

Lung Screening Study

Medical Record Abstract Form DIAGNOSTIC EVALUATION (DE)
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ADMINISTRATIVE SECTION

PARTICIPANT ID:

<p>1. Date Abstracted: <input type="text"/>/ <input type="text"/>/ <input type="text"/>2 <input type="text"/>0 <input type="text"/> <input type="text"/></p> <p>2. Abstractor ID: <input type="text"/></p>	<p>3. Purpose of Abstract:</p> <p><input type="checkbox"/> Initial Abstract</p> <p><input type="checkbox"/> Re-abstract for QA</p> <p>4. Multiple Primary Lung Cancer # <input type="text"/></p>
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FOR SC OFFICE USE ONLY	FOR CC OFFICE USE ONLY
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<p>5. Form Processing (PLACE A CHECK IN THE BOX AS EACH STEP IS COMPLETED)</p> <p><input type="checkbox"/> Manual Review Completed</p> <p><input type="checkbox"/> Sent to CC</p>	<p>6. Disposition:</p> <p><input type="checkbox"/> FCM <input type="checkbox"/> FIC</p> <p>Date: <input type="text"/>/ <input type="text"/>/ <input type="text"/>2 <input type="text"/>0 <input type="text"/> <input type="text"/></p>
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PART A: DIAGNOSTIC EVALUATION AND STAGING
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7. Did participant undergo diagnostic procedures?

- Yes (COMPLETE TABLE A8)
- No, Physician Report (GO TO A10)
- No, Participant Self-report (GO TO A10)

8. Diagnostic Evaluations (DO NOT RECORD RESULTS OF SCREENING SPIRAL CT OR X-RAY EXAM)

PROCEDURE #	DATE OF PROCEDURE (MO/DA/YR)	TYPE OF PROCEDURE USE PROCEDURE CODES (NEXT PAGE) IF OTHER, SPECIFY
1	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
2	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
3	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
4	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
5	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
6	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
7	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
8	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
9	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
10	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
11	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>
12	<input type="text"/> - <input type="text"/> - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/>	<input type="text"/>

PROCEDURE CODES	
01 = Biopsy - Endobronchial	24 = CT scan, spiral - chest
02 = Biopsy – Liver	25 = Cytology (sputum, bronchial washing/brushing)
03 = Biopsy - Lymph node –other (SPECIFY)	26 = Fluorodeoxyglucose (FDG) Scan
04 = Biopsy - Lymph node -scalene (supraclavicular) nodes	27 = Fluoroscopy
05 = Biopsy - Needle aspiration – Transbronchial (TBNA)/Transaxillary oblique approach	28 = Gallium scan
06 = Biopsy - Needle aspiration – Transthoracic (TNA)	29 = Lymphadenectomy/Lymph Node Sampling
07 = Biopsy - Needle aspiration – Other	30 = Mediastinoscopy/mediastinotomy
08 = Biopsy - Other (SPECIFY SITE)	31 = MRI scan – bone
09 = Biopsy - Surgical Open	32 = MRI scan – brain
10 = Biopsy – Transbronchial	33 = MRI scan – chest
11 = Bone radiograph	34 = MRI scan – liver
12 = Bronchoscopy	35 = MRI scan other (SPECIFY)
13 = Chest radiograph	36 = Other (SPECIFY)
14 = Clinical evaluation	37 = Other radiograph (SPECIFY)
15 = Comparison with previous spiral CTs or chest X-rays	38 = PET scan
16 = CT of chest and upper abdomen	39 = Pulmonary Function tests/spirometry
17 = CT of the abdomen and pelvis combined	40 = Radionuclide scan – bone
18 = CT scan – brain	41 = Radionuclide scan – brain
19 = CT scan – chest	42 = Radionuclide scan – liver
20 = CT scan - Dynamic Enhanced Nodule	43 = Resection
21 = CT scan – liver	44 = Somatostatin Receptor Scan
22 = CT scan – other (SPECIFY)	45 = Thoracoscopy
23 = CT scan - Thin section	46 = Thoracotomy
	47 = Thoracentesis
	48 = Ultrasound (SPECIFY)
	49 = Ventilation perfusion lung scan/scintigraphy
COMPLICATION CODES	
01 = Acute Respiratory Failure	15 = Hemoptysis
02 = Allergic reaction	16 = Hemothorax
03 = Anaphylaxis	17 = Hospitalization
04 = Atelectasis	18 = Hypokalemia
05 = Blood loss requiring transfusion	19 = Hypotension
06 = Bronchopulmonary fistula	20 = Infection (SPECIFY)
07 = Bronchospasm	21 = Myocardial Infarction (MI)
08 = Cardiac arrest	22 = Pain requiring referral to a pain specialist
09 = Cardiac Arrhythmia	23 = Pneumothorax
10 = Cerebral Vascular Accident (CVA)/Stroke	24 = Pulmonary Embolus/Emboli
11 = Congestive Heart Failure (CHF)	25 = Respiratory arrest
12 = Death	26 = Rib fracture(s)
13 = Deep Venous Thrombosis (DVT)	27 = Vocal cord immobility/paralysis
14 = Fever requiring antibiotics	28 = Wound dehiscence

PART C: PRIMARY LUNG CANCER DIAGNOSIS INFORMATION

15. Date of Primary Lung Cancer Diagnosis (Mo/Day/Year): |__|_| / |__|_| / |2| |0|_|_|

16. Photocopy of Report Confirming Primary Lung Cancer (MARK ONE):

- No Report (COMPLETE C17)
- Pathology/Histopathology (ATTACH COPY)
- Cytology/Cytopathology (ATTACH COPY)
- Report exists but cannot be obtained (COMPLETE C17)

