

**ACRIN 4704**  
**Detection of Early Lung Cancer Among Military Personnel Study 2 (DECAMP-2): Screening of Patients with Early Stage Lung Cancer or at High Risk for Developing Lung Cancer**

Place Label Here

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_

Case No. \_\_\_\_\_

**Vital Status and Treatment/Response Worksheet**

**Instructions:** The Vital Status and Treatment/Response Worksheet should be completed by the Treating Physician at year 4 for all Group B participants who had a lung cancer diagnosis and/or were taken off study.

**1. Was the Vital Status and Treatment/Response form completed by the treating physician?**

- No, complete Q1a and sign off worksheet
- Yes, continue to Q2

- 1a. If no, provide primary reason:**
- Patient refused follow up
  - Patient lost to follow up
  - Treating physician did not complete form
  - Other, specify \_\_\_\_\_

**2. Date vital status and treatment/response form completed:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *MMM-dd-yyyy*

- 3. Participant Vital Status:**
- Alive
  - Dead
  - Unknown

**3a. Date of Death:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *MMM-dd-yyyy*

- 3b. Cause of death:**
- Lung Cancer
  - Other : \_\_\_\_\_

**Part II. Participants Taken Off Study** *Complete this section only for participants taken off study*

- 4. Did the participant have a diagnosis of malignancy in the lung since they were taken off study?**
- No, initial and date form
  - Yes, continue to Q4a
  - Uncertain, continue to Q4a

- 4a. If yes, the malignancy is/was:**
- Primary Lung, continue to Part III
  - Metastatic to the Lung, complete Q4a1, then initial and date form
  - Uncertain, skip to Part III
  - Other, specify \_\_\_\_\_, skip to Part III

**4a1. If metastatic, provide the primary site of origin:** \_\_\_\_\_

**Part III. Participants With Lung Cancer Diagnosis** *Complete this section for all patients with lung cancer diagnosis*

- 5. Has the lung malignancy been reported on a previous Study Evaluation and Diagnosis form?**
- No, complete Q6a-6e
  - Yes, skip to Q7
  - Unknown, complete Q6a-6e

**5a. Date of first diagnosis of lung cancer:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *MMM-dd-yyyy*

- 5b. Lung Cancer Type**
- Small Cell Lung Cancer
  - Non-Small Cell Lung Cancer
  - Unknown

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- 5c. Histologic Class**
- Adenocarcinoma
  - Adenosquamous Carcinoma
  - Epidermoid Carcinoma
  - Bronchioloalveolar Carcinoma
  - Carcinoid
  - Large Cell Carcinoma
  - Small Cell Carcinoma
  - Squamous Cell Carcinoma
  - Unknown
  - Other, specify \_\_\_\_\_

- 5d. Histologic Subtype**
- Acinar
  - Bronchioalveola
  - Papillary
  - Solid carcinoma with mucus formation
  - Mixed
  - Large cell with rhabdoid phenotype
  - Other, specify \_\_\_\_\_
  - Pure small cell carcinoma
  - Combined small cell carcinoma
  - Large cell neuroendocrine
  - Basaloid
  - Lymphoepithelial-like
  - Unknown

- 5e. Cancer Stage**
- Occult
  - 0
  - IA
  - IB
  - IIA
  - IIB
  - IIIA
  - IIIB
  - IV

**6. Did the patient developed progressive disease (e.g., progression at primary site, metastases, other recurrence) following treatment for lung cancer?**

- No, skip to Q8
- Yes, complete Q7a and Q7b
- Unknown, skip to Q8

**6a. If yes, date of first documentation of progressive lung cancer:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *MMM-dd-yyyy*

**6b. List the site(s) of progression of lung cancer:** \_\_\_\_\_

- 7. Response status:**
- Complete Response
  - Partial Response
  - Stable Disease
  - Progressive Disease
  - Unknown

**8. Date the response status was determined:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *MMM-dd-yyyy*

**Part IV. Treatment**

- 9. Did the participant undergo any treatment for the primary lung cancer?**
- No, initial and date form
  - Yes, provide details of treatment in table 1
  - Unknown, initial and date form

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**Vital Status and Treatment/Response Worksheet**

**Table 1: Lung Cancer Treatment**

Row #	Treatment Specify	Treatment Name/Description	Dose	Start Date MMM-dd-yyyy	Stop Date MMM-dd-yyyy <input type="checkbox"/> Ongoing	Chemo Only Number of Cycles
1	<input type="radio"/> Chemotherapy <input type="radio"/> Radiation <input type="radio"/> Surgery <input type="radio"/> Other Specify: _____	_____	<input type="checkbox"/> Not Applicable/Unknown  _____    _____ Dose      Units	_____ MMM-dd-yyyy	_____ MMM-dd-yyyy <input type="checkbox"/> Ongoing	
2	<input type="radio"/> Chemotherapy <input type="radio"/> Radiation <input type="radio"/> Surgery <input type="radio"/> Other Specify: _____	_____	<input type="checkbox"/> Not Applicable/Unknown  _____    _____ Dose      Units	_____ MMM-dd-yyyy	_____ MMM-dd-yyyy <input type="checkbox"/> Ongoing	
3	<input type="radio"/> Chemotherapy <input type="radio"/> Radiation <input type="radio"/> Surgery <input type="radio"/> Other Specify: _____	_____	<input type="checkbox"/> Not Applicable/Unknown  _____    _____ Dose      Units	_____ MMM-dd-yyyy	_____ MMM-dd-yyyy <input type="checkbox"/> Ongoing	
4	<input type="radio"/> Chemotherapy <input type="radio"/> Radiation <input type="radio"/> Surgery <input type="radio"/> Other Specify: _____	_____	<input type="checkbox"/> Not Applicable/Unknown  _____    _____ Dose      Units	_____ MMM-dd-yyyy	_____ MMM-dd-yyyy <input type="checkbox"/> Ongoing	
5	<input type="radio"/> Chemotherapy <input type="radio"/> Radiation <input type="radio"/> Surgery <input type="radio"/> Other Specify: _____	_____	<input type="checkbox"/> Not Applicable/Unknown  _____    _____ Dose      Units	_____ MMM-dd-yyyy	_____ MMM-dd-yyyy <input type="checkbox"/> Ongoing	

\*If the participant received additional treatment, record on additional treatment worksheet

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_ MMM-dd-yyyy  
Date Form Completed