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

Contents

1.1 Registration

Institution: -

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

In accordance with the Data Use Agreement for the project, personal identifiers such as name, initials, medical record number, etc. must not be included in the Patient Code.

Analyses intended to inform the 9th edition of the TNM classification will include patients with malignant pleural mesothelioma diagnosed between 1 JUL 2013 and 31 DEC 2020. Patients diagnosed in 2021 or later may be registered in the EDC system but will be excluded from the analyses for the 9th edition.

1.2 Patient Characteristics

Subject ID: 20010001

Institution: University of Michigan

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.

TAB: Patient

Smoking history:

Note: A former smoker *is someone who had smoked 100 cigarettes in his or her lifetime but quit smoking prior to the diagnosis of mesothelioma. A* current smoker *is someone who has smoked 100 cigarettes in his or her lifetime but is still actively smoking.*

If a former smoker, number of years since quitting?

Number of years smoked:

Average number: packs per day

WHO performance status:

Weight: kg

Weight loss in previous six months: kg

Asbestos exposure:

If yes or probable exposure, please specify:

Source of first exposure [hyperlink to table with citation]:

Other exposure:

Age at first exposure:

Number of years exposure:

