ACRIN 6654 NLST Cancer Progression Form

Part A. Progressive Disease Following Treatment of First Primary Lung Cancer

1. During this interval, did the participant develop progressive disease (e.g., progression at primary site, metastases, other recurrence) following treatment for lung cancer?  
   01 No (skip to part B)  
   02 Yes (continue below)  
   99 Unknown (skip to part B)

2. Date of first documentation of progressive lung cancer: __-__-20__ (mm-dd-yyyy)

3. Site(s) of progression of lung cancer (record all that apply, using Table 1 codes):
   a. Other, specify: ___________________________  
   b. Other, specify: ___________________________  
   c. Other, specify: ___________________________  
   d. Other, specify: ___________________________  
   e. Other, specify: ___________________________  

Table 1: Anatomic Site(s) of Progression

<table>
<thead>
<tr>
<th>Site Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Original lung site</td>
</tr>
<tr>
<td>02</td>
<td>Other lung site(s)</td>
</tr>
<tr>
<td>03</td>
<td>Pleura</td>
</tr>
<tr>
<td>04</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>05</td>
<td>Brain</td>
</tr>
<tr>
<td>06</td>
<td>Bone</td>
</tr>
<tr>
<td>07</td>
<td>Liver</td>
</tr>
<tr>
<td>08</td>
<td>Adrenal</td>
</tr>
<tr>
<td>09</td>
<td>Other, specify</td>
</tr>
<tr>
<td>10</td>
<td>Skin/subcutaneous tissue</td>
</tr>
<tr>
<td>11</td>
<td>N1 regional lymph nodes (ipsilateral hilar/intrapulmonary)</td>
</tr>
<tr>
<td>12</td>
<td>N2 Ipsilateral mediastinal lymph nodes</td>
</tr>
<tr>
<td>13</td>
<td>N3 distant lymph nodes</td>
</tr>
<tr>
<td>99</td>
<td>Unknown site</td>
</tr>
</tbody>
</table>

Instructions: For all NLST participants with lung cancer, complete this form on an annual basis to document the presence or absence of progression of lung cancer or the development of a second primary lung cancer.

F1/F2 Follow-Up Interval: __-__-20__ to __-__-20__ (mm-dd-yyyy)

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Part B. Development of Second Primary Lung Cancer

4. [ ] During this interval, did the participant develop a second primary lung cancer following treatment for an initial primary lung cancer? [18]
   01 No (skip to comments)
   02 Yes (complete Q5, please complete LX and PX abstraction forms)
   99 Unknown (skip to Q6)

5. Date of diagnosis of second primary lung cancer: [ ] - [ ] - 20[ ] (mm-dd-20yy) [19]

6. Is an additional form required for this interval? [24]
   01 No
   02 Yes

7. [ ] This form was created in error and should be deleted and all information should be ignored
   ✔ = marked, □ = not marked [25]

   7a. Reason for form deletion: (choose only one) [26]
      □ 01 Query response
      □ 02 Data entry error correction
      □ 03 Audit QC Finding correction
      □ 04 Site revision

   COMMENTS: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   Abstrator ID [22]   Abstrator Signature   [ ] - [ ] - 20[ ] (mm-dd-20yy) [23]