



CANCER ABSTRACTION FORM - ENDPOINTS

ID NUMBER:

FORM CODE: CAF
VERSION 2.0 03/18/2021

Event _____ Occurrence # _____

0a) Collection Date / /

0b) Reviewer Code

Instructions: Data collected on this form are derived from the medical records received.

A. GENERAL INFORMATION

1) Was the event (*choose one*):

- In hospital only₁
- Emergency Dept. visit only (ED)₂
- Both ED and in hospital₃

2) Date of admission / /

3) Date of discharge / /

4) What was the primary admitting diagnosis code? .

5) What was the primary discharge diagnosis code? .

B. CANCER OUTCOMES

6) Has the participant been diagnosed with a primary cancer?

- No₀ → **Go to 13**
- Yes₁

7) Date of diagnosis / /

8) Type of cancer (**Please select ONLY one**)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accessory sinuses ₁ | <input type="checkbox"/> Colon ₁₂ | <input type="checkbox"/> Liver ₂₃ | <input type="checkbox"/> Rectum ₃₄ |
| <input type="checkbox"/> Adrenal glands ₂ | <input type="checkbox"/> Connective tissue ₁₃
(including sarcoma) | <input type="checkbox"/> Lung ₂₄ | <input type="checkbox"/> Salivary glands ₃₅ |
| <input type="checkbox"/> Anus ₃ | <input type="checkbox"/> Endocrine glands ₁₄ | <input type="checkbox"/> Lymph nodes ₂₅ | <input type="checkbox"/> Small intestine ₃₆ |
| <input type="checkbox"/> Appendix ₄ | <input type="checkbox"/> Endometrium ₁₅ | <input type="checkbox"/> Lymphoma, Hodgkins ₂₆ | <input type="checkbox"/> Stomach ₃₇ |
| <input type="checkbox"/> Biliary tract ₅ | <input type="checkbox"/> Esophagus ₁₆ | <input type="checkbox"/> Lymphoma, Non-Hodgkins ₂₇ | <input type="checkbox"/> Thyroid ₃₈ |
| <input type="checkbox"/> Bladder, ureter ₆ | <input type="checkbox"/> Eye and adnexa ₁₇ | <input type="checkbox"/> Melanoma of the skin ₂₈ | <input type="checkbox"/> Tongue ₃₉ |
| <input type="checkbox"/> Bones, joints, cartilage ₇ | <input type="checkbox"/> Gallbladder ₁₈ | <input type="checkbox"/> Multiple myeloma ₂₉ | <input type="checkbox"/> Uterus ₄₀ |
| <input type="checkbox"/> Brain ₈ | <input type="checkbox"/> Genital organs ₁₉ | <input type="checkbox"/> Oral or Palate ₃₀ | <input type="checkbox"/> Other ₄₁ |
| <input type="checkbox"/> Breast ₉ | <input type="checkbox"/> Kidney, renal pelvis ₂₀ | <input type="checkbox"/> Ovary ₃₁ | |
| <input type="checkbox"/> Central Nervous System ₁₀ | <input type="checkbox"/> Larynx ₂₁ | <input type="checkbox"/> Pancreas ₃₂ | |
| <input type="checkbox"/> Cervix ₁₁ | <input type="checkbox"/> Leukemia (ALL, CLL) ₂₂ | <input type="checkbox"/> Parotid gland ₃₃ | |

8a) If other, specify: _____

9) Tumor behavior (**Please select ONLY one**)

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- a Invasive; malignant; infiltrating; micro-invasive₁
- b In situ; intraepithelial; non-infiltrating; non-invasive; intraductal₂
- c Borderline malignancy; low malignant potential; uncertain if benign or malignant₃
- d Unknown₄

10) Diagnostic confirmation status: (Please select ONLY one. If more than one applies, select the first and primary applicable category)

- a Positive histology (pathology)₁
- b Positive cytology, no positive histology₂
- c Positive histology (pathology), regional or distant metastatic site only₃
- d Positive microscopic confirmation, method not specified₄
- e Clinical diagnosis only₅
- f Unknown₆

11) Laterality: (Please select ONLY one)

- a Not a paired site₁
- b Right origin of primary₂
- c Left origin of primary₃
- d One side involved, right or left origin unspecified₄
- e Bilateral involvement, lateral origin unknown; stated to be a single primary₅
- f Paired site but no information on laterality; midline tumor₆

12) Summary stage: (Please select ONLY one)

- a In situ₁
- b Localized₂
- c Regional₃
- d Distant₄
- e Unknown₅

C. LUNG CANCER

13) Does the participant have a lung cancer diagnosis?

- No₀ → **Go to 20**
- Yes₁

14) Site of the lung cancer (Please select ONLY one)

- Trachea₁
- Main bronchus₂
- Upper lobe bronchus₃
- Middle lobe bronchus₄
- Lower lobe bronchus₅
- Other parts of bronchus₆
- Overlapping lesion of bronchus or lung₇
- Bronchus or lung unspecified₈
- Parietal pleura₉
- Visceral pleura₁₀
- Other site, pleura₁₁
- Pleura, unspecified₁₂

15) Type of lung cancer (Please select ONLY one)

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a Non-small cell lung cancer₁ → **Go to 15b**

b Small cell lung cancer₂ → **Go to 16**

c Type unknown₃ → **Go to 16**

d Other₄

15a) If other, please specify _____

15b) Type of non-small cell lung cancer (Please select ONLY one)

a₁ Adenocarcinoma₁

a₂ Squamous/epithelioid carcinoma₂

a₃ Large cell carcinoma₃

a₄ Unspecified₄

Type of Lung Cancer Treatment

16a) 16) Surgery

No₀

Yes₁

16b) 17) Chemotherapy

No₀ → **Go to 18**

Yes₁

17a) Type of chemotherapy

16b₁ Neoadjuvant₁

16b₂ Adjuvant₂

16c) 18) Radiation

No₀

Yes₁

16d) 19) Targeted drug treatment

No₀ → **Go to 20**

Yes₁

Type of Targeted Lung Cancer Drug Treatment

16d₁ 19a) Bevacizumab (Avastin)

No₀

Yes₁

16d₂ 19b) Crizotinib (Xalkori)

No₀

Yes₁

16d₃ 19c) Erlotinib (Tarceva)

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No₀

Yes₁

Smoking Status

20) Former smoker?

No₀ → **Go to 21**

Yes₁

^{17a1} 20a) Pack years

a 10 or less₁

b 10 to 20₂

c 20 or more₃

d Unknown₄

^{17b} 21) Current smoker?

No₀

Yes₁

⁹ Unknown₂

¹⁸ 22) Did participant receive a lung transplant?

No₀ → **End Form**

Yes₁

⁹ Unknown₂ → **End Form**

^{18a} 22a) Area of lung transplant?

a Single Right₁

b Single Left₂

c Bilateral₃

END OF FORM