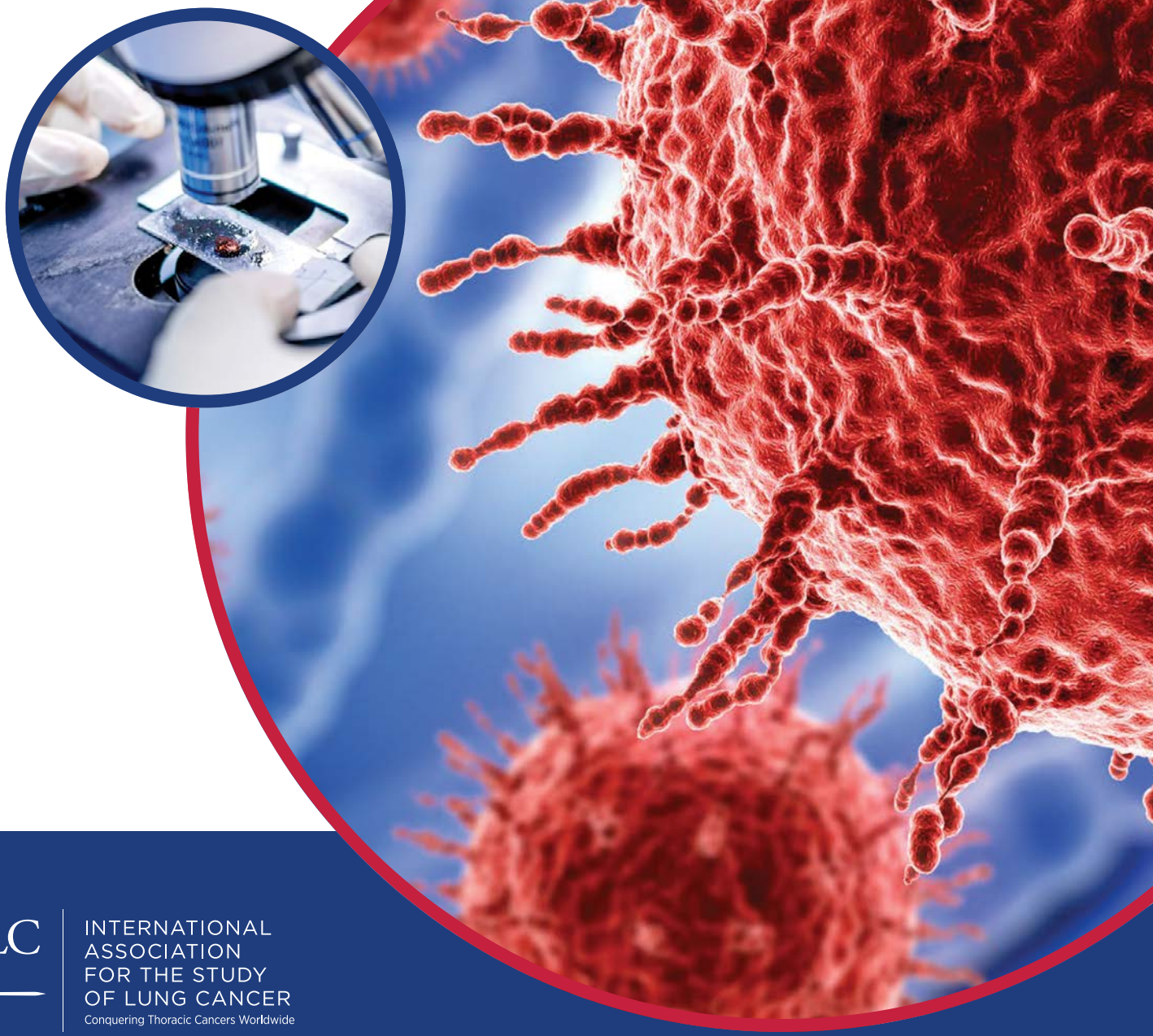
INTERNATIONAL STAGING PROJECT

DATA SUBMISSION AND QUERY TOOLKIT



IASLC
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

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PROJECT OVERVIEW

The International Association for the Study of Lung Cancer (IASLC) Staging Project is a global effort to investigate and improve the current tumor, node, metastasis (TNM) staging system for lung cancer, mesothelioma, esophageal, and thymic cancers. Over the past two decades, the IASLC Staging Project has provided evidence-based recommendations for the TNM classification for lung cancer, which are published and adopted by the Union for International Cancer Control (UICC) and the American Joint Committee on Cancer (AJCC). The project is now entering the third cycle, with the goal of developing recommendations for the ninth edition of TNM. Staging lung cancer and other thoracic malignancies accurately is critical in deciding treatment regimens and ensures best standardized care for patients worldwide. New data elements such as genetic biomarkers, protein alterations and copy number alterations (CNAs) will be added to the staging project for the first time, and such additions and enhancements to the system may significantly improve the current staging system leading to more precise treatment decisions and improvement in patient survival.

DATA SUBMISSION

DATA SUBMISSION PROCESS

Institutions can participate in the project by registering lung cancer cases (diagnosed between January 2011 and the end of 2019) into the electronic database (EDC). Access to the database for data entry will be activated after application forms are complete. Sample forms can be found on page 7 of the toolkit. If you are ready to apply, the application forms can be accessed electronically **here**. If there are issues accessing the electronic forms, please visit **www.iaslc.org/Research-Education/IASLC-Staging-Project** to access PDF versions of the forms. Database participants will not be able to access the data submitted by other sites, but can download their own data from the EDC at any time. Please see the protocol, data elements, and FAQ for more information about the electronic database, its contents, and requirements. If you have questions about the database, please email **webhelpiaslc@crab.org**. Please note that mesothelioma cases can also be entered into a different EDC.

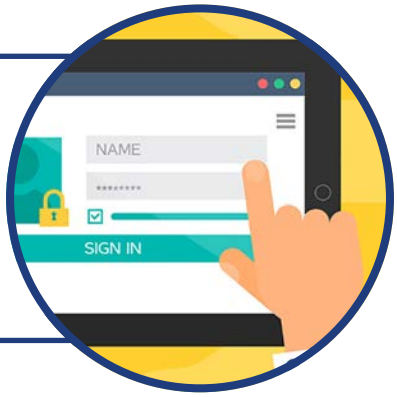
DATA SUBMISSION PROCESS OVERVIEW

Submit Account Request

- Centralized process: online database account request form and site cohort form submission
- Sign and return DUA
- Initial request review by CRAB

Notification of Account Creation

- Verify identity and set password



CRAB
CANCER RESEARCH AND BIOSTATISTICS

Submit Data

- CRAB-mediated process: enter data electronically

IASLC International Staging Project Database Account Request Form

Use this form to request Institution or User account. The first data user entry below is for the Principal Investigator and must be filled out for the form to be accepted. Please email the completed form to staging@iaslc.org and webhelpiaslc@crab.org.

Please indicate the project in which you would like to participate. If you are participating in multiple staging projects, please submit a separate form for each disease site.

Submitter Information

Please complete this section even if the individual submitting the form is also requesting a user account

Name

Title First Name Last Name

Institution Information

Institution Name

Address

Street Address

Street Address Line 2

City | State / Province

Postal / Zip Code | Country

Fax Number

Country Code | Area Code | Phone Number

Member of GCCB-II or GCCB-III Consortium?

- Yes
- No

Principal Investigator - Data Entry System User #1

Name

Ttile | First Name | Last Name

Data Entry System User #2

Name

Ttile First Name Last Name

Email

example@example.com

Data Entry System User #3

Name

Ttile First Name Last Name

Email

example@example.com

Data Entry System User #4

Name

Ttile First Name Last Name

Email

example@example.com

Data Entry System User #5

Name

Ttile First Name Last Name

Email

example@example.com

Data Entry System User #6

Name

Ttile First Name Last Name

Email

example@example.com

IASLC International Staging Project Description of Site Cohort Form

Please indicate the project in which you would like to participate. If you are participating in multiple staging projects, please submit a separate form for each disease site.

Site number (if known)

Name of Institution

Proposed method of data entry

- ◯ Online data entry
- ◯ Data transfer

Method of case selection

- ◯ Population-based sample: Population-based sample selection involving enhancement of a population-based cancer registry with the data elements required for this study. All patients diagnosed within the study period may be included or a random sample of the same.
- ◯ Institution-based sample: Institution-based sample selection involving capture of information on all newly-diagnosed patients seen at the institution during the period of the study. May involve the use of an institution's tumor registry, enhanced with the data elements required for this study.
- ◯ Clinical series: Involving the capture of information on an inception cohort of all newly-diagnosed patients presenting to a defined clinical service during the period of the study.
- ◯ Other

If other, please describe:

Estimated number of new cases per year:

Additional Information

In the box provided, please describe the additional relevant information according to the instructions below, depending on the method of case selection employed.

If population-based, please describe the population coverage:

If institution-based, please describe the referral pattern:

If clinical series, please describe the clinical service, including all treatment modalities offered:

Data Transfers Only

Please complete the information below ONLY if this application is for data transfer

If this application is regarding a data set to be transferred, please complete the section below. If more than one data set is being transferred, please describe each data set separately, including any other important differences regarding patient selection.

Total patients, please designate patient totals by data set

Years of diagnosis, please designate years of diagnosis by data set

Other information regarding patient selection, please designate the information by data set

Submit

IASLC
DATA USE AGREEMENT

This Data Use Agreement (this "**Agreement**") dated [day, month, year] (the "**Effective Date**")

BETWEEN

_____, a _____, located at _____ ("**Institution**");

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER, a Colorado nonprofit corporation, ("**IASLC**") located at 13100 East Colfax Avenue, Unit 10, Aurora, Colorado 80011 USA;

AND

CANCER RESEARCH AND BIOSTATISTICS, a Washington non-profit corporation ("**CRAB**"), located at 1505 Westlake Ave. N., Suite 750, Seattle, Washington 98109-3050 USA.

RECITALS:

A. Institution is the owner or licensee of a dataset composed of clinical and molecular features (the "**Institution Dataset**").

B. IASLC is a global organization dedicated to the study of lung cancer that has compiled an extensive staging and clinical lung cancer dataset (the "**IASLC Dataset**"), which is maintained by CRAB.

C. Institution desires to grant IASLC full access to the Institution Dataset for IASLC's general research and publication purposes, which will include the inclusion of the Institution Dataset with the IASLC Dataset (the combination of which shall hereinafter be referred to as the "**Combined Dataset**") as maintained by CRAB (collectively, the "**Institution-Approved Purpose**").

D. By this Agreement the parties seek to set out the terms under which they will cooperate in good faith to license the Institution Dataset and perform their respective obligations hereunder.

IN CONSIDERATION OF THE MUTUAL COOPERATION BETWEEN THE PARTIES, IT IS AGREED BETWEEN THE PARTIES AS FOLLOWS:

1. Definitions.

   a. "**Confidential Information**" means, subject to Section 6(b), all written, electronic or oral information, disclosed by IASLC or the Institution (the "**Discloser**") to the other or its designee (the "**Recipient**"), identified as confidential or proprietary, as well as information that, based on its nature and the circumstances surroundings its disclosure, a reasonable person would consider to be confidential or proprietary. The parties agree that the IASLC Dataset shall be deemed Confidential Information of IASLC.

   b. "**Dataset(s)**" means either individually or collectively as the context may require the Institution Dataset, IASLC Dataset or the Combined Dataset.

   c. "**GDPR**" means EU General Data Protection Regulation 2016/679.

   d. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 C.F.R. Parts 160, 162 and 164, as amended by the Health Information Technology for Economic and Clinical Health Act, which is at Section 13400, *et. seq*. of ARRA, 42 U.S.C. §§ 17921, *et. seq.*, and guidance promulgated thereunder.

2. Combined Dataset Creation and Management.

   a. *Combined Dataset*. Within a reasonable time after the Effective Date, Institution shall deliver to CRAB, at IASLC's direction, the Institution Dataset in a format mutually agreeable to the parties. Upon receipt of the Institution Dataset, CRAB, on IASLC's behalf, shall create the Combined Dataset by incorporating the Institution Dataset into the IASLC Dataset as set forth herein or otherwise agreed to by the parties in writing.

   b. *CRAB Dataset Management and Maintenance*. Institution acknowledges that IASLC has engaged CRAB to maintain, manage and perform certain research tasks with respect to the Combined Dataset. All fees and expenses associated with CRAB's management and maintenance of the Combined Dataset shall be born exclusively by IASLC pursuant to then effective agreements between IASLC and CRAB.

   c. *Additional Third-Party Datasets*. No rights are granted to Institution to any third-party data whether currently held or later acquired by IASLC. To the extent Institution desires to acquire any additional rights or licenses to any third-party dataset, Institution agrees it will enter into separate agreements with such third parties, exclusive of IASLC and CRAB.

d. *Required Forms*. Institution shall complete and submit all required forms, as determined by IASLC and CRAB, online. Institution shall also timely update such required forms as necessary to insure their continued accuracy.

e. *SPFC Viewing Rights.* The members of the subcommittee of the IASLC Staging and Prognostic Factors Committee ("SPFC") that provides a data quality review for CRAB and the SPFC Advisory Committee members are permitted to view the Combined Dataset for adherence to quality standards.

3. Licenses and Ownership.

a. *Assignment of Rights to the Combined Dataset*. Institution hereby assigns, transfers and conveys to IASLC all its right, title and interest, including all intellectual property and other proprietary rights, in and to the Combined Dataset.

b. *License to Institution Dataset*. Institution hereby grants to IASLC a perpetual (subject to each the termination rights in Section 8(b)), non-exclusive, royalty-free, fully-paid, sublicensable, transferable license to use the Institution Dataset for the Institution-Approved Purpose.

c. *Ownership*. The parties agree that IASLC shall be the sole owner of all right, title and interest, including all intellectual property rights, in the IASLC Dataset and Combined Dataset and that Institution shall be the sole owner of all right, title and interest, including all intellectual property rights, in the Institution Dataset. Except for the limited licenses granted in this Section, each party shall retain all rights to and title in its respective Dataset and any other intellectual, proprietary or property rights owned by, or otherwise controlled by that party. CRAB shall not have an ownership interest in any Dataset.

d. *Institution right to IASLC Dataset and Combined Dataset*. Unless otherwise provided pursuant to Section 5, Institution is granted no right, title, interest or license of any kind in or to the IASLC Dataset or the Combined Dataset.

4. Mutual Obligations.

a. *Security*. Without limiting any party's obligations under this Agreement or under applicable law, each party shall implement administrative, physical and technical safeguards to protect the Datasets that are no less rigorous than accepted industry practices, and shall ensure that all such safeguards, including the manner in which the data comprising the Datasets is collected, accessed, used, stored, processed, disposed of and disclosed, comply with applicable data protection and privacy laws, as well as the terms and conditions of this Agreement.

b. *Compliance with Law.* The parties agree to comply with all applicable law, including laws, rules and regulations, including U.S. federal and state law (e.g., HIPAA) in the performance of their obligations under this Agreement. In the event of a conflict between the requirements of any applicable law, rule or regulation and

the requirements stated in this Agreement, the applicable law, rule or regulation under a conflict-of-law analysis, including the preemption analysis required under HIPAA, shall apply.

5. Use of Combined Dataset by Institution. Institution may not access or use the Combined Dataset (including for any research or publication purposes) unless it receives the prior written approval of IASLC, which IASLC may refuse in its sole discretion. Institution may petition for IASLC's consent by sending IASLC a written research proposal containing a detailed description of the proposed research, which proposal will not be unreasonably denied by IASLC. In any case, Institution may not directly access individual cases within the Combined Dataset. IASLC shall consider only non-commercial research purposes.

6. Confidential Information.

   a. In addition to the parties other obligations under this Agreement and with respect to any Confidential Information received by the Recipient from the Discloser, the Recipient shall: (i) protect and maintain confidentiality of the Confidential Information using the same care that it would use for its own confidential information, but in any event no less than reasonable care; (ii) use the Confidential Information solely for the purposes of fulfilling its obligations under the Agreement and only for the benefit of the Discloser; (iii) not disclose any Confidential Information of Discloser to third parties or to Recipient's employees, except where employees of Recipient have a need to know about the Confidential Information and are subject to obligations of confidentiality at least as restrictive as those in this Agreement; (iv) cease use of such Confidential Information immediately upon termination or expiration of the Agreement and either return or permanently destroy all Confidential Information upon request of the Discloser; and (v) not attempt to reverse engineer, decompile or create derivate works from or using the Confidential Information.

   b. The confidentiality obligations of this Section 6 shall terminate with respect to any Confidential Information when the Recipient can prove that such information was (i) in the public domain at the time of Discloser's communication to the Recipient, or it subsequently entered the public domain through no fault of the Recipient, (ii) in the Recipient's possession free of any obligation of confidence at the time of the Discloser's communication to the Recipient, (iii) subsequently rightfully communicated to the Recipient free of any obligation of confidence, or (iv) was or is independently developed by the Recipient without reference or recourse to the Discloser's Confidential Information.

   c. Notwithstanding the foregoing, each party may disclose Confidential Information to the limited extent required in order to comply with the order of a court or other governmental body, or as otherwise necessary to comply with Applicable Laws, provided that the party making the disclosure pursuant to the order shall first have given written notice to the other in order to seek protective relief, if legally

permissible, and provided such assistance as may be reasonably requested to limit or prevent such disclosure.

7. Representations and Warranties; Disclaimer.

a. *Mutual Representations and Warranties*. Each party hereby represents and warrants that such party is duly organized, validly existing and in good standing under the laws of the state of its incorporation or organization and has all requisite power and authority to enter into this Agreement.

b. *Institution Representations and Warranties*. Institution hereby represents and warrants that:

i. Institution has all rights, permissions and authority necessary to grant the licenses and ownership rights in the Institution Dataset to IASLC under this Agreement for the uses contemplated hereunder and that the Institution Dataset does not infringe, misappropriate or otherwise violate the intellectual property or proprietary rights of any third party;

ii. Institution gathered all identifiable private information of subject in compliance with applicable law and with respect and regards for human subjects;

iii. Institution agrees unequivocally to prohibit the release of individually identifiable private data to CRAB for research purposes and to provide only a limited data set described in the applicable project documents;

iv. neither Institution's license or assignment of any right in the Institution Dataset nor the use of such Dataset for the purposes contemplated by this Agreement will violate any law, rule or regulation or conflict with, result in any breach of, or constitute a default (or an event which would, with the passage of time or the giving of notice or both, constitute a default) under, or give rise to a right to terminate, amend, modify, abandon or accelerate, any contract which is applicable to, binding upon or enforceable against Institution; and

v. to the extent a Dataset may be derived from Protected Health Information (as such term is defined by HIPAA), each Dataset is compromised solely of either (A) de-identified data, which excludes all of the necessary identifiers as required by the applicable HIPAA regulations; (B) anonymized data, which cannot be used to identify or authenticate an individual and is not subject to regulation by any law, rule or regulation, including, but not limited to, the HIPAA regulations; or (C) a limited dataset as specified under 45 C.F.R. § 164.514(e). Institution acknowledges that neither CRAB nor IASLC have any obligation to ensure that Institution provides data in compliance with this subsection (v).

c. *CRAB Representations and Warranties.* CRAB hereby represents and warrants that:

i. where CRAB identifies that personal identifiers have been inadvertently included with the data received , CRAB will delete or destroy this identified data, and immediately notify Institution to replace with de-identified or anonymized data;

ii. if ever visiting Institution, CRAB employees may access or utilize individually private information, but these activities become subject to the oversight of Institution's institutional review board, and at no time will CRAB employees record any private information;

iii. CRAB will not provide any information to IASLC or include any information in the IASLC Dataset or the Combined Dataset unless it is de-identified (as such term is defined by HIPAA) and, to the extent that GDPR applies, has been rendered anonymous in such a manner that data subjects (as such phrase is defined by GDPR) are not or are no longer identifiable; and

iv. CRAB, as an institution, is not considered to be "engaged" in human subjects research for the Institution-Approved Purpose.

d. *Disclaimer*. EXCEPT AS OTHERWISE PROVIDED HEREIN AND TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, EACH PARTY HEREBY DISCLAIMS AND EXCLUDES ANY AND ALL REPRESENTATIONS, WARRANTIES, CONDITIONS OR OTHER TERMS, WHETHER WRITTEN OR ORAL, EXPRESSED OR IMPLIED, OF ANY KIND, INCLUDING ANY REPRESENTATIONS AND WARRANTIES, CONDITIONS OR OTHER TERMS WITH RESPECT TO A PARTY'S DATASET, INCLUDING ANY REPRESENTATION OR WARRANTY OF NONINFRINGEMENT, QUALITY, PERFORMANCE, MERCHANTABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE.

8. Term; Termination.

a. *Term*. This Agreement shall be binding on IASLC and the Institution from the Effective Date until terminated in accordance with this Section. This Agreement shall be binding on CRAB from the Effective Date until the termination of all then applicable agreements between CRAB and IASLC in accordance with their terms.

b. *Termination*. This Agreement may be terminated by either IASLC or the Institution, but not CRAB, (i) immediately if the other party breaches a material term of this Agreement and cure of such breach is not possible, or (ii) if the other party breaches a material term of this Agreement that is subject to cure and fails to cure such breach within thirty (30) days of receiving notice of such breach from the non-breaching party. This Agreement may be terminated by the Institution, but not IASLC or CRAB, (i) immediately if CRAB breaches a material term of this Agreement and cure of such breach is not possible, or (ii) if CRAB breaches a material term of this Agreement that is subject to cure and fails to cure such breach within thirty (30) days of receiving notice of such breach from the non-breaching party. CRAB shall not have any termination rights under this Agreement; however, to the extent that CRAB ceases to provide services with respect to the IASLC

Dataset or the Combined Dataset pursuant to one or more then applicable agreements between IASLC and CRAB, CRAB shall have no liability for the acts or omissions of its successor.

c. *Knowledge of Non-compliance*. Any non-compliance by Institution with this Agreement or with HIPAA, or any equivalent laws or regulations, automatically will be considered a breach or violation of a material term of this Agreement if Institution knew or reasonably should have known of such non-compliance and failed to immediately take reasonable steps to cure the non-compliance.

d. *Effect of Termination*.

i. Upon termination of this Agreement by IASLC, Institution shall confirm that all data, analysis or reports from the Combined Dataset (if it has received information from the Combined Dataset in accordance with Section 5) and all Confidential Information received from IASLC has been destroyed or returned to IASLC, and Institution shall provide written confirmation of such destruction to IASLC.

ii. All of the terms of the Agreement which by their nature extend beyond the expiration or termination of the Agreement, including indemnification obligations, confidentiality obligations, shall survive expiration or termination of the Agreement and remain in full force and effect.

9. Indemnification.

a. Each of IASLC and the Institution ("**Indemnitor**") shall indemnify, defend and hold harmless the other and its Affiliates, and their respective licensors, officers, directors, employees and contractors (each, an "**Indemnitee**" and collectively "**Indemnitees**"), from and against any and all third-party claims (including, but not limited to, labour claims), liabilities, demands, causes of action, judgments, settlements and expenses (including, but not limited to, reasonable attorneys' fees and court costs) arising out of or in connection with any breach of any covenant, representation or warranty made by Indemnitor or, with respect to IASLC only, CRAB hereunder (each a "**Claim**").

b. If any Claim is initiated against any Indemnitee, the Indemnitee shall give prompt written notice of such Claim to the Indemnitor. Indemnitee may elect to assume the defense of a Claim and Indemnitor shall reimburse Indemnitee for all reasonable expenses (including reasonable attorneys' fees which may include, without limitation, an allocation for in-house counsel) as such expenses are incurred, relating to the defense of such Claim. If Indemnitee elects not to assume the defense of a Claim, then Indemnitor, at Indemnitor's own expense, shall assume the defense of such Claim. If Indemnitor assumes the defense of such Claim, (i) Indemnitor shall keep the Indemnitees informed of all material developments and events relating to such Claim, (ii) the Indemnitees shall have the right to participate, at its own expense, in the defense of such Claim (but such participation shall not be deemed to give the Indemnitees the right to control such defense), (iii) the

Indemnitees shall cooperate as reasonably requested by Indemnitor in the defense of such Claim, and (iv) Indemnitor shall not settle such Claim without the prior written consent of the Indemnitees, which consent shall not be unreasonably withheld.

c. Any indemnification obligations between IASLC and CRAB shall be governed by the then applicable separate agreement or agreements between IASLC and CRAB. CRAB shall not have any direct indemnification obligations to the Institution pursuant to this Agreement.

10. Miscellaneous.

a. *Equitable Relief*. Each party agrees that any other party's breach of any provision of this Agreement will cause immediate and irreparable harm to the other party for which money damages are not an adequate remedy at law. Therefore, the parties agree that, in the event either party breaches or threatens to breach this Agreement, the other party shall be entitled to an injunction to restrain said breach or threatened breach, without posting any bond or other security.

b. *Binding Effect*. This Agreement shall be legally binding as between the parties until such time as it has been expressly superseded by a more detailed agreement should one be duly signed.

c. *Applicable Law*. The validity and interpretation of this Agreement shall be governed by the laws of the State of Colorado. The parties agree that any conflict of law provisions, where applicable, are hereby excluded by this express agreement to an applicable law and jurisdiction.

d. *Assignment*. Neither IASLC nor the Institution shall transfer, delegate, or assign this Agreement to any other person or legal entity, whether by written agreement, operation of law or otherwise, without the prior written consent of the other party. To the extent that CRAB ceases to provide services with respect to the IASLC Dataset and the Combined Dataset pursuant to any then applicable agreement or agreements between IASLC and CRAB, CRAB's rights and obligations under this Agreement on and after the date when CRAB ceases to provide such services shall be automatically assigned to its successor; however, such successor shall not have any liability for the acts or omissions of any of its predecessors or successors. Any assignment or transfer by a party hereto that is not in compliance with the terms and conditions set forth in this Section shall be void and of no effect. Any permitted assignment or transfer of or under this Agreement shall be binding upon, and inure to the benefit of, the successors, executors, heirs, representatives, administrators and assigns of the assigning or transferring party hereto.

e. *Entire Agreement*. Subject to this Section 10(e), this Agreement embodies the entire understanding of the parties with respect to the subject matter hereof and shall supersede all previous communications, representations, or understandings, either oral or written, between the parties relating to the subject matter hereof. This

Agreement and the subject matter hereof may not be modified except by a written agreement signed on behalf of IASLC, the Institution and, if the amendment directly impacts CRAB's representations, rights or obligations under this Agreement, CRAB, by their respective duly authorized representatives. Only with respect to IASLC and CRAB, to the extent of any conflict or inconsistency between the provisions in the body of this Agreement and any other then applicable agreement or agreements between CRAB and IASLC, the terms of such other agreement or agreements between CRAB and IASLC will prevail. The terms of any agreement or agreements between CRAB and IASLC will not impact the rights and obligations of the Institution under this Agreement.

f. *Independent Contractor Status*. In connection with this Agreement, each party is an independent contractor and as such will not have any authority to bind or commit the other. Furthermore, neither this Agreement, nor any terms and conditions contained herein, shall be construed as creating a partnership, joint venture or agency relationship or as granting a franchise.

g. *Severability; No Waiver*. To the extent that any term, condition or provision of this Agreement is held to be invalid, illegal or otherwise unenforceable under applicable law, rule, or regulation then such term, condition or provision shall be deemed excluded from this Agreement and the other terms, conditions and provisions hereof shall remain in full force and effect as if such unenforceable term, condition or provision had not been included herein. The failure of a party to prosecute its rights with respect to a default or breach hereunder shall not constitute a waiver of the right to enforce its rights with respect to any other or later breach. No waiver of any right or remedy available to a party under this Agreement, at law, or in equity shall be effective unless signed in writing by the waiving party. Unless otherwise specifically limited under this Agreement, all rights and remedies reserved to either party shall be cumulative and shall not be in limitation of any other right or remedy which such party may have at law or in equity.

[*Signature page follows*]

IN WITNESS WHEREOF, as of the Effective Date, an authorised representative of each party has duly executed this Data Use Agreement.

INSTITUTION

Signed:_____

Name:_____

Title:_____

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

Signed:_____

Name:_____

Title:_____

CANCER RESEARCH AND BIOSTATISTICS

Signed:_____

Name:_____

Title:_____

DATA SUBMISSION **FAQS**

What is the timeline for receiving access to my account?

– Once the Data Use Agreement has been signed and the Account Request Form submitted, the account is usually activated within 1-2 business days.

Who at my institution/organization needs to sign the DUA?

– Someone at the Institution with authorized authority to sign a document of this nature.

Can users share an account?

– Each user needs to be listed on an Account Request Form. Users may not share an account.

Do I need to submit application materials and a DUA for each disease site?

– Yes, each disease site requires the completion of the application materials and DUA.

What are the data elements for each disease site?

– Please review the data elements found in the appendix

I have looked at the data dictionary for the IASLC database, and I will not be able to enter all the data fields. Can I still participate?

– If you have concerns about meeting the data elements, please contact **webhelpiaslc@crab.org** and we will help you determine whether to participate.

Can I get my data back?

– Yes, the data that you submit can be accessed.

Can I access the entire data set?

– No, if you are interested in analyzing the data set please refer to the data query section of the toolkit.

Is there funding available for data submission?

