

National Lung Screening Trial / Lung Screening Study (NLST/LSS)

CANCER DIAGNOSIS FORM (CDF)																
ADMINISTRATIVE SECTION																
<p>Completion Date: _ _ / _ _ / _ _ _ _ _ _ Month Day Year</p> <p>Date Cancer Suspicion Reported: _ _ / _ _ / _ _ _ _ _ _ Month Day Year</p> <p>Screening Center ID: _ _ _ </p> <p>Screening Center Staff ID: _ _ _ _ _ _ _ </p> <p>Study Year: T _ _ </p>	<div style="background-color: #cccccc; padding: 5px; border: 1px solid black;"> Initials Complete: _____ Initials QC: _____ </div> <div style="border: 1px solid black; height: 100px; width: 100%; text-align: center; margin-top: 20px;"> Participant ID Label </div>															
PART A. RESULT OF INVESTIGATION OF REPORTED CANCER																
<p>1. Reported Cancer: _____</p>																
<p>2. Source of Cancer Suspicion Information:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black; width: 30%;"></th> <th style="border-bottom: 1px solid black; width: 15%;">FORM</th> <th colspan="3" style="border-bottom: 1px solid black;">LINE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ASU</td> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> B</td> <td colspan="2"><input type="checkbox"/> C</td> </tr> <tr> <td><input type="checkbox"/> CNF</td> <td><input type="checkbox"/> A</td> <td><input type="checkbox"/> B</td> <td colspan="2"><input type="checkbox"/> C</td> </tr> </tbody> </table>		FORM	LINE			<input type="checkbox"/> ASU	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C		<input type="checkbox"/> CNF	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
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<p>3. Results of Confirmation of Reported Cancer: (MARK ONLY ONE)</p> <p><input type="checkbox"/> Primary cancer – lung (Must complete DE if not already completed for this cancer.)</p> <p><input type="checkbox"/> Primary cancer – site other than lung</p> <p><input type="checkbox"/> Metastases to lung from non-lung primary cancer</p> <p><input type="checkbox"/> Metastases to lung from unknown primary cancer</p> <p><input type="checkbox"/> Metastases to other site from primary invasive lung cancer (Must complete DE if not already completed for this cancer.)</p> <p><input type="checkbox"/> Metastases to other site from non-lung primary cancer</p> <p><input type="checkbox"/> Metastases to other site from unknown primary cancer</p> <p><input type="checkbox"/> Cancer diagnosed prior to randomization (Complete PHVF if participant randomized ineligible.)</p> <p><input type="checkbox"/> Erroneous report of cancer (GO TO PART C)</p> <p><input type="checkbox"/> Cancer reportedly diagnosed on or after January 1, 2010. Estimated diagnosis date: _____ (GO TO PART C)</p>																
<p>3a. Has this cancer been previously confirmed? <input type="checkbox"/> Yes (GO TO PART C)</p> <p style="margin-left: 200px;"><input type="checkbox"/> No (COMPLETE PART B IF NON-LUNG PRIMARY. GO TO PART C IF LUNG PRIMARY.)</p>																

PART B. PRIMARY NON-LUNG CANCER DIAGNOSIS INFORMATION

4. Date of Primary Cancer Diagnosis:

|_|_| / |_|_| / |_|_|_|_|_|

5. ICD-O-3 Cancer Classification of Primary Cancer:

C: |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|
TOPOGRAPHY MORPHOLOGY BEHAVIOR GRADE

CTR ID #: |_|_|_|_|_|

PART C. COMMENTS

6. Comments: _____

continued