A0

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

Place Label Here

Institution _____ Institution No. _____

Case No. _____

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)

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___-___-____ **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

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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

_____ _____-_____-_____ *mm-dd-yyyy*

Initials of Person(s) Completing This Form **Date Form Completed**