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

CANCER DIAGNOSIS FORM (CDF)

ADMINISTRATIVE SECTION

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<th>Completion Date:</th>
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<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
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Date Cancer Suspicion Reported: | | | |
| Month | Day | Year |

Screening Center ID: | | | |

Screening Center Staff ID: | | | | | |

Study Year: | | | |

Initials Complete: ________

Initials QC: ________

Participant ID Label

PART A. RESULT OF INVESTIGATION OF REPORTED CANCER

1. Reported Cancer: ________________

2. Source of Cancer Suspicion Information:

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<tr>
<td>ASU</td>
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3. Results of Confirmation of Reported Cancer: (MARK ONLY ONE)

- Primary cancer – lung (Must complete DE if not already completed for this cancer.)
- Primary cancer – site other than lung
- Metastases to lung from non-lung primary cancer
- Metastases to lung from unknown primary cancer
- Metastases to other site from primary invasive lung cancer (Must complete DE if not already completed for this cancer.)
- Metastases to other site from non-lung primary cancer
- Metastases to other site from unknown primary cancer
- Cancer diagnosed prior to randomization (Complete PHVF if participant randomized ineligible.)
- Erroneous report of cancer (GO TO PART C)
- Cancer reportedly diagnosed on or after January 1, 2010. Estimated diagnosis date: ________________________ (GO TO PART C)

3a. Has this cancer been previously confirmed? 

- Yes (GO TO PART C)
- No (COMPLETE PART B IF NON-LUNG PRIMARY. GO TO PART C IF LUNG PRIMARY.)
### 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:
   
   _______________________________________________________________________________________
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