all Group B participants who had a lung cancer diagnosis and/or were taken off study.

1. Was the Vital Status and Treatment/Response 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 vital status and treatment/response form completed: _______-_____-_______ MMM-dd-yyyy

3. Participant Vital Status:
   ○ Alive
   ○ Dead
   ○ Unknown

   3a. Date of Death: _______-_____-_______ MMM-dd-yyyy

   3b. Cause of death:
       ○ Lung Cancer
       ○ Other: __________________________

Part II. Participants Taken Off Study Complete this section only for participants taken off study

4. Did the participant have a diagnosis of malignancy in the lung since they were taken off study?
   ○ No, initial and date form
   ○ Yes, continue to Q4a
   ○ Uncertain, continue to Q4a

   4a. If yes, the malignancy is/was:
       ○ Primary Lung, continue to Part III
       ○ Metastatic to the Lung, complete Q4a1, then initial and date form
       ○ Uncertain, skip to Part III
       ○ Other, specify________________________, skip to Part III

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

Part III. Participants With Lung Cancer Diagnosis Complete this section for all patients with lung cancer diagnosis

5. Has the lung malignancy been reported on a previous Study Evaluation and Diagnosis form?
   ○ No, complete Q6a-6e
   ○ Yes, skip to Q7
   ○ Unknown, complete Q6a-6e

   5a. Date of first diagnosis of lung cancer: _______-_____-_______ MMM-dd-yyyy

   5b. Lung Cancer Type
       ○ Small Cell Lung Cancer
       ○ Non-Small Cell Lung Cancer
       ○ Unknown
Vital Status and Treatment/Response Worksheet

<table>
<thead>
<tr>
<th>5c. Histologic Class</th>
<th>○ Adenocarcinoma</th>
<th>○ Large Cell Carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Adenosquamous Carcinoma</td>
<td>○ Small Cell Carcinoma</td>
</tr>
<tr>
<td></td>
<td>○ Epidermoid Carcinoma</td>
<td>○ Squamous Cell Carcinoma</td>
</tr>
<tr>
<td></td>
<td>○ Bronchioloalveolar Carcinoma</td>
<td>○ Unknown</td>
</tr>
<tr>
<td></td>
<td>○ Carcinoid</td>
<td>○ Other, specify__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5d. Histologic Subtype</th>
<th>○ Acinar</th>
<th>○ Pure small cell carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Bronchioalveola</td>
<td>○ Combined small cell carcinoma</td>
</tr>
<tr>
<td></td>
<td>○ Papillary</td>
<td>○ Large cell neuroendocrine</td>
</tr>
<tr>
<td></td>
<td>○ Solid carcinoma with mucus formation</td>
<td>○ Basaloid</td>
</tr>
<tr>
<td></td>
<td>○ Mixed</td>
<td>○ Lymphoepithelial-like</td>
</tr>
<tr>
<td></td>
<td>○ Large cell with rhabdoid phenotype</td>
<td>○ Unknown</td>
</tr>
<tr>
<td></td>
<td>○ Other, specify__________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5e. Cancer Stage</th>
<th>○ Occult</th>
<th>○ IIIA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ 0</td>
<td>○ IIIB</td>
</tr>
<tr>
<td></td>
<td>○ IA</td>
<td>○ IV</td>
</tr>
<tr>
<td></td>
<td>○ IB</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ IIA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○ IIIB</td>
<td></td>
</tr>
</tbody>
</table>

6. Did the patient develop progressive disease (e.g., progression at primary site, metastases, other recurrence) following treatment for lung cancer?
   ○ No, skip to Q8
   ○ Yes, complete Q7a and Q7b
   ○ Unknown, skip to Q8

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

6b. List the site(s) of progression of lung cancer: ____________________________________________________________

7. Response status:
   ○ Complete Response
   ○ Partial Response
   ○ Stable Disease
   ○ Progressive Disease
   ○ Unknown

8. Date the response status was determined: _____ - _____ - ______  MMM-dd-yyyy

Part IV. Treatment

9. Did the participant undergo any treatment for the primary lung cancer?
   ○ No, initial and date form
   ○ Yes, provide details of treatment in table 1
   ○ Unknown, initial and date form
### Table 1: Lung Cancer Treatment

<table>
<thead>
<tr>
<th>Row #</th>
<th>Treatment</th>
<th>Dose</th>
<th>Start Date</th>
<th>Stop Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>○ Chemotherapy ○ Radiation ○ Surgery ○ Other Specify: ____________</td>
<td>□ Not Applicable/Unknown</td>
<td>MMM-dd-yyyy</td>
<td>MMM-dd-yyyy</td>
</tr>
<tr>
<td>2</td>
<td>○ Chemotherapy ○ Radiation ○ Surgery ○ Other Specify: ____________</td>
<td>□ Not Applicable/Unknown</td>
<td>MMM-dd-yyyy</td>
<td>MMM-dd-yyyy</td>
</tr>
<tr>
<td>3</td>
<td>○ Chemotherapy ○ Radiation ○ Surgery ○ Other Specify: ____________</td>
<td>□ Not Applicable/Unknown</td>
<td>MMM-dd-yyyy</td>
<td>MMM-dd-yyyy</td>
</tr>
<tr>
<td>4</td>
<td>○ Chemotherapy ○ Radiation ○ Surgery ○ Other Specify: ____________</td>
<td>□ Not Applicable/Unknown</td>
<td>MMM-dd-yyyy</td>
<td>MMM-dd-yyyy</td>
</tr>
<tr>
<td>5</td>
<td>○ Chemotherapy ○ Radiation ○ Surgery ○ Other Specify: ____________</td>
<td>□ Not Applicable/Unknown</td>
<td>MMM-dd-yyyy</td>
<td>MMM-dd-yyyy</td>
</tr>
</tbody>
</table>

*If the participant received additional treatment, record on additional treatment worksheet*

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Signature of Treating Physician: __________________________

Date Form Completed: MMM-dd-yyyy

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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