

**Detection of Early Lung Cancer
Among Military Personnel (DECAMP)**

**Post Lung Cancer Diagnosis
Radiation Worksheet**

Place Label Here

Institution _____ Institution No. _____
Participant Initials _____ Case No. _____

Check the Protocol # this corresponds to: **4703** **4704**

Indicate the sequence of radiotherapy relative to surgery: *check all that apply*

Pre-operative Post-operative Definitive Unknown

Row #	<u>Radiotherapy Site</u> <i>Check only one per row</i>	<u>Radiotherapy Type</u>	<u>Start Date</u> <i>MMMddyyyy</i>	<u>End Date</u> <i>MMMddyyyy</i>	<u>Total Dose</u> <i>If ongoing, provide the planned total dose</i>	<u>Timepoint Reported in</u> <i>Note: This data is not collected on the eCRF</i>
—	<input type="radio"/> Chest Primary Tumor Volume <input type="radio"/> Hilar/Mediastinal Lymph Nodes <input type="radio"/> Prophylactic Brain <input type="radio"/> Therapeutic Brain <input type="radio"/> Unknown <input type="radio"/> Other, specify; _____	<input type="radio"/> IMRT (intensity-modulated radiation therapy) <input type="radio"/> SBRT (Stereotactic body radiation therapy) <input type="radio"/> Proton Therapy <input type="radio"/> Brachytherapy <input type="radio"/> Unknown <input type="radio"/> Other, specify; _____	_____ <input type="radio"/> Ongoing	_____ <input type="radio"/> Unknown	_____ cGy <input type="radio"/> Unknown	<input type="radio"/> Initial Tx <input type="radio"/> 3 month <input type="radio"/> 21 month <input type="radio"/> 6 month <input type="radio"/> 24 month <input type="radio"/> 9 month <input type="radio"/> 30 month <input type="radio"/> 12 month <input type="radio"/> 36 month <input type="radio"/> 15 month <input type="radio"/> 18 month
—	<input type="radio"/> Chest Primary Tumor Volume <input type="radio"/> Hilar/Mediastinal Lymph Nodes <input type="radio"/> Prophylactic Brain <input type="radio"/> Therapeutic Brain <input type="radio"/> Unknown <input type="radio"/> Other, specify; _____	<input type="radio"/> IMRT (intensity-modulated radiation therapy) <input type="radio"/> SBRT (Stereotactic body radiation therapy) <input type="radio"/> Proton Therapy <input type="radio"/> Brachytherapy <input type="radio"/> Unknown <input type="radio"/> Other, specify; _____	_____ <input type="radio"/> Ongoing	_____ <input type="radio"/> Unknown	_____ cGy <input type="radio"/> Unknown	<input type="radio"/> Initial Tx <input type="radio"/> 3 month <input type="radio"/> 21 month <input type="radio"/> 6 month <input type="radio"/> 24 month <input type="radio"/> 9 month <input type="radio"/> 30 month <input type="radio"/> 12 month <input type="radio"/> 36 month <input type="radio"/> 15 month <input type="radio"/> 18 month