Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

Version No.: 07/01

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

1. Date Abstracted: MO. DAY YEAR — 20

2. Abstractor ID #:

3. Nosologist ID #:

4. CTR ID#:

5. Study Year T0-T13: T

6. Purpose of Abstract:
- ○ Initial abstract
- ○ Re-abstract for QA

7. Multiple Primary Cancer #: (2) (3) (4) (5) (6) (7) (8) (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) ○

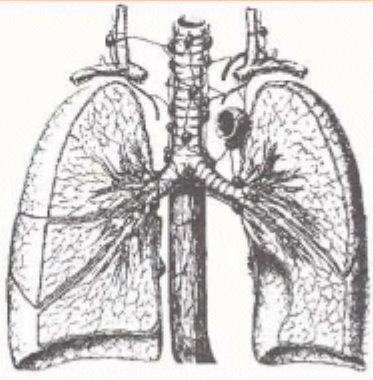
PART A: DIAGNOSTIC EVALUATION AND STAGING

1. Diagnostic Procedures Performed:
- ○ Yes
- ○ No, Physician report
- ○ 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) _____



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PART A CONTINUED . . .

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

○ No ○ Yes (COMPLETE TABLE BELOW) ○ Unknown

PROCEDURE #	1	2	3
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88 SPECIFY	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88 SPECIFY	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88 SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR
PROCEDURE #	**4**	**5**	**6**
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88 SPECIFY	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88 SPECIFY	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88 SPECIFY
DATE OF PROCEDURE (MO.- DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	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)

PART A CONTINUED . . .

PROCEDURE #	7	8	9
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88
	SPECIFY	SPECIFY	SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

PROCEDURE #	10	11	12
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF OTHER, SPECIFY)	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88	01 02 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 88
	SPECIFY	SPECIFY	SPECIFY
DATE OF PROCEDURE (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR

3b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED ○

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
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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)

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PART A CONTINUED . . .

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)	01 02 03 04 05 06 07 08 09 22 23 24 25 26 27 28 29 30 31 32 33 200 201 206 213 214 215 SPECIFY	01 02 03 04 05 06 07 08 09 22 23 24 25 26 27 28 29 30 31 32 33 200 201 206 213 214 215 SPECIFY	01 02 03 04 05 06 07 08 09 22 23 24 25 26 27 28 29 30 31 32 33 200 201 206 213 214 215 SPECIFY
DATE OF COMPLICATION (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR
COMPLICATION #	**4**	**5**	**6**
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW)	01 02 03 04 05 06 07 08 09 22 23 24 25 26 27 28 29 30 31 32 33 200 201 206 213 214 215 SPECIFY	01 02 03 04 05 06 07 08 09 22 23 24 25 26 27 28 29 30 31 32 33 200 201 206 213 214 215 SPECIFY	01 02 03 04 05 06 07 08 09 22 23 24 25 26 27 28 29 30 31 32 33 200 201 206 213 214 215 SPECIFY
DATE OF COMPLICATION (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	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 = Vccal cord immobility/paralysis
201 = Rib fracture(s)
206 = Bronchopulmonary fistula
213 = Pain requiring referral to an anesthesiologist/pain specialist
214 = Allergic reaction
215 = Anaphylaxis

PART A CONTINUED . . .

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
DIAGNOSIS (SEE DIAGNOSIS CODES BELOW)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17
DATE OF DIAGNOSIS (MO. - DAY - YEAR)	MO. DAY YEAR	MO. DAY YEAR	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 = Histoplasmcsis
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)**

OTHER CANCER DIAGNOSIS 1		OTHER CANCER DIAGNOSIS 2	
ICD-9-CM CLASSIFICATION	DATE OF OTHER CANCER DIAGNOSIS MO. DAY YEAR	ICD-9-CM CLASSIFICATION	DATE OF OTHER CANCER DIAGNOSIS MO. DAY YEAR

GO TO PART D

PART C: PRIMARY LUNG CANCER DIAGNOSIS INFORMATION

8. Date of Primary Lung Cancer Diagnosis:

MO.	DAY	YEAR
01 02 03 04 05 06 07 08 09 10 11 12	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099

9. Verbatim Description of Primary Lung Cancer Diagnosis:

_____

_____

_____

_____

_____

_____

_____

_____

_____

10. ICD-O-2 Cancer Classification:

Topography					Morphology					Behavior		Grade	
C	0	0	0	–	0	0	0	0	–	1	–	1	
	1	1	1		1	1	1	1		3		2	
	2	2	2		2	2	2	2		9		3	
	3	3	3		3	3	3	3				4	
	4	4	4		4	4	4	4				5	
	5	5	5		5	5	5	5				6	
	6	6	6		6	6	6	6				7	
	7	7	7		7	7	7	7				9	
	8	8	8		8	8	8	8					
	9	9	9		9	9	9	9					

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)

- ◯ Right upper lobe
- ◯ Right middle lobe
- ◯ Right lower lobe
- ◯ Left upper lobe
- ◯ Lingula
- ◯ Left lower lobe
- ◯ Right hilum
- ◯ Left hilum
- ◯ Main stem bronchus
- ◯ Carina
- ◯ Unknown

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

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PART C CONTINUED . .

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? ○ 4th Edition ○ 5th 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)	2. NODAL INVOLVEMENT (N)	3. DISTANT METASTASES (M)
(T) Codes	(N) Codes	(M) Codes
○ Tx ○ T0 ○ T1 ○ T2 ○ T3 ○ T4 ○ Not available	○ Nx ○ N0 ○ N1 ○ N2 ○ N3 ○ Not available	○ Mx ○ M0 ○ M1 ○ 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)	2. NODAL INVOLVEMENT (N)	3. DISTANT METASTASES (M)
(T) Codes	(N) Codes	(M) Codes
○ Tx ○ T0 ○ T1 ○ T2 ○ T3 ○ T4 ○ Not available	○ Nx ○ N0 ○ N1 ○ N2 ○ N3 ○ Not available	○ Mx ○ M0 ○ M1 ○ Not available

16. Record Stage: (COMPLETE IF 15.b.1, 15.b.2, OR 15.b.3 IS NOT AVAILABLE, OTHERWISE SKIP)

○ Yes **(COMPLETE 16.1, 16.2, 16.3)** ○ No **(GO TO PART E)**

1. STAGE ONLY	2. VALCSG (small cell only)	3. SUMMARY STAGING
○ I ○ IA ○ IB ○ II ○ IIA ○ IIB ○ IIIA ○ IIIB ○ IV ○ Not available	○ Limited ○ Extensive ○ Not available	○ Localized ○ Regional ○ Distant ○ Not available

GO TO PART E

PART D: DATE OF DIAGNOSTIC EVALUATION DETERMINATION

17. Complete this item if:

Item A.5 = No malignancy and Item B.6 and Item B.7 = No **OR**
Item A.5 = No malignancy and no diagnostic procedures performed **OR**
Item A.5 = No information available

MO.	DAY	YEAR

PART E: PHYSICIAN/HOSPITAL LOCATION INFORMATION

18. Physician for Diagnostic Evaluation:

a. Name: _____

Address: _____
City State ZIP Code

Telephone: (____) _____ Medical Record/Chart # _____

19. Hospital or Clinic for Diagnostic Evaluation:

a. Name: _____

Address: _____
City State ZIP Code

Telephone: (____) _____ Medical Record/Chart # _____

20. Comments:

○ No ○ Yes (SPECIFY)

Item #	Comments

(○ CONTINUED)

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