CCC Coder ID: _____

Member ID: __ __-__ __ __ __ __-__ Case #: _____ CCC ID: _____

Other Case #s: _____ Date completed: __ __ /__ __ / __ __ (MM/DD/YY)

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1. Was any lung surgery done as part of primary treatment for lung cancer?

☐$_1$ Yes ☐$_0$ No

↓

☐$_9$ Unknown if cancer-directed surgery performed (e.g., death certificate ONLY)

1.1 Type of surgery (**Mark all that apply.**)

☐$_1$ Local tumor destruction (laser, electrocautery, fulguration, radiofrequency ablation (RFA)
☐$_2$ Wedge
☐$_3$ Segmentectomy, lingulectomy
☐$_4$ Resection of < 1 lobe, partial lobectomy
☐$_5$ Lobectomy or bi-lobectomy
☐$_6$ Extended lobectomy (with chest wall, pericardium, or diaphragm)
☐$_7$ Pneumonectomy
☐$_8$ Extended pneumonectomy
☐$_9$ Resection of lung or other surgery, NOS
☐$_{88}$ Other surgery **(Specify):** _____

1.2 Surgery date: __ __ /__ __ /__ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

1.3 With mediastinal LN dissection? ☐$_1$ Yes ☐$_0$ No ☐$_9$ Unknown

2. Were any of the following target tests performed as part of the diagnosis or treatment?

☐$_1$ Yes

↓

☐$_0$ No
☐$_2$ Recommended, unknown if done
☐$_9$ Unknown

→ **Go to Question 3**

Specify test **(Mark all that apply.)**

2.1 ☐$_1$ Epidermal growth factor receptor [EGFR] testing?

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify)**: _____

2.2 ☐$_2$ Anaplastic Lymphoma Kinase [ALK] testing?

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify)**: _____

2.3 ☐$_3$ Kirsten-ras protein [KRAS] testing?

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify)**: _____

2.4 ☐$_4$ BRAF (V600E)

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify)**: _____

2.5 ☐$_5$ KIT

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify)**: _____

2.6 ☐$_6$ PD-L1

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify)**: _____

2.7 ☐$_7$ ROS1

Date of test: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Test results:

☐$_0$ Negative ☐$_1$ Positive ☐$_2$ Borderline ☐$_9$ Unknown

☐$_8$ Other **(Specify):** _____

2.8 ☐$_{88}$ Other **(Specify):** _____

3. Was systemic chemotherapy and/or targeted or specialized therapy administered as part of the first course of therapy?

☐$_1$ Yes ↓

☐$_0$ No
☐$_2$ Recommended, unknown if done
☐$_9$ Unknown
→ **Go to Question 4**

3.1 Regimen/Name: _____ Code: _____

Type: ☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

3.2 Regimen/Name: _____ Code: _____

Type: ☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

3.3 Regimen/Name: _____ Code: _____

Type: ☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

3.4 Regimen/Name: _____ Code: _____

Type: ☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

3.5 Regimen/Name: _____ Code: _____

Type: ☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

3.6 Regimen/Name: _____ Code: _____

Type: ☐$_1$ Adjuvant therapy ☐$_2$ Neoadjuvant therapy

Start date: __ __ / __ __ / __ __ (Month Day Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

4. Was radiation therapy given as part of the first course of therapy to the primary tumor and/or a metastatic site?

☐ 1 Yes
☐ 0 No
☐ 2 Recommended, unknown if done
☐ 9 Unknown

→ **Go to Question 5**

4.1 Was radiation given as part of chemoradiation?

☐ 1 Yes
☐ 0 No
☐ 9 Unknown

4.1.1
☐ 1 Concurrent
☐ 2 Sequential
☐ 9 Unknown/not specified

4.2 Specify where radiation was given **(Mark all that apply.)**

☐ 1 Primary tumor
☐ 9 Unknown

Metastatic Site:
☐ 2 Bone
☐ 3 Brain
☐ 8 Metastatic site other **(Specify):** _____

