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

**MEDICAL RECORD ABSTRACT FORM**

**DIAGNOSTIC EVALUATION - LUNG (DEL3/DLQ3)**

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<table>
<thead>
<tr>
<th>7. Multiple Primary Cancer #:</th>
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<td>2 3 4 5</td>
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<td>(GO TO A.5)</td>
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</table>

**FOR OFFICE USE ONLY**

**Form Processing** (MARK RESPONSES AS STEPS ARE 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

2. Reason for Initial Visit for Clinical Assessment:
   - Symptomatic
   - Follow-up of positive PLCO screen
   - Other (SPECIFY)
### Diagnostic/Staging Procedures: (Do not record results of PLCO Screening Examinations)

<table>
<thead>
<tr>
<th>Procedure #</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td><strong>Type of Procedure</strong></td>
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<tr>
<td>(See procedure codes below, if other, specify)</td>
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<td><strong>Date of Procedure</strong></td>
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</table>

**Procedure Codes**

- **01** = Bronchoscopy
- **02** = Chest radiograph
- **03** = Cytology (sputum, bronchial, washing/brushing)
- **04** = Clinical evaluation
- **05** = CT scan - brain
- **06** = CT scan - chest
- **07** = CT scan - liver
- **08** = CT scan - other (Specify)
- **09** = Mediastinoscopy/mediastinotomy
- **10** = MRI scan - brain
- **11** = MRI scan - chest
- **12** = MRI scan - other (Specify)
- **13** = Biopsy, needle aspiration (TBA)
- **14** = MRI scan - other (Specify)
- **15** = Biopsy, needle aspiration (TBA)
- **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 (supracervical)
- **23** = Biopsy, surgical open
- **24** = Thoracotomy
- **25** = Biopsy, transbronchial needle aspiration (TBA)
- **26** = Biopsy, transbronchial needle aspiration (TBA)
- **27** = Resection
- **28** = Thoracoscopy
- **29** = Bone radiograph
- **30** = CT scan - chest and upper abdomen
- **31** = CT scan - abdomen and pelvis combined
- **32** = CT scan - abdomen and pelvis combined
- **33** = Biopsy, endobronchial
- **34** = Fluoroscopy
- **35** = Gallium scan
- **36** = Biopsy, liver
- **37** = Lymphadenectomy
- **38** = Lymp node sampling
- **39** = Radigraph, 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
- **47** = Other (Specify)
<table>
<thead>
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</tbody>
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**PLEASE DO NOT WRITE IN THIS AREA**
PART A CONTINUED...

4. Medical Complications of Diagnostic Evaluation and Staging:

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

<table>
<thead>
<tr>
<th>COMPLICATION #</th>
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**MEDICAL COMPLICATION CODES**

- 01 = Infection (SPECIFY)
- 02 = Fever requiring antibiotics
- 03 = Pneumothorax
- 04 = Hemothorax
- 05 = Hemothorax
- 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
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)

<table>
<thead>
<tr>
<th>DIAGNOSIS #</th>
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7. Other Cancer Diagnosis:
   - No
   - Yes (COMPLETE TABLE BELOW)

<table>
<thead>
<tr>
<th>OTHER CANCER DIAGNOSIS 1</th>
<th>OTHER CANCER DIAGNOSIS 2</th>
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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 = Sarcoideosis
16 = Solitary lung nodule
17 = Tuberculosis

GO TO PART D
### 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)

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<tr>
<th>PRIMARY TUMOR (T)</th>
<th>NODAL INVOLVEMENT (N)</th>
<th>DISTANT METASTASES (M)</th>
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<td>(N) Codes</td>
<td>(M) Codes</td>
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b. **TNM Pathologic Staging:**

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

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<tr>
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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)

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<td>I</td>
<td>IIB</td>
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<td>IV</td>
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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

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)