17. Verbatim Description of Primary Lung Cancer Diagnosis:
(COMPLETE ONLY WHEN ANSWER TO C16 IS "NO REPORT" or "REPORT EXISTS BUT CANNOT BE OBTAINED")

18. ICD-O-2 Cancer Classification: (TO BE COMPLETED BY CTR OR CTR-ELIGIBLE STAFF)

TOPOGRAPHY	MORPHOLOGY	BEHAVIOR	GRADE	CTR ID#
C _ _	- _ _ _	- _	- _	_ _ _

19. Primary Tumor Location: (COMPLETE a AND b)

a. MARK ALL THAT APPLY

- Right upper lobe
- Right middle lobe
- Right lower lobe
- Left upper lobe
- Left lower lobe
- Right hilum
- Left hilum
- Main stem
- Carina
- Unknown bronchus

b. CHECK ONE BOX

- Central
- Peripheral
- Unknown

20. Histopathologic Type for Primary Lung Cancer: (TO BE COMPLETED BY CTR OR CTR-ELIGIBLE STAFF)

- | | |
|---|--|
| <input type="checkbox"/> Squamous cell carcinoma (epidermoid carcinoma) | <input type="checkbox"/> Giant cell carcinoma |
| <input type="checkbox"/> Adenocarcinoma | <input type="checkbox"/> Clear cell carcinoma |
| <input type="checkbox"/> Large cell carcinoma | <input type="checkbox"/> Adenosquamous carcinoma |
| <input type="checkbox"/> Small cell carcinoma | <input type="checkbox"/> Carcinoid tumor |
| <input type="checkbox"/> Spindle cell carcinoma | <input type="checkbox"/> Bronchial gland carcinoma |
| <input type="checkbox"/> Intermediate cell type carcinoma | <input type="checkbox"/> Adenoid cystic carcinoma |
| <input type="checkbox"/> Combined oat cell carcinoma | <input type="checkbox"/> Mucoepidermoid carcinoma |
| <input type="checkbox"/> Acinar adenocarcinoma | <input type="checkbox"/> Other (SPECIFY) |
| <input type="checkbox"/> Papillary adenocarcinoma | _____ |
| <input type="checkbox"/> Bronchoalveolar adenocarcinoma | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Adenocarcinoma, solid carcinoma with mucus formation | |

21. Histopathologic Grade for Primary Lung Cancer: (TO BE COMPLETED BY CTR OR CTR-ELIGIBLE STAFF)

- | | |
|---|---|
| <input type="checkbox"/> Grade cannot be assessed (GX) | <input type="checkbox"/> Poorly differentiated (G3) |
| <input type="checkbox"/> Well differentiated (G1) | <input type="checkbox"/> Undifferentiated (G4) |
| <input type="checkbox"/> Moderately differentiated (G2) | <input type="checkbox"/> Unknown |

22. TNM Staging for Primary Lung Cancer: (TO BE COMPLETED BY CTR OR CTR-ELIGIBLE STAFF)

a. TNM Clinical Staging:

- Yes (RECORD STAGING BELOW)
 No (GO TO Part C22b)

Primary Tumor (T) Codes:	Nodal Involvement (N) Codes:	Distant Metastases (M) Codes:
<input type="checkbox"/> Tx	<input type="checkbox"/> Nx	<input type="checkbox"/> Mx
<input type="checkbox"/> T1	<input type="checkbox"/> N0	<input type="checkbox"/> M0
<input type="checkbox"/> T2	<input type="checkbox"/> N1	<input type="checkbox"/> M1
<input type="checkbox"/> T3	<input type="checkbox"/> N2	
<input type="checkbox"/> T4	<input type="checkbox"/> N3	
<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available

b. TNM Pathological Staging:

- Yes (RECORD STAGING BELOW)
 No (GO TO Part C23)

Primary Tumor (T) Codes:	Nodal Involvement (N) Codes:	Distant Metastases (M) Codes:
<input type="checkbox"/> Tx	<input type="checkbox"/> Nx	<input type="checkbox"/> Mx
<input type="checkbox"/> T1	<input type="checkbox"/> N0	<input type="checkbox"/> M0
<input type="checkbox"/> T2	<input type="checkbox"/> N1	<input type="checkbox"/> M1
<input type="checkbox"/> T3	<input type="checkbox"/> N2	
<input type="checkbox"/> T4	<input type="checkbox"/> N3	
<input type="checkbox"/> Not available	<input type="checkbox"/> Not available	<input type="checkbox"/> Not available

23. Record Stage: (DO NOT COMPLETE IF TNM PATHOLOGIC STAGING IS AVAILABLE)

(TO BE COMPLETED BY CTR OR CTR-ELIGIBLE STAFF)

- Yes (RECORD STAGING BELOW)
 No

Stage Only:

- | | |
|------------------------------|--|
| <input type="checkbox"/> I | <input type="checkbox"/> IIB |
| <input type="checkbox"/> IA | <input type="checkbox"/> IIIA |
| <input type="checkbox"/> IB | <input type="checkbox"/> IIIB |
| <input type="checkbox"/> II | <input type="checkbox"/> IV |
| <input type="checkbox"/> IIA | <input type="checkbox"/> Not available |

VALCSG (Small Cell only)

- Limited
 Extensive
 Not available

Summary Staging

- Localized
 Regional
 Distant
 Not available