– Yes, there is limited funding for qualified situations. Information regarding the funding process can be found **here**.

What happens if a user needs to be removed or edited?

– Please complete the account change form found **here**.

DATA ELEMENTS

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_AFT_CYTO	POS	Positive	1
C_AFT_CYTO	NEG	Negative	2
C_AFT_CYTO	ND	Not done	3
C_AFT_CYTO	UNK	Unknown	4
C_AFT_DISTMET	SINGLES	Single lesion	1
C_AFT_DISTMET	MULTLES	Multiple lesions	2
C_AFT_DISTMET	PRES	Present, number of lesions not specified	3
C_AFT_DISTMET	ABS	Absent	4
C_AFT_MCAT	M0	M0	1
C_AFT_MCAT	M1A	M1a	2
C_AFT_MCAT	M1B	M1b	3
C_AFT_MCAT	M1C	M1c	4
C_AFT_MPERI	PRES	Present	1
C_AFT_MPERI	ABS	Absent	2
C_AFT_MPERI	UNK	Unknown	3
C_AFT_MPLEU	NONE	None	1
C_AFT_MPLEU	IPSIL	Ipsilateral	2
C_AFT_MPLEU	CONTRA	Contralateral	3
C_AFT_MPLEU	BILAT	Bilateral	4
C_AFT_MPLEU	PRES	Present, side not specified	5
C_AFT_MPLEU	UNK	Unknown	6
C_CAUSDTH	DTHLOCO	Death due to lung cancer - locoregional relapse	1
C_CAUSDTH	DTHDIS	Death due to lung cancer - distant relapse	2
C_CAUSDTH	DTHLDIS	Death due to lung cancer - locoregional and distant relapse	3
C_CAUSDTH	DTHNOS	Death due to lung cancer - not otherwise specified	4
C_CAUSDTH	DTH2PRIM	Death due to second primary cancer	5
C_CAUSDTH	DTHNOCAN	Death, non-cancer cause	6
C_CAUSDTH	DTHUNK	Cause of death unknown	7
C_CNA_CNA	ARAMP	AR amplification	1
C_CNA_CNA	BRAFAMP	BRAF amplification	2
C_CNA_CNA	CCND1	CCND1 11q13 AMP	3
C_CNA_CNA	CCND2AMP	CCND2 amplification	4
C_CNA_CNA	CCNE1	CCNE1 19q12 AMP	5
C_CNA_CNA	CDK4	CDK4 12q14 AMP	6
C_CNA_CNA	CDK6AMP	CDK6 amplification	7
C_CNA_CNA	CDKN2A	CDKN2A 9p21 DEL	8
C_CNA_CNA	CDKN2B	CDKN2B 9p21 DEL	9
C_CNA_CNA	CEBPA	CEBPA 19q13.1 AMP	10
C_CNA_CNA	EGFR	EGFR 7p12 AMP	11
C_CNA_CNA	ERBB2	ERBB2 17q12 AMP	12
C_CNA_CNA	ETV1	ETV1 7p21.3 AMP	13
C_CNA_CNA	FGF19	FGF19 11q13.1 AMP	14
C_CNA_CNA	FGF3	FGF3 11q13 AMP	15

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_CNA_CNA	FGF4	FGF4 11q13.3 AMP	16
C_CNA_CNA	FGFR1	FGFR1 8p11.23-p11.22 AMP	17
C_CNA_CNA	FGFR1A	FGFR1 Amplification	18
C_CNA_CNA	FGFR2	FGFR2 Amplification	19
C_CNA_CNA	FGFR3	FGFR3 Amplification	20
C_CNA_CNA	FGFR4	FGFR4 Amplification	21
C_CNA_CNA	FOXA1	FOXA1 14q21.1 AMP	22
C_CNA_CNA	KITAMP	KIT amplification	23
C_CNA_CNA	KRAS	KRAS 12p12.1 AMP	24
C_CNA_CNA	MCL1	MCL1 1q21 AMP	25
C_CNA_CNA	MDM2	MDM2 12q14.3-q15 AMP	26
C_CNA_CNA	MET	MET 7q31 AMP	27
C_CNA_CNA	MYC	MYC 8q24.21 AMP	28
C_CNA_CNA	NFKBIA	NFKBIA 14q13 AMP	29
C_CNA_CNA	NKC2-1	NKX2-1 14q13 AMP	30
C_CNA_CNA	PDGFRAAM	PDGFRA amplification	31
C_CNA_CNA	PIK3CA	PIK3CA 3q26.3 AMP	32
C_CNA_CNA	PTEN	PTEN 10q23.3 DEL	33
C_CNA_CNA	RAF1AMP	RAF1 amplification	34
C_CNA_CNA	RECQL4	RECQL4 8q24.3 AMP	35
C_CNA_CNA	RICTOR	RICTOR AMP	36
C_CNA_CNARES	NORM	Normal	1
C_CNA_CNARES	ABNORM	Abnormal	2
C_CNA_CNARES	INCON	Inconclusive	3
C_CNA_PLATCNA	FISHMET	FISH: MET Amplifications	2
C_CNA_PLATCNA	NGSTHER2	NGS: ThermoFisher Ion Ampliseq v2	4
C_CNA_PLATCNA	NGSODX	NGS: Oncomine Dx Target Test	5
C_CNA_PLATCNA	NGSOLUNG	NGS: Oncomine Lung cfDNA Assay	6
C_CNA_PLATCNA	NGSOFOC	NGS: Oncomine Focus	7
C_CNA_PLATCNA	NGSSOLID	NGS: Oncomine Solid Tumor Fusion	8
C_CNA_PLATCNA	NGSS1PAN	NGS: OncoGenBasic S1 Panel (BRAF, KRAS, NRAS, EGFR)	9
C_CNA_PLATCNA	NGSS2PAN	NGS: OncoGenBasic S2 Panel (AKT1, PIK3CA)	10
C_CNA_PLATCNA	NGS360G	NGS: Guardant360	11
C_CNA_PLATCNA	NGSMSK	NGS: MSK-IMPACT	12
C_CNA_PLATCNA	NGSCDX	NGS: FoundationOne CDX	13
C_CNA_PLATCNA	NGS425C	NGS: Geneseeq Pan-Genomic (425 cancer genes)	14
C_CNA_PLATCNA	NGS139L	NGS: Geneseeq Pulmocan (139 lung cancer genes)	15
C_CNA_PLATCNA	NGS14N	NGS: Geneseeq Tetradecan (14 NCCN lung cancer genes)	16
C_CNA_PLATCNA	NGSMIPRO	NGS: Caris MI Profile	17
C_CNA_PLATCNA	NGSMITUM	NGS: Caris MI Tumor Seek	18
C_CNA_PLATCNA	NGSLFUS	NGS: NeoGenomics Lung NGS Fusion Profile	19
C_CNA_PLATCNA	NGSLPRO	NGS: NeoGenomics NeoTYPE Lung Tumor Profile	20
C_CNA_PLATCNA	NGSTHPAN	NGS: ThermoFisher Oncomine Pan-Cancer Cell-Free Assay	21
C_CNA_PLATCNA	NGSTHER1	NGS: ThermoFisher Oncomine Comprehensive Assay v1	22
C_CNA_PLATCNA	NGSTHER3	NGS: ThermoFisher Oncomine Comprehensive Assay v3	23

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_CNA_PLATCNA	NGSILL	NGS: Illumina TruSight(tm) Oncology 500	24
C_CNA_PLATCNA	CISHMET	CISH: MET Amplifications	27
C_CNA_PLATCNA	ACGH	aCGH (Array comparative genomic hybridisation)	28
C_CNA_PLATCNA	SNP500K	SNP array: Affymetrix 500K array	29
C_CNA_PLATCNA	SNP5ARR	SNP array: Affymetrix 5.0 SNP array	30
C_CNA_PLATCNA	SNP6ARR	SNP array: Affymetrix 6.0 SNP array	31
C_CNA_PLATCNA	SNPONCO	SNP array: OncoScan CNV Plus Assay	32
C_CNA_PLATCNA	NANODNA	NanoString nCounter: Vantage 3D DNA:Fusion:Protein Lung Assay	33
C_CNA_PLATCNA	NANOLUNG	NanoString nCounter: Vantage 3D Lung Fusion Panel	34
C_CNA_TYPE	BIOPSY	Biopsy	1
C_CNA_TYPE	CYTO	Cytology	2
C_CNA_TYPE	PLASMA	Plasma	3
C_GEN_DNAVAR	AKT1	AKT1 c.49G>A (E17K)	1
C_GEN_DNAVAR	ALKFUS	ALK Fusions (partner unknown)	2
C_GEN_DNAVAR	ALKEML	ALK-EML4 fusion	3
C_GEN_DNAVAR	ALKTFR	ALK-TFR fusion	4
C_GEN_DNAVAR	ALKKIF	ALK-KIF5B fusion	5
C_GEN_DNAVAR	ALKKLC	ALK-KLC1 fusion	6
C_GEN_DNAVAR	ALKPTPN	ALK-PTPN3 fusion	7
C_GEN_DNAVAR	ALKHIP	ALK-HIP1 fusion	8
C_GEN_DNAVAR	ALKTPR	ALK-TPR fusion	9
C_GEN_DNAVAR	ALKBIRC	ALK-BIRC6 fusion	10
C_GEN_DNAVAR	ALKDCTN	ALK-DCTN1 fusion	11
C_GEN_DNAVAR	ALKSQST	ALK-SQSTM1 fusion	12
C_GEN_DNAVAR	ALKPRK	ALK-PRKAR1A fusion	13
C_GEN_DNAVAR	ALKPPM	ALK-PPM1B fusion	14
C_GEN_DNAVAR	ALKEIF	ALK-EIF2AK3 fusion	15
C_GEN_DNAVAR	ALKBCL	ALK-BCL11A fusion	16
C_GEN_DNAVAR	ALKCEBP	ALK-CEBPZ fusion	17
C_GEN_DNAVAR	ALKPICA	ALK-PICALM fusion	18
C_GEN_DNAVAR	ALKGCC	ALK-GCC2 fusion	19
C_GEN_DNAVAR	ALKLMO	ALK-LMO7 fusion	20
C_GEN_DNAVAR	ALKPHAC	ALK-PHACTR1 fusion	21
C_GEN_DNAVAR	ALKCMTR	ALK-CMTR1 fusion	22
C_GEN_DNAVAR	ALKOTH	ALK-other fusion	23
C_GEN_DNAVAR	1151Tins	1151Tins	24
C_GEN_DNAVAR	L1152R	L1152R	25
C_GEN_DNAVAR	C1156Y	C1156Y	26
C_GEN_DNAVAR	I1171TNS	I1171T/N/S	27
C_GEN_DNAVAR	F1174LC	F1174L/C	28
C_GEN_DNAVAR	V1180L	V1180L	29
C_GEN_DNAVAR	L1196M	L1196M	30
C_GEN_DNAVAR	L1198F	L1198F	31
C_GEN_DNAVAR	F1202Rdel	F1202R/del	32
C_GEN_DNAVAR	S1206F	S1206F	33

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_DNAVAR	D1203N	D1203N	34
C_GEN_DNAVAR	S1206YC	S1206Y/C	35
C_GEN_DNAVAR	G1269A	G1269A	36
C_GEN_DNAVAR	G1548E	G1548E	37
C_GEN_DNAVAR	BRAFG466V	BRAF c.1397G>T (G466V)	38
C_GEN_DNAVAR	BRAFG469L	BRAF c.1405_1406delGGinsTT (G469L)	39
C_GEN_DNAVAR	BRAFG469A	BRAF c.1406G>C (G469A)	40
C_GEN_DNAVAR	BRAFY472C	BRAF c.1415A>G (Y472C)	41
C_GEN_DNAVAR	BRAFL597V	BRAF c.1789C>G (L597V)	42
C_GEN_DNAVAR	BRAFV600E	BRAF c.1799T>A (V600E)	43
C_GEN_DNAVAR	DDR2S768R	DDR2 c2304T>A (S768R)	44
C_GEN_DNAVAR	EDFRSU	EGFR Status Unknown	45
C_GEN_DNAVAR	EGFRNMD	EGFR No Mutation Detected (obsolete)	46
C_GEN_DNAVAR	EGFRKDD	EGFR Kinase Domain Duplication	47
C_GEN_DNAVAR	EGFRG719A	EGFR c.2156G>C (G719A)	48
C_GEN_DNAVAR	EGFRG719C	EGFR c.2155G>T (G719C)	49
C_GEN_DNAVAR	EGFRG719S	EGFR c.2156G>A (G719S)	50
C_GEN_DNAVAR	EGFREX19D	EGFR Exon 19 Deletion	51
C_GEN_DNAVAR	EGFREX19I	EGFR Exon 19 Insertion	52
C_GEN_DNAVAR	EGFREX20I	EGFR Exon 20 Insertion	53
C_GEN_DNAVAR	EGFRA763	EGFR c.2290_2291ins (A763_Y764insFQEA)	54
C_GEN_DNAVAR	EGFRT790M	EGFR c.2369C>T (T790M)	55
C_GEN_DNAVAR	EGFRL858R	EGFR c.2573T>G (L858R)	56
C_GEN_DNAVAR	EGFRL861Q	EGFR c.2582T>A (L861Q)	57
C_GEN_DNAVAR	EGFRS768I	EGFR c.2303G>T (S768I)	58
C_GEN_DNAVAR	EGFRC797S	EGFR c.2390G>C (C797S)	59
C_GEN_DNAVAR	EGFRS720F	EGFR c.2159C>T (S720F)	60
C_GEN_DNAVAR	EGFRD761Y	EGFR c.2281G>T (D761Y)	61
C_GEN_DNAVAR	EGFRV765A	EGFR c.2294T>C (V765A)	62
C_GEN_DNAVAR	EGFRT783A	EGFR c.2347A>G (T783A)	63
C_GEN_DNAVAR	EGFRV769L	EGFR c.2305G>T (V769L)	64
C_GEN_DNAVAR	EGFRN771T	EGFR c.2312A>C (N771T)	65
C_GEN_DNAVAR	EGFRL861R	EGFR c.2582 T>G (L861R)	66
C_GEN_DNAVAR	EGFRNPGI	EGFR D770_N771 (insNPG)	67
C_GEN_DNAVAR	EGFRSVQI	EGFR D770_N771 (insSVQ)	68
C_GEN_DNAVAR	EGFRGI	EGFR D770_N771 (insG)	69
C_GEN_DNAVAR	HER2EX20I	HER2 Exon 20 Insertion	70
C_GEN_DNAVAR	FGFR1FUS	FGFR1 Fusions	71
C_GEN_DNAVAR	FGFR2FUS	FGFR2 Mutation	72
C_GEN_DNAVAR	FGFR3FUS	FGFR3 Fusions	73
C_GEN_DNAVAR	FGFR3MUT	FGFR3 mutation at 248/249 pos.	74
C_GEN_DNAVAR	FGFR3RE	FGFR3 Rearrangement	75
C_GEN_DNAVAR	FGFR4MUT	FGFR4 Mutation	76
C_GEN_DNAVAR	KRASC34GT	KRAS c.34G>T (G12C)	77
C_GEN_DNAVAR	KRASG12R	KRAS c.34G>C (G12R)	78

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_DNAVAR	KRASG12S	KRAS c.34G>A (G12S)	79
C_GEN_DNAVAR	KRASG12A	KRAS c.35G>C (G12A)	80
C_GEN_DNAVAR	KRASG12D	KRAS c.35G>A (G12D)	81
C_GEN_DNAVAR	KRASG12V	KRAS c.35G>T (G12V)	82
C_GEN_DNAVAR	KRASG13C	KRAS c.37G>T (G13C)	83
C_GEN_DNAVAR	KRASG13R	KRAS c.37G>C (G13R)	84
C_GEN_DNAVAR	KRASG13S	KRAS c.37G>A (G13S)	85
C_GEN_DNAVAR	KRASG13A	KRAS c.38G>C (G13A)	86
C_GEN_DNAVAR	KRASG13D	KRAS c.38G>A (G13D)	87
C_GEN_DNAVAR	KRASQ61K	KRAS c.181C>A (Q61K)	88
C_GEN_DNAVAR	KRASQ61L	KRAS c.182A>T (Q61L)	89
C_GEN_DNAVAR	KRASQ61R	KRAS c.182A>G (Q61R)	90
C_GEN_DNAVAR	KRASQ61HC	KRAS c.183A>C (Q61H)	91
C_GEN_DNAVAR	KRASQ61T	KRAS c.183A>T (Q61H)	92
C_GEN_DNAVAR	MEK1Q56P	MEK1 c.167A>C (Q56P)	93
C_GEN_DNAVAR	MEK1K57N	MEK1 c.171G>T (K57N)	94
C_GEN_DNAVAR	MEK1D67N	MEK1 C.199G>A (D67N)	95
C_GEN_DNAVAR	METEX14M	MET Exon 14 Skipping Mutations	96
C_GEN_DNAVAR	NRASG12C	NRAS c.34G>T (G12C)	97
C_GEN_DNAVAR	NRASG12R	NRAS c.34G>C (G12R)	98
C_GEN_DNAVAR	NRASG12S	NRAS c.34G>A (G12S)	99
C_GEN_DNAVAR	NRASG12A	NRAS c.35G>C (G12A)	100
C_GEN_DNAVAR	NRASG12D	NRAS c.35G>A (G12D)	101
C_GEN_DNAVAR	NRASQ61K	NRAS c.181C>A (Q61K)	102
C_GEN_DNAVAR	NRASQ61L	NRAS c.182A>T (Q61L)	103
C_GEN_DNAVAR	NRASQ61R	NRAS c.182A>G (Q61R)	104
C_GEN_DNAVAR	NRASQ61HC	NRAS c.183A>C (Q61H)	105
C_GEN_DNAVAR	NRASQ61HT	NRAS c.183A>T (Q61H)	106
C_GEN_DNAVAR	NTR51FUS	NTRK1 (TRKA) Fusions	107
C_GEN_DNAVAR	PIK3CAE542K	PIK3CA c.1624G>A (E542K)	108
C_GEN_DNAVAR	PIK3CAE545K	PIK3CA c.1633G>A (E545K)	109
C_GEN_DNAVAR	PIK3CAE545Q	PIK3CA c.1633G>C (E545Q)	110
C_GEN_DNAVAR	PIK3CAH1047L	PIK3CA c.3140A>T (H1047L)	111
C_GEN_DNAVAR	PIK3CAH1047R	PIK3CA c.3140A>G (H1047R)	112
C_GEN_DNAVAR	PTENR233	PTEN c.697C>T (R233*)	113
C_GEN_DNAVAR	RETFUS	RET Fusions (partner unknown)	114
C_GEN_DNAVAR	RETKIF	RET-KIF5B fusion	115
C_GEN_DNAVAR	RETCCDC	RET-CCDC6 fusion	116
C_GEN_DNAVAR	RETTRIM	RET-TRIM33 fusion	117
C_GEN_DNAVAR	RETOTH	RET-other fusion	118
C_GEN_DNAVAR	S1986YF	S1986Y/F	119
C_GEN_DNAVAR	G2032R	G2032R	120
C_GEN_DNAVAR	D2033N	D2033N	121
C_GEN_DNAVAR	D2155S	D2155S	122
C_GEN_DNAVAR	ROS1FUS	ROS1 Fusions (partner unknown)	123

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_DNAVAR	ROSCD	ROS1-CD74 fusion	124
C_GEN_DNAVAR	ROSSDC	ROS1-SDC4 fusion	125
C_GEN_DNAVAR	ROSSLC	ROS1-SLC34A2 fusion	126
C_GEN_DNAVAR	ROSEZR	ROS1-EZR fusion	127
C_GEN_DNAVAR	ROSTPM	ROS1-TPM3 fusion	128
C_GEN_DNAVAR	ROSOTH	ROS1-other fusion	129
C_GEN_DNAVAR	NOABN	No abnormality detected	130
C_GEN_GENEAB	PRES	Present	1
C_GEN_GENEAB	ABSENT	Absent	2
C_GEN_GENEAB	INCON	Inconclusive	3
C_GEN_GENPLAT	ABL1	ABL1	1
C_GEN_GENPLAT	AKT1	AKT1	2
C_GEN_GENPLAT	ALK	ALK	3
C_GEN_GENPLAT	AMER1	AMER1	4
C_GEN_GENPLAT	APC	APC	5
C_GEN_GENPLAT	AR	AR	6
C_GEN_GENPLAT	ARAF	ARAF	7
C_GEN_GENPLAT	ARID1A	ARID1A	8
C_GEN_GENPLAT	ARID1B	ARID1B	9
C_GEN_GENPLAT	ARID2	ARID2	10
C_GEN_GENPLAT	ASXL1	ASXL1	11
C_GEN_GENPLAT	ATM	ATM	12
C_GEN_GENPLAT	ATR	ATR	13
C_GEN_GENPLAT	ATRX	ATRX	14
C_GEN_GENPLAT	AXL	AXL	15
C_GEN_GENPLAT	BAP1	BAP1	16
C_GEN_GENPLAT	BCOR	BCOR	17
C_GEN_GENPLAT	BCORL1	BCORL1	18
C_GEN_GENPLAT	BLM	BLM	19
C_GEN_GENPLAT	BRAF	BRAF	20
C_GEN_GENPLAT	BRCA1	BRCA1	21
C_GEN_GENPLAT	BRCA2	BRCA2	22
C_GEN_GENPLAT	BRIP1	BRIP1	23
C_GEN_GENPLAT	CARD11	CARD11	24
C_GEN_GENPLAT	CBL	CBL	25
C_GEN_GENPLAT	CDC73	CDC73	26
C_GEN_GENPLAT	CD74NRG1	CD74-NRG1	27
C_GEN_GENPLAT	CDH1	CDH1	28
C_GEN_GENPLAT	CDKN2A	CDKN2A	29
C_GEN_GENPLAT	CIITA	CIITA	30
C_GEN_GENPLAT	CREBBP	CREBBP	31
C_GEN_GENPLAT	CSF1R	CSF1R	32
C_GEN_GENPLAT	CTNNB1	CTNNB1	33
C_GEN_GENPLAT	CUX1	CUX1	34
C_GEN_GENPLAT	DDR2	DDR2	35

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_GENPLAT	DICER1	DICER1	36
C_GEN_GENPLAT	DIS3	DIS3	37
C_GEN_GENPLAT	DMD	DMD	38
C_GEN_GENPLAT	DNMT3A	DNMT3A	39
C_GEN_GENPLAT	EGFR	EGFR	40
C_GEN_GENPLAT	EML4	EML4	41
C_GEN_GENPLAT	EP300	EP300	42
C_GEN_GENPLAT	EPHA3	EPHA3	43
C_GEN_GENPLAT	EPHA5	EPHA5	44
C_GEN_GENPLAT	EPHA7	EPHA7	45
C_GEN_GENPLAT	EPHB1	EPHB1	46
C_GEN_GENPLAT	ERBB2	ERBB2 (HER2)	47
C_GEN_GENPLAT	ERBB3	ERBB3 (HER3)	48
C_GEN_GENPLAT	ERBB4	ERBB4	49
C_GEN_GENPLAT	ERCC2	ERCC2	50
C_GEN_GENPLAT	ERCC3	ERCC3	51
C_GEN_GENPLAT	ERCC4	ERCC4	52
C_GEN_GENPLAT	ERCC5	ERCC5	53
C_GEN_GENPLAT	ESR1	ESR1	54
C_GEN_GENPLAT	ETV1	ETV1	55
C_GEN_GENPLAT	FANCA	FANCA	56
C_GEN_GENPLAT	FAT1	FAT1	57
C_GEN_GENPLAT	FBXW7	FBXW7	58
C_GEN_GENPLAT	FGFR1	FGFR1	59
C_GEN_GENPLAT	FGFR2	FGFR2	60
C_GEN_GENPLAT	FGFR3	FGFR3	61
C_GEN_GENPLAT	FGFR4	FGFR4	62
C_GEN_GENPLAT	FLT1	FLT1	63
C_GEN_GENPLAT	FLT3	FLT3	64
C_GEN_GENPLAT	FLT4	FLT4	65
C_GEN_GENPLAT	GATA3	GATA3	66
C_GEN_GENPLAT	GLI1	GLI1	67
C_GEN_GENPLAT	GLI2	GLI2	68
C_GEN_GENPLAT	GLI3	GLI3	69
C_GEN_GENPLAT	GNAS	GNAS	70
C_GEN_GENPLAT	GRIN2A	GRIN2A	71
C_GEN_GENPLAT	HGF	HGF	72
C_GEN_GENPLAT	HIST1H3F	HIST1H3F	73
C_GEN_GENPLAT	IGF1R	IGF1R	74
C_GEN_GENPLAT	IKZF1	IKZF1	75
C_GEN_GENPLAT	INPP4B	INPP4B	76
C_GEN_GENPLAT	JAK2	JAK2	77
C_GEN_GENPLAT	JAK3	JAK3	78
C_GEN_GENPLAT	KDM5C	KDM5C	79
C_GEN_GENPLAT	KDM6A	KDM6A	80

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_GENPLAT	KDR	KDR	81
C_GEN_GENPLAT	KEAP1	KEAP1	82
C_GEN_GENPLAT	KIT	KIT	83
C_GEN_GENPLAT	KMT2A	KMT2A	84
C_GEN_GENPLAT	KMT2C	KMT2C	85
C_GEN_GENPLAT	KMT2D	KMT2D	86
C_GEN_GENPLAT	KRAS	KRAS	87
C_GEN_GENPLAT	MAP2K1	MAP2K1	88
C_GEN_GENPLAT	MAP3K1	MAP3K1	89
C_GEN_GENPLAT	MED12	MED12	90
C_GEN_GENPLAT	MEN1	MEN1	91
C_GEN_GENPLAT	MET	MET	92
C_GEN_GENPLAT	MGA	MGA	93
C_GEN_GENPLAT	MPL	MPL	94
C_GEN_GENPLAT	MSH2	MSH2	95
C_GEN_GENPLAT	MSH6	MSH6	96
C_GEN_GENPLAT	MTOR	MTOR	97
C_GEN_GENPLAT	NBN	NBN	98
C_GEN_GENPLAT	NF1	NF1	99
C_GEN_GENPLAT	NF2	NF2	100
C_GEN_GENPLAT	NFE2L2	NFE2L2	101
C_GEN_GENPLAT	NOTCH1	NOTCH1	102
C_GEN_GENPLAT	NOTCH2	NOTCH2	103
C_GEN_GENPLAT	NOTCH3	NOTCH3	104
C_GEN_GENPLAT	NOTCH4	NOTCH4	105
C_GEN_GENPLAT	NRAS	NRAS	106
C_GEN_GENPLAT	NTRK1	NTRK1	107
C_GEN_GENPLAT	NTRK2	NTRK2	108
C_GEN_GENPLAT	NTRK3	NTRK3	109
C_GEN_GENPLAT	PAK5	PAK5	110
C_GEN_GENPLAT	PALB2	PALB2	111
C_GEN_GENPLAT	PARK2	PARK2	112
C_GEN_GENPLAT	PBRM1	PBRM1	113
C_GEN_GENPLAT	PDGFRA	PDGFRA	114
C_GEN_GENPLAT	PDGFRB	PDGFRB	115
C_GEN_GENPLAT	PIK3C2B	PIK3C2B	116
C_GEN_GENPLAT	PIK3C2G	PIK3C2G	117
C_GEN_GENPLAT	PIK3CA	PIK3CA	118
C_GEN_GENPLAT	PIK3CG	PIK3CG	119
C_GEN_GENPLAT	PMS1	PMS1	120
C_GEN_GENPLAT	PMS2	PMS2	121
C_GEN_GENPLAT	POLE	POLE	122
C_GEN_GENPLAT	PRKDC	PRKDC	123
C_GEN_GENPLAT	PTCH1	PTCH1	124
C_GEN_GENPLAT	PTEN	PTEN	125

