

# MDA2016-08-02 - Comments Data Dictionary

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## Document Summary

Property	Value
Document Title	MDA2016-08-02 - Comments: Data Dictionary
Date Created	06/29/2023
Sections	3
Entries	12
Document Filename	dictionary_comments.rtf

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## MDA2016-08-02 - Comments: Data Dictionary

### Section 1: Identifiers

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Class	Variable	Label	Description	Format Text
01. Principal	<b>MRNO</b>	MRNO		Char

## Section 2: Study-wide

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Class	Variable	Label	Description	Format Text
01. Principal	<b>Accession</b>	Accession Number		Numeric
01. Principal	<b>Form</b>	Form		"Comments"="Comments"
01. Principal	<b>Institution</b>	Registering Institution		"M. D. Anderson Cancer Center"="M. D. Anderson Cancer Center"
01. Principal	<b>Interval</b>	Interval		"Event Interval not available"="Event Interval not available"
01. Principal	<b>Interval_Date</b>	Interval Date		SAS Date
01. Principal	<b>Reg_Date</b>	Registering Date		Char
01. Principal	<b>Trial</b>	Trial		"MDA2016-08-02"="MDA2016-08-02"

## Section 3: Comments

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Class	Variable	Label	Description	Format Text
01. Principal	<b>_493_10204_Form_Code</b>	Form Code		=" "Adverse Event"="Adverse Event" "Agent Modification"="Agent Modification" "Baseline Alcohol"="Baseline Alcohol" "Baseline Medical/Surgical History"="Baseline Medical/Surgical History" "Baseline Symptoms"="Baseline Symptoms" "Baseline Tobacco"="Baseline Tobacco" "Breast Imaging"="Breast Imaging" "Clinical Lab Data Blood Chemistry"="Clinical Lab Data Blood Chemistry" "Clinical Lab Data Hematology"="Clinical Lab Data Hematology" "Comments"="Comments" "Compliance"="Compliance" "Concomitant Medications"="Concomitant Medications" "Dermatology"="Dermatology" "Dose Assignment/Intervention Admin"="Dose Assignment/Intervention Admin" "Eligibility Verification"="Eligibility Verification" "Exclusion Criteria"="Exclusion Criteria" "Family History"="Family History" "Followup Alcohol"="Followup Alcohol" "Followup Tobacco"="Followup Tobacco" "Inclusion Criteria"="Inclusion Criteria" "Off Study"="Off Study" "Physical Exam"="Physical Exam" "Pregnancy Specimen Data"="Pregnancy Specimen Data" "Previous Intervention"="Previous Intervention" [continued...]

Class	Variable	Label	Description	Format Text
01. Principal	<b>[...continued]</b> <b>_493_10204_Form_Code</b>			[...continued] "Registration - Part 2"="Registration - Part 2" "Reproductive History"="Reproductive History" "Research Blood"="Research Blood" "Study Specimen Shipping Form"="Study Specimen Shipping Form" "Telephone Contact"="Telephone Contact" "Tissue"="Tissue" "Verification"="Verification"
01. Principal	<b>_493_10205_Field_Name</b>	Field Name		Char
01. Principal	<b>_493_9957_Comments</b>	Comments		Char
01. Principal	<b>_496_10218_Form_Date</b>	Form Date		Char