

Participant ID Number

## Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

### MEDICAL RECORD ABSTRACT FORM DIAGNOSTIC EVALUATION – LUNG (DEL3/DLQ3)

1. **Date Abstracted:** \_\_\_\_\_  
Month Day Year
2. **Abstractor ID#:** \_\_\_\_ \_
3. **Nosologist ID:** \_\_\_\_ \_
4. **CTR ID:** \_\_\_\_ \_
5. **Study Year T0-T13:** \_\_\_\_ \_
6. **Purpose of Abstract:**
  - Initial abstract
  - Re-abstract for QA
7. **Multiple Primary Cancer #: (Select 2 through 9)**  
(GO TO A.5)

#### FOR OFFICE USE ONLY

8. **Form Processing (MARK RESPONSES AS STEPS ARE COMPLETED)**
  - Form Receipted into SMS
  - Manual Review Completed

#### **Data Entry of Non-Scannable Items:**

- Completed
- None Required

#### **Data Retrieval:**

- Attempted
- None Required

#### **Disposition:**

- Interim Complete (ICM)
- Final Complete (FCM)
- Final Incomplete (FIC)

**PART A: DIAGNOSTIC EVALUATION AND STAGING**

**1. Diagnostic Procedures Performed:**

- Yes
- No, Physician report (GO TO A.5)
- No, Participant self-report (GO TO A.5)

**2. Reason for Initial Visit for Clinical Assessment: (MARK ALL THAT APPLY)**

- Symptomatic
- Follow-up of positive PLCO screen
- Other (SPECIFY) \_\_\_\_\_

**3. Diagnostic/Staging Procedures: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)**

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PROCEDURE #	1	2	3
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

PROCEDURE #	4	5	6
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

PROCEDURE #	7	8	9
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

PROCEDURE #	10	11	12
<b>TYPE OF PROCEDURE</b> (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)			
<b>DATE OF PROCEDURE</b> (MO.-DAY-YEAR)			

**PROCEDURE CODES**

- 01 = Bronchoscopy
- 02 = Chest radiograph
- 04 = Clinical evaluation
- 05 = CT scan – brain
- 06 = CT scan – chest
- 07 = CT scan – liver
- 08 = CT scan – other (SPECIFY)
- 09 = Cytology (sputum, bronchial washing/brushing)
- 10 = Mediastinoscopy/mediastinotomy
- 11 = MRI scan – brain
- 12 = MRI scan – chest
- 13 = MRI scan – liver
- 14 = MRI scan – other (SPECIFY)
- 15 = Biopsy, needle aspiration (SPECIFY)
- 16 = Biopsy, lymph node – other (SPECIFY)
- 17 = Biopsy, other (SPECIFY)
- 18 = Pulmonary function tests/Spirometry
- 19 = Radionuclide scan – bone
- 20 = Radionuclide scan – brain
- 21 = Radionuclide scan – liver
- 22 = Biopsy, scalene (supraclavicular) lymph nodes
- 23 = Biopsy, surgical open
- 24 = Thoracotomy
- 25 = Biopsy, transbronchial needle aspiration (TBNA)
- 26 = Biopsy, transthoracic needle aspiration (TNA)
- 27 = Resection
- 28 = Thoracoscopy
- 30 = Bone radiograph
- 31 = CT scan – chest and upper abdomen
- 32 = CT scan – abdomen and pelvis combined
- 33 = Biopsy, endobronchial
- 34 = Fluoroscopy

- 35 = Gallium scan
- 36 = Biopsy, liver
- 37 = Lymphadenectomy/Lymph node sampling
- 38 = MRI scan – bone
- 39 = Radiograph, other (SPECIFY)
- 40 = CT scan, spiral – chest
- 41 = Thoracentesis
- 42 = Biopsy, transbronchial
- 43 = Ultrasound (SPECIFY)
- 44 = Ventilation perfusion lung scan/scintigraphy
- 45 = Internal referral
- 46 = Record review
- 88 = Other (SPECIFY)

**3b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED**

**4. Medical Complications of Diagnostic Evaluation and Staging:**

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

COMPLICATION #	1	2	3
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

COMPLICATION #	4	5	6
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

**MEDICAL COMPLICATION CODES**

- 01 = Infection (SPECIFY)
- 02 = Fever requiring antibiotics
- 03 = Pneumothorax
- 04 = Hemothorax
- 05 = Hemoptysis
- 06 = Bronchospasm
- 07 = Respiratory arrest
- 08 = Cardiac arrest
- 09 = Atelectasis

- 22 = Hospitalization
- 23 = Pulmonary embolus/emboli
- 24 = Myocardial infarction
- 25 = Cardiac arrhythmia
- 26 = Cerebral vascular accident (CVA)/Stroke
- 27 = Blood loss requiring transfusion
- 28 = Deep venous thrombosis (DVT)
- 29 = Acute/chronic respiratory failure
- 30 = Hypotension
- 31 = Congestive heart failure (CHF)
- 32 = Wound dehiscence
- 33 = Hypokalemia
- 200 = Vocal cord immobility/paralysis
- 201 = Rib fracture(s)
- 206 = Bronchopulmonary fistula
- 213 = Pain requiring referral to an anesthesiologist/pain specialist
- 214 = Allergic reaction
- 215 = Anaphylaxis

**5. Result of Diagnostic Evaluation for Lung Cancer:**

- No malignancy (GO TO PART B)
- No malignancy and no diagnostic/staging procedures performed (**GO TO PART D**)
- Lung malignancy confirmed histologically (exclude carcinoma in situ) (**GO TO PART C**)
- Lung malignancy confirmed cytologically (**GO TO PART C**)
- Lung malignancy diagnosed by clinical examination only (**GO TO PART C**)
- Other malignancy confirmed histologically or cytologically (**GO TO PART B**)
- No information available (**GO TO PART D**)

**PART B: DIAGNOSIS INFORMATION FOR SPECIFIC LUNG CONDITIONS**

**6. Specific Lung Diagnosis:**

- No
- Yes (COMPLETE TABLE BELOW)

DIAGNOSIS #	1	2	3
<b>DIAGNOSIS</b> (SEE DIAGNOSIS CODES BELOW.)			
<b>DATE OF DIAGNOSIS</b> (MO.-DAY-YEAR)			

**SPECIFIC LUNG DIAGNOSIS CODES**

- 01 = Lung carcinoma in situ
- 02 = Aspergillosis
- 03 = Asthma
- 04 = Candidiasis
- 05 = Chronic obstructive lung disease (COPD) without emphysema
- 06 = Chronic obstructive lung disease (COPD) with emphysema
- 07 = Coccidioidomycosis
- 08 = Cryptococcosis
- 09 = Fungal infection of the lung, NOS

- 10 = Granuloma
- 11 = Hamartoma
- 12 = Histoplasmosis
- 13 = Other mycobacterium of the lung
- 14 = Pneumonia
- 15 = Sarcoidosis
- 16 = Solitary lung nodule
- 17 = Tuberculosis

**7. Other Cancer Diagnosis:**

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

OTHER CANCER DIAGNOSIS 1		OTHER CANCER DIAGNOSIS 2	
<b>ICD-9-CM CLASSIFICATION</b> _____	<b>DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)</b>	<b>ICD-9-CM CLASSIFICATION</b> _____	<b>DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)</b>

**GO TO PART D**

<b>PART C: PRIMARY LUNG CANCER DIAGNOSIS INFORMATION</b>
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**8. Date of Primary Lung Cancer Diagnosis:  
(MO.-DAY-YEAR)**

**9. Verbatim Description of Primary Lung Cancer Diagnosis:**

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**10. ICD-O-2 Cancer Classification:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Topography)                      (Morphology)      (Behavior)      (Grade)

**11. Photocopy of Report Confirming Primary Lung Cancer: (MARK ONE)**

- Pathology/Histopathology (ATTACH COPY)
- Cytology/Cytopathology (ATTACH COPY)
- Not available

**12. Primary Tumor Location: (MARK ALL THAT APPLY)**

- |   |                                       |  |                               |
|---|---------------------------------------|--|-------------------------------|
| <input type="radio"/> Right upper lobe  | <input type="radio"/> Left upper lobe | <input type="radio"/> Right hilum        | <input type="radio"/> Carina  |
| <input type="radio"/> Right middle lobe | <input type="radio"/> Lingula         | <input type="radio"/> Left hilum         | <input type="radio"/> Unknown |
| <input type="radio"/> Right lower lobe  | <input type="radio"/> Left lower lobe | <input type="radio"/> Main stem bronchus |                               |

**13. Histopathologic Type for Primary Lung Cancer:**

- Squamous cell carcinoma (epidermoid carcinoma)
- Adenocarcinoma
- Large cell carcinoma
- Small cell carcinoma (oat cell)
- Spindle cell carcinoma
- Intermediate cell type carcinoma
- Combined oat cell carcinoma
- Acinar adenocarcinoma
- Papillary adenocarcinoma
- Bronchiolo-alveolar adenocarcinoma
- Adenocarcinoma, solid carcinoma with mucus formation
- Giant cell carcinoma
- Clear cell carcinoma
- Adenosquamous carcinoma
- Carcinoid tumor
- Bronchial gland carcinoma
- Adenoid cystic carcinoma
- Mucoepidermoid carcinoma
- Other (SPECIFY) \_\_\_\_\_
- Unknown

**14. Histopathologic Grade for Primary Lung Cancer:**

- Grade cannot be assessed (GX)
- Well differentiated (G1)
- Moderately differentiated (G2)
- Poorly differentiated (G3)
- Undifferentiated (G4)
- Unknown

**15. TNM Staging for Primary Lung Cancer:**

If TNM Staging performed, what AJCC Cancer Staging Manual did you use?  4<sup>th</sup> Edition  5<sup>th</sup> Edition

**a. TNM Clinical Staging:**

- Yes (COMPLETE 15.a.1, 15.a.2, 15.a.3)
- No (GO TO C.15.b)

**1. PRIMARY TUMOR (T)**

- Tx  T2
- T0  T3
- T1  T4
- Not available

**2. NODAL INVOLVEMENT (N)**

- Nx  N2
- N0  N3
- N1  Not available

**3. DISTANT METASTASES (M)**

- Mx  M1
- M0  Not available

**b. TNM Pathologic Staging:**

- Yes (COMPLETE 15.b.1, 15.b.2, 15.b.3)
- No (GO TO C.16)

**1. PRIMARY TUMOR (T)**

- Tx  T2
- T0  T3
- T1  T4
- Not available

**2. NODAL INVOLVEMENT (N)**

- Nx  N2
- N0  N3
- N1  Not available

**3. DISTANT METASTASES (M)**

- Mx  M1
- M0  Not available





**20. COMMENTS:**

No

Yes (SPECIFY)

Item #	Comments

(CONTINUED)