A0 | ACRIN 4703 Detection of Early Lung Cancer Among Military Personnel (DECAMP)

Eligibility and Registration Worksheet

Place Label Here

Institution _____ Institution No. _____

Case No. _____

Instructions: The eligibility checklist (A0) must be used to determine and confirm study eligibility status. This information is submitted to ACRIN via the website: www.acrin.org. After entry, the form data will be read only in Rave.

DEMOGRAPHICS

1. Site Registrar *(Initials only)* _____

4. Date Informed Consent Signed ____-____-_____(mm-dd-yyyy) *(Must be prior to study entry)*

5. Patient Initials *(last, first, middle) (L, F, M)* _____

6. Treating Investigator (Site PI) _____

10. Ethnicity
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino
- ○ Not reported
- ○ Unknown

11. Gender of a Person:
- ○ Male
- ○ Female
- ○ Unknown

12. Country of residence
- ○ United States
- ○ Canada
- ○ Other

13. Zip Code (5 digit code, US residents) _____

14. Method of Payment
- ○ Private Insurance
- ○ Medicare
- ○ Medicare and Private Insurance
- ○ Medicaid
- ○ Medicaid and Medicare
- ○ Military or Veteran's Administration
- ○ Self Pay (No insurance)
- ○ No means of payment (No insurance)
- ○ Military Sponsored (including CHAMPUS & TRICARE)
- ○ Veterans Sponsored
- ○ Other
- ○ Unknown/Decline to answer

___-___-____ **16. Enrollment Date(= to registration date) (mm-dd-yyyy)**

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___-___-____ **17. Enrollment Date (mm-dd-yyyy)**

Race, check all that apply (1=not marked, 2=marked)
   19. □ Race: American Indian or Alaskan Native
   20. □ Race: Asian
   21. □ Race: Black or African American
   22. □ Race: Native Hawaiian or Other Pacific Islander
   23. □ Race: White
   24. □ Race: Not Reported
   25. □ Race: Unknown

ELIGIBILITY CHECKLIST

Demography: Age and Birth Year:

26. Year of Birth _____

27. Age *(at the time of registration)* _____

Inclusion Criteria:
28. Is the patient willing and able to provide written informed consent?
   ○ No
   ○ Yes

29. Is the patient 45 years or older? *Note: If enrolling under Amendment 1 or 2, patient must be 50 years or older*
   ○ No
   ○ Yes

30. Does the patient have an initial diagnosis of indeterminate pulmonary nodule (0.7-3.0cm)? *Note: If enrolling under Amendment 1or 2, nodule must be 0.7-2.0cm If enrolling under amendment 3 or 4, nodule must be 0.7-2.5cm.*
   ○ No
   ○ Yes

31. Indeterminate pulmonary nodule size_____*cm*

44. Has the patient had a CT scan within 3 months prior to enrollment?
   ○ No
   ○ Yes

   45. Provide the date of CT scan:_____ -_____-_____ mm-dd-yyyy

32. Is the patient a current or former cigarette smoker with > or = 20 pack years? *Note: If enrolling under Amendment 1 or 2, patient must have > or = 30 pack years*
   ○ No
   ○ Yes

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33. Provide the pack(s) per day smoked: _____*packs per day*

34. Provide the number of year(s) smoked cigarettes_____*years*

35. Pack years = number of packs per day X number of years smoked: _____*pack years*

36. Is the patient willing to undergo fiberoptic bronchoscopy?
○ No
○ Yes

37. Is the patient able to tolerate all biospecimen collection as required by protocol?
○ No
○ Yes

38. Is the patient able to comply with standard of care follow up visits including clinical exams, diagnostic work-ups, and imaging for a minimum of 2 years?
○ No
○ Yes

39. Is the patient able to fill out the Patient Lung History questionnaire?
○ No
○ Yes

Exclusion Criteria:

40. Does the patient have a history or previous diagnosis of lung cancer?
○ No
○ Yes

46. Does the patient have a diagnosis of pure ground glass opacities for the target lesion on chest CT?
○ No
○ Yes

42. Does the patient have any contraindications to nasal brushing or fiberoptic bronchoscopy including ulcerative nasal disease, hemodynamic instability, severe obstructive airway disease, unstable cardiac or pulmonary disease; inability to protect airway or altered level of consciousness?
○ No
○ Yes

43. Does the patient have allergies to any local anesthetic that may be used to obtain biosamples in the study?
○ No
○ Yes

_____   _____-_____-_____ *mm-dd-yyyy*

Initials of Person(s) Completing This Form   **Date Form Completed**