4.3 What type of radiation was administered? **(Mark all that apply.)**

☐ 1 External beam radiation therapy (EBRT)
☐ 2 Internal radiation therapy (e.g., Brachytherapy)
☐ 8 Other **(Specify):** _____
☐ 9 Unknown

4.4 Start date: __ __ /__ __ /__ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

End date: __ __ /__ __ /__ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

Total dosage of radiation received: _____ cGy/Rad ☐ 9 Unknown

5. Was the participant treated with any medications to prevent bone loss, such as bisphosphonates as part of first course of therapy? (Not for recurrence)

☐$_1$ Yes ☐$_0$ No ☐$_2$ Recommended, unknown if done ☐$_9$ Unknown → **Go to Question 6**

5.1 Specify type(s) of bone loss medication **(Mark all that apply.)**

☐$_1$ Alendronate (Fosamax)
☐$_2$ Clodronate (Bonefos, Loron)
☐$_3$ Denosumab
☐$_4$ Etidronate (Didronel)
☐$_5$ Ibandronate (Boniva)
☐$_6$ Neridronate (Nerixia)
☐$_7$ Olpadronate
☐$_8$ Pamidronate (APD, Aredia)
☐$_9$ Risedronate (Actonel)
☐$_{10}$ Tiludronate (Skelid)
☐$_{11}$ Zoledronate (Zometa, Aclasta)
☐$_{88}$ Other **(Specify)**: _____
☐$_{99}$ Unknown type

5.2 Administration route (**Mark all that apply.)**

☐$_1$ Oral
☐$_2$ Intravenous (IV)
☐$_3$ Subcutaneous injection (SQ)
☐$_4$ Combination
☐$_8$ Other **(Specify)**: _____
☐$_9$ Unknown

5.3 Specify start and end dates of prescription.

First date prescribed: __ __ / __ __ / __ __ (Month / Day / Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

Last date prescribed: __ __ / __ __ / __ __ (Month / Day / Year) ☐$_1$ Exact ☐$_2$ Estimated ☐$_9$ Unknown

6. Has the participant ever been disease free since her initial diagnosis/treatment?

☐$_1$ Yes ☐$_0$ No ☐$_9$ Unknown

6.1 Date as documented in the medical records*: __ __ / __ __ / __ __ (Month / Day / Year)

*If no evidence of recurrence or metastasis: Record **most recent** documented disease free date.
If documented recurrence or metastasis: Record **first** known disease free date.

7. Was there a new or recurrent invasive lung cancer tumor diagnosed after a documented disease free interval?

☐ 1 Yes ☐ 0 No ☐ 9 Unknown → **Go to Question 8**

↓

7.1 Laterality: ☐ 1 Ipsilateral ☐ 2 Contralateral ☐ 9 Unknown

Histology: ☐ 1 Same ☐ 2 Different ☐ 9 Unknown

**(Specify):** _____

Diagnosis date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

7.2 Laterality: ☐ 1 Ipsilateral ☐ 2 Contralateral ☐ 9 Unknown

Histology: ☐ 1 Same ☐ 2 Different ☐ 9 Unknown

**(Specify):** _____

Diagnosis date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

8. Did a metastasis occur <u>outside</u> the primary lung after a documented disease free interval?

☐ 1 Yes ☐ 0 No ☐ 9 Unknown

↓

8.1 To what site(s) did lung cancer metastasize? **(Mark all that apply.)**

☐ 1 Adrenal glands
☐ 2 Bone
☐ 3 Brain
☐ 4 Contralateral Lung
☐ 5 Liver
☐ 6 Regional lymph node(s)
☐ 7 Distant lymph node(s)
☐ 8 Other **(Specify)**: _____
☐ 9 Unknown

Diagnosis date: __ __ / __ __ / __ __ (Month Day Year) ☐ 1 Exact ☐ 2 Estimated ☐ 9 Unknown

**Comments:**

_____

_____

_____

_____