

MDA2014-04-01 - Baseline Medical/Surgical Histroy Data Dictionary

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Document Summary

Property	Value
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MDA2014-04-01 - Baseline Medical/Surgical History: Data Dictionary

Section 1: Identifiers

Class	Variable	Label	Description	Format Text
01. Principal	mrno	Participant Id		Char

Section 2: Study-wide

Class	Variable	Label	Description	Format Text
01. Principal	accession	Accession		Numeric
01. Principal	form	Form		"Baseline Medical/Surgical History"="Baseline Medical/Surgical History"
01. Principal	institution	Institution		"Columbia University Medical Center"="Columbia University Medical Center" "EUROPEAN INSTITUTE OF ONCOLOGY"="EUROPEAN INSTITUTE OF ONCOLOGY" "Galliera Hospital"="Galliera Hospital" "M. D. Anderson Cancer Center"="M. D. Anderson Cancer Center" "Moffitt Cancer Center"="Moffitt Cancer Center"
01. Principal	interval	Interval		"Baseline"="Baseline" "Event Interval not available"="Event Interval not available" "Month 1"="Month 1"
01. Principal	interval_date	Interval Date		SAS Date
01. Principal	reg_date	Registration Date		Char
01. Principal	trial	Trial		"MDA2014-04-01"="MDA2014-04-01"

Section 3: Baseline Medical/Surgical History

Class	Variable	Label	Description	Format Text
01. Principal	_475_10109_body_system	Body System		"Breasts"="Breasts" "Cardiovascular"="Cardiovascular" "Dermatologic"="Dermatologic" "Endocrine/Metabolic"="Endocrine/Metabolic" "Gastrointestinal"="Gastrointestinal" "Genitourinary"="Genitourinary" "H/E/E/N/T"="H/E/E/N/T" "Hematopoietic/Lymph"="Hematopoietic/Lymph" "Musculoskeletal"="Musculoskeletal" "Neck"="Neck" "Neurologic"="Neurologic" "Respiratory"="Respiratory"
01. Principal	_475_10110_status	Status Of Body System		"Abnormal"="Abnormal" "Normal"="Normal" "Not Assessed"="Not Assessed"
01. Principal	_475_10110_status_desc_	Status Of Body System (Desc)		"Abnormal"="Abnormal" "Normal"="Normal" "Not Assessed"="Not Assessed"
01. Principal	_475_10111_comments_required_if_	Comments Required If Abnormal Provide Condition Diagnosis		Char
01. Principal	_475_10112_body_system_number	Body System Number		"1"="H/E/E/N/T" "10"="Genitourinary" "11"="Breasts" "12"="Neurologic" "2"="Neck" "3"="Respiratory" "4"="Cardiovascular" "5"="Gastrointestinal" "6"="Musculoskeletal" "7"="Dermatologic" "8"="Hematopoietic/Lymph" "9"="Endocrine/Metabolic"
01. Principal	_476_10113_visit_date	Visit Date		Char
01. Principal	_476_10114_if_yes_specify	If Yes, Participant Has Allergies, Specify		Char
01. Principal	_476_10115_does_the_participant_0	Does The Participant Have Any Allergies (Desc)		"No"="No" "Yes"="Yes"
01. Principal	_476_10115_does_the_participant_	Does The Participant Have Any Allergies		"No"="No" "Yes"="Yes"
01. Principal	_476_10116_check_here_if_all_bod	Check Here If All Body Systems Are Normal		"False"="False" "True"="True"

