

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

**Post Lung Cancer
Initial Treatment**

Place Label Here

Institution _____ Institution No. _____
Case No. _____

Check the Protocol # this corresponds to: 4703 4704

Instructions: The Initial Treatment form collects the treatment the patient is undergoing following the diagnosis of lung cancer. Any treatment that has started and/or is planned should be indicated.

Note: If any of the questions are answered 'yes', the details of that treatment will need to be provided on the corresponding treatment form.

1. Is the patient undergoing radiation treatment(s) for lung cancer? No

Note: If yes, the details of treatment will be required to be reported Yes
 Unknown

2. Is the patient undergoing surgical treatment(s) for lung cancer? No

Note: If yes, the details of treatment will be required to be reported Yes
 Unknown

3. Is the patient undergoing chemotherapy treatment(s) for lung cancer? No

Note: If yes, the details of treatment will be required to be reported Yes
 Unknown

4. Is the patient undergoing any other treatment(s) administered by a physician for lung cancer? No

Note: If yes, the details of treatment will be required to be reported Yes
 Unknown

Signature of Person Completing This Form

_____-_____-_____
Date Form Completed MMM-dd-yyyy