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_GENPLAT	PTPN11	PTPN11	126
C_GEN_GENPLAT	PTPRD	PTPRD	127
C_GEN_GENPLAT	PTPRT	PTPRT	128
C_GEN_GENPLAT	RB1	RB1	129
C_GEN_GENPLAT	RBM10	RBM10	130
C_GEN_GENPLAT	RECQL4	RECQL4	131
C_GEN_GENPLAT	RET	RET	132
C_GEN_GENPLAT	RFWD2	RFWD2	133
C_GEN_GENPLAT	ROS1	ROS1	134
C_GEN_GENPLAT	SETBP1	SETBP1	135
C_GEN_GENPLAT	SETD2	SETD2	136
C_GEN_GENPLAT	SF3B1	SF3B1	137
C_GEN_GENPLAT	SMAD4	SMAD4	138
C_GEN_GENPLAT	SMARCA4	SMARCA4	139
C_GEN_GENPLAT	SMO	SMO	140
C_GEN_GENPLAT	SPEN	SPEN	141
C_GEN_GENPLAT	STAG2	STAG2	142
C_GEN_GENPLAT	STK11	STK11	143
C_GEN_GENPLAT	TBX3	TBX3	144
C_GEN_GENPLAT	TCF3	TCF3	145
C_GEN_GENPLAT	TERT	TERT	146
C_GEN_GENPLAT	TET1	TET1	147
C_GEN_GENPLAT	TET2	TET2	148
C_GEN_GENPLAT	TLR4	TLR4	149
C_GEN_GENPLAT	TP53	TP53	150
C_GEN_GENPLAT	TSC1	TSC1	151
C_GEN_GENPLAT	TSC2	TSC2	152
C_GEN_GENPLAT	WT1	WT1	153
C_GEN_GENPLAT	ZFHX3	ZFHX3	154
C_GEN_PLATBIO	SANGEGFR	Sanger: EGFR Point Mutations	2
C_GEN_PLATBIO	SANGBRAF	Sanger: BRAF Point Mutations	3
C_GEN_PLATBIO	SANGHER2	Sanger: HER2 (ERBB2) Point Mutations	4
C_GEN_PLATBIO	SANGKRAS	Sanger: KRAS Point Mutations	5
C_GEN_PLATBIO	NGSCOBAS	COBAS EGFR Mutation Test v2	6
C_GEN_PLATBIO	NGSTHER2	NGS: ThermoFisher Ion Ampliseq v2	9
C_GEN_PLATBIO	NGSODX	NGS: Oncomine Dx Target Test	10
C_GEN_PLATBIO	NGSOLUNG	NGS: Oncomine Lung cfDNA Assay	11
C_GEN_PLATBIO	NGSOFOC	NGS: Oncomine Focus	12
C_GEN_PLATBIO	NGSSOLID	NGS: Oncomine Solid Tumor Fusion	13
C_GEN_PLATBIO	NGSS1PAN	NGS: OncoGenBasic S1 Panel (BRAF, KRAS, NRAS, EGFR)	14
C_GEN_PLATBIO	NGSS2PAN	NGS: OncoGenBasic S2 Panel (AKT1, PIK3CA)	15
C_GEN_PLATBIO	NGS360G	NGS: Guardant360	16
C_GEN_PLATBIO	MSK	NGS: MSK-IMPACT	17
C_GEN_PLATBIO	NGSFONE	NGS: FoundationOne	18
C_GEN_PLATBIO	NGSONE	NGS: FoundationOne CDX	19

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_GEN_PLATBIO	NGS425C	NGS: Geneseeq Pan-Genomic (425 cancer genes)	20
C_GEN_PLATBIO	NGS139L	NGS: Geneseeq Pulmocan (139 lung cancer genes)	21
C_GEN_PLATBIO	NGS14N	NGS: Geneseeq Tetradecan (14 NCCN lung cancer genes)	22
C_GEN_PLATBIO	NGSMIPRO	NGS: Caris MI Profile	23
C_GEN_PLATBIO	NGSMITUM	NGS: Caris MI Tumor Seek	24
C_GEN_PLATBIO	NGSLFUS	NGS: NeoGenomics Lung NGS Fusion Profile	25
C_GEN_PLATBIO	NGSLPRO	NGS: NeoGenomics NeoTYPE Lung Tumor Profile	26
C_GEN_PLATBIO	NGSTHPAN	NGS: ThermoFisher Oncomine Pan-Cancer Cell-Free Assay	27
C_GEN_PLATBIO	NGSTHER1	NGS: ThermoFisher Oncomine Comprehensive Assay v1	28
C_GEN_PLATBIO	NGSTHER3	NGS: ThermoFisher Oncomine Comprehensive Assay v3	29
C_GEN_PLATBIO	NGSMUTL	NGS: ThermoFisher Oncomine Tumor Mutation Load Assay	30
C_GEN_PLATBIO	NGSILL	NGS: Illumina TruSight(tm) Oncology 500	31
C_GEN_PLATBIO	DDPCR	ddPCR: Biodesix Lung Reflex genestrat	32
C_GEN_PLATBIO	QPCREGFR	qPCR/RT-qPCR/ddPCR: EGFR Point Mutations	35
C_GEN_PLATBIO	QPCRBRAF	qPCR/RT-qPCR/ddPCR: BRAF Point Mutations	36
C_GEN_PLATBIO	QPCRHER2	qPCR/RT-qPCR/ddPCR: HER2 (ERBB2) Point Mutations	37
C_GEN_PLATBIO	QPCRKRAS	qPCR/RT-qPCR/ddPCR: KRAS Point Mutations	38
C_GEN_PLATBIO	RTQPEGFR	RT-PCR Biocartis Idylla: EGFR Point Mutations	39
C_GEN_PLATBIO	RTQPBRAF	RT-PCR Biocartis Idylla: BRAF Point Mutations	40
C_GEN_PLATBIO	RTQPHER2	RT-PCR Biocartis Idylla: KRAS Point Mutations	41
C_GEN_PLATBIO	RTQPNRAS	RT-PCR Biocartis Idylla: NRAS-BRAF Point Mutations	42
C_GEN_PLATBIO	FISHALK	FISH: ALK Fusion	44
C_GEN_PLATBIO	FISHROS1	FISH: ROS1 Fusion	45
C_GEN_PLATBIO	FISHMET	FISH: MET Amplifications	46
C_GEN_PLATBIO	FISHRET	FISH: RET Fusion	47
C_GEN_PLATBIO	CISHALK	CISH: ALK Fusion	48
C_GEN_PLATBIO	CISHROS1	CISH: ROS1 Fusion	49
C_GEN_PLATBIO	CISHMET	CISH: MET Amplifications	50
C_GEN_PLATBIO	CISHRET	CISH: RET Fusion	51
C_GEN_PLATBIO	ACGHARR	aCGH (array comparative genomic hybridisation)	53
C_GEN_PLATBIO	SNP500K	SNP array: Affymetrix 500K array	54
C_GEN_PLATBIO	SNP5ARR	SNP array: Affymetrix 5.0 SNP array	55
C_GEN_PLATBIO	SNPARR	SNP array: Affymetrix 6.0 SNP array	56
C_GEN_PLATBIO	SNPCNV	SNP array: OncoScan CNV Plus Assay	57
C_GEN_PLATBIO	SNPONCO	SNP array: Sequenom OncoCarta v1.0	58
C_GEN_PLATBIO	SNPLUNG	SNP array: Sequenom LungCarta	59
C_GEN_PLATBIO	NANODNA	NanoString nCounter: Vantage 3D DNA:Fusion:Protein Lung Assay	60
C_GEN_PLATBIO	NANOLUNG	NanoString nCounter: Vantage 3D Lung Fusion Panel	61
C_GEN_TYPE	BIOPSY	Biopsy	1
C_GEN_TYPE	CYTO	Cytology	2
C_GEN_TYPE	PLASMA	Plasma	3
C_GEN_YN	Y	Yes	1
C_GEN_YN	N	No	2
C_GENO	HOMO	Homozygous	1
C_GENO	HETERO	Heterozygous	2

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_LAB_CELLS	CELLS	109 X cells/L	1
C_LAB_GDLMMOL	GDL	g/dL	1
C_LAB_GDLMMOL	MMOL	mmol/L	2
C_LAB_GL	GL	g/L	1
C_LAB_GL	GDL	g/dL	2
C_LAB_IULUKAT	UKAT	ukat/L	1
C_LAB_IULUKAT	IUL	IU/L	2
C_LAB_MGDLMMOL	MMOL	mmol/L	1
C_LAB_MGDLMMOL	MGDL	mg/dl	2
C_LAB_MMOL	MMOL	mmol/L	1
C_LAB_SUVAPP	HILAR	Hilar/interlobar nodes	1
C_LAB_SUVAPP	MEDNODE	Mediastinal nodes	2
C_LAB_SUVAPP	SUPNODE	Supraclavicular nodes	3
C_LAB_UKAT	UKAT	ukat/L	1
C_MONTH	JAN	Jan	1
C_MONTH	FEB	Feb	2
C_MONTH	MAR	Mar	3
C_MONTH	APR	Apr	4
C_MONTH	MAY	May	5
C_MONTH	JUN	Jun	6
C_MONTH	JUL	Jul	7
C_MONTH	AUG	Aug	8
C_MONTH	SEP	Sep	9
C_MONTH	OCT	Oct	10
C_MONTH	NOV	Nov	11
C_MONTH	DEC	Dec	12
C_PC_SMOKHIST	NEVER	Never smoked	1
C_PC_SMOKHIST	FORMER	Former smoker	2
C_PC_SMOKHIST	CURRENT	Current smoker	3
C_PC_SMOKHIST	ND	No Data	4
C_PC_WT6LOSS	L5PER	< 5% of body weight	1
C_PC_WT6LOSS	G5PER	>= 5% - 10% of body weight	2
C_PC_WT6LOSS	G10PER	>= 10% of body weight	3
C_PC_WT6LOSS	ND	No Data	4
C_PC_ZUBROD	0	0 - Fully active	1
C_PC_ZUBROD	1	1- Restricted	2
C_PC_ZUBROD	2	2 - No work, ambulatory	3
C_PC_ZUBROD	3	3 - Limited self-care	4
C_PC_ZUBROD	4	4 - Completely disabled	5
C_PC_ZUBROD	ND	No Data	6
C_POST_LYMPHINV	LY0	Ly0: No invasion	1
C_POST_LYMPHINV	LY1	Ly1: Invasion	2
C_POST_LYMPHINV	UNK	Unknown	3
C_POST_NCAT	N0	N0	1
C_POST_NCAT	N1	N1	2

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_POST_NCAT	N2	N2	3
C_POST_NCAT	N3	N3	4
C_POST_NCAT	NX	NX	5
C_POST_NCATLR	PLUS	+	1
C_POST_NCATLR	NEG	-	2
C_POST_NCATLR	ND	ND	3
C_POST_PLEUCYTO	POS	Positive	1
C_POST_PLEUCYTO	NEG	Negative	2
C_POST_PLEUCYTO	ND	Not done	3
C_POST_PLEUCYTO	NONE	No Data	4
C_POST_STATFISS	ADJINV	Adjacent lobe invaded	1
C_POST_STATFISS	ADJNOINV	Adjacent lobe not invaded	2
C_POST_STATFISS	UNK	Unknown	3
C_POST_STATFISS	NA	Not Applicable	4
C_POST_TCAT	TX	TX	1
C_POST_TCAT	T0	T0	2
C_POST_TCAT	TIS	Tis	3
C_POST_TCAT	T1MI	T1mi	4
C_POST_TCAT	T1A	T1a	5
C_POST_TCAT	T1B	T1b	6
C_POST_TCAT	T1C	T1c	7
C_POST_TCAT	T2A	T2a	8
C_POST_TCAT	T2B	T2b	9
C_POST_TCAT	T3	T3	10
C_POST_TCAT	T4	T4	11
C_POST_TSTAS	PRESENT	Present	1
C_POST_TSTAS	ABSENT	Absent	2
C_POST_TSTAS	NOTEVAL	Not evaluated	3
C_POST_VASCINV	V0	V0: None	1
C_POST_VASCINV	V1	V1: Microscopic	2
C_POST_VASCINV	V2	V2: Macroscopic	3
C_POST_VASCINV	UNK	Unknown	4
C_PRE_CYTO	POS	Positive	1
C_PRE_CYTO	NEG	Negative	2
C_PRE_CYTO	ND	Not done	3
C_PRE_CYTO	UNK	Unknown	4
C_PRE_DISTMET	SINGLES	Single lesion	1
C_PRE_DISTMET	MULTLES	Multiple lesions	2
C_PRE_DISTMET	PRES	Present, number of lesions not specified	3
C_PRE_DISTMET	ABS	Absent	4
C_PRE_MCAT	M0	M0	1
C_PRE_MCAT	M1A	M1a	2
C_PRE_MCAT	M1B	M1b	3
C_PRE_MCAT	M1C	M1c	4
C_PRE_MNOASP	ASPBEN	Aspiration not needed; evidence of benignity (e.g. improvement without anti-cancer treatments)	1

IASLC Lung Cancer Staging Project Codelists for Coded Fields in the Lung Cancer Electronic Data Capture System (v1.11)
(continued)

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_PRE_MNOASP	ASPOTH	Aspiration not needed; evidence of other metastatic disease (M1b, M1c)	2
C_PRE_MNOASP	ASPETIOL	Unable to be aspirated; alternative etiology clinically likely (e.g. parapneumonic, heart failure)	3
C_PRE_MNOASP	ASPMALIG	Unable to be aspirated; clinically likely malignant	4
C_PRE_MNOASP	OTH	Other reason	5
C_PRE_MPERI	PRES	Present	1
C_PRE_MPERI	ABS	Absent	2
C_PRE_MPERI	UNK	Unknown	3
C_PRE_MPLEU	NONE	None	1
C_PRE_MPLEU	IPSIL	Ipsilateral	2
C_PRE_MPLEU	CONTRA	Contralateral	3
C_PRE_MPLEU	BILAT	Bilateral	4
C_PRE_MPLEU	PRES	Present, side not specified	5
C_PRE_MPLEU	UNK	Unknown	6
C_PRE_NCAT	N0	N0	1
C_PRE_NCAT	N1	N1	2
C_PRE_NCAT	N2	N2	3
C_PRE_NCAT	N3	N3	4
C_PRE_NCAT	NX	NX	5
C_PRE_NCATLR	PLUS	+	1
C_PRE_NCATLR	NEG	-	2
C_PRE_NCATLR	ND	ND	3
C_PRE_NMEAS	XRAY	X-ray	1
C_PRE_NMEAS	CT	CT	2
C_PRE_NMEAS	ULTRA	Ultrasound	3
C_PRE_NMEAS	BIO	Biopsy	4
C_PRE_TCAT	TX	TX	1
C_PRE_TCAT	T0	T0	2
C_PRE_TCAT	TIS	Tis	3
C_PRE_TCAT	T1MI	T1mi	4
C_PRE_TCAT	T1A	T1a	5
C_PRE_TCAT	T1B	T1b	6
C_PRE_TCAT	T1C	T1c	7
C_PRE_TCAT	T2A	T2a	8
C_PRE_TCAT	T2B	T2b	9
C_PRE_TCAT	T3	T3	10
C_PRE_TCAT	T4	T4	11
C_PRO_ANTI	DAKO288	DAKO 28-8	1
C_PRO_ANTI	DAKO22C3	DAKO 22-C3	2
C_PRO_ANTI	DAKO7310	DAKO 73-10	3
C_PRO_ANTI	VNTSP142	Ventana SP142	4
C_PRO_ANTI	VNTSP263	Ventana SP263	5
C_PRO_ANTI	CSE1L3N	Cell Signaling E1L3N	6
C_PRO_ANTI	DAKOALK1	Dako ALK1	7
C_PRO_ANTI	VNTD5F3	Ventana D5F3 CDx	8
C_PRO_ANTI	CSD5F3	Cell Signaling D5F3	9

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_PRO_ANTI	NALN5A4	Novocastra/Abcam/Leica/Novus 5A4	10
C_PRO_ANTI	CSD4D6	Cell Signaling D4D6	11
C_PRO_ANTI	CS43B2	Cell Signaling 43B2 (L858R Mutant Specific)	12
C_PRO_ANTI	CSD6B6	Cell Signaling D6B6 (E746-A750del Specific)	13
C_PRO_ANTI	THER5A4	Thermo Fisher/Abcam 5A4	14
C_PRO_ANTI	VNTSP384	Ventana SP384	15
C_PRO_ANTI	VNTSP44	Ventana SP44	16
C_PRO_ANTI	OTH	Other	17
C_PRO_EXP	POS	Positive	1
C_PRO_EXP	NEG	Negative	2
C_PRO_EXP	INCON	Inconclusive	3
C_PRO_PLATPA	IHC	IHC	1
C_PRO_PLATPA	MASSSPEC	Mass spectrometry	2
C_PRO_PLATPA	ELISA	ELISA	3
C_PRO_PLATPA	LUMINEX	Luminex	4
C_PRO_PLATPA	NANO	NanoString nCounter: Vantage 3D DNA:Fusion:Protein Lung Assay	5
C_PRO_PROT	PDL1	PD-L1	1
C_PRO_PROT	ALK	ALK	2
C_PRO_PROT	ROS	ROS1	3
C_PRO_PROT	EGFR	EGFR	4
C_PRO_PROT	MET	MET	5
C_PRO_TYPE	BIOPSY	Biopsy	1
C_PRO_TYPE	CYTO	Cytology	2
C_PRO_TYPE	PLASMA	Plasma	3
C_PTUM_DIFFGRD	GX	Gx: Cannot be assessed	1
C_PTUM_DIFFGRD	G1	G1: Well differentiated	2
C_PTUM_DIFFGRD	G2	G2: Moderately differentiated	3
C_PTUM_DIFFGRD	G3	G3: Poorly differentiated	4
C_PTUM_DIFFGRD	G4	G4: Undifferentiated	5
C_PTUM_DIFFGRD	UNK	Unknown	6
C_PTUM_HISTTYPE	ADINSITU	Adenocarcinoma, noninvasive: Adenocarcinoma in situ	1
C_PTUM_HISTTYPE	ADMININV	Adenocarcinoma: Minimally invasive adenocarcinoma	2
C_PTUM_HISTTYPE	ADLEPID	Adenocarcinoma, Invasive: Lepidic adenocarcinoma	3
C_PTUM_HISTTYPE	ADACINAR	Adenocarcinoma, Invasive: Acinar adenocarcinoma	4
C_PTUM_HISTTYPE	ADPAPILL	Adenocarcinoma, Invasive: Papillary adenocarcinoma	5
C_PTUM_HISTTYPE	ADENMICR	Adenocarcinoma, Invasive: Micropapillary adenocarcinoma	6
C_PTUM_HISTTYPE	SOLIDADE	Adenocarcinoma, Invasive: Solid adenocarcinoma	7
C_PTUM_HISTTYPE	ADENMUCI	Adenocarcinoma, Invasive: Invasive mucinous adenocarcinoma	8
C_PTUM_HISTTYPE	ADENNOS	Adenocarcinoma, NOS	9
C_PTUM_HISTTYPE	SQUASITU	Squamous cell carcinoma: Squamous cell carcinoma in situ	10
C_PTUM_HISTTYPE	SQUAINVA	Squamous cell carcinoma: Invasive squamous cell carcinoma	11
C_PTUM_HISTTYPE	DIPNECH	Neuroendocrine tumor: Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia	12
C_PTUM_HISTTYPE	NEURSCLC	Neuroendocrine tumor: Small cell carcinoma	13
C_PTUM_HISTTYPE	NEURLCC	Neuroendocrine tumor: Large cell neuroendocrine carcinoma	14
C_PTUM_HISTTYPE	CARCTYP	Carcinoid tumor: typical carcinoid	15

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_PTUM_HISTTYPE	CARCATYP	Carcinoid tumor: atypical carcinoid	16
C_PTUM_HISTTYPE	LARGCELL	Large cell carcinoma	17
C_PTUM_HISTTYPE	ADENSQUA	Adenosquamous carcinoma	18
C_PTUM_HISTTYPE	SARPLEO	Sarcomatoid carcinomas: Pleomorphic carcinoma	19
C_PTUM_HISTTYPE	SARGIANT	Sarcomatoid carcinomas: Giant cell carcinoma	20
C_PTUM_HISTTYPE	SARCARC	Sarcomatoid carcinoma: Carcinosarcoma	21
C_PTUM_HISTTYPE	SALVMUCO	Salivary gland type tumors: Mucoepidermoid carcinoma	22
C_PTUM_HISTTYPE	SALVADEN	Salivary gland type tumors: Adenoid cystic carcinoma	23
C_PTUM_HISTTYPE	NONSCLC	Non Small Cell Lung Cancer - Not otherwise specified	24
C_PTUM_HISTTYPE	COMBCARC	Combined small cell carcinoma and nonsmall cell carcinoma	25
C_PTUM_HISTTYPE	OTH	Other (None of the above)	26
C_PTUM_METDET	SYMPT	Symptoms	1
C_PTUM_METDET	SCREEN	Screening	2
C_PTUM_METDET	INCID	Incidental	3
C_PTUM_METDET	UNK	Unknown	4
C_PTUM_PLEUEFF	CYTPOS	Present - cytology positive	1
C_PTUM_PLEUEFF	CYTNEG	Present - cytology negative	2
C_PTUM_PLEUEFF	CYTUNK	Present - cytology unknown	3
C_PTUM_PLEUEFF	ABSENT	Absent	4
C_PTUM_PLEUEFF	UNK	Unknown	5
C_SEX	M	Male	1
C_SEX	F	Female	2
C_SYS_LINETX	FIRST	First line	1
C_SYS_LINETX	SECOND	Second line	2
C_SYS_LINETX	THIRD	Third line or more	3
C_SYS_LINETX	NEO	Neoadjuvant	4
C_SYS_LINETX	ADJ	Adjuvant	5
C_SYS_THERAPY	AFAT	Afatinib	1
C_SYS_THERAPY	ALECT	Alectinib	2
C_SYS_THERAPY	ATEZOL	Atezolizumab	3
C_SYS_THERAPY	AVEL	Avelumab	4
C_SYS_THERAPY	BEVAC	Bevacizumab	5
C_SYS_THERAPY	BRIGAT	Brigatinib	6
C_SYS_THERAPY	CABOZ	Cabozantinib	7
C_SYS_THERAPY	CARBO	Carboplatin	8
C_SYS_THERAPY	CERIT	Ceritinib	9
C_SYS_THERAPY	CETUX	Cetuximab	10
C_SYS_THERAPY	CISPLAT	Cisplatin	11
C_SYS_THERAPY	CRIZOT	Crizotinib	12
C_SYS_THERAPY	DABRA	Dabrafenib	13
C_SYS_THERAPY	DACOM	Dacomitinib	14
C_SYS_THERAPY	DOCET	Docetaxel	15
C_SYS_THERAPY	DURVA	Durvalumab	16
C_SYS_THERAPY	ENTREC	Entrectinib	17
C_SYS_THERAPY	ERLOT	Erlotinib	18

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_SYS_THERAPY	ETOP	Etoposide	19
C_SYS_THERAPY	GEFIT	Gefitinib	20
C_SYS_THERAPY	GEMCIT	Gemcitabine	21
C_SYS_THERAPY	HYCAM	Hycamtin	22
C_SYS_THERAPY	INTED	Intedanib	23
C_SYS_THERAPY	LORLA	Lorlatinib	24
C_SYS_THERAPY	LOXO101	LOXO 101	25
C_SYS_THERAPY	LOXO292	LOXO 292	26
C_SYS_THERAPY	NECIT	Necitumumab	27
C_SYS_THERAPY	NEDAP	Nedaplatin	28
C_SYS_THERAPY	NINTED	Nintedanib	29
C_SYS_THERAPY	NIVOL	Nivolumab	30
C_SYS_THERAPY	OCTRE	Octreotide	31
C_SYS_THERAPY	OSIMER	Osimertinib	32
C_SYS_THERAPY	PACLIT	Paclitaxel	33
C_SYS_THERAPY	PEMBRO	Pembrolizumab	34
C_SYS_THERAPY	PEMET	Pemetrexed	35
C_SYS_THERAPY	PONAT	Ponatinib	36
C_SYS_THERAPY	RADDEF	Radiation: Definitive	37
C_SYS_THERAPY	RADPALL	Radiation: Palliative	38
C_SYS_THERAPY	RADSTER	Radiation: Stereotactic	39
C_SYS_THERAPY	RAMIC	Ramicirumab	40
C_SYS_THERAPY	TRAMET	Trametinib	41
C_SYS_THERAPY	VEMUR	Vemurafenib	42
C_SYS_THERAPY	VINBLA	Vinblastine	43
C_SYS_THERAPY	VINOR	Vinorelbine	44
C_SYS_THERAPY	OTH	Other	45
C_TX_IMMTHER	NOIMM	No Immunotherapy	1
C_TX_IMMTHER	NORESECT	Immunotherapy, no resection attempt	2
C_TX_IMMTHER	BEFORE	Immunotherapy before resection, no immunotherapy after resection (or no data on immunotherapy after resection)	3
C_TX_IMMTHER	AFTER	Immunotherapy after attempted resection	4
C_TX_IMMTHER	BEFORAFT	Immunotherapy before and after attempted resection	5
C_TX_IMMTHER	UNK	Attempted resection, sequence of immunotherapy unknown (or no data on immunotherapy after resection)	6
C_TX_RADTHOR	NORAD	No radiation therapy	1
C_TX_RADTHOR	NORESECT	Radiation therapy, no resection attempt: standard or stereotactic	2
C_TX_RADTHOR	BEFORE	Radiation therapy before resection, no radiation therapy after resection (or no data on radiation therapy after resection)	3
C_TX_RADTHOR	AFTER	Radiation therapy after attempted resection	4
C_TX_RADTHOR	BEFORAFT	Radiation therapy before and after attempted resection	5
C_TX_RADTHOR	UNK	Attempted resection, sequence of radiation therapy unknown (or no data on radiation therapy after resection)	6
C_TX_RESECTCO	R0	R0	1
C_TX_RESECTCO	R1	R1	2
C_TX_RESECTCO	R2	R2	3
C_TX_RESECTCO	UNK	Unknown	4
C_TX_RESECTEX	THORAC	Thoracotomy, no resection	1
C_TX_RESECTEX	WITHLUNG	Resection of the airway without removal of lung parenchyma	2

COLUMN NAME	CODE VALUE	CODE DEFINITION	CODE ORDER
C_TX_RESECTEX	WOLUNG	Resection of the airway with removal of lung parenchyma	3
C_TX_RESECTEX	ENDOSCOP	Endoscopic resection	4
C_TX_RESECTEX	SEGMENT	Segmentectomy	5
C_TX_RESECTEX	WEDGE	Wedge resection	6
C_TX_RESECTEX	LOBECT	Lobectomy	7
C_TX_RESECTEX	BILOBECT	Bilobectomy	8
C_TX_RESECTEX	PNEUMON	Pneumonectomy	9
C_TX_RESECTEX	OTH	Other	10
C_TX_RESECTST	NEG	Negative free margins	1
C_TX_RESECTST	MICRO	Microscopic residual disease	2
C_TX_RESECTST	MACRO	Macroscopic residual disease	3
C_TX_SYSTTHER	NOSYST	No Systemic therapy	1
C_TX_SYSTTHER	NORESECT	Systemic therapy, no resection attempt	2
C_TX_SYSTTHER	BEFORE	Systemic therapy before resection, no systemic therapy after resection (or no data on systemic therapy after resection)	3
C_TX_SYSTTHER	AFTER	Systemic therapy after attempted resection	4
C_TX_SYSTTHER	BEFORAFT	Systemic therapy before and after attempted resection	5
C_TX_SYSTTHER	UNK	Attempted resection, sequence of systemic therapy unknown (or no data on systemic therapy after resection)	6
C_VST	A	Alive	1
C_VST	D	Dead	2
C_YN	Y	Yes	1
C_YN	N	No	2
C_YNND	Y	Yes	1
C_YNND	N	No	2
C_YNND	ND	No Data	3
C_YNNO	Y	Yes	1
C_YNNO	N	No	2
C_YNNO	NO	No Data	3
C_YNU	Y	Yes	1
C_YNU	N	No	2
C_YNU	UNK	Unknown	3

IASLC Lung Cancer Staging Project

Forms and Fields in the Lung Cancer Electronic Data Capture System (v1.11)

