

MDA2014-04-01 - Demography Payment Method Data Dictionary

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Document Summary

Property	Value
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MDA2014-04-01 - Demography Payment Method: 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		"Registration - Part 2 (Demography)"="Registration - Part 2 (Demography)"
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: Demography Payment Method

Class	Variable	Label	Description	Format Text
01. Principal	_473_10105_payment_method	Payment Method		"Medicaid and Medicare"="Medicaid and Medicare" "Medicaid"="Medicaid" "Medicare and Private Insurance"="Medicare and Private Insurance" "Medicare"="Medicare" "Other"="Other" "Private Insurance"="Private Insurance" "Unknown"="Unknown"
01. Principal	_473_10106_payment_selected	Payment Selected		"False"="False" "True"="True"
01. Principal	_893_10095_date_informed_consent	Date Informed Consent Signed		Char
01. Principal	_893_10097_participant_country_code	Participant Country Code		"ITA"="ITA" "USA"="USA"
01. Principal	_893_10098_registering_institution	Registering Institution		Char
01. Principal	_893_10099_registering_consortium	Registering Consortium		"TX035 (MD Anderson Cancer Center)"="TX035 (MD Anderson Cancer Center)"
01. Principal	_893_10102_date_of_registration	Date of Registration		Char
01. Principal	_893_10104_ethnicity	Ethnicity		"Hispanic or Latino"="Hispanic or Latino" "Not Hispanic or Latino"="Not Hispanic or Latino" "Not Reported"="Not Reported" "Unknown"="Unknown"
01. Principal	_893_10104_ethnicity_desc	Ethnicity (Desc)		"Hispanic or Latino"="Hispanic or Latino" "Not Hispanic or Latino"="Not Hispanic or Latino" "Not Reported"="Not Reported" "Unknown"="Unknown"
01. Principal	_893_10221_other_method_of_payment	Other Method Of Payment		
01. Principal	_893_12337_gender	Gender		"Female"="Female"
01. Principal	_893_12337_gender_desc	Gender (Desc)		"Female"="Female"
01. Principal	_893_12338_other_specify	Participant Country Code, Other Specify		Char
01. Principal	_893_12491_tac0	Treatment Assignment Code (TAC-0): Signed Informed Consent Document And Before Intervention		"False"="False" "True"="True"

Class	Variable	Label	Description	Format Text
01. Principal	_893_12492_participant_agreed_to	Participant Agreed Samples And Related information May Be Kept In Biobank For Use In Future Health Research		"False"="False" "True"="True"
01. Principal	_893_12493_participant_agreed_to	Participant Agreed To Be Contacted To See If She Wishes To Take Part In Other Research In The Future		"False"="False" "True"="True"
01. Principal	_893_14015_version_of_informed_c	Version Of Informed Consent		Char
01. Principal	_893_14016_version_date_of_infor	Version Date Of Informed Consent		Char
01. Principal	_893_14602_ok_to_keeps_sample_s_a	Participant Agreed Samples And Related information May Be Kept In Biobank For Use In Future Health Research v11		"False"="False" "True"="True"
01. Principal	_893_14603_ok_to_be_contacted_to	Participant Agreed To Be Contacted To See If She Wishes To Take Part In Other Research In The Future v11		"False"="False" "True"="True"
01. Principal	_893_14604_ok_to_contact_physi	Okay To Contact Physician To See If Participant Wishes To Participate In Future Research		"False"="False" "True"="True"
01. Principal	_893_9944_visit_date	Visit Date		Char