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<td>2.</td>
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<td>3.</td>
<td>Nosologist ID: ____ ____ ____ ____</td>
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<td>4.</td>
<td>CTR ID: ____ ____ ____ ____</td>
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<td>5.</td>
<td>Study Year T0-T13: ____ ____</td>
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</table>
| 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**

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

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

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|     | - Completed  
|     | - None Required |

**Data Retrieval:**

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|     | - Attempted  
|     | - None Required |

**Disposition:**

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|     | - 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

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<thead>
<tr>
<th>PROCEDURE #</th>
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**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
3b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED ○

4. Medical Complications of Diagnostic Evaluation and Staging:
   ○ No
   ○ Yes (COMPLETE TABLE BELOW)
   ○ Unknown

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<th>COMPLICATION #</th>
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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)

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<th>DIAGNOSIS #</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 = Sarcoidosis  
16 = Solitary lung nodule  
17 = Tuberculosis

7. **Other Cancer Diagnosis:**
   - ○ No
   - ○ Yes (COMPLETE TABLE BELOW)
   - ○ Unknown

<table>
<thead>
<tr>
<th>OTHER CANCER DIAGNOSIS 1</th>
<th>OTHER CANCER DIAGNOSIS 2</th>
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<td><strong>ICD-9-CM CLASSIFICATION</strong></td>
<td><strong>DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)</strong></td>
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| **ICD-9-CM CLASSIFICATION** | **DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)** |
| _________________________ | _________________________ |

8. **Date of Primary Lung Cancer Diagnosis:**
   (MO.-DAY-YEAR)

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

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

GO TO PART D
12. Primary Tumor Location: (MARK ALL THAT APPLY)
○ Right upper lobe  ○ Left upper lobe  ○ Right hilum  ○ Carina
○ Right middle lobe  ○ Lingula  ○ Left hilum  ○ Unknown
○ Right lower lobe  ○ Left lower lobe  ○ 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:

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
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
   ○ I       ○ IIB
   ○ IA      ○ IIA
   ○ IB      ○ IIIB
   ○ II       ○ IV
   ○ IIA      ○ Not available

2. VALCSG (small cell only)
   ○ Limited
   ○ Extensive
   ○ Not available

3. SUMMARY STAGING
   ○ Localized    ○ Distant
   ○ Regional     ○ 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)

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