Report Generated: 2/26/2020 12:20:50 PM

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
1	Registration (FM_REGISTRATION)	AFRICAN	African	Checkbox		VARCHAR (1)		ACTIVE
		AFRICANDES	North American of African Descent	Checkbox		VARCHAR (1)		ACTIVE
		ASIAN	East, Central, and Southeast Asian	Checkbox		VARCHAR (1)		ACTIVE
		ASIANNOS	Asian, NOS	Checkbox		VARCHAR (1)		ACTIVE
		BIRTHDY	Birth Date - Day	Text box		NUMBER (2)		ACTIVE
		BIRTHMO	Birth Date - Month	Dropdown	C_MONTH	VARCHAR (3)		ACTIVE
		BIRTHYR	Birth Date - Year	Text box		NUMBER (4)		ACTIVE
		CAUCASIAN	Caucasian (including Middle East and North African)	Checkbox		VARCHAR (1)		ACTIVE
		CODE	Subject Code	Dropdown		VARCHAR (15)		ACTIVE
		INSTITUTIONID	Institution	Dropdown		NUMBER		ACTIVE
		INVESTID	Principal Investigator	Dropdown		NUMBER		ACTIVE
		NATIVE	Native North or South American	Checkbox		VARCHAR (1)		ACTIVE
		OTHRACE	Other	Checkbox		VARCHAR (1)		ACTIVE
		OTHRACESP	If Other, Specify (Race)	Text box		VARCHAR (50)		ACTIVE
		PACIFIC	Pacific Islander (Oceania)	Checkbox		VARCHAR (1)		ACTIVE
		SEX	Sex	Radio buttons	C_SEX	VARCHAR (8)		ACTIVE
		SOUTHASIAN	South Asian (India, Pakistan, Nepal, Bhutan, Bangladesh)	Checkbox		VARCHAR (1)		ACTIVE
2	Treatments (FM_TREATMENT)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		TXCARCBRONC	Carcinoma in situ at the bronchial resection margin	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TXIMMTHER	Immunotherapy	DropDownList	C_TX_IMMTHER	VARCHAR (8)	VARCHAR (8)	ACTIVE
		TXRADBONE	Bone	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TXRADBRAIN	Brain	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TXRADOTH	Other	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TXRADSPINE	Spine	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TXRADTHOR	Radiation administered to thorax	DropDownList	C_TX_RADTHOR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		TXREMOVETUM	Was removal of the primary tumour attempted?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		TXRESECTCOMP	Completeness of resection	DropDownList	C_TX_RESECTCO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		TXRESECTDY	Date of resection attempt - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		TXRESECTEXT	Extent of resection	DropDownList	C_TX_RESECTEX	VARCHAR (8)	VARCHAR (8)	ACTIVE
		TXRESECTMO	Date of resection attempt - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		TXRESECTSTAT	Status of resection margin	DropDownList	C_TX_RESECTST	VARCHAR (8)	VARCHAR (8)	ACTIVE
		TXRESECTYR	Date of resection attempt - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		TXSYSTTHER	Systemic therapy	DropDownList	C_TX_SYSTTHER	VARCHAR (8)	VARCHAR (8)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
3	M-Descriptors, by Pre-Treatment/ Evaluative Findings (FM_PREMDESCRIP-TORS)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		PREMABLYMNO	Number of lesions - Abdominal lymph nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMABLYMPR	Presence/Number of Lesions - Abdominal lymph nodes	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMABLYMSZ	Size of largest lesion - Abdominal lymph nodes	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMADRNO	Number of lesions - Adrenals	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMADRPR	Presence/Number of Lesions - Adrenals	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMADRSZ	Size of largest lesion - Adrenals	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMBONENO	Number of lesions - Bone	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMBONEPR	Presence/Number of Lesions - Bone	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMBONESZ	Size of largest lesion - Bone	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMBRAINNO	Number of lesions - Brain	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMBRAINPR	Presence/Number of Lesions - Brain	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMBRAINSZ	Size of largest lesion - Brain	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMCAT	M Category by pre-treatment/ evaluative findings:	DropDownList	C_PRE_MCAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMCYTO	Was cytologic or histologic evidence obtained for M1 Disease?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMDISLYMNO	Number of lesions - Other distant lymph nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMDISLYMPR	Presence/Number of Lesions - Other distant lymph nodes	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMDISLYMSZ	Size of largest lesion - Other distant lymph nodes	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMDISMET	Are there any distant (extrathoracic) metastases?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMLIVERNO	Number of lesions - Liver	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMLIVERPR	Presence/Number of Lesions - Liver	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMLIVERSZ	Size of largest lesion - Liver	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMLUNGMET	Contralateral lung metastasis:	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PREMMARRNO	Number of lesions -Bone Marrow	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMMARRPR	Presence/Number of Lesions - Bone Marrow	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMNOASP	If pleural effusion was detected but not aspirated	RadioButton-List	C_PRE_MNOASP	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMOTHNO	Number of lesions - Other	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMOTHPR	Presence/Number of Lesions - Other	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMOTHSZ	Size of largest lesion - Other	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
3	M-Descriptors, by Pre-Treatment/ Evaluative Findings (FM_PREMDESCRIP-TORS)	PREMPERCYT	Pericardial effusion - Cytology	DropDownList	C_PRE_CYTO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMPEREFF	Pericardial effusion:	DropDownList	C_PRE_MPERI	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMPERITNO	Number of lesions - Peritoneum	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMPERITPR	Presence/Number of Lesions - Perito-neum	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMPERITSZ	Size of largest lesion - Peritoneum	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
		PREMPERNOD	Pericardial nodules:	DropDownList	C_PRE_MPERI	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMPLECYT	Pleural effusion - Cytology	DropDownList	C_PRE_CYTO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMPLEEFF	Pleural effusion:	DropDownList	C_PRE_MPLEU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMPLENOD	Pleural nodules:	DropDownList	C_PRE_MPLEU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMSKINNO	Number of lesions - Skin	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREMSKINPR	Presence/Number of Lesions - Skin	DropDownList	C_PRE_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PREMSKINSZ	Size of largest lesion - Skin	TextBox		VARCHAR (6)	NUMBER (5,2)	ACTIVE
4	Lung Cancers with Multiple Lesions (FM_LUNGMULTILE-SIONS)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		CONTRAINV	Involvement of contralateral lung (M1a)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		INTRAMETOPP	Separate Tumour Nodules with similar histopathologic features in opposite lung (interpulmonary metastases)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		INTRAMETSAME	Separate Tumour Nodules with similar histopathologic features in same lung (intrapulmonary metastases)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		IPSILLOBE	Lesions are located in more than one ipsilateral lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LESLOBE	All lesions are located in one lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MULTADEN	Multifocal adenocarcinoma with GGO/ lepidic features	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MULTFOC	Multiple foci	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MULTLES	Are there multiple lung lesions?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		NUMLES	If checked, number of lesions	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		PNEUMAD	Diffuse pneumonic-type lung adenocarcinoma	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRITUM	Synchronous primary tumour(s)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		SINGFOC	Single focus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
5	Patient Characteristics (FM_PATIENTCTCS)	ALCOHOL	Alcoholism	DropDownList	C_YNND	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
5	Patient Characteristics (FM_PATIENTCTCS)	CARDCOMOR	Cardiovascular comorbidity	DropDownList	C_YNND	VARCHAR (8)	VARCHAR (8)	ACTIVE
		DIABMELL	Diabetes mellitus	DropDownList	C_YNND	VARCHAR (8)	VARCHAR (8)	ACTIVE
		HT	Height	TextBox		VARCHAR (3)	VARCHAR (3)	ACTIVE
		PRETXMAL	Previously treated malignancy	DropDownList	C_YNND	VARCHAR (8)	VARCHAR (8)	ACTIVE
		RENALINSUF	Renal insufficiency	DropDownList	C_YNND	VARCHAR (8)	VARCHAR (8)	ACTIVE
		RESPCOMOR	Respiratory comorbidity	DropDownList	C_YNND	VARCHAR (8)	VARCHAR (8)	ACTIVE
		SMOKDAY	Average number	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		SMOKHIST	Smoking history	DropDownList	C_PC_SMOKHIST	VARCHAR (8)	VARCHAR (8)	ACTIVE
		SMOKQUIT	If a former smoker, number of years since quitting?	TextBox		VARCHAR (2)	VARCHAR (2)	ACTIVE
		SMOKYRS	Number of years smoked	TextBox		VARCHAR (2)	VARCHAR (2)	ACTIVE
		TABACCO	Tobacco consumption	TextBox		VARCHAR (7)	VARCHAR (7)	ACTIVE
		WT	Weight	TextBox		VARCHAR (3)	VARCHAR (3)	ACTIVE
		WT6LOSS	Weight loss in previous six months	DropDownList	C_PC_WT6LOSS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		ZUBROD	Zubrod Performance Status	DropDownList	C_PC_ZUBROD	VARCHAR (8)	VARCHAR (8)	ACTIVE
6	Pre-Treatment TNM Tests (FM_PRETXTN-MTESTS)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		BONESCANM	Bone Scan - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		CTABM	CT of chest/upper abdomen - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		CTABN	CT of chest/upper abdomen - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		CTABT	CT of chest/upper abdomen - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		CTBRNM	CT of the brain - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		DIAGTHORM	Diagnostic thoracotomy - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		DIAGTHORN	Diagnostic thoracotomy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		DIAGTHORT	Diagnostic thoracotomy - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		EBUSM	Bronchoscopy with or without ultrasonography (EBUS), with biopsy or cytology - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		EBUSN	Bronchoscopy with or without ultrasonography (EBUS), with biopsy or cytology - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		EBUST	Bronchoscopy with or without ultrasonography (EBUS), with biopsy or cytology - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		EUSM	Oesophagoscopy with or without ultrasonography (EUS), with biopsy or cytology - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		EUSN	Oesophagoscopy with or without ultrasonography (EUS), with biopsy or cytology - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		EUST	Oesophagoscopy with or without ultrasonography (EUS), with biopsy or cytology - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LAPARM	Laparoscopy - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LAPARN	Laparoscopy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE

FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
6	Pre-Treatment TNM Tests (FM_PRETXTN-MTESTS)	LAPART	Laparoscopy - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MEDBIOM	Mediastinoscopy with biopsy or cytology - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MEDBION	Mediastinoscopy with biopsy or cytology - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MEDBIOT	Mediastinoscopy with biopsy or cytology - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MEDCERVM	Mediastinoscopy with or extended cervical mediastinoscopy - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MEDCERVN	Mediastinoscopy with or extended cervical mediastinoscopy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MEDCERVT	Mediastinoscopy with or extended cervical mediastinoscopy - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MRIABM	MRI of chest/upper abdomen - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MRIABN	MRI of chest/upper abdomen - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MRIABT	MRI of chest/upper abdomen - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MRIBRNM	MRI of the brain - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		OTHERSPM	Other - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		OTHERSPN	Other - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		OTHERSPT	Other - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		OTHPRESP	If Other, specify	TextBox		VARCHAR (100)	VARCHAR (100)	ACTIVE
		PERCUTM	Percutaneous needle biopsy or cytology - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PERCUTN	Percutaneous needle biopsy or cytology - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PERCUTT	Percutaneous needle biopsy or cytology - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PETM	PET or PET/CT - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PETN	PET or PET/CT - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PETT	PET or PET/CT - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PHYEXAMM	Physical examination - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PHYEXAMN	Physical examination - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PHYEXAMT	Physical examination - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETNMNAM	Data not available - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETNMNAN	Data not available - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETNMNAT	Data not available - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RADIOM	Standard radiology (e.g. chest x-rays) - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RADION	Standard radiology (e.g. chest x-rays) - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RADIOT	Standard radiology (e.g. chest x-rays) - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TEMLAN	Transcervical extended mediastinal lymphadenectomy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		THORBIOM	Thoracoscopic biopsy or cytology - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		THORBION	Thoracoscopic biopsy or cytology - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		THORBIOT	Thoracoscopic biopsy or cytology - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TRANSCERVM	Transcervical lymphadenectomy - M	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TRANSCERVN	Transcervical lymphadenectomy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TRANSCERVT	Transcervical lymphadenectomy - T	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		VIDASSISTN	Video-assisted mediastinal lymphadenectomcy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
6	Pre-Treatment TNM Tests (FM_PRETXTN-MTESTS)	VIDMEDIAN	Videomediastinoscopy - N	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
7	Primary Tumour Description (FM_TUMORDE-SCRIPTION)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		CARNIA	Carina	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		INTERMBRONC	Intermediate Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LLOWERLOBE	Left Lower Lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LLOWLBRONC	Left Lower Lobar Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LMAINBRONC	Left Main Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LUPPERLOBE	Left Upper Lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LUPPLBRONC	Left Upper Lobar Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MAINBRONC	Main Bronchus, Side Not Specified	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PTUMDETECT	Method of detection	DropDownList	C_PTUM_METDET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PTUMDIAGCYT	Diagnosed by - Cytology	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PTUMDIAHIST	Diagnosed by - Histology	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PTUMDIFFGRD	Differentiation grade	DropDownList	C_PTUM_DIFF-GRD	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PTUMHIST_DY	Date of histology or cytology obtained - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		PTUMHIST_MO	Date of histology or cytology obtained - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		PTUMHIST_YR	Date of histology or cytology obtained - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		PTUMHISTTYPE	Histologic Type, WHO 2015 edition	DropDownList	C_PTUM_HISTTYPE	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PTUMPARANEO	Paraneoplastic syndrome	DropDownList	C_YNNO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PTUMPLEUEFF	Pleural Effusion	DropDownList	C_PTUM_PLEUEFF	VARCHAR (8)	VARCHAR (8)	ACTIVE
		RLOWERLOBE	Right Lower Lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RLOWLBRONC	Right Lower Lobar Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RMAINBRONC	Right Main Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RMIDLBRONC	Right Middle Lobar Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RMIDLOBE	Right Middle Lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RUPPERLOBE	Right Upper Lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		RUPPLBRONC	Right Upper Lobar Bronchus	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		TRACHEA	Trachea	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		VISITNO	Tumour visit	Label		NUMBER	NUMBER	ACTIVE
8	Systemic Treatments and Radiotherapy (FM_STREATMENT)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
8	Systemic Treatments and Radiotherapy (FM_STREATMENT)	AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Record: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Record: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		SYSENDDY	End Date of Systemic Treatment - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		SYSENDMO	End Date of Systemic Treatment - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		SYSENDYR	End Date of Systemic Treatment - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		SYSLINETX	Line of Treatment	DropDownList	C_SYS_LINETX	VARCHAR (8)	VARCHAR (8)	ACTIVE
		SYSONGO	Ongoing	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		SYSOTHTHER	Other therapy, specify	TextBox		VARCHAR (70)	VARCHAR (70)	ACTIVE
		SYSSTARTDY	Start Date of Systemic Treatment - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		SYSSTARTMO	Start Date of Systemic Treatment - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		SYSSTARTYR	Start Date of Systemic Treatment - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		SYSTHERAPY	Therapy	DropDownList	C_SYS_THERAPY	VARCHAR (8)	VARCHAR (8)	ACTIVE
9	Copy Number Alteration (CNA) Biomarkers (FM_BIOMARKERC-NA)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Record: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Record: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		AVGGCR	Average Gene: Centromere Ratio	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		CENTCN	Centromere Copy Number	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		CNA	Copy Number Alteration	DropDownList	C_CNA_CNA	VARCHAR (8)	VARCHAR (8)	ACTIVE
		CNADY	Date assessed - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		CNAMO	Date assessed - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		CNARES	CNA Result	DropDownList	C_CNA_CNARES	VARCHAR (8)	VARCHAR (8)	ACTIVE
		CNASAMP	Type of Sample	DropDownList	C_CNA_TYPE	VARCHAR (8)	VARCHAR (8)	ACTIVE
		CNAYR	Date assessed - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		COPYNUM	Average Gene Copy Number	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		CUSTPLAT	Customized Platform	DropDownList	C_CNA_CUST-PLAT	VARCHAR (150)	VARCHAR (150)	ACTIVE
		GENOTYPE	Genotype	DropDownList	C_GENO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PLATFORM	Platform	DropDownList	C_CNA_PLATC-NA	VARCHAR (8)	VARCHAR (8)	ACTIVE
10	Genetic Biomarkers (FM_BIOMARKER-GENE)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Record: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Record: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		DNAVAR	DNA Variant	DropDownList	C_GEN_DNAVAR	VARCHAR (12)	VARCHAR (12)	ACTIVE
		GENE	Gene	DropDownList	C_GEN_GENPLAT	VARCHAR (8)	VARCHAR (8)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
		GENEABNORM	Were any results positive or inconclusive for genetic abnormalities?	RadioButton-List	C_GEN_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		GENECUS	Customized platform/panel	DropDownList		VARCHAR (150)	VARCHAR (150)	ACTIVE
		GENEDY	Date assessed - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		GENEMO	Date assessed - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		GENEPLAT	Platform	DropDownList	C_GEN_PLATBIO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		GENESAMP	Type of Sample	DropDownList	C_GEN_TYPE	VARCHAR (8)	VARCHAR (8)	ACTIVE
		GENETICAB	Genetic abnormality	DropDownList	C_GEN_GENEAB	VARCHAR (30)	VARCHAR (30)	ACTIVE
		GENEYR	Date assessed - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		GENSEQAB	Gene Sequence Abnormality, if applicable	TextBox		VARCHAR (30)	VARCHAR (30)	ACTIVE
		OTHVARSP	Other variant, specify	TextBox		VARCHAR (30)	VARCHAR (30)	ACTIVE
		TMBURDEN	Total mutation burden	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
11	Protein Alterations (FM_PROTEINBIO)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Record: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Record: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		ANTIBODY	Antibody	DropDownList	C_PRO_ANTI	VARCHAR (8)	VARCHAR (8)	ACTIVE
		HSCORE	H-Score	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PCNTIMMC	% immune cells	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PCNTTUMC	% Tumor cells	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PROEXP	Expression	DropDownList	C_PRO_EXP	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PROSAMP	Type of Sample	DropDownList	C_PRO_TYPE	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PROSEQAB	Protein Sequence Abnormality:	TextBox		VARCHAR (30)	VARCHAR (30)	ACTIVE
		PROTDY	Date assessed - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		PROTEIN	Protein	DropDownList	C_PRO_PROT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PROTMO	Date assessed - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		PROTPLAT	Platform	DropDownList	C_PRO_PLATPA	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PROTYR	Date assessed - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
12	Laboratory Values at Diagnosis (FM_LABVALUES)	AGE	Age	Label		NUMBER (3)	NUMBER (3)	INACTIVE
		ALBUM	Albumin Result	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		ALBUMLHI	Albumin Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		ALBUMLLO	Albumin Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		ALBUMLU	Albumin Lab Unit	LabUnitDrop-DownList	C_LAB_GL	VARCHAR (8)	VARCHAR (8)	ACTIVE
		ALBUMND	Albumin Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		ALKPH	Alkaline phosphatase (ALP) Result	TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		ALKPHLHI	Alkaline phosphatase (ALP) Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		ALKPHLLO	Alkaline phosphatase (ALP) Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		ALKPHLU	Alkaline phosphatase (ALP) Lab Unit	LabUnitDrop-DownList	C_LAB_IULUKAT	VARCHAR (8)	VARCHAR (8)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
12	Laboratory Values at Diagnosis (FM_LABVALUES)	ALKPHND	Alkaline phosphatase (ALP) Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		ASSESSDY	What was the lab specimen collection date? - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		ASSESSMO	What was the lab specimen collection date? - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		ASSESSYR	What was the lab specimen collection date? - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		CALC	Calcium Level Result	TextBox		VARCHAR (5)	NUMBER (4,2)	ACTIVE
		CALCLHI	Calcium Level Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (5)	NUMBER (4,2)	ACTIVE
		CALCLLO	Calcium Level Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (5)	NUMBER (4,2)	ACTIVE
		CALCLU	Calcium Level Lab Unit	LabUnitDrop-DownList	C_LAB_MGDLM-MOL	VARCHAR (8)	VARCHAR (8)	ACTIVE
		CALCND	Calcium Level Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		FEV1S	Forced Expiratory Volume in 1 Second (FEV1)	TextBox		VARCHAR (3)	NUMBER (2,1)	ACTIVE
		FVC	Forced Vital Capacity (FVC)	TextBox		VARCHAR (3)	NUMBER (2,1)	ACTIVE
		HEMO	Hemoglobin Result	TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		HEMOLHI	Hemoglobin Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		HEMOLLO	Hemoglobin Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		HEMOLU	Hemoglobin Lab Unit	LabUnitDrop-DownList	C_LAB_GDLM-MOL	VARCHAR (8)	VARCHAR (8)	ACTIVE
		HEMOND	Hemoglobin Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LABID	Lab Name plus any qualifiers	DropDownList		NUMBER	NUMBER	INACTIVE
		LDH	LDH Result	TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		LDHLHI	LDH Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		LDHLLO	LDH Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (7)	NUMBER (6,2)	ACTIVE
		LDHLU	LDH Lab Unit	LabUnitDrop-DownList	C_LAB_IULUKAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		LDHND	LDH Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		LYMPH	Absolute Lymphocyte Count Result	TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		LYMPHLHI	Absolute Lymphocyte Count Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		LYMPHLLO	Absolute Lymphocyte Count Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		LYMPHLU	Absolute Lymphocyte Count Lab Unit	LabUnitDrop-DownList	C_LAB_CELLS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		LYMPHND	Absolute Lymphocyte Count Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		NEUT	Neutrophil Count Result	TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
12	Laboratory Values at Diagnosis (FM_LABVALUES)	NEUTLHI	Neutrophil Count Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		NEUTLLO	Neutrophil Count Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		NEUTLU	Neutrophil Count Lab Unit	LabUnitDrop-DownList	C_LAB_CELLS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		NEUTND	Neutrophil Count Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PLT	Platelet Count Result	TextBox		VARCHAR (10)	NUMBER (9,3)	ACTIVE
		PLTLHI	Platelet Count Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (10)	NUMBER (9,3)	ACTIVE
		PLTLLO	Platelet Count Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (10)	NUMBER (9,3)	ACTIVE
		PLTLU	Platelet Count Lab Unit	LabUnitDrop-DownList	C_LAB_CELLS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PLTND	Platelet Count Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PREFEV1S	% Predicted FEV1	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PREFVC	% Predicted FVC	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		SODI	Sodium Result	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		SODILHI	Sodium Lab Upper Limit of Normal	LabUpper-TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		SODILLO	Sodium Lab Lower Limit of Normal	LabLower-TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		SODILU	Sodium Lab Unit	LabUnitDrop-DownList	C_LAB_MMOL	VARCHAR (8)	VARCHAR (8)	ACTIVE
		SODIND	Sodium Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		SUVAPP	Maximum SUV (nodes) applies to	DropDownList	C_LAB_SUVAPP	VARCHAR (8)	VARCHAR (8)	ACTIVE
		SUVNODE	Maximum SUV Nodes	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		SUVPRIM	Maximum SUV Primary Tumour	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		TRIALDY	Date of trial entry if database is from a clinical trial - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		TRIALMO	Date of trial entry if database is from a clinical trial - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		TRIALYR	Date of trial entry if database is from a clinical trial - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		WBC	White Cell Count Result	TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		WBCLHI	White Cell Count Lab Upper Limit of Normal	LabUpper-TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		WBCLLO	White Cell Count Lab Lower Limit of Normal	LabLower-TextBox		VARCHAR (9)	NUMBER (8,3)	ACTIVE
		WBCLU	White Cell Count Lab Unit	LabUnitDrop-DownList	C_LAB_CELLS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		WBCND	White Cell Count Not Done	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
13	Follow-up (FM_FOLLOWUP)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		CAUSDTH	Cause of Death, if Deceased	DropDownList	C_CAUSDTH	VARCHAR (8)	VARCHAR (8)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
13	Follow-up (FM_FOLLOWUP)	LAST_CONTACT_DY	Date of Last Contact with patient - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		LAST_CONTACT_MO	Date of Last Contact with patient - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		LAST_CONTACT_YR	Date of Last Contact with patient - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE
		MOLERES	Check here if results of molecular studies are available for this case	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		MOLETISS	Check here if tissue is available for molecular studies for this case	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PT_VST	Vital Status at Last Contact	RadioButton-List	C_VST	VARCHAR (8)	VARCHAR (8)	ACTIVE
		VISITNO	Follow-up visit	Label		NUMBER	NUMBER	ACTIVE
14	T-Descriptors, by Post Surgical-Pathological Findings (FM_POSTTDE-SCRIPTORS)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		POSTT0	No evidence of primary tumour (T0)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT1CM3LESS	Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). (T1)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT1SPREAD-TUM	Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus. (T1)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT2BRONC	Involves main bronchus regardless of distance to the carina, but without involving the carina. (T2)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT2PL0	Depth of visceral pleura invasion (T2) - PL0	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT2PL1	Depth of visceral pleura invasion (T2) - PL1	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT2PL2	Depth of visceral pleura invasion (T2) - PL2	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT2PNEUM	Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung (T2)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT2VISCPLEU	Invades visceral pleura (T2)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT3APICAL-CHEST	Apical chest wall invasion, stellate ganglion, inferior branches of the brachial plexus (below C8) (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT3CHEST-WALL	Chest wall invasion (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT3HISTSEP-NODE	Histology of separate nodules confirmed?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTT3PARI-ETALPERI	Parietal pericardium involvement (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
14	T-Descriptors, by Post Surgical-Pathological Findings (FM_POSTTDESCRIPTORS)	POSTT3PHRENICNERVE	Phrenic nerve involvement (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT3PLEURINV	Parietal Pleura Invasion (PL3) (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT3SEPTUMNODE	Associated separate tumour nodule(s) in the same lobe as the primary	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4APICALCHEST	Apical chest wall invasion (T4): evidence of invasion of the vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (c8 or above). (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4CARINAINV	Carina invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4DIAPHINV	Diaphragm invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4ESOPHINV	Esophageal invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTAORTA	Aorta	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTINFER	Inferior vena cava	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTPULART	Pulmonary artery	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTPULVEIN	Pulmonary vein	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTSUPER	Superior vena cava	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTTRUNK	Main trunk of pulmonary artery	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4GRTVESS	Great vessel invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4HEARTINV	Heart invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4HISTSEPNODE	Histology of separate nodules confirmed?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTT4LARYNINV	Recurrent laryngeal nerve invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4MEDIAINV	Mediastinum invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4SEPTUMNODE	Separate tumour nodule(s) in a different ipsilateral lobe to that of the primary (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTT4TRACHINV	Tracheal invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTTCAT	Lung tumour T Category by post-surgical/pathological findings	DropDownList	C_POST_TCAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTTIS	Carcinoma in situ (Tis)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTTLEPSIZE	Combined invasive and noninvasive (lepidic) size	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		POSTTLYMPHINV	Lymphatic vessel invasion	DropDownList	C_POST_LYMPHINV	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTTMI	Minimally invasive adenocarcinoma (T1mi)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		POSTTPERICYTO	Perineural invasion	DropDownList	C_YNU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTTPLEURCYTO	Pleural lavage cytology	DropDownList	C_POST_PLEUCYTO	VARCHAR (8)	VARCHAR (8)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
14	T-Descriptors, by Post Surgical-Pathological Findings (FM_POSTTDESCRIPTORS)	POSTTPRIMSIZE	Size of primary tumour, by post-surgical/pathological findings	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		POSTTSTAS	Spread through the air spaces (STAS)	DropDownList	C_POST_TSTAS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTTSTATFISS	Status of the fissures	DropDownList	C_POST_STATFISS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTTVASCINV	Vascular invasion	DropDownList	C_POST_VASCINV	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTTX	Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy (TX)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		VISITNO	Tumour visit	Label		NUMBER	NUMBER	ACTIVE
15	T-Descriptors, by Pre-Treatment/ Evaluative Findings (FM_PRETDESCRIPTORS)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		PRET0	No evidence of primary tumour (T0)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET1CM3LESS	Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). (T1)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET1SPREADTUM	Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus. (T1)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET2BRONC	Involves main bronchus regardless of distance to the carina, but without involving the carina. (T2)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET2PNEUM	Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung (T2)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET2VISCPLEU	Invades visceral pleura (T2)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET3APICALCHEST	Apical chest wall invasion, stellate ganglion, inferior branches of the brachial plexus (below C8) (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET3CHESTWALL	Chest wall invasion (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET3HISTSEPNODE	Histology of separate nodules confirmed?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRET3PARIETALPERI	Parietal pericardium involvement (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET3PHRENICNERVE	Phrenic nerve involvement (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET3PLEURINV	Parietal Pleura Invasion (PL3) (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET3SEPTUMNODE	Associated separate tumour nodule(s) in the same lobe as the primary (T3)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE

FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
15	T-Descriptors, by Pre-Treatment/ Evaluative Findings (FM_PRETDESCRIP-TORS)	PRET4APICAL-CHEST	Apical chest wall invasion (T4): evidence of invasion of the vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (c8 or above). (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4CARINA-INV	Carina invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4DIAPHINV	Diaphragm invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4ESOPHINV	Esophageal invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTAORTA	Aorta	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTINFER	Inferior vena cava	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTPU-LART	Pulmonary artery	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTPUL-VEIN	Pulmonary vein	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTSUPER	Superior vena cava	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTTRUNK	Main trunk of pulmonary artery	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4GRTVESS	Great vessel invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4HEARTINV	Heart invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4HISTSEP-NODE	Histology of separate nodules confirmed?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRET4LARYNINV	Recurrent laryngeal nerve invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4MEDIAINV	Mediastinum invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4SEPTUM-NODE	Separate tumour nodule(s) in a different ipsilateral lobe to that of the primary (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRET4TRACHINV	Tracheal invasion (T4)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETCAT	Lung tumour T Category by pre-treatment/evaluative findings	DropDownList	C_PRE_TCAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRETGGO	Is this a part-solid tumour with a GGO/ lepidic component?	RadioButton-List	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRETIS	Carcinoma in situ (Tis)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETLYMADJPRI	Adjacent to primary	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETLYMELSEL-OBE	Elsewhere in lobe	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETLYMIPSLOBE	In other ipsilateral lobes	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETLYMLUNG	Contralateral lung	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETLYMPHANG	Lymphangitis present?	RadioButton-List	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRETMI	Minimally invasive adenocarcinoma (T1mi)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		PRETPRIMSIZE	Size of primary tumour (solid component), by pre-treatment/ evaluative findings:	TextBox		VARCHAR (4)	NUMBER (3,1)	ACTIVE
		PRETSIZECOMB	If Yes, provide size of combined solid and part solid component together:	TextBox		VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRETX	Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy (TX)	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		VISITNO	Tumour visit	Label		NUMBER	NUMBER	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
16	Pre-treatment/ Evaluative N Category (FM_PRETXNCATE-GORY)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		PRENCAT	N Category	DropDownList	C_PRE_NCAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT10L	Hilar #10L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT10R	Hilar #10R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT11L	Interlobar #11L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT11R	Interlobar #11R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT12L	Lobar #12L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT12R	Lobar #12R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT13L	Segmental #13L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT13R	Segmental #13R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT14L	Subsegmental #14L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT14R	Subsegmental #14R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT1L	Supraclavicular #1L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT1R	Supraclavicular #1R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT2L	Upper paratracheal #2L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT2R	Upper paratracheal #2R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT3L	Pre-vascular #3aL	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT3P	Retrotracheal #3p	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT3R	Pre-vascular #3aR	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT4L	Lower paratracheal #4L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT4R	Lower paratracheal #4R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT5	Sub-aortic #5	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT6	Para-aortic #6	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT7	Subcarinal #7	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT8L	Paraoesophageal #8L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT8R	Paraoesophageal #8R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT9L	Pulmonary ligament #9L	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCAT9R	Pulmonary ligament #9R	DropDownList	C_PRE_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENCATSZ	Size of largest node	TextBox		VARCHAR (10)	VARCHAR (10)	ACTIVE
		PRENEXT	Extracapsular involvement?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENMEAS	Method of measurement	DropDownList	C_PRE_NMEAS	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENN1EXPL	Number of N1 nodes explored	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PRENN1EXT	If 'Yes', N1 extracapsular involvement	DropDownList	C_YNU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENN1POS	Number of positive N1 nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PRENN2EXPL	Number of N2 nodes explored	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PRENN2EXT	If 'Yes', N2 extracapsular involvement	DropDownList	C_YNU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENN2POS	Number of positive N2 nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
16	Pre-treatment/ Evaluative N Category (FM_PRETXNCATEGORY)	PRENN3EXPL	Number of N3 nodes explored	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		PRENN3EXT	If 'Yes', N3 extracapsular involvement	DropDownList	C_YNU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		PRENN3POS	Number of positive N3 nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
17	Post Surgical/ Pathologic N Category (FM_POSTTXNCATEGORY)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		POSTN1DIR	Direct invasion of N1 nodes:	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTN2DIR	Direct invasion of N2 nodes:	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTN3DIR	Direct invasion of N3 nodes:	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT	N Category:	DropDownList	C_POST_NCAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT10L	Hilar #10L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT10R	Hilar #10R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT11L	Interlobar #11L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT11R	Interlobar #11R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT12L	Lobar #12L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT12R	Lobar #12R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT13L	Segmental #13L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT13R	Segmental #13R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT14L	Subsegmental #14L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT14R	Subsegmental #14R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT1L	Supraclavicular #1L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT1R	Supraclavicular #1R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT2L	Upper paratracheal #2L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT2R	Upper paratracheal #2R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT3L	Pre-vascular #3aL	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT3P	Retrotracheal #3p	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT3R	Pre-vascular #3aR	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT4L	Lower paratracheal #4L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT4R	Lower paratracheal #4R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT5	Sub-aortic #5	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT6	Para-aortic #6	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT7	Subcarinal #7	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT8L	Paraoesophageal #8L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT8R	Paraoesophageal #8R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT9L	Pulmonary ligament #9L	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCAT9R	Pulmonary ligament #9R	DropDownList	C_POST_NCATLR	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNCATSZ	Size of largest node	TextBox		VARCHAR (10)	VARCHAR (10)	ACTIVE
		POSTNDIR	Direct nodal invasion from tumour?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNEXT	Extracapsular involvement?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
17	Post Surgical/ Pathologic N Category (FM_POSTTXNCATE-GORY)	POSTNN1EXPL	Number of N1 nodes removed:	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		POSTNN1EXT	If 'Yes', N1 extracapsular involvement:	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNN1POS	Number of positive N1 nodes:	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		POSTNN2EXPL	Number of N2 nodes removed:	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		POSTNN2EXT	If 'Yes', N2 extracapsular involvement:	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNN2POS	Number of positive N2 nodes:	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		POSTNN3EXPL	Number of N3 nodes removed:	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		POSTNN3EXT	If 'Yes', N3 extracapsular involvement:	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		POSTNN3POS	Number of positive N3 nodes:	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
18	M-Descriptors, After Attempted Resection of the Primary Tumour (FM_AFTMDESCRIP-TORS)	AFTMABLYMNO	Number of lesions - Abdominal lymph nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMABLYMPR	Presence/Number of Lesions - Abdom-inal lymph nodes	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMADRNO	Number of lesions - Adrenals	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMADRPR	Presence/Number of Lesions - Adrenals	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMBONENO	Number of lesions - Bone	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMBONEPR	Presence/Number of Lesions - Bone	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMBRAINNO	Number of lesions - Brain	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMBRAINPR	Presence/Number of Lesions - Brain	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMCATAFT	M Category After Attempted Resection of the Primary Tumour:	DropDownList	C_AFT_MCAT	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMCATBEF	M Category Before Attempted Resection of the Primary Tumour:	Label		VARCHAR (3)	VARCHAR (3)	ACTIVE
		AFTMDISLYMNO	Number of lesions - Other distant lymph nodes	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMDISLYMPR	Presence/Number of Lesions - Other distant lymph nodes	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMDISMET	Were there any additional sites of metastasis that were identified during surgery or post-surgical staging?	DropDownList	C_YN	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMLIVERNO	Number of lesions - Liver	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMLIVERPR	Presence/Number of Lesions - Liver	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMLUNGMET	Contralateral lung metastasis:	CheckBox		VARCHAR (1)	VARCHAR (1)	ACTIVE
		AFTMMARRNO	Number of lesions -Bone Marrow	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMMARRPR	Presence/Number of Lesions - Bone Marrow	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMOTHNO	Number of lesions - Other	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMOTHPR	Presence/Number of Lesions - Other	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPERCYT	Pericardial effusion - Cytology	DropDownList	C_AFT_CYTO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPEREFF	Pericardial effusion:	DropDownList	C_AFT_MPERI	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPERITNO	Number of lesions - Peritoneum	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE
		AFTMPERITPR	Presence/Number of Lesions - Perito-neum	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPERNOD	Pericardial nodules:	DropDownList	C_AFT_MPERI	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPLECYT	Pleural effusion - Cytology	DropDownList	C_AFT_CYTO	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPLEEFF	Pleural effusion:	DropDownList	C_AFT_MPLEU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMPLENOD	Pleural nodules:	DropDownList	C_AFT_MPLEU	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AFTMSKINNO	Number of lesions - Skin	TextBox		NUMBER (3)	NUMBER (3)	ACTIVE

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FORM ID	FORM NAME (TABLE NAME)	COLUMN NAME	COLUMN DESCRIPTION	CONTROL TYPE	CODE LIST	DATE TYPE	VALIDATION TYPE	STATUS
18	M-Descriptors, After Attempted Resection of the Primary Tumour (FM_AFTMDESCRIP-TORS)	AFTMSKINPR	Presence/Number of Lesions - Skin	DropDownList	C_AFT_DISTMET	VARCHAR (8)	VARCHAR (8)	ACTIVE
		AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
19	Progression/ Recurrence (FM_PROGRESSION-RECURR)	AMNDCMT	Amendment Comments	TextBox		VARCHAR (300)	VARCHAR (300)	INACTIVE
		AMNDERR	Error Correction	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDESUB	Entire form submitted in error	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDMISS	Entry of missing or previously unavailable information	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTH	Reason(s) for Amending Form: Other	CheckBox		VARCHAR (1)	VARCHAR (1)	INACTIVE
		AMNDOTHP	Reason(s) for Amending Form: Other, Specify	TextBox		VARCHAR (200)	VARCHAR (200)	INACTIVE
		PRGREL_DY	Date of progression or recurrence - Day	TextBox		NUMBER (2)	NUMBER (2)	ACTIVE
		PRGREL_MO	Date of progression or recurrence - Month	DropDownList	C_MONTH	VARCHAR (3)	VARCHAR (3)	ACTIVE
		PRGREL_YR	Date of progression or recurrence - Year	TextBox		NUMBER (4)	NUMBER (4)	ACTIVE


DATA
QUERY

DATA QUERY PROCESS

Access to the combined dataset is restricted, however an investigator may propose a research question for analysis. Such analyses are done collaboratively by CRAB, the IASLC SPFC, and the requestor. An investigator with a research question will complete an initial form outlining the question and the proposed data requirements. A sample of this form can be found of page 29 of the toolkit. If you are ready to apply, the electronic form can be found **here**. If you are unable to access the electronic form, please visit **www.iaslc.org/Research-Education/IASLC-Staging-Project** to access the PDF version. Based on the proposal, feasibility will be determined and a cost will be determined for the analysis effort. Once it is determined to be feasible, the research question will be submitted for approval to the SPFC and the IASLC.

DATA QUERY PROCESS OVERVIEW

CRAB
Cancer Research And Biostatistics

Data Sufficiency

- Data availability, quality and volume check by CRAB

SPFC Committee Review

- Full committee review and consensus discussion
- Committee may request additional information and/or revisions to the proposal

Decision on Data Query Request

- Requester notified of decision
- Accepted proposals will proceed to DUA, Data Query Policy and Scientific and Ethical Standards Acceptance

IASLC International Staging Project Data Query Application

Please email the completed form and required attachments (biosketches and proposal) to staging@iaslc.org and webhelpiaslc@crab.org

Submitter Name

Title First Name Last Name

Submitter Institution

Submitter Phone Number

Country Code Area Code Phone Number

Submitter Email Address

example@example.com

Are you a contributor to the IASLC International Staging Project?

- ◯ Yes
- ◯ No

Are you an IASLC member?

- ◯ Yes
- ◯ No

IASLC Contact (if applicable)

Name

Title First Name Last Name

Email Address

example@example.com

Proposal Details

Project Title

Proposed Project Start Date

Month Day Year

Proposed Project End Date

Month Day Year

Please attach your proposal which highlights the following areas:

Relevant background and previous studies
State of the science
Justification for the analysis
Project goals and specific aims
Project benefits and public interest value
Summary of research desgin, proposed analytic methods and tools
This document should not exceed **3 pages single spaced**

Research Team

Principal Investigator *

Title First Name Last Name

Institution/Organization *

Email

example@example.com

Is the Principal Investigator an IASLC member?

- Yes
- No

If yes, please provide the member ID

Please attach the Principal Investigator's biosketch

Do you have a Co-Principal Investigator?

- Yes
- No

Co-Principal Investigator Name

Title First Name Last Name

Co-Principal Investigator Institution/Organization

Co-Principal Investigator Email Address

example@example.com

Is the Co-Principal Investigator an IASLC member?

- Yes
- No

If yes, please provide the member ID

Please attach the Co-Principal Investigator's biosketch

Do you have other senior or key personnel to include?

- Yes
- No

Name

Title First Name Last Name

Email

example@example.com

Is the individual an IASLC member?

- ◯ Yes
- ◯ No

If yes, please provide the member ID

Data Query Request

What types of queries will be performed?

Additional Proposal Details

Dissemination Plan - How will this data be shared with the scientific community? (e.g. a manuscript submission, scholarly presentation, etc.)

Do you accept that any publication must be reviewed by the committee prior to submission? *

- ◯ Yes
- ◯ No

Do you accept that all publications must be first submitted to the Journal of Thoracic Oncology? *

- ◯ Yes
- ◯ No

Do you accept that the primary authors of the study include at least one medical member of the SPFC and one member of CRAB? *

- ◯ Yes
- ◯ No

Do you accept that the IASLC, CRAB and any identified sponsors must be acknowledged in the presentation of data (e.g. manuscript, scholarly presentation, etc.) *

- ◯ Yes
- ◯ No

Do you accept that any manuscript must contain an appendix that lists all contributing institutions? *

- ◯ Yes
- ◯ No

Project Funding Details

Submit

Data Access Policy

The International Association for the Study of Lung Cancer (IASLC) is a global organization dedicated to the study of lung cancer that has compiled an extensive staging and clinical lung cancer dataset. That dataset is maintained by Cancer Research and Biostatistics (CRAB) and is referred to herein as the Staging Data.

The IASLC Staging and Prognostic Factors Committee (SPFC) has a duty to ensure that the data within its database are used to the maximum benefit for the good of patients and the lung cancer community, within ethical constraints and the agreements entered into with individual databases. Consistent with this duty, the SPFC wishes to offer the Staging Data for secondary uses under the following terms.

A. Permitted Secondary Uses

1. Researchers may submit a proposal with a research query that can be run against the Staging Data to obtain an output result (a Report).
2. IASLC shall only consider non-commercial research purposes.
3. At no time will a Researcher have access to the Staging Data. Instead, upon successful approval of a proposal, CRAB will run a query and provide a Report to the Researcher.
4. The Report must be limited to the original proposal. If anything in the original proposal changes, the Researcher must seek approval for the new use and a new query must be run.

B. Approval Process

1. Initial Proposal
    a. Any Researcher may submit an initial, outline proposal that includes the research query and explains how the Staging Data would aid in addressing such question.
    b. Please submit the initial proposal online or by email to IASLC at staging@iaslc.com. IASLC will submit the initial proposal to CRAB for its certification that the Staging Data is sufficient to be responsive to the research query and an estimate of the cost to run the query. After receiving CRAB's certification that the Staging Data is sufficient, as well as the Researcher's agreement to pay the related cost, either directly or through funding sources, the initial proposal shall be provided to the chairperson of the SPFC.
    c. The initial proposal will be reviewed by email by a subcommittee comprised of the chairperson, a CRAB member of the committee and the chairperson of the relevant subcommittee.
    d. If the request is considered to be a reasonable proposal that is of value and can be addressed by the dataset, the applicant will be asked to submit a full proposal.
2. Full Proposal
    a. The full proposal must be submitted online or by email to IASLC at staging@iaslc.com]. IASLC will submit the full proposal to the chairperson of the SPFC for review by the steering committee.
    b. The full proposal must set out the details of the study, methods, population under study, data required from the Staging Data and proposed timelines. In addition, the application must include a full list of the participants to the study and proposals for involvement by

members of the SPFC and CRAB. The study should include as primary authors at least one medical member and one CRAB member of the SPFC.

c. The full application must include the following, additional documentation:

i. A supportive letter from CRAB confirming that the necessary data are obtainable from the database and that the quality and volume of those data are adequate to answer the question posed.

ii. All raw data will remain in the IASLC database, as maintained by CRAB, and all extraction, analysis and validation will be conducted by CRAB. The application must be accompanied by an estimate from CRAB of the additional costs of extracting and analyzing the data. The applicant must explain all sources of funding and give assurances that IASLC and/or the SPFC will be reimbursed for the additional cost of this work.

iii. Confirmation that the applicant and all other parties who may be considered to hold intellectual property rights will adhere to the highest scientific and ethical standards, including, but not limited to, the following:

(a) Will respect IASLC ownership of the data and will not seek to use the information provided for any other use without the agreement of IASLC.

(b) Will respect the anonymity of the clinical data.

(c) Will submit any publication or presentation for scrutiny by the SPFC, and in addition, by those database proprietors with whom there exist prior agreements, before submission. The SPFC reserves the right to deny publication in extreme situations.

(d) Will publish any submission in a format agreed with the SPFC, including the format of the title, and acknowledging the participation of IASLC, the SPFC members, CRAB, and the database proprietors. The acknowledgement of Staging Data project sponsors will be recognized in a format agreed with them from time to time.

(e) Will submit publications, in the first place, to the *Journal of Thoracic Oncology*, the official journal of IASLC.

d. The full proposal will be circulated to the full SPFC by email. The committee members' views will be collected by the chair of the SPFC. If consensus cannot be reached using electronic mail, the proposal will be discussed at the next meeting of the SPFC. Revisions or additional material may be requested before a final decision is reached.

e. The SPFC's decision is final and there will be no appeal structure.

C. General Principles

1. Researchers must comply with all applicable laws, regulations, and contractual obligations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 C.F.R. Parts 160, 162, and 164, as amended by the Health Information Technology for Economic and Clinical Health Act (HIPAA).

2. Researchers are specifically prohibited from linking Staging Data with any other dataset, public or private.

3. The Staging Data dataset is a non-exclusive resource. IASLC may, at its option, permit multiple unrelated, but similar or identical, requests or analyses by different Researchers.

4. Enhancement and enlargement of the Staging Data dataset is ongoing. However, the Staging Data are provided "as-is." Each of IASLC, the SPFC, and CRAB disclaim and exclude any and all representations and warranties, conditions or other terms, whether written or oral, expressed or implied, of any kind, including any representations and warranties, conditions or other terms with respect to the Staging Dataset, including any representation or warranty of noninfringement, quality, performance, merchantability or fitness for a particular use or purpose. Nor does IASLC, the SPFC, or CRAB give any assurance about the accuracy, completeness, or fitness for purpose of the data included in any Report. Likewise, IASLC, the SPFC, and CRAB make no guarantees as to the availability or quality of data included in any Report.
5. IASLC reserves the right to disclose the general parameters of any research performed on the Staging Data. Such right of disclosure shall extend to any information other than the related raw data.

D. Publication Review

1. Any Publication resulting from the proposal, Report, or otherwise based on the Staging Data must be reviewed and approved by IASLC or the SPFC before it is submitted to the *Journal of Thoracic Oncology* or to any other congress or journal as approved by IASLC or the SPFC or otherwise released beyond the Researcher.
2. IASLC will review the Publication to assure that it is consistent with the approved project, that it accurately characterizes the Staging Data, that authorship is appropriately acknowledged, and that there is no express or implied IASLC endorsement of an external Researchers' work or product.
3. An IASLC disclaimer may be required to be included with the Publication.
4. IASLC review will not assess or validate research methods or results. IASLC review is not a substitute for peer review, which is independently performed by relevant associations, congresses, and journals.
5. IASLC approval of a Publication does not assure acceptance of the Publication by the *Journal of Thoracic Oncology* or any other IASLC meeting or journal. IASLC educational programs and publications are independent and peer reviewed, and have sole discretion over the work accepted.

IASLC
DATA USE AGREEMENT

This Data Use Agreement (this "**Agreement**") dated [day, month, year] (the "**Effective Date**")

BETWEEN

_____, a _____, located at _____ ("**Researcher**");

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER, a Colorado nonprofit corporation, ("**IASLC**") located at 13100 East Colfax Avenue, Unit 10, Aurora, Colorado 80011 USA;

AND

CANCER RESEARCH AND BIOSTATISTICS, a Washington non-profit corporation ("**CRAB**"), located at 1505 Westlake Ave. N., Suite 750, Seattle, Washington 98109-3050 USA.

RECITALS:

A. IASLC is a global organization dedicated to the study of lung cancer that has compiled an extensive staging and clinical lung cancer dataset (the "**Staging Data**"), which is maintained by CRAB.

B. Researcher desires to submit a proposal with a research query (a "**Proposal**") to be run by CRAB against the Staging Data to obtain an output result (a "**Report**").

C. By this Agreement, the parties seek to set out the terms under which they will cooperate in good faith to perform their respective obligations hereunder.

IN CONSIDERATION OF THE MUTUAL COOPERATION BETWEEN THE PARTIES, IT IS AGREED BETWEEN THE PARTIES AS FOLLOWS:

1. Definitions.

   a. "**Authorized User**" means any individual under the control of Researcher, who is given permission by Researcher to access the Report, subject to the terms and conditions of this Agreement.

   b. "**Confidential Information**" means, subject to Section 4.b, all written, electronic or oral information, disclosed by IASLC or the Researcher (the "**Discloser**") to the other or its designee (the "**Recipient**"), identified as confidential or proprietary, as well as information that, based on its nature and the circumstances surroundings its disclosure, a reasonable person would consider to be confidential or proprietary. The parties agree that the Staging Data and the Report shall be deemed Confidential Information of IASLC.

c. "**Data Access Policy**" means the IASLC Data Access Policy for the staging and clinical lung cancer dataset maintained by CRAB, which may be updated from time to time.

d. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 C.F.R. Parts 160, 162 and 164, as amended by the Health Information Technology for Economic and Clinical Health Act, which is at Section 13400, *et. seq*. of ARRA, 42 U.S.C. §§ 17921, *et. seq.*, and guidance promulgated thereunder.

e. "**Publication**" means, any report or work describing, stemming from, or based in whole or in part on, the Report, including, without limitation, articles published in print or online journals or repositories, electronic journals, reviews, books, abstracts, posters and other written, digital and verbal presentations and representations of the Report.

f. "**SPFC**" means the IASLC Staging and Prognostic Factors Committee.

2. Report Creation.

a. Researcher shall submit the Proposal for approval in accordance with the Data Access Policy. If approved at each stage in the approval process, Researcher shall pay all costs associated with generating the Report. CRAB will conduct all extraction, analysis and validation with respect to the Staging Data that is necessary to generate the Report. The Report will be limited to the information requested in the Proposal. Researcher agrees that if there are any modifications to the Proposal at any stage in the approval process or if the Researcher desires any additional information after a Proposal is submitted for final approval, Researcher must submit a new proposal in accordance with the Data Access Policy.

b. CRAB will provide Researcher with an estimate of the cost to create the Report after reviewing the initial proposal, which must be submitted in accordance with the Data Access Policy. Researcher agrees to pay such cost, which must be paid before the Report is created. Any changes in the estimated cost will be communicated by CRAB to Researcher.

3. Ownership.

a. *Ownership*. The parties agree that, as between IASLC and Researcher, IASLC shall be the sole owner of all right, title and interest, including all intellectual property rights, in and to the Staging Data and any Report generated from the Staging Data. Researcher shall own all rights, title, and interest in any Publication, subject to the limitations included in the Data Access Policy. Researcher acknowledges and agrees that IASLC reserves the right to disclose the general parameters of any research performed on the Staging Data. Each party shall retain all rights to and title in any other intellectual, proprietary or property rights owned by, or otherwise controlled by that party.

b. *License to Report*. IASLC grants Researcher a non-exclusive, royalty-free license to use the Report consistent with the Proposal as approved by the SPFC, including for use in any Publication, consistent with the requirements in the Data Access Policy.

c. *Researcher Right to Staging Data*. Researcher is granted no right, title, interest or license of any kind in or to the Staging Data and may not access or use the Staging Data for any reason.

4. Confidential Information.

a. In addition to the parties' other obligations under this Agreement and with respect to any Confidential Information received by the Recipient from the Discloser, except as otherwise provided in this Agreement, the Recipient shall: (i) protect and maintain the confidentiality of the Confidential Information using the same care that it would use for its own confidential information, but in any event no less than reasonable care; (ii) use the Confidential Information solely for the purposes of fulfilling its obligations under the Agreement and only for the benefit of the Discloser; (iii) not disclose any Confidential Information of Discloser to third parties or to Recipient's employees, except where employees of Recipient have a need to know about the Confidential Information and are subject to obligations of confidentiality at least as restrictive as those in this Agreement, and, with respect to disclosure of the Report by Researcher, such third party is an Authorized User; (iv) cease use of such Confidential Information immediately upon termination or expiration of the Agreement and either return or permanently destroy all Confidential Information upon request of the Discloser; and (v) not attempt to reverse engineer, decompile or create derivative works from or using the Confidential Information.

b. The confidentiality obligations of this Section 4 shall terminate with respect to any Confidential Information when the Recipient can prove that such information was (i) in the public domain at the time of Discloser's communication to the Recipient, or it subsequently entered the public domain through no fault of the Recipient, (ii) in the Recipient's possession free of any obligation of confidence at the time of the Discloser's communication to the Recipient, (iii) subsequently rightfully communicated to the Recipient free of any obligation of confidence, or (iv) was or is independently developed by the Recipient without reference or recourse to the Discloser's Confidential Information.

c. Notwithstanding the foregoing, each party may disclose Confidential Information to the limited extent required in order to comply with the order of a court or other governmental body, or as otherwise necessary to comply with applicable laws, provided that the party making the disclosure pursuant to the order shall first have given written notice to the other in order to seek protective relief, if legally permissible, and provided such assistance as may be reasonably requested to limit or prevent such disclosure.

5. Representations and Warranties; Disclaimer.

a. *Mutual Representations and Warranties*. Each party hereby represents and warrants that such party is duly organized, validly existing and in good standing under the laws of the state of its incorporation or organization and has all requisite power and authority to enter into this Agreement. The parties agree to comply with all applicable law, including laws, rules and regulations, including U.S. federal and state law (e.g., HIPAA) in the performance of their obligations under this Agreement. In the event of a conflict between the requirements of any applicable law, rule or regulation and the requirements stated in this Agreement, the applicable law, rule or regulation under a conflict-of-law analysis, including the preemption analysis required under HIPAA, shall prevail.

b. *Researcher Representations and Warranties*. Researcher hereby represents and warrants that:

i. Researcher will, and will cause all Authorized Users to, adhere to the highest scientific and ethical standards;
ii. Researcher acknowledges that the Staging Data is a non-exclusive resource and IASLC may, at its option, permit multiple unrelated, but similar or identical requests or analyses by different researchers;
iii. All information contained in the Proposal is true, correct, and complete;
iv. Researcher will not use the Report for commercial research purposes or for any use other than as contemplated by this Agreement;
v. Researcher will comply, and will cause all Authorized Users to comply, with the Data Access Policy;
vi. Researcher will not attempt to re-identify any data provided in the Report or link the Report or Staging Data with any other dataset, public or private;
vii. Researcher will submit any Publication to the SPFC, IASLC and *Journal of Thoracic Oncology* for review, approval and publication in accordance with the Data Access Policy;
viii. Researcher's use of the Report for the purposes contemplated by this Agreement will not violate any law, rule or regulation or conflict with, result in any breach of, or constitute a default (or an event which would, with the passage of time or the giving of notice or both, constitute a default) under, or give rise to a right to terminate, amend, modify, abandon or accelerate, any contract which is applicable to, binding upon or enforceable against Researcher; and
ix. Researcher shall implement administrative, physical and technical safeguards to protect the Report that are no less rigorous than accepted industry practices, and shall ensure that all such safeguards, including the manner in which the Report is accessed, used, stored, processed, disposed of and disclosed, comply with applicable data protection and privacy laws, as well as the terms and conditions of this Agreement.

c. *Disclaimer*. THE REPORT GENERATED FROM THE STAGING DATA IS PROVIDED "AS-IS." EXCEPT AS OTHERWISE PROVIDED HEREIN AND

TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, IASLC, CRAB, AND THE SPFC HEREBY DISCLAIM AND EXCLUDE ANY AND ALL REPRESENTATIONS, WARRANTIES, CONDITIONS OR OTHER TERMS, WHETHER WRITTEN OR ORAL, EXPRESSED OR IMPLIED, OF ANY KIND, INCLUDING ANY REPRESENTATIONS AND WARRANTIES, CONDITIONS OR OTHER TERMS WITH RESPECT TO THE REPORT, INCLUDING ANY REPRESENTATION OR WARRANTY OF NONINFRINGEMENT, QUALITY, PERFORMANCE, MERCHANTABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE. NEITHER IASLC NOR CRAB GIVES ANY ASSURANCE REGARDING THE ACCURACY, COMPLETENESS OR FITNESS FOR PURPOSE OF THE DATA INCLUDED IN ANY REPORT, NOR DO IASLC OR CRAB MAKE ANY GUARANTEES AS TO THE AVAILABILITY OR QUALITY OF DATA INCLUDED IN ANY REPORT.

d. NEITHER IASLC NOR RESEARCHER WILL BE LIABLE FOR INDIRECT, CONSEQUENTIAL, OR INCIDENTAL DAMAGES (INCLUDING DAMAGES FOR LOSS OF PROFITS, REVENUE, DATA, OR USE) ARISING OUT OF THIS AGREEMENT AND/OR ANY DISCLOSURES OF DATA RECEIVED OR CREATED UNDER THIS AGREEMENT, WHETHER IN A LEGAL ACTION IN CONTRACT OR TORT, EVEN IF THE APPLICABLE PARTY IS ON NOTICE OF THE POSSIBILITY OF SUCH DAMAGES. THE ENTIRE LIABILITY OF IASLC AND ITS AFFILIATES, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE AMOUNT OF FEES AND COSTS PAID BY RESEARCHER HEREUNDER.

6. Term; Termination.

a. *Term*. This Agreement shall be binding on IASLC and Researcher from the Effective Date until the date when this Agreement is terminated in accordance with this Section. This Agreement shall be binding on CRAB from the Effective Date until the termination of all then applicable agreements between CRAB and IASLC in accordance with their terms.

b. *Termination*. This Agreement may be terminated by either IASLC or Researcher, but not CRAB, (i) immediately if the other party breaches a material term of this Agreement and cure of such breach is not possible, or (ii) if the other party breaches a material term of this Agreement that is subject to cure and fails to cure such breach within thirty (30) days of receiving notice of such breach from the non-breaching party. This Agreement may be terminated by Researcher, but not IASLC or CRAB, (i) immediately if CRAB breaches a material term of this Agreement and cure of such breach is not possible, or (ii) if CRAB breaches a material term of this Agreement that is subject to cure and fails to cure such breach within thirty (30) days of receiving notice of such breach from the non-breaching party. CRAB shall not have any termination rights under this Agreement; however, to the extent that CRAB ceases to provide services with respect to the Staging Data pursuant to one

or more then applicable agreements between IASLC and CRAB, CRAB shall have no liability for the acts or omissions of its successor.

c. *Knowledge of Non-compliance*. Any non-compliance by Researcher with this Agreement or with HIPAA, or any equivalent laws or regulations, automatically will be considered a breach or violation of a material term of this Agreement if Researcher knew or reasonably should have known of such non-compliance and failed to immediately take reasonable steps to cure the non-compliance.

d. *Effect of Termination*.

i. Upon termination of this Agreement by IASLC, Researcher shall confirm that all Reports and all Confidential Information received from IASLC have been destroyed or returned to IASLC, and Researcher shall provide written confirmation of such destruction to IASLC.

ii. All of the terms of the Agreement which by their nature extend beyond the expiration or termination of the Agreement, including indemnification obligations, confidentiality obligations, shall survive expiration or termination of the Agreement and remain in full force and effect.

