

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

Place Label Here

Institution _____ Institution No. _____

Case No. _____

**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*
- | | |
|---|---|
| <input type="checkbox"/> Original Lung Site | <input type="checkbox"/> N1 regional lymph nodes (ipsilateral hilar/intrapulmonary) |
| <input type="checkbox"/> Other lung site(s) | <input type="checkbox"/> N2 ipsilateral mediastinal lymph nodes |
| <input type="checkbox"/> Pleura | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Other, specify; _____ |
| <input type="checkbox"/> Bone | _____ |
| <input type="checkbox"/> Liver | _____ |
| <input type="checkbox"/> Adrenal | |
| <input type="checkbox"/> Skin/subcutaneous tissue | |

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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?

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

- No
- Yes
- Unknown

9. Did the participant undergo lung cancer surgical treatment(s) not previously reported?

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

- No
- Yes
- Unknown

10. Did the participant receive lung cancer chemotherapy not previously reported?

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

- No
- Yes
- Unknown

11. Did the participant undergo any other lung cancer treatment(s) administered by a physician not previously reported?

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

- No
- Yes
- Unknown

Signature of Person Completing This Form

_____ - _____ - _____ *MMM-dd-yyyy*
Date Form Completed