7. Indemnification.

a. Researcher shall indemnify, defend and hold harmless IASLC and its affiliates, and their respective licensors, officers, directors, employees and contractors (each, an "**Indemnitee**" and collectively "**Indemnitees**"), from and against any and all third-party claims (including, but not limited to, labour claims), liabilities, demands, causes of action, judgments, settlements and expenses (including, but not limited to, reasonable attorneys' fees and court costs) arising out of or in connection with any breach of any covenant, representation or warranty made by Researcher (each a "**Claim**").

b. If any Claim is initiated against any Indemnitee, the Indemnitee shall give prompt written notice of such Claim to the Researcher. Indemnitee may elect to assume the defense of a Claim and Researcher shall reimburse Indemnitee for all reasonable expenses (including reasonable attorneys' fees which may include, without limitation, an allocation for in-house counsel) as such expenses are incurred, relating to the defense of such Claim. If Indemnitee elects not to assume the defense of a Claim, then Researcher, at Researcher's own expense, shall assume the defense of such Claim. If Researcher assumes the defense of such Claim, (i) Researcher shall keep the Indemnitees informed of all material developments and events relating to such Claim, (ii) the Indemnitees shall have the right to participate, at their own expense, in the defense of such Claim (but such participation shall not be deemed to give the Indemnitees the right to control such defense), (iii) the Indemnitees shall cooperate as reasonably requested by Researcher in the defense of such Claim, and (iv) Researcher shall not settle such Claim without the prior written consent of the Indemnitees, which consent shall not be unreasonably withheld.

8. Miscellaneous.

a. *Equitable Relief*. Each party agrees that any other party's breach of any provision of this Agreement will cause immediate and irreparable harm to the other party for which money damages are not an adequate remedy at law. Therefore, the parties agree that, in the event either party breaches or threatens to breach this Agreement, the other party shall be entitled to an injunction to restrain said breach or threatened breach, without posting any bond or other security.

b. *Binding Effect*. This Agreement shall be legally binding as between the parties until such time as it has been expressly superseded by a more detailed agreement should one be duly signed.

c. *Applicable Law*. The validity and interpretation of this Agreement shall be governed by the laws of the State of Colorado. The parties agree that any conflict of law provisions, where applicable, are hereby excluded by this express agreement to an applicable law and jurisdiction.

d. *Assignment*. Neither IASLC nor Researcher shall transfer, delegate, or assign this Agreement to any other person or legal entity, whether by written agreement, operation of law or otherwise, without the prior written consent of the other party. To the extent that CRAB ceases to provide services with respect to the Staging Data pursuant to any then applicable agreement or agreements between IASLC and CRAB, CRAB's rights and obligations under this Agreement on and after the date when CRAB ceases to provide such services shall be automatically assigned to its successor; however, such successor shall not have any liability for the acts or omissions of any of its predecessors or successors. Any assignment or transfer by a party hereto that is not in compliance with the terms and conditions set forth in this Section shall be void and of no effect. Any permitted assignment or transfer of or under this Agreement shall be binding upon, and inure to the benefit of, the successors, executors, heirs, representatives, administrators and assigns of the assigning or transferring party hereto.

e. *Entire Agreement*. Subject to this Section 8.e, this Agreement embodies the entire understanding of the parties with respect to the subject matter hereof and shall supersede all previous communications, representations, or understandings, either oral or written, between the parties relating to the subject matter hereof. This Agreement and the subject matter hereof may not be modified except by a written agreement signed on behalf of IASLC, Researcher and, if the amendment directly impacts CRAB's representations, rights or obligations under this Agreement, CRAB, by their respective duly authorized representatives. Only with respect to IASLC and CRAB, to the extent of any conflict or inconsistency between the provisions in the body of this Agreement and any other then applicable agreement or agreements between CRAB and IASLC, the terms of such other agreement or agreements between CRAB and IASLC will prevail. The terms of any agreement or agreements between CRAB and IASLC will not impact the rights and obligations of Researcher under this Agreement.

f. *Independent Contractor Status*. In connection with this Agreement, each party is an independent contractor and as such will not have any authority to bind or commit the other. Furthermore, neither this Agreement, nor any terms and conditions contained herein, shall be construed as creating a partnership, joint venture or agency relationship or as granting a franchise.

g. *Severability; No Waiver*. To the extent that any term, condition or provision of this Agreement is held to be invalid, illegal or otherwise unenforceable under applicable law, rule, or regulation then such term, condition or provision shall be deemed excluded from this Agreement and the other terms, conditions and provisions hereof shall remain in full force and effect as if such unenforceable term, condition or provision had not been included herein. The failure of a party to prosecute its rights with respect to a default or breach hereunder shall not constitute a waiver of the right to enforce its rights with respect to any other or later breach. No waiver of any right or remedy available to a party under this Agreement, at law, or in equity shall be effective unless signed in writing by the waiving party. Unless otherwise specifically limited under this Agreement, all rights and remedies reserved to either party shall be cumulative and shall not be in limitation of any other right or remedy which such party may have at law or in equity.

[*Signature page follows*]

IN WITNESS WHEREOF, as of the Effective Date, an authorised representative of each party has duly executed this Data Use Agreement.

RESEARCHER

Signed:_____

Name:_____

Title:_____

INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER

Signed:_____

Name:_____

Title:_____

CANCER RESEARCH AND BIOSTATISTICS

Signed:_____

Name:_____

Title:_____

APPENDICES

PRIVILEGED COMMUNICATION

The International Association for the Study of Lung Cancer (IASLC) Lung Cancer Staging Project

PROCOTOL FOR PURPOSE OF GRANT APPLICATION AND ETHICS REVIEW

IASLC Staging and Prognostic Factors Committee, Full Committee Chair
Hisao Asamura, MD
Keio University School of Medicine, Tokyo, Japan

IASLC Staging and Prognostic Factors Committee, Full Committee Vice Chair
Kemp Kernstine, MD, PhD
The University of Texas Southwestern Medical Center, Dallas, Texas, United States of America

T Subcommittee Chair
Ayten K Cangir, MD
Ankara University School of Medicine, Ankara, Turkey

N Subcommittee Chair
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1.0 OBJECTIVES

1.1. The primary objectives of this study are:
- 1.1.1. To assess the prognostic value and validity of each component of the eighth edition of the tumor, node, metastasis (TNM) classification for lung cancer with respect to the overall survival of patients with newly diagnosed lung cancer.
- 1.1.2. To identify and validate additional descriptors for possible inclusion in future revisions to the TNM classification.

1.2. T-Component objectives:
- 1.2.1. To assess the prognostic impact of tumor size
- 1.2.2. To assess the classification capacity of each descriptor defining T-status.
- 1.2.3. To study new conditions not included in the present T (e.g., differences between parietal pleura invasion and rib invasion).

1.3. N-Component objectives:
- 1.3.1 To assess the prognostic impact of N-status.
- 1.3.2 To assess the prognostic impact of:
  - a. Nodal extent (single vs multiple station involvement in N1 and N2 locations),
  - b. Nodal size, i.e. the largest involved node within the relevant N category, and
  - c. Individual nodes being involved in each nodal category.
- 1.3.3 To assess the prognostic impact of extracapsular extension.
- 1.3.4 To assess the prognostic impact of the N3 nodal location, i.e. contralateral mediastinum, ipsilateral or contralateral supraclavicular fossa.

1.4 M-Component objectives:
- 1.4.1 To assess the prognostic impact of M-status.
- 1.4.2 To assess the prognostic impact of:
  - 1.4.2.1 Single metastasis in a single organ
  - 1.4.2.2 Multiple metastases in a single organ, and
  - 1.4.2.3 Multiple metastases in several organs.

1.5 Objectives regarding other prognostic factors:
- 1.5.1 To assess the prognostic impact of histologic type and grade.
- 1.5.2 To assess the reliability of staging methods utilized in clinical staging (for those tumors with pre-treatment and post-surgical classification).
- 1.5.3 To assess the prognostic impact of complete, incomplete, and uncertain resections, according to the proposed definitions of the IASLC.
- 1.5.4 To assess the prognostic impact of clinical factors, including co-morbidity and pulmonary function tests.

1.5.5 To assess the prognostic impact of maximum standard uptake value (SUV max), at the primary site and in any positive nodal sites, for those patients with positron emission tomography (PET) scans in the pre-treatment staging.

2.0 BACKGROUND

The objectives of the first iteration of the Lung Cancer Staging Project of the International Association for the Study of Lung Cancer (IASLC)[1] were achieved in 2007 with the submission of recommendations for the seventh edition of the tumor, node, metastasis (TNM) classification for lung cancer to the International Union Against Cancer (UICC) and to the American Joint Committee on Cancer (AJCC). The UICC and AJCC accepted these recommendations. These core recommendations and the methodology used in the analysis of the retrospective database were published[2, 3, 4, 5, 6] in 2007, along with additional publications on small cell lung cancer, carcinoid tumors, and prognostic factors[7, 8, 9].

The limitations of the analysis of the retrospective database derived from the fact that most databases that contributed cases to the international database were not designed to study the TNM classification of lung cancer. The most important consequence was that, while the clinical or pathologic T status was recorded in most of the databases, few included the finer details, such as the specific anatomic sites of tumor extension. For this reason, most of the descriptors that define T3 and T4 tumors could not be validated in this retrospective study[2]. The same was true for the potential subdivision of the N1 and N2 nodal spread based on the number of involved nodes/nodal stations or nodal zones[3], and for the differences in the various forms of M1 disease[4]. In addition, subtle differences between nodal maps used in different parts of the world – e.g. the Mountain and Dressler 1997 modification to the American Thoracic Society (ATS)[10] map and the Naruke-Japan Lung Cancer Society map[11, 12] – complicated previous attempts to analyze international data on nodal involvement.

To overcome the limitations of the previous, retrospectively amalgamated database, the Staging and Prognostic Factors Committee (SPFC) of the IASLC launched a web-based Electronic Data Capture (EDC) system for staging and survival data in 2009[13] with the general objective to refine future editions of the TNM classification for lung cancer. The EDC was designed to facilitate validation of all T, N, and M descriptors, with special attention to those that could not be validated with the analysis of the retrospective database, and the investigation of the prognostic value of other descriptors of interest to the SPFC that were not included in the TNM classification.

As a result of this web-based data collection effort, supplemented by other large, external data sources, a database of 94,708 patients diagnosed around the world from 1999-2010 was constructed, from which the IASLC SPFC developed recommendations toward the eighth edition of the TNM staging system. These recommendations were published in

2015[14, 15, 16, 17, 18, 19] and were accepted by the UICC and AJCC in 2017 (with AJCC implementation effective in 2018).

As the project enters its third cycle, with the goal of developing recommendations for the 9th edition of TNM, its continued success will depend on the extent of the international participation and the quality of the data. The initial retrospective staging project showed that quality of the data is even more important than its size. In the second iteration of the project, the superior quality of TNM descriptor data from the EDC relative to retrospectively amalgamated data was clearly demonstrated. The subset of cases that were entered via the EDC was instrumental in the development of the 8th edition recommendations due to the level of detail and consistency of the submitted data. For example, the distinction between cases with multiple distant metastatic lesions and those with a single distant metastasis could not have been identified without the EDC dataset.

Useful information not related to the anatomic extent of the disease can also be derived from the newly revised data elements. Including the methods used in clinical staging allows exploration of their reliability in those patients undergoing lung resection, in whom the pre-treatment and post-surgical classifications can be compared. The IASLC has published consensus guidelines on clinical staging based on the best evidence available in clinical practice[21, 22, 23]. With continued collection of the data elements related to clinical staging methods, the previously developed guidelines can be validated, and future staging recommendations can be made in the context of adherence to those guidelines.

One of the objectives of the TNM classification is to assign a prognosis based on the anatomical extent of the disease. However, there are other factors that influence prognosis of lung cancer that are not related to its anatomic extension. Sex, age and comorbidity[24, 25, 26], biological parameters[27], and molecular and genetic factors are known to influence prognosis, but have never been integrated, along with the TNM classification, into a valid, clinically useful prognostic system. Information on comorbidity and basic blood analyses is easily available from most patients. The maximum standard uptake value, which has shown prognostic relevance[28], will also be registered in those patients undergoing PET scan in the pre-treatment staging of their tumors. The importance of molecular and genetic factors is now undisputed, both in terms of survival prognosis as well as interactions with treatment. Recognizing this importance, the collection of detailed biomarker information and specific systemic treatments, with emphasis on targeted agents, is a new feature of the revised EDC. This data collection system is designed to be easily expanded as new biomarkers and discovered, and as new drugs come to market.

Centralized collection of all these anatomic and non-anatomic parameters has been found to be most effective in addressing the research questions of the SPFC of the IASLC[29]. This document is provided to collaborating institutions so that we may standardize the processes and procedures for conducting this study across multiple institutions.

3.0 STUDY DESIGN

This is an international, multi-institutional cohort study that will collect detailed information on the extent of disease, personal and demographic characteristics, comorbid illness status, treatment and survival of newly-diagnosed lung cancer patients.

Ideally, an inception cohort will be enrolled prospectively at each site, and data will be collected using a standardized abstraction tool. However, because it is unlikely that accrual goals will be met using this option alone, sites may alternatively petition the SPFC to transfer data from an existing database.

Data completeness and logic checks will be conducted on an ongoing basis. Analyses will be conducted at CRAB. Each participating institution will have access to their own patients' data and will be eligible to conduct secondary investigations of the larger database subject to approval by the IASLC[30].

4.0 SAMPLE SELECTION

Based on the experience from the original retrospective study, three types of study samples will be targeted, depending on the nature of the collaborating institution: population-based, institution-based and clinical series. In each case, the intention is to describe the experience of an unselected group of patients. Sample selection for each is described below.

4.1 Population-based sample selection will likely involve enhancement of a population-based cancer registry with the data elements required for this study. All patients diagnosed within the study period may be included, or a random sample from the registry within the study period may be included. Documentation of the population coverage of the registry will be required for a sample to fall into this category.

4.2 Institution-based sample selection will likely involve the capture of information on all newly-diagnosed lung cancer patients seen at that institution during the period of the study. Usually, this involves the use of an institution's tumor registry that will be enhanced with the data elements required for this study. Description of the institution's referral pattern will be required.

4.3 Clinical series sample selection will capture information on an inception cohort of all newly-diagnosed patients presenting to a defined clinical service during the period of the study. All such patients will be tracked with documentation regarding data completeness and losses to follow up.

In considering applications for participation in the project, the SPFC will grant preference to sites which implement one of the above methods of sample selection.

5.0 INTERVENTION

Subjects will not be assigned to any specific intervention as a result of inclusion in this observational data base.

6.0 ELIGIBILITY CRITERIA

6.1 Subjects must have newly diagnosed non-small or small cell bronchogenic carcinomas, including neuroendocrine and carcinoid tumors of the lung.

6.2 Lung cancer must be confirmed by histology or cytology, with a diagnosis date no earlier than January 1, 2011.

6.3 For a subject to be eligible for inclusion, there must be sufficient information available to classify the subject according to the eighth edition of the TNM classification for lung cancer.

7.0 DESCRIPTIVE FACTORS

Patients will be described by pretreatment T, N, and M status, treatment (surgically managed vs not), by country of origin and study sample type. Enrollment will be monitored with respect to these descriptive factors, with two objectives in mind: 1) to track recruitment of specific subgroups defined by geography, stage, or treatment modality with a view to targeting additional institutions and/or clinical settings if under-representation exists and 2) to demonstrate that the study sample is unbiased with regard to subject selection.

8.0 STATISTICAL CONSIDERATIONS

Participation in the previous two database cycles was high, with approximately 100,000 cases submitted for each of the last two revisions. During the most recent effort, 4,631 cases were submitted via electronic data capture. Based upon the number of new participants expressing interest and the expectation of past participants to continue using the EDC or to convert to it, we anticipate a larger proportion of cases to be submitted in this fashion for the next revision. The data derived from EDC submission are uniformly complete, and therefore the calculations below consider only the number of cases that we expect to accrue via the EDC.

The EDC accrual expectation is 20,000 non-small cell lung cancer (NSCLC) cases diagnosed between the beginning of 2011 and the end of 2019, and a smaller proportion of small cell lung cancer (SCLC) and other histologic types. This database is not a population-based registry and the stage distribution is not expected to reflect the distribution of lung

cancer stage in the general population. Based on the previous database, we expect the stage distribution for NSCLC to be approximately 40% stage I, 10% stage II, 25% stage III, and 25% stage IV. For each of the existing ten stage groups of the 8th edition (IA, IB, IC, IIA, IIB, IIIA, IIIB, IIIC, IVA, IVB), the smallest anticipated stage groups would be the stage IIA and IIB, with approximately 1000 cases in each of these two group from the EDC. Previously, the 24 month overall survival rate in stage IIA was 81%, and 75% in the stage IIB (HR=1.2) according to the full NSCLC analysis set in the IASLC database. (The difference was similar in the National Cancer Database, although the absolute survival rates were lower.)[19] A difference smaller than this would not be expected to warrant separate stage categories. In a comparison of two groups of 1000 cases each, after 10 years of accrual and an additional 2 years of follow-up, and assuming exponentially distributed survival times, there would be 92% power to detect a hazard ratio of 1.2 with an alpha level of 5% in a one-sided test. This is a worst case scenario as we expect the stage II to be the smallest group of subjects. For example in the stage III, we expect 1600 cases in each of 3 groups. If we wish to detect at minimum a hazard ratio of 1.2 between the potential stage IIIA and IIIB, we would have 99% power to do so at an alpha level of 5% in a one-sided test. Applying a Bonferroni correction to account for multiple comparisons under the assumption of 9 separate between-group tests, power would range from 70% to 92% for the above scenarios.

These power calculations address the simplified case of formally confirming up to 10 overall stage categories. Initially, more exploratory analyses will be conducted to inform the stage categories, and subsequently other subsets will be separately considered, such as the SCLC and neuroendocrine histologic types. Additionally, we anticipate a substantial number of cases submitted by participating sites will be transferred to the project rather than entered directly into the EDC system. These datasets will vary in terms of data elements, and some may only be used to answer some of the questions that arise as part of the initial analyses. Although some of these datasets will be sufficiently complete and utilized in the primary analyses, we do not include them in the power calculations.

9.0 DE-IDENTIFICATION OF DATA

All sites must agree to gather identifiable private information of research subjects in compliance with applicable law and with respect and regards for human subjects. Each participating institution will secure approval of the project from their local Research Ethics Board.

Participating sites must agree unequivocally to prohibit release of individually identifiable private data to CRAB for research purposes. CRAB will receive only ‘coded’ data for analysis. The ‘coded’ data sent to CRAB must not be able to be linked to individual research subjects, either directly or indirectly through the coding system, by any member of CRAB’s research team . Where personal identifiers might inadvertently be included with data received, CRAB will delete/destroy this identified data, and immediately notify the site to replace with de-identified data.

If ever visiting the site, CRAB staff may access or utilize individually private information but these activities become subject to the oversight of the site's Institutional Review Board. At no time will CRAB employees record any private information.

CRAB, as an institution, is not considered to be "engaged" in human subjects research for this project.

10.0 SITE APPLICATION MATERIALS

This section includes the necessary application materials for any site interested in contributing data to the staging project. These application materials and other supportive documentation for the project can be accessed online at https://iaslc.crab.org/LC/LCStagingProject.pdf .

10.1 Site Cohort Description Form
10.2 Data Use Agreement
10.3 Account Request Form

11.0 PROPERTY OF THE DATA BASE AND PUBLICATION POLICY

Each institution will retain full access and publishing rights to its own data; however, the collective database will be the property of the IASLC, and CRAB will be responsible for its management, storage, and analysis.

Publications related to the objectives of the Lung Cancer Staging Project of the IASLC SPFC (i.e., publications providing recommendations for changes in the TNM classification) will be planned, researched, analysed, and written by the members of the respective Subcommittees, and will follow the same authorship pattern used for the publications on the retrospective data: chairperson of the subcommittee, members of the subcommittee in alphabetical order, Chairman of the Staging and Prognostic Factors Committee, on behalf of the IASLC Staging Committee, and participating institutions.

12.0 DATA COLLECTION PROCESSES

Identification and training of data collectors will be left to the discretion of the participating institution. With the exception of the outcome data, most of the data collected for this study will occur around the time of diagnosis and treatment. The last date of follow up and vital status of each study subject will be updated at each follow-up visit with a frequency of no less than once per year.

Institutions approved by the SPFC for participation in the project will enter the data online using the secure, web-based EDC system or transfer data from an existing database.

Designed and administered by Cancer Research and Biostatistics (CRAB), the system will incorporate extensive, between-field logic checks and provide a query system enabling communication between CRAB and the institutions regarding the data. The system will provide users the ability to download all data entered by that institution.

Transfer of existing, external data will be initially limited to selected partners from the retrospective project and centers that facilitate correction of geographical gaps identified in the retrospective data. Additional sites may be recruited to meet the accrual goals, provided standards regarding data quality and completeness are met.

It is the intent of the project to follow each subject until death, provided there is sufficient funding to maintain this follow-up. As of the date of activation of this protocol, the IASLC has agreed to sponsor collection of data via the EDC through the year 2024.

13.0 OVERSIGHT BY VALIDATION AND METHODOLOGY COMMITTEE

The SPFC Validation and Methodology Committee will monitor population coverage, losses to follow up, and missing data rates at each site and report their findings to the full committee.

14.0 SECONDARY USE OF THE IASLC LUNG CANCER DATA BASE

The IASLC SPFC has a duty to ensure that the data within its database are used to maximum benefit for the good of patients and the lung cancer community, within ethical constraints and the agreements entered into with individual databases. All requests for the secondary use of the database will be subjected to the following review mechanism:
An initial, outline proposal should be submitted to the chair of the committee. This will be reviewed by e-mail by a sub-committee consisting of the chair person, a CRAB member of the committee, and the chair of the relevant sub-committee. If the request is considered to be a reasonable proposal, the applicant will be asked to submit a full application containing the following, additional documents:

a) A full proposal setting out the details of the study, methods, population under study, data required from the database and proposed time lines.
b) A full list of the participants to the study and proposals for involvement by members of the committee and CRAB. The study should include as primary authors at least one medical member of the committee and one CRAB member of the committee.
c) A supportive letter from CRAB confirming that the necessary data is obtainable from the data base and that the quality and volume of that data is adequate to answer the question posed.
d) Confirmation that the applicant and all other parties who may be considered to hold intellectual property rights will adhere to the highest scientific and ethical standards, including but not exclusively:

i. Will respect the IASLC ownership of the data and will not seek to use the information provided for any other use without the agreement of the IASLC.
ii. Will respect the anonymity of the clinical data.
iii. Will submit any publication or presentation for scrutiny by the committee, and in addition, by those database proprietors with whom there exists prior agreements, before submission. The committee reserves the right to deny publication in extreme situations.
iv. Will publish any submission in a format agreed with the committee, including the format of the title, and acknowledging the participation of the IASLC, the committee members, CRAB and the database proprietors. The acknowledgment of our sponsors will be recognized in a format agreed with them from time to time.
v. Will submit publications, in the first place, to the Journal of Thoracic Oncology, the official journal of the IASLC.

The full proposal will be circulated to the full committee by e-mail and the committee's view collected by the chairman. If consensus is not reached the proposal will be discussed at the next meeting of the committee. Revisions or additional material may be requested before a final decision is reached. The committee's decision is final and there will be no appeal structure.

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The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

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The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.1. Registration

Institution: -

Principal Investigator: -

Patient Code:

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Birth Date: - - (dd-mmm-yyyy)

Sex: ○ Male ○ Female

Race (check all that apply):

- ☐ East, Central, and Southeast Asian
- ☐ South Asian (India, Pakistan, Nepal, Bhutan, Bangladesh)
- ☐ Asian, NOS
- ☐ Caucasian (including Middle East and North African)
- ☐ North American of African Descent
- ☐ African
- ☐ Native North or South American
- ☐ Pacific Islander (Oceania)
- ☐ Other

If Other, Specify (Race):

Submit Cancel **eCRF Version:** 1.0

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.2. Patient Characteristics

Subject ID: 999900022
Site Number: 9999 - PRACTICE INSTITUTION
Principal Investigator: PRACTICE Principal Investigator
Patient Code: ZZZ1111

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Patient

Smoking history: [ ]

If a former smoker, number of years since quitting? [ ]

Number of years smoked: [ ]

Average number: [ ] packs per day

Weight loss in previous six months: [ ]

Zubrod Performance Status: [ ]

Height: [ ] cm

Weight: [ ] kg

Comorbidity [hyperlink to definitions with citation]

Tobacco consumption: [ ]

Diabetes mellitus: [ ]

Renal insufficiency: [ ]

Respiratory comorbidity: [ ]

Cardiovascular comorbidity: [ ]

Previously treated malignancy (Other than basal cell skin carcinoma and in situ carcinoma of the cervix): [ ]

Alcoholism: [ ]

Submit Cancel **eCRF Version:** 1.0

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Lung Cancer Staging Project, Data Elements

Code List Values: "Patient Characteristics" form

Form Question: Smoking History

Display Value
Never smoked
Former smoker
Current smoker
No Data

Form Question: Weight loss in the previous six months

Display Value
< 5% of body weight
>= 5% - 10% of body weight
>= 10 % of body weight
No Data

Form Question: Zubrod Performance Status

Display Value
0 – Fully active
1 – Restricted
2 – No work, ambulatory
3 – Limited self-care
4 – Completely disabled
No Data

Form Question: Comorbidity options from 'Diabetes mellitus' to 'Alcoholism'

Display Value
Yes
No
No Data

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Lung Cancer Staging Project, Data Elements

1.3. Laboratory Values at Diagnosis

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Patient

What was the lab specimen collection date?: [ ] - [ ] - [ ] (dd-mmm-yyyy)

Gender: Male
Age: Unknown

Please select an existing lab, or create one by using the shaded box below.
Lab Limits of Normal Instructions

Lab Name plus any qualifiers (ex effective dates, patient sex, age ranges):
[ ]

Create New Lab
Lab Name plus any qualifiers (ex effective dates, patient sex, age ranges):
[ ]
Copy values from an existing lab:
[No, create blank set]
[Create Lab]

Complete the following data items. Enter or update limits of normal values and lab units as necessary. The lab data will be updated upon form submission

	Not Done	Result	Lab Lower Limit of Normal	Lab Upper Limit of Normal	Lab Unit
LDH:	☐				
Hemoglobin:	☐				
Calcium Level:	☐				
Alkaline Phosphatase (ALP):	☐				
Sodium, NA:	☐				
White Cell Count:	☐				
Neutrophil Count:	☐				
Platelet Count:	☐				
Absolute Lymphocyte Count:	☐				
Albumin:	☐				

PET Standardized Uptake Value (SUV)

Maximum SUV Primary Tumour: [ ]

Maximum SUV Nodes: [ ]

Maximum SUV (nodes) applies to: [ ]

Pulmonary Function Test

Forced Vital Capacity (FVC): [ ] liter % Predicted FVC: [ ] %

Forced Expiratory Volume in 1 Second (FEV1): [ ] liter % Predicted FEV1: [ ] %

Date of trial entry if database is from a clinical trial: [ ] - [ ] - [ ] (dd-mmm-yyyy)

[Submit] [Cancel] **eCRF Version:** 1.0

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Lung Cancer Staging Project, Data Elements

Code List Values: "Laboratory Values at Diagnosis" form

Form Question: Lab Units – LDH
Field size: XX.XX (NUMBER 6,2)

Display Value	Range
ukat/L	0-50
IU/L	0-3000

Form Question: Lab Units – Hemoglobin;
Field size: XX.XX (NUMBER 6,2)

Display Value	Range
g/dl	0-20
mmol/L	0-4

Form Question: Lab Units – Calcium Level
Field size: XX.XX (NUMBER 4,2)

Display Value	Range
mmol/L	0-20
mg/dl	0-80

Form Question: Lab Units – Alkaline Phosphatase
Field size: XX.XX (NUMBER 6,2)

Display Value	Range
ukat/L	0-20
IU/L	0-1200

Form Question: Lab Units – Sodium, NA
Field size: XXX (NUMBER 3)

Display Value	Range
mmol/L	0-500

Form Question: Lab Units – White Cell Count
Field size: XX.XXX (NUMBER 8,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Neutrophil Count
Field size: XX.XXX (NUMBER 8,3)

Display Value
10^9 X cells/L

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Lung Cancer Staging Project, Data Elements

Form Question: Lab Units – Platelet Count
Field size: XXX.XXX (NUMBER 9,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Absolute Lymphocyte Count
Field size: XX.XXX (NUMBER 8,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Albumin
Field size: XX (NUMBER 2)

Display Value	Range
g/L	0-99

Form Question: Maximum SUV applies to

Display Value
Hilar/interlobar nodes
Mediastinal nodes
Supraclavicular nodes

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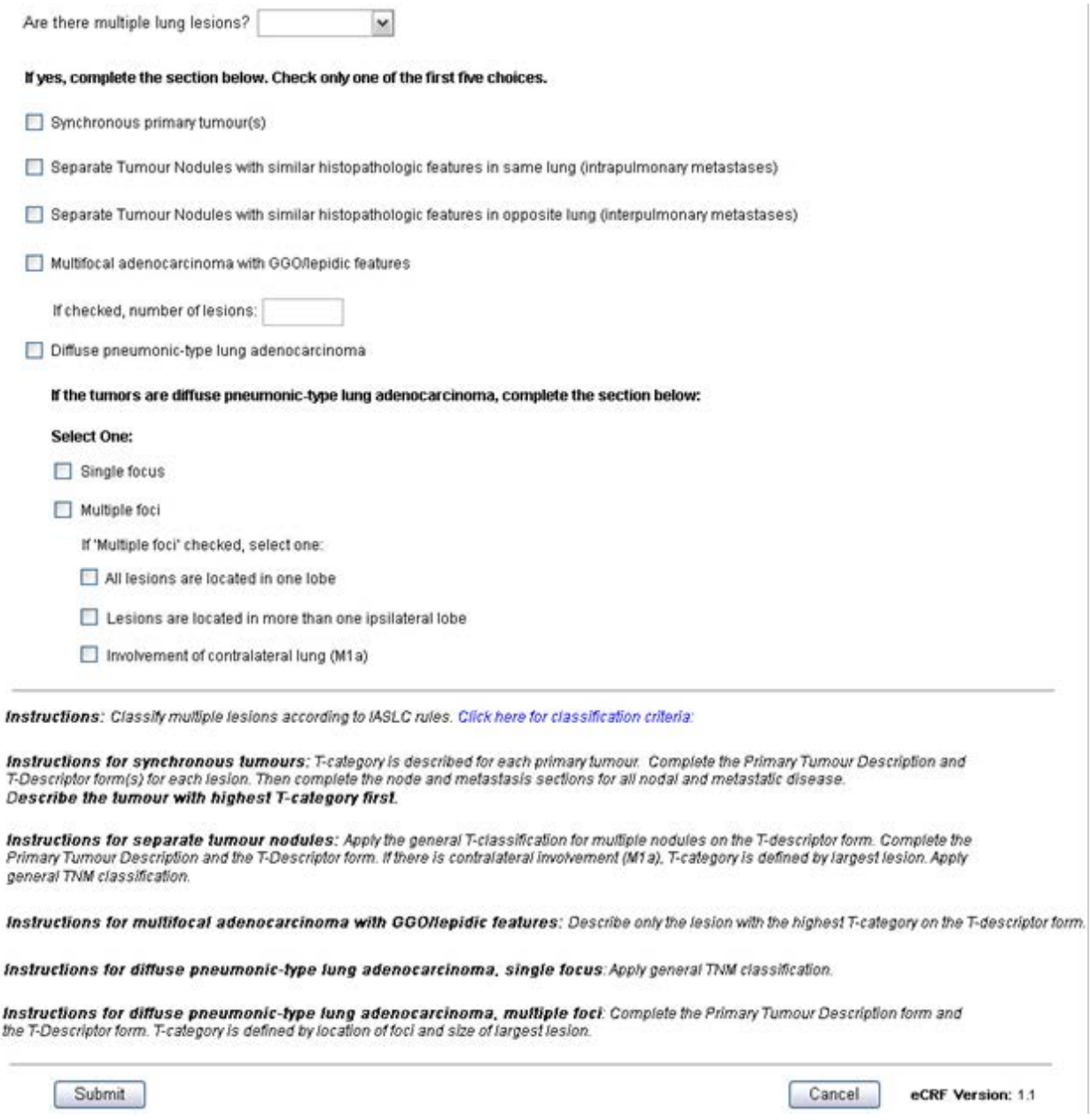
Lung Cancer Staging Project, Data Elements

1.4. Lung Cancers with Multiple Lesions



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Lung Cancer Staging Project, Data Elements

Code List Values: “Lung Cancers with Multiple Lesions” form

Form Question: Are there multiple lung lesions?

Display Value
Yes
No

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Lung Cancer Staging Project, Data Elements

1.5. Primary Tumour Description

TUMOUR:1

TAB: Primary Tumour

Instructions: For patients undergoing resection, use final description of tumour (post-resection) to complete this form.

Method of detection:

Diagnosed by:

- ☐ Cytology
- ☐ Histology

Date histology or cytology obtained: - - (dd-mmm-yyyy)

Please specify the location of primary tumour. Do not include the locations of the involved nodes or additional nodules. Select all that apply.

- ☐ Right Main Bronchus
- ☐ Right Upper Lobe
- ☐ Right Middle Lobe
- ☐ Right Lower Lobe
- ☐ Right Upper Lobar Bronchus
- ☐ Right Middle Lobar Bronchus
- ☐ Intermediate Bronchus
- ☐ Right Lower Lobar Bronchus
- ☐ Main Bronchus, Side Not Specified
- ☐ Trachea
- ☐ Carina
- ☐ Left Main Bronchus
- ☐ Left Upper Lobe
- ☐ Left Lower Lobe
- ☐ Left Upper Lobar Bronchus
- ☐ Left Lower Lobar Bronchus

Differentiation grade:

Histologic Type, WHO 2015 edition:

Paraneoplastic syndrome:

Pleural Effusion:

Submit Cancel **eCRF Version:** 1.0

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Lung Cancer Staging Project, Data Elements

Code List Values: "Primary Tumour Description" form

Form Question: Method of detection

Display Value
Symptoms
Screening
Incidental
Unknown

Form Question: Differentiation grade

Display Value
Gx: Cannot be assessed
G1: Well differentiated
G2: Moderately differentiated
G3: Poorly differentiated
G4: Undifferentiated
Unknown

Form Question: Histologic type, WHO 2015 edition

Display Value
Adenocarcinoma, noninvasive: Adenocarcinoma in situ
Adenocarcinoma: Minimally invasive adenocarcinoma
Adenocarcinoma, Invasive: Lepidic adenocarcinoma
Adenocarcinoma, Invasive: Acinar adenocarcinoma
Adenocarcinoma, Invasive: Papillary adenocarcinoma
Adenocarcinoma, Invasive: Micropapillary adenocarcinoma
Adenocarcinoma, Invasive: Solid adenocarcinoma
Adenocarcinoma, Invasive: Invasive mucinous adenocarcinoma
Adenocarcinoma, NOS
Squamous cell carcinoma: Squamous cell carcinoma in situ
Squamous cell carcinoma: Invasive squamous cell carcinoma
Neuroendocrine tumor: Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia
Neuroendocrine tumor: Small cell carcinoma
Neuroendocrine tumor: Large cell neuroendocrine carcinoma
Carcinoid tumor: typical carcinoid
Carcinoid tumor: atypical carcinoid
Large cell carcinoma
Adenosquamous carcinoma
Sarcomatoid carcinomas: Pleomorphic carcinoma
Sarcomatoid carcinomas: Giant cell carcinoma
Sarcomatoid carcinoma: Carcinosarcoma
Salivary gland type tumors: Mucoepidermoid carcinoma
Salivary gland type tumors: Adenoid cystic carcinoma
Non Small Cell Lung Cancer – Not otherwise specified
Other

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

Form Question: Paraneoplastic syndrome

Display Value
Yes
No

Form Question: Pleural Effusion

Display Value
Present – cytology positive
Present – cytology negative
Present – cytology unknown
Absent
Unknown

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Lung Cancer Staging Project, Data Elements

1.6. Pre-Treatment TNM Tests

From the list below, please select the test that best determined the T, the N and the M categories.

Select "Data not available" if this determination cannot be made.

T	N	M	
☐	☐	☐	Physical examination
☐	☐	☐	Standard radiology (e.g. chest x-rays)
☐	☐	☐	CT of chest/upper abdomen
		☐	CT of the brain
☐	☐	☐	MRI of chest/upper abdomen
		☐	MRI of the brain
☐	☐	☐	PET or PET/CT
☐	☐	☐	Percutaneous needle biopsy or cytology
☐	☐	☐	Bronchoscopy with or without ultrasonography (EBUS), with biopsy or cytology
☐	☐	☐	Oesophagoscopy with or without ultrasonography (EUS), with biopsy or cytology
☐	☐	☐	Mediastinoscopy with biopsy or cytology
☐	☐	☐	Mediastinoscopy with or extended cervical mediastinoscopy
☐	☐	☐	Transcervical lymphadenectomy
☐	☐	☐	Thoracoscopic biopsy or cytology
☐	☐	☐	Laparoscopy
☐	☐	☐	Diagnostic thorascopy
	☐		Videomediastinoscopy
	☐		Video-assisted mediastinal lymphadenectomcy (VAMLA)
	☐		Transcervical extended mediastinal lymphadenectomy (TEMLA)
☐	☐	☐	Data not available
☐	☐	☐	Other

If 'Other', specify: _____

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Lung Cancer Staging Project, Data Elements

1.7. Treatments

Subject ID: 999900022
Site Number: 9999 - PRACTICE INSTITUTION
Principal Investigator: PRACTICE Principal Investigator
Patient Code: ZZZ1111

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Evaluation and Treatment

Was removal of the primary tumour attempted?

Date of resection attempt: - - (dd-mmm-yyyy)

If resection of the primary tumour was attempted:

Extent of resection:

Status of resection margin:

Carcinoma in situ at the bronchial resection margin

Completeness of resection:

(For completeness of resection definitions: click here)

Please document the sequence of FIRST-LINE therapy below, relative to resection (if attempted):

Systemic therapy:

Immunotherapy:

Radiation administered to thorax:

Radiation administered to other sites as part of first line therapy. (Select all that apply)

- Brain
- Bone
- Spine
- Other

Submit Cancel **eCRF Version:** 1.0

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Lung Cancer Staging Project, Data Elements

Code List Values: "Treatments" form

Form Question: Was the removal of the primary tumour attempted?

Display Value
Yes
No

Form Question: Extent of resection

Display Value
Thoracotomy, no resection
Resection of the airway without removal of lung parenchyma
Resection of the airway with removal of lung parenchyma
Endoscopic resection
Segmentectomy
Wedge resection
Lobectomy
Bilobectomy
Pneumonectomy
Other

Form Question: Status of resection margin

Display Value
Negative free margins
Microscopic residual disease
Macroscopic residual disease

Form Question: Completeness of resection

Display Value
R0
R1
R2
Unknown

Form Question: Systemic therapy

Display Value
No Systemic therapy
Systemic therapy, no resection attempt
Systemic therapy before attempted resection
Systemic therapy after attempted resection
Systemic therapy before and after attempted resection
Sequence unknown, but both systemic therapy and resection attempt

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Lung Cancer Staging Project, Data Elements

Form Question: Immunotherapy

Display Value
No Immunotherapy
Immunotherapy, no resection attempt
Immunotherapy before attempted resection
Immunotherapy after attempted resection
Immunotherapy before and after attempted resection
Sequence unknown, but both Immunotherapy and resection attempt

Form Question: Radiation administered to thorax

Display Value
No radiation therapy
Radiation therapy, no resection attempt: standard or stereotactic
Radiation therapy before attempted resection
Radiation therapy after attempted resection
Radiation therapy before and after attempted resection
Sequence unknown, but both radiation therapy and resection attempt

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Lung Cancer Staging Project, Data Elements

1.8. T-Descriptors, by Pre-Treatment/Evaluative Findings

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TUMOUR:1

TAB: Primary Tumour

Instructions: Indicate T-category. [Click here for the 8th edition criteria].

Lung tumour T Category [ ] by pre-treatment/evaluative findings

Size of primary tumour (solid component), by pre-treatment/evaluative findings: [ ] cm, longest dimension

Is this a part-solid tumour with a GGO/lepidic component? ○ Yes ○ No

If 'Yes', provide size of combined solid and part solid component together: [ ] cm

Lymphangitis present? ○ Yes ○ No

Specify all locations of lymphangitis, if present:

- ☐ Adjacent to primary
- ☐ Elsewhere in lobe
- ☐ In other ipsilateral lobes
- ☐ Contralateral lung

Instructions: T-Descriptors. Check ALL that apply, regardless of final T-category:

- ☐ Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy (TX)
- ☐ No evidence of primary tumour (T0)
- ☐ Carcinoma in situ (Tis)
- ☐ Minimally invasive adenocarcinoma (T1mi)
- ☐ Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). (T1)
- ☐ Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus. (T1)
- ☐ Involves main bronchus regardless of distance to the carina, but without involving the carina. (T2)
- ☐ Invades visceral pleura (T2)
- ☐ Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung (T2)
- ☐ Parietal Pleura Invasion (PL3) (T3)
- ☐ Chest wall invasion (T3)
- ☐ Apical chest wall invasion, stellate ganglion, inferior branches of the brachial plexus (below C8) (T3)
- ☐ Phrenic nerve involvement (T3)
- ☐ Parietal pericardium involvement (T3)
- ☐ Associated separate tumour nodule(s) in the same lobe as the primary (T3)

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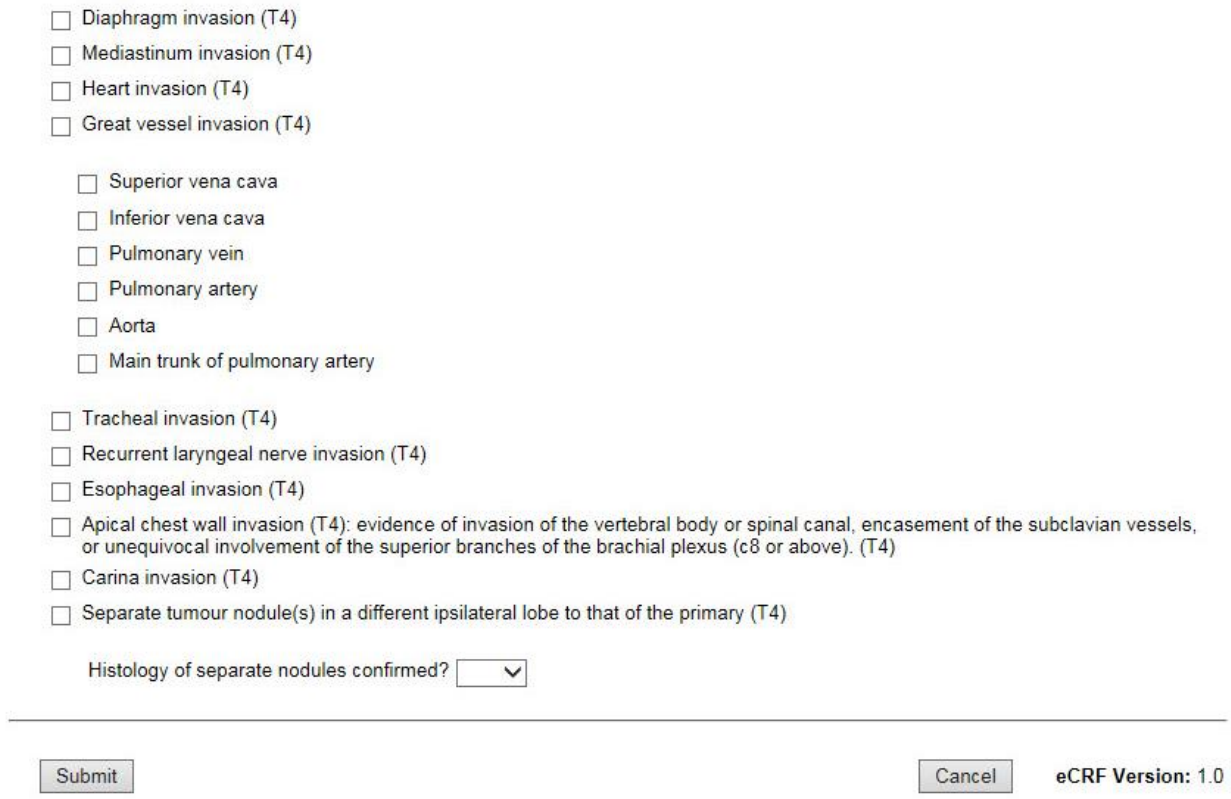
Lung Cancer Staging Project, Data Elements



Code List Values: "T-Descriptors, by Pre-Treatment/Evaluative Findings" form

Form Question: Lung tumour T Category

Display Value
TX
T0
Tis
T1mi
T1a
T1b
T1c
T2a
T2b
T3
T4

Form Question: Histology of separate nodules confirmed?

Display Value
Yes
No

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Lung Cancer Staging Project, Data Elements

1.9. Pre-treatment/Evaluative N Category

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Nodal Staging

Instructions: Indicate status for each nodal station using results from pre-treatment biopsy (e.g., mediastinoscopy) if available, otherwise use imaging results.

Key to nodal station results:

+ = At least one node examined in this region was considered to be metastatic.

- = All nodes examined in this region were considered to be nonmetastatic.

ND = No node examination done in this region or results were equivocal (none considered metastatic).

Location of primary tumour *(with highest T-category):*

N Category: [ ]

Supraclavicular
#1R [ ] #1L [ ]

Upper paratracheal
#2R [ ] #2L [ ]

Pre-vascular
#3aR [ ] #3aL [ ]

Retrotracheal
#3p [ ]

Lower paratracheal
#4R [ ] #4L [ ]

Sub-aortic
#5 [ ]

Para-aortic
#6 [ ]

Subcarinal
#7 [ ]

Paraoesophageal
#8R [ ] #8L [ ]

Pulmonary ligament
#9R [ ] #9L [ ]

Hilar
#10R [ ] #10L [ ]

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Interlobar
#11R ▾ #11L ▾

Lobar
#12R ▾ #12L ▾

Segmental
#13R ▾ #13L ▾

Subsegmental
#14R ▾ #14L ▾

Size of largest node: _____ cm

Method of measurement: ▾

Extracapsular involvement? ▾

If 'Yes', N3 extracapsular involvement: ▾

If 'Yes', N2 extracapsular involvement: ▾

If 'Yes', N1 extracapsular involvement: ▾

Number of N3 nodes explored: _____ Number of positive N3 nodes: _____

Number of N2 nodes explored: _____ Number of positive N2 nodes: _____

Number of N1 nodes explored: _____ Number of positive N1 nodes: _____

Submit Cancel **eCRF Version:** 1.0

Code List Values: “Pre-Treatment/Evaluative N Category” form

Form Question: N Category

Display Value
N0
N1
N2
N3
NX

Form Question: All staging questions before ‘Size of largest node’

Display Value
+
-
ND

Form Question: Method of measurement

Display Value
X-ray
CT
Ultrasound
Biopsy

Form Question: Extracapsular involvement?

Display Value
Yes
No

Form Question: N3 extracapsular involvement; N2 extracapsular involvement; N1 extracapsular involvement

Display Value
Yes
No
Unknown

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.10. M-Descriptors, by Pre-Treatment/Evaluative Findings

Subject ID: 999900022
Site Number: 9999 - PRACTICE INSTITUTION
Principal Investigator: PRACTICE Principal Investigator
Patient Code: ZZZ1111

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: M Descriptors

Instructions: Indicate M-category. [Click here for the 8th edition criteria]

M Category by pre-treatment/evaluative findings:

Was cytologic or histologic evidence obtained for M1 Disease?

Pleural nodules:

Pericardial nodules:

Pleural effusion: Cytology:

Pericardial effusion: Cytology:

Contralateral lung metastasis:

Are there any distant (extrathoracic) metastases?

Sites of distant metastases	Presence/Number of Lesions	If multiple lesions, specify number of lesions
Bone:		
Liver:		
Brain:		
Abdominal lymph nodes:		
Other distant lymph nodes:		
Peritoneum:		
Adrenals:		
Skin:		
Bone Marrow:		
Other:		

Submit Cancel **eCRF Version:** 1.0

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Lung Cancer Staging Project, Data Elements

Code List Values: "M-Descriptors, by Pre-Treatment/Evaluative Findings" form

Form Question: M status by pre-treatment/evaluative finding

Display Value
M0
M1a
M1b
M1c

Form Question: Was cytologic or histologic evidence obtained for M1 Disease?; Are there any distant (extrathoracic) metastases?

Display Value
Yes
No

Form Question: Pleural nodules; Pleural effusion

Display Value
None
Ipsilateral
Contralateral
Bilateral
Present, side not specified
Unknown

Form Question: Pericardial nodules; Pericardial effusion

Display Value
Present
Absent
Unknown

Form Question: Cytology

Display Value
Positive
Negative
Not done
Unknown

Form Question: Sites of distant metastases

Display Value
Single lesion
Multiple lesions
Present, number of lesion not specified
Absent

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Lung Cancer Staging Project, Data Elements

1.11. T-Descriptors, by Post-Surgical Pathological Findings

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TUMOUR:1

TAB: Primary Tumour

Instructions: Indicate T-category. [Click here for the 8th edition criteria]

Lung tumour T Category [ ] by post-surgical/pathological findings

Size of primary tumour, by post-surgical/pathological findings: [ ] cm, longest dimension, invasive component only

Combined invasive and noninvasive (lepidic) size, if applicable: [ ] cm, longest dimension

Vascular invasion: [ ]

Status of the fissures: [ ]

Lymphatic vessel invasion: [ ]

Pleural lavage cytology: [ ] cm

Perineural invasion: [ ]

Spread through the air spaces (STAS): [ ]

Instructions: T-Descriptors. Check ALL that apply, regardless of final T-category:

- ☐ Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy (TX)
- ☐ No evidence of primary tumour (T0)
- ☐ Carcinoma in situ (Tis)
- ☐ Minimally invasive adenocarcinoma (T1mi)
- ☐ Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). (T1)
- ☐ Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus. (T1)
- ☐ Involves main bronchus regardless of distance to the carina, but without involving the carina. (T2)
- ☐ Invades visceral pleura (T2)

  Depth of visceral pleura invasion. Click here for definitions

  - ☐ PL0
  - ☐ PL1
  - ☐ PL2

- ☐ Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung (T2)
- ☐ Parietal Pleura Invasion (PL3) (T3)
- ☐ Chest wall invasion (T3)
- ☐ Apical chest wall invasion, stellate ganglion, inferior branches of the brachial plexus (below C8) (T3)

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- ☐ Phrenic nerve involvement (T3)
- ☐ Parietal pericardium involvement (T3)
- ☐ Associated separate tumour nodule(s) in the same lobe as the primary

  Histology of separate nodules confirmed? [ ]

- ☐ Diaphragm invasion (T4)
- ☐ Mediastinum invasion (T4)
- ☐ Heart invasion (T4)
- ☐ Great vessel invasion (T4)
  - ☐ Superior vena cava
  - ☐ Inferior vena cava
  - ☐ Pulmonary vein
  - ☐ Pulmonary artery
  - ☐ Aorta
  - ☐ Main trunk of pulmonary artery
- ☐ Tracheal invasion (T4)
- ☐ Recurrent laryngeal nerve invasion (T4)
- ☐ Esophageal invasion (T4)
- ☐ Apical chest wall invasion (T4): evidence of invasion of the vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (c8 or above). (T4)
- ☐ Carina invasion (T4)
- ☐ Separate tumour nodule(s) in a different ipsilateral lobe to that of the primary (T4)

  Histology of separate nodules confirmed? [ ]

Submit Cancel **eCRF Version:** 1.0

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Lung Cancer Staging Project, Data Elements

Code List Values: "T-Descriptors, by Post-Surgical Pathological Findings" form

Form Question: Lung tumour T Category

Display Value
TX
T0
Tis
T1mi
T1a
T1b
T1c
T2a
T2b
T3
T4

Form Question: Vascular invasion

Display Value
V0: None
V1: Microscopic
V2: Macroscopic
Unknown

Form Question: Status of the fissures

Display Value
Adjacent lobe invaded
Adjacent lobe not invaded
Unknown

Form Question: Lymphatic vessel invasion

Display Value
Ly0: No invasion
Ly1: Invasion
Unknown

Form Question: Pleural lavage cytology

Display Value
Positive
Negative
Not done
No Data

Form Question: Perineural invasion

Display Value
Yes
No
Unknown

Form Question: Histology of separate nodules confirmed?

Display Value
Yes
No

Form Question: Spread through the air spaces (STAS)

Display Value
Present
Absent
Not evaluated

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Lung Cancer Staging Project, Data Elements

1.12. Post-Surgical/Pathologic N Category

Subject ID: 999900020
Site Number: 9999 - PRACTICE INSTITUTION
Principal Investigator: PRACTICE Principal Investigator
Patient Code: CFU1000ZBY

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Nodal Staging

Instructions: Indicate nodal sampling results at each station based on pathology review of attempted resection of the primary tumor.

Key to nodal station results:

+ = At least one node examined in this region was considered to be metastatic.

- = All nodes examined in this region were considered to be nonmetastatic.

ND = No node examination done in this region or results were equivocal (none considered metastatic).

Location of primary tumour *(with highest T-category):*

N Category: [ ]

Supraclavicular
#1R [ ] #1L [ ]

Upper paratracheal
#2R [ ] #2L [ ]

Pre-vascular
#3aR [ ] #3aL [ ]

Retrotracheal
#3p [ ]

Lower paratracheal
#4R [ ] #4L [ ]

Sub-aortic
#5 [ ]

Para-aortic
#6 [ ]

Subcarinal
#7 [ ]

Paraoesophageal
#8R [ ] #8L [ ]

Pulmonary ligament
#9R [ ] #9L [ ]

Hilar
#10R [ ] #10L [ ]

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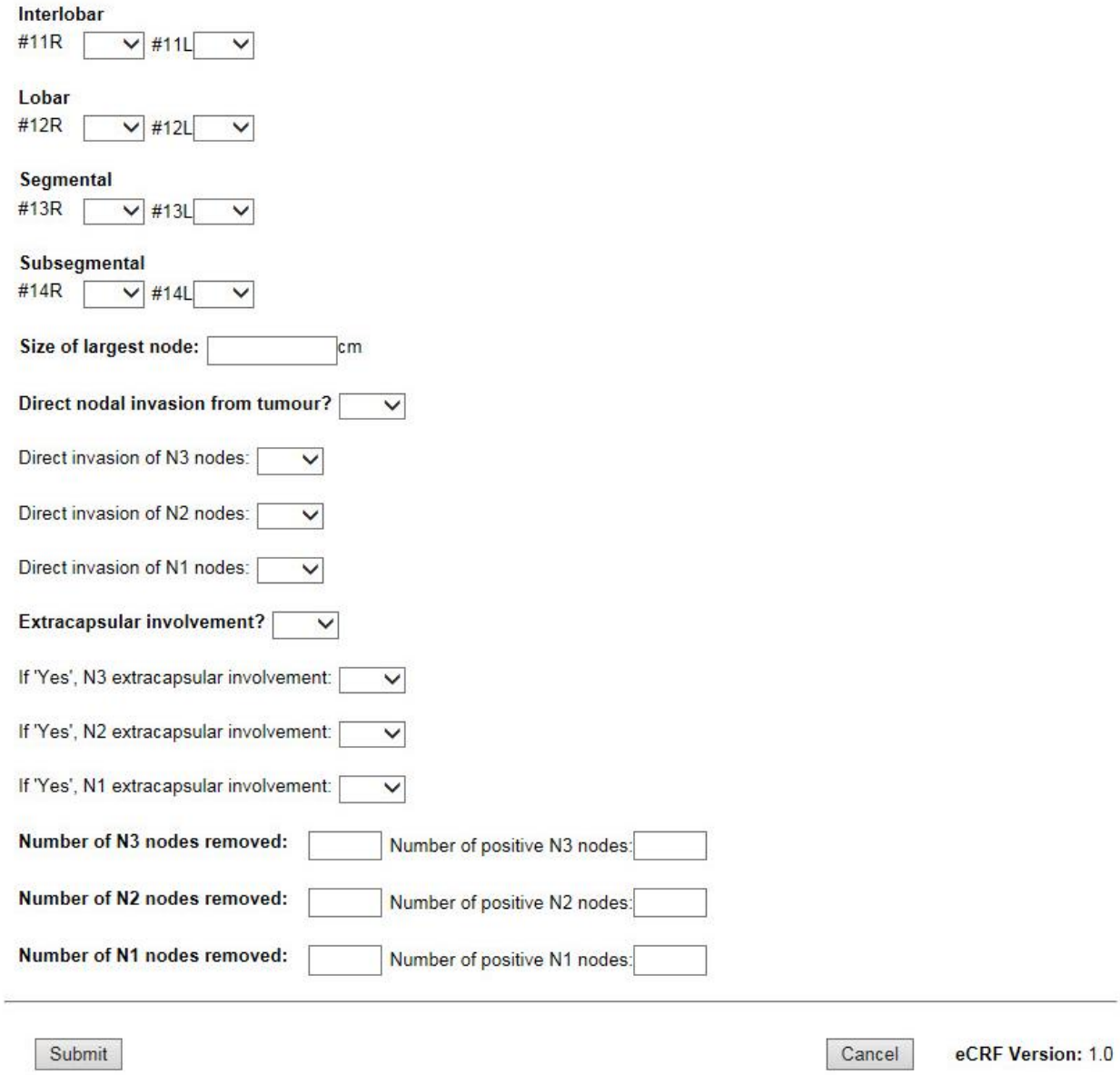

Code List Values: "Post Surgical/Pathologic N Category" form

Form Question: 'N Category'

Display Value
N0
N1
N2
N3
NX

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Form Question: All staging questions excluding the 'N Category' question and the 'Direct nodal invasion from tumour?' and 'Extracapsular involvement?' questions

Display Value
+
-
ND

Form Question: 'Direct nodal invasion from tumour?' and 'Extracapsular involvement?' questions

Display Value
Yes
No

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Lung Cancer Staging Project, Data Elements

1.13. M-Descriptors, After Attempted Resection of the Primary Tumour

Subject ID: 999900022
Site Number: 9999 - PRACTICE INSTITUTION
Principal Investigator: PRACTICE Principal Investigator
Patient Code: ZZZ1111

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: M Descriptors

Instructions: Indicate M-category. [Click here for 8th edition criteria]

Only new sites of disease, discovered during surgery or post-surgical staging, should be indicated on this form.

M Category Before Attempted Resection of the Primary Tumour: [ ]

M Category After Attempted Resection of the Primary Tumour: [ ]

Pleural nodules: [ ]

Pericardial nodules: [ ]

Pleural effusion: [ ] Cytology: [ ]

Pericardial effusion: [ ] Cytology: [ ]

Contralateral lung metastasis: [ ]

Were there any additional sites of metastasis that were identified during surgery or post-surgical staging? [ ]

Sites of distant metastases	Presence/Number of Lesions	If multiple lesions, specify number of lesions
Bone:		
Liver:		
Brain:		
Abdominal lymph nodes:		
Other distant lymph nodes:		
Peritoneum:		
Adrenals:		
Skin:		
Bone Marrow:		
Other:		

Submit Cancel **eCRF Version:** 1.0

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

Code List Values: "M-Descriptors, After Attempted Resection of the Primary Tumour" form

Form Question: M Category Before Attempted Resection of Primary Tumour; M Category After Attempted Resection of Primary Tumour

Display Value
M0
M1a
M1b
M1c

Form Question: Pleural nodules; Pleural effusion

Display Value
None
Ipsilateral
Contralateral
Bilateral
Present, side not specified
Unknown

Form Question: Pericardial nodules; Pericardial effusion

Display Value
Present
Absent
Unknown

Form Question: Cytology

Display Value
Positive
Negative
Not done
Unknown

Form Question: Were there any additional sites of metastasis that were identified during surgery or post-surgical staging?

Display Value
Yes
No

Form Question: Sites of distant metastases

Display Value
Single lesion
Multiple lesions
Present, number of lesion not specified
Absent

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.14. Systemic Treatments

Subject ID: 20010001

Institution: University of Michigan

Principle Investigator: Smith, John

Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Therapy: Other therapy, specify:

Line of Treatment:

Start Date of Systemic Treatment: - - (dd-mmm-yyyy)

Ongoing:

End Date of Systemic Treatment: - - (dd-mmm-yyyy)

Add Cancel

Systemic Treatments for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the Therapy column.

Therapy	Other therapy, specify	Line of Treatment	Start Date	Ongoing	End Date
Afatnib		First Line	3/1/2017	N	3/14/2017
Trametinib		First Line	3/1/2017	N	3/28/2017
Other	Free text	Second Line	4/1/2017	Y	
Nivolumb		Neoadjuvant	4/1/2017	Y	

Code List Values: "Systemic Treatment" form

Form Question: Therapy

Display Value
Afatinib
Alectinib
Atezolizumab
Avelumab
Bevacizumab
Brigatinib
Cabozantinib
Carboplatin
Ceritinib
Cetuximab
Cisplatin
Crizotinib
Dabrafenib
Docetaxel
Durvalumab
Entrectinib
Erlotinib
Etoposide
Gefitinib
Gemcitabine
Lorlatinib
LOXO 101
LOXO 292
Necitumumab
Nivolumab
Osimertinib
Paclitaxel
Pembrolizumab
Pemetrexed
Ponatinib
Ramicirumab
Trametinib
Vemurafenib
Vinorelbine
Other

Form Question: Line of Treatment

Display Value
First Line
Second Line
Third line or more
Neoadjuvant
Adjuvant

1.15. Follow-up

Code List Values: “Follow-up” form

Form Question: Cause of Death, if Deceased

Display Value
Death due to lung cancer – locoregional relapse
Death due to lung cancer – distant relapse
Death due to lung cancer – locoregional and distant relapse
Death due to lung cancer – Not otherwise specified
Death due to second primary cancer
Death, non-cancer cause
Cause of death unknown

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.16. Progression/Recurrence

Progression/Recurrence

Logged in: Joan Smith (31023)

International Association for the Study of Lung Cancer
Data Elements for Prospective Lung Staging Project

Subject ID: 20010001

Site Number: University of Michigan

Principle Investigator: Smith, John

Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

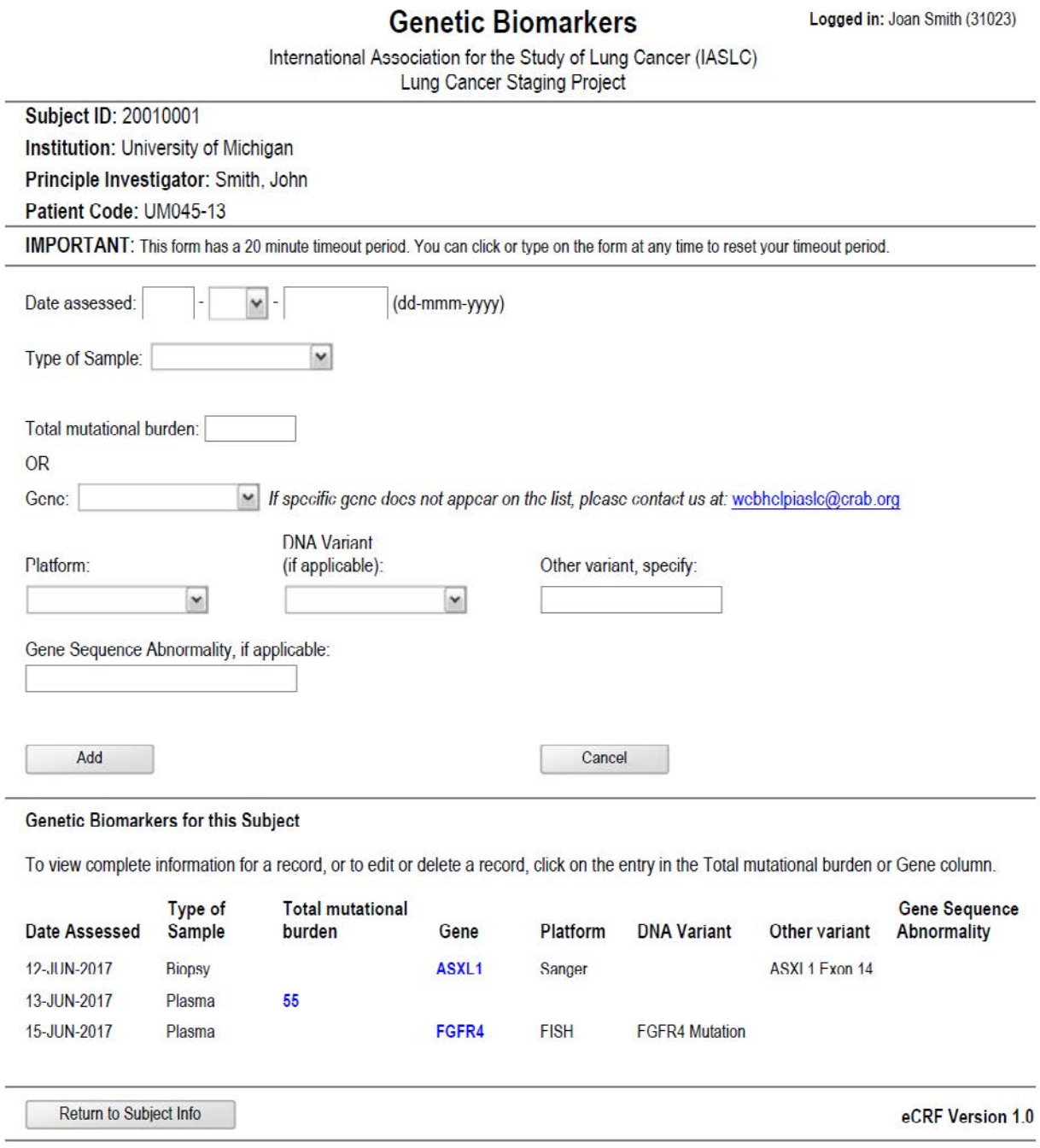
If the patient's disease progressed or recurred after first-line (or neoadjuvant) treatment, please document the date of progression or recurrence below.

Date of progression or recurrence: [ ] - [ ] - [ ] (dd-mm-yyyy)

Submit Cancel **eCRF Version:** 1.0

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.17. Genetic Biomarkers



Genetic Biomarkers — **Logged in:** Joan Smith (31023)

International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project

Subject ID: 20010001
Institution: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Date assessed: - - (dd-mmm-yyyy)

Type of Sample:

Total mutational burden:

OR

Gene: *If specific gene does not appear on the list, please contact us at:* wcbhclpiaslc@crab.org

Platform: | DNA Variant (if applicable): | Other variant, specify:

Gene Sequence Abnormality, if applicable:

Add | Cancel

Genetic Biomarkers for this Subject

To view complete information for a record, or to edit or delete a record, click on the entry in the Total mutational burden or Gene column.

Date Assessed	Type of Sample	Total mutational burden	Gene	Platform	DNA Variant	Other variant	Gene Sequence Abnormality
12-JUN-2017	Biopsy		ASXL1	Sanger		ASXL1 Exon 14	
13-JUN-2017	Plasma	55					
15-JUN-2017	Plasma		FGFR4	FISH	FGFR4 Mutation		

Return to Subject Info — **eCRF Version 1.0**

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

Code List Values: "Genetic Biomarkers" form

Form Question: Gene (NOTE: if gray- 'DNA Variant' dropdown is null)

Display Value
ABL1
AKT1
ALK
AMER1
APC
AR
ARAF
ARID1A
ARID1B
ARID2
ASXL1
ATM
ATR
ATRX
AXL
BAP1
BCOR
BCORL1
BLM
BRAF
BRCA1
BRCA2
BRIP1
CARD11
CBL
CDC73
CD74-NRG1
CDH1
CDKN2A
CIITA
CREBBP
CSF1R
CTNNB1
CUX1
DDR2
DICER1
DIS3
DMD
DNMT3A
EGFR
EML4
EP300
EPHA3
EPHA5
EPHA7
EPHB1
ERBB2
ERBB3
ERBB4
ERCC2
ERCC3
ERCC4
ERCC5
ESR1
ETV1
FANCA
FAT1
FBXW7
FGFR1
FGFR2
FGFR3
FGFR4
FLT1
FLT3
FLT4
GATA3
GLI1
GLI2
GLI3
GNAS
GRIN2A
HGF
HIST1H3F
IGF1R
IKZF1
INPP4B
JAK2
JAK3
KDM5C
KDM6A
KDR
KEAP1
KIT
KMT2A
KMT2C
KMT2D
KRAS
MAP2K1
MAP3K1
MED12
MEN1
MET
MGA
MPL
MSH2
MSH6
MTOR
NBN
NF1
NF2
NFE2L2
NOTCH1
NOTCH2
NOTCH3
NOTCH4
NRAS
NTRK1
NTRK2
NTRK3
PAK5
PALB2
PARK2
PBRM1
PDGFRA
PDGFRB
PIK3C2B
PIK3C2G
PIK3CA
PIK3CG
PMS1
PMS2
POLE
PRKDC
PTCH1
PTEN
PTPN11
PTPRD
PTPRT
RB1
RBM10
RECQL4
RET
RFWD2
ROS1
SETBP1
SETD2
SF3B1
SMAD4
SMARCA4
SMO
SPEN
STAG2
STK11
TBX3
TCF3
TERT
TET1
TET2
TLR4
TP53
TSC1
TSC2
WT1
ZFHX3

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

Form Question: Type of Sample

Display Value
Biopsy
Plasma

Form Question: Platform

Display Value
Sanger
NGS
NGS: COBAS
NGS: Oncomine
NGS: FoundationOne
qPCR
RT-qPCR
FISH
FoundationOne CDx
MSK-IMPACT
Other

Form Question: DNA Variant

Gene Value	Display Value
AKT1	AKT1 c.49G>A (E17K)
ALK	ALK Fusions
	1151Tins
	L1152R
	C1156Y
	I1171T/N/S
	F1174L/C
	V1180L
	L1196M
	L1198F
	F1202R/del
	S1206F
	D1203N
	S1206Y/C
	G1269A
	G1548E
BRAF	BRAF c.1397G>T (G466V)
	BRAF c.1405_1406delGGinsTT (G469L)
	BRAF c.1406G>C (G469A)
	BRAF c.1415A>G (Y472C)
	BRAF c.1789C>G (L597V)
	BRAF c.1799T>A (V600E)
DDR2	DDR2 c2304T>A (S768R)
EGFR	EGFR Status Unknown
	EGFR No Mutation Detected
	EGFR Kinase Domain Duplication
	EGFR c.2156G>C (G719A)
	EGFR c.2155G>T (G719C)
	EGFR c.2156G>A (G719S)
EGFR	EGFR Exon 19 Deletion
	EGFR Exon 19 Insertion
	EGFR Exon 20 Insertion
	EGFR c.2290_2291ins (A763_Y764insFQEA)
	EGFR c.2369C>T (T790M)
	EGFR c.2573T>G (L858R)
	EGFR c.2582T>A (L861Q)
	EGFR c.2303G>T (S768I)
	EGFR c.2390G>C (C797S)
	EGFR c.2159C>T (S720F)
	EGFR c.2281G>T (D761Y)
	EGFR c.2294T>C (V765A)
	EGFR c.2347A>G (T783A)
	EGFR c.2305G>T (V769L)
	EGFR c.2312A>C (N771T)
	EGFR c.2582 T>G (L861R)
	EGFR D770_N771 (insNPG)
	EGFR D770_N771 (insSVQ)
	EGFR D770_N771 (insG)
ERBB2	HER2 Exon 20 Insertion
FGFR1	FGFR1 Fusions
FGFR2	FGFR2 Mutation
FGFR3	FGFR3 Fusions
	FGFR3 mutation at 248/249 pos.
	FGFR3 Rearrangement
FGFR4	FGFR4 Mutation

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

Form Question: DNA Variant (cntd)

KRAS	KRAS c.34G>T (G12C)
	KRAS c.34G>C (G12R)
	KRAS c.34G>A (G12S)
	KRAS c.35G>C (G12A)
	KRAS c.35G>A (G12D)
	KRAS c.35G>T (G12V)
	KRAS c.37G>T (G13C)
	KRAS c.37G>C (G13R)
	KRAS c.37G>A (G13S)
	KRAS c.38G>C (G13A)
	KRAS c.38G>A (G13D)
	KRAS c.181C>A (Q61K)
	KRAS c.182A>T (Q61L)
	KRAS c.182A>G (Q61R)
	KRAS c.183A>C (Q61H)
	KRAS c.183A>T (Q61H)
MAP2K1	MEK1 c.167A>C (Q56P)
	MEK1 c.171G>T (K57N)
	MEK1 C.199G>A (D67N)
MET	MET Exon 14 Skipping Mutations

NRAS	NRAS c.34G>T (G12C)
	NRAS c.34G>C (G12R)
	NRAS c.34G>A (G12S)
	NRAS c.35G>C (G12A)
	NRAS c.35G>A (G12D)
	NRAS c.181C>A (Q61K)
	NRAS c.182A>T (Q61L)
	NRAS c.182A>G (Q61R)
	NRAS c.183A>C (Q61H)
	NRAS c.183A>T (Q61H)
NTRK1	NTRK1 (TRKA) Fusions
PIK3CA	PIK3CA c.1624G>A (E542K)
	PIK3CA c.1633G>A (E545K)
	PIK3CA c.1633G>C (E545Q)
	PIK3CA c.3140A>T (H1047L)
	PIK3CA c.3140A>G (H1047R)
PTEN	PTEN c.697C>T (R233*)
RET	RET Fusions
ROS1	S1986Y/F
	G2032R
	D2033N
	D2155S
	ROS1 Fusions

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.18. Copy Number Alteration (CNA) Biomarkers

Subject ID: 20010001

Institution: University of Michigan

Principle Investigator: Smith, John

Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Copy Number Alteration: *If specific CNA does not appear on the list, please contact us at:* webhelpiaslc@crab.org

Date assessed: - - (dd-mmm-yyyy)

Type of Sample:

Platform:	Average Gene Copy Number	Genotype:	Average Gene: Centromere Ratio	Centromere Copy Number
			%	

Add Cancel

CNA Biomarkers for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the CNA column.

CNA	Date Assessed	Type of Sample	Platform	Average Gene Copy Number	Genotype	Average Gene: Centromere Ratio	Centromere Copy Number
CCND1 11q13 AMP	12-JUN-2017	Biopsy	OncoScan	42	Homozygous	19.27%	40
FOXA1 14q21.1 AMP	15-JUN-2017	Plasma	FISH	38	Heterozygous	24.65%	24

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

Code List Values: "Copy Number Alteration (CAN) Biomarkers" form

Form Question: Copy Number Alteration

Display Value
CCND1 11q13 AMP
CCNE1 19q12 AMP
CDK4 12q14 AMP
CDKN2A 9p21 DEL
CDKN2B 9p21 DEL
CEBPA 19q13.1 AMP
EGFR 7p12 AMP
ERBB2 17q12 AMP
ETV1 7p21.3 AMP
FGF19 11q13.1 AMP
FGF3 11q13 AMP
FGF4 11q13.3 AMP
FGFR1 8p11.23-p11.22 AMP
FGFR1 Amplification
FGFR2 Amplification
FGFR3 Amplification
FGFR4 Amplification
FOXA1 14q21.1 AMP
KRAS 12p12.1 AMP
MCL1 1q21 AMP
MDM2 12q14.3-q15 AMP
MET 7q31 AMP
MYC 8q24.21 AMP
NFKBIA 14q13 AMP
NKX2-1 14q13 AMP
PIK3CA 3q26.3 AMP
PTEN 10q23.3 DEL
RECQL4 8q24.3 AMP
RICTOR AMP

Form Question: Type of Sample

Display Value
Biopsy
Plasma

Form Question: Platform

Display Value
FISH
NGS
CISH
OncoScan

Form Question: Genotype

Display Value
Homozygous
Heterozygous

The International Association for the Study of Lung Cancer (IASLC)
Lung Cancer Staging Project, Data Elements

1.19. Protein Alterations

Subject ID: 20010001

Institution: University of Michigan

Principle Investigator: Smith, John

Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Protein: *If specific protein does not appear on the list, please contact us at:* webhelpiaslc@crab.org

Date assessed: - - (dd-mmm-yyyy)

Type of Sample:

Platform: Antibody: % Tumor Cells: % Immune cells: H-Score:

Protein Sequence Abnormality:

Add Cancel

Protein Alterations for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the Protein column.

Protein	Date Assessed	Type of Sample	Platform	Antibody	% Tumor Cells	% Immune Cells	H-Score	Protein Sequence Abnormality
PD-L1	12-JUN-2017	Biopsy	Mass Spectrometry	DAKO 28-8	36	45	121	
ALK	15-JUN-2017	Plasma	IHC	Dako ALK1	32	42	181	

Code List Values: "Protein Alterations" form

Form Question: Protein

Display Value
PD-L1
ALK
ROS
EGFR

Form Question: Type of Sample

Display Value
Biopsy
Plasma

Form Question: Platform

Display Value
IHC
Mass spectrometry

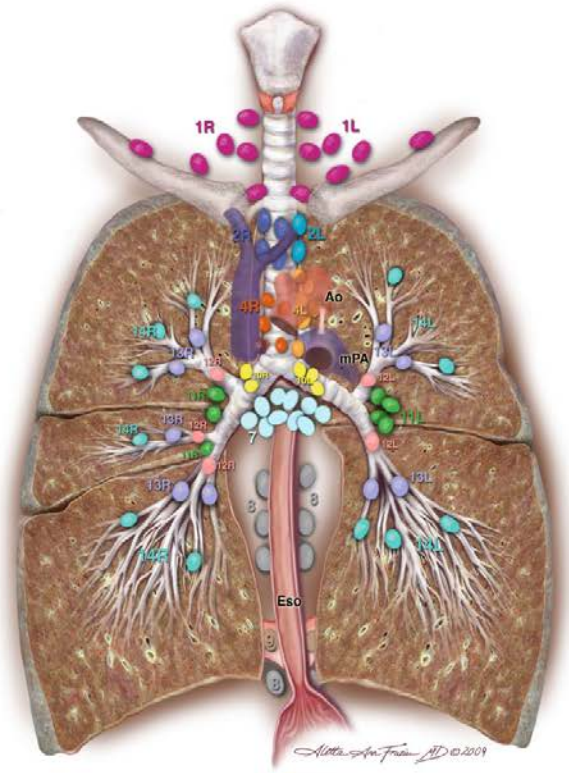
Form Question: Antibody

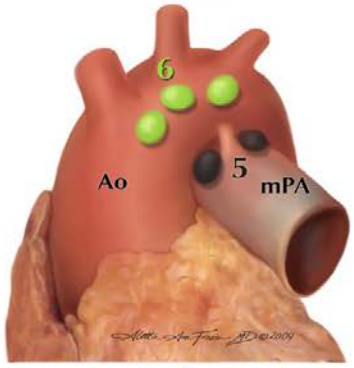
Protein	Display Value
PD-L1	DAKO 28-8
	DAKO 22-C3
	DAKO 73-10
	Ventana SP142
	Ventana SP263
	Cell Signaling E1L3N
ALK	Dako ALK1
	Ventana D5F3 CDx
	Cell Signaling D5F3
	Novocastra/Abcam/Leica/Novus 5A4
ROS	Cell Signaling D4D6
EGFR	Cell Signaling 43B2 (L858R Mutant Specific)
	Cell Signaling D6B6 (E746-A750del Specific)

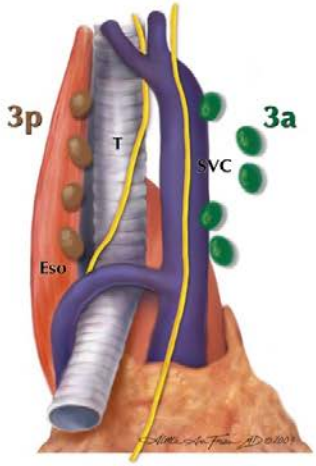
T – Primary Tumor		
Category	Subcategory	Descriptors
TX		Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0		No evidence of primary tumor
Tis		Carcinoma in situ: Tis(AIS): adenocarcinoma Tis(SCIS): squamous cell carcinoma
T1		Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). The uncommon superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus, is also classified as T1a.
	T1mi	Minimally invasive adenocarcinoma
	T1a	Tumor 1 cm or less in greatest dimension
	T1b	Tumor more than 1 cm but not more than 2 cm in greatest dimension
	T1c	Tumor more than 2 cm but not more than 3 cm in greatest dimension
T2		Tumor more than 3 cm but not more than 5 cm; or tumor with *any* of the following features. T2 tumors with these features are classified T2a if 4 cm or less, or if size cannot be determined; and T2b if greater than 4 cm but not larger than 5 cm. • Involves main bronchus regardless of distance to the carina, but without involving the carina • Invades visceral pleura • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung
	T2a	Tumor more than 3 cm but not more than 4 cm in greatest dimension
	T2b	Tumor more than 4 cm but not more than 5 cm in greatest dimension
T3		Tumor more than 5 cm but not more than 7 cm in greatest dimension or one that directly invades any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumours), phrenic nerve, parietal pericardium; or associated separate tumor nodule(s) in the same lobe as the primary
T4		Tumors more than 7 cm or one that invades any of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina; separate tumor nodule(s) in a different ipsilateral lobe to that of the primary

N – Regional Lymph Nodes		
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1		Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
N2		Metastasis in ipsilateral medaistinal and/or subcarinal lymph node(s)
N3		Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)
M- Distant Metastasis		
M0		No distant metastasis
M1		Distant metastasis
	M1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural or pericardial effusion. Most pleural (pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.
	M1b	Single extrathoracic metastasis in a single organ and involvement of a single distant (non-regional) node
	M1c	Multiple extrathoracic metastases in one or several organs

Besides the descriptor ‘tumor size’, it should be indicated that, for part-solid tumors, the size of the solid component on CT and the size of the invasive component at pathologic examination are the ones to be used to define the T category based on tumor size.







Supraclavicular zone

1 Low cervical, supraclavicular, and sternal notch nodes

SUPERIOR MEDIASTINAL NODES

Upper zone

- 2R Upper Paratracheal (right)
- 2L Upper Paratracheal (left)
- 3a Prevascular
- 3p Retrotracheal
- 4R Lower Paratracheal (right)
- 4L Lower Paratracheal (left)

AORTIC NODES

AP zone

- 5 Subaortic
- 6 Para-aortic (ascending aorta or phrenic)

INFERIOR MEDIASTINAL NODES

Subcarinal zone

- 7 Subcarinal

Lower zone

- 8 Paraesophageal (below carina)
- 9 Pulmonary ligament

N1 NODES

Hilar/Interlobar zone

- 10 Hilar
- 11 Interlobar

Peripheral zone

- 12 Lobar
- 13 Segmental
- 14 Subsegmental

We Probably have the Answer: Now What is the Question?

Peter Goldstraw, MB, FRCS, Ramón Rami-Porta, MD,† and John Crowley, PhD‡*

The International Staging Project of the International Association for the Study of Lung Cancer (IASLC)[1] created a data base containing information on over 100,000 cases of lung cancers, enrolled between 1990 and 2000, treated by all modalities of care, from over 46 data bases in over 19 countries around the world. The analysis of this data has informed the forthcoming 7th edition of TNM in Lung Cancer, and has resulted in 13 peer-reviewed articles in the *Journal of Thoracic Oncology*.[2–14] The thrust of these articles has understandably focused on staging issues in non-small cell lung cancer, small-cell lung cancer, and carcinoid tumors. However, there has been one other study by a member of the committee which has demonstrated the possibility of using this data for purposes other than that for which it was collected by the IASLC.[15] Now that this first phase of the project is complete the committee will be focusing on accumulating more retrospective and prospective data to inform the 8th edition of TNM and beyond. However, the committee feels that it has a responsibility to the IASLC, the contributing data bases, the lung cancer community and, not least, patients and their relatives around the world, to offer this data base for wider secondary uses. The committee has developed guide lines on this use:

All requests for the secondary use of the database will be subjected to the following review mechanism:

An initial, outline proposal should be submitted to the chair of the committee. This will be reviewed by e-mail by a subcommittee consisting of the chair person, a member of our statistical team at Cancer Research And Biostatistics (CRAB) and the chair of the relevant subcommittee. If the request is considered to be of value, and one which can be addressed by the data base, the applicant will be asked to submit a full application containing the following, additional documentation:

a. A full proposal setting out the details of the study, methods, population under study, data required from the database and proposed time lines.
b. A full list of the participants to the study and proposals for involvement by members of the committee and CRAB. The study should include as primary authors at least one medical member of the committee and one CRAB member of the committee.
c. A supportive letter from CRAB confirming that the necessary data is obtainable from the data base and that the quality and volume of that data is adequate to answer the question posed.
d. All raw data will remain in the IASLC database and all extraction, analysis and validation will be conducted by CRAB. The application must be accompanied by an estimate from CRAB of the additional costs of extracting and analyzing the data. The applicant must explain all sources of funding and give assurances that the committee will be reimbursed for the additional cost of this work unless, in exceptional circumstances, the committee agrees to waive such charges.
e. Confirmation that the applicant and all other parties who may be considered to hold intellectual property rights will adhere to the highest scientific and ethical standards, including but not exclusively:

*Department of Thoracic Surgery, Royal Brompton Hospital, London, United Kingdom; †Thoracic Surgery Service, Hospital Mutua de Terrassa, Terrassa, Spain; and ‡Cancer Research And Biostatistics, Seattle, Washington.
Disclosure: The authors declare no conflicts of interest.
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a. Will respect the IASLC ownership of the data and will not seek to use the information provided for any other use without the agreement of the IASLC.
b. Will respect the anonymity of the clinical data.
c. Will submit any publication or presentation for scrutiny by the committee, and in addition, by those database proprietors with whom there exists prior agreements, before submission. The committee reserves the right to deny publication in extreme situations.
d. Will publish any submission in a format agreed with the committee, including the format of the title, and acknowledging the participation of the IASLC, the committee members, CRAB and the database proprietors. The acknowledgment of our sponsors will be recognized in a format agreed with them from time to time.
e. Will submit publications, in the first place, to the *Journal of Thoracic Oncology*, the official journal of the IASLC. In exceptional circumstances this requirement may be waived if, in the opinion of the committee, another journal is more appropriate for the format or topic under study.

The full proposal will be circulated to the full committee by e-mail and the committee's view collected by the chairman. If consensus cannot be reached using electronic mail the proposal will be discussed at the next meeting of the committee. Revisions or additional material may be requested before a final decision is reached. The committee's decision is final and there will be no appeal structure.

The data fields contained within the data base, and other information, can be obtained by e-mailing information@crab.org with "IASLC Staging Project" in the subject line.

All applications should be sent to the chairman, Peter Goldstraw, at p.goldstraw@rbht.nhs.uk or the vice-chair, Dr. Ramon Rami-Porta at rramip@terra.es. We look forward to receiving your proposals. While our first obligation is to those who contributed data to the project, proposals from all other individuals will be considered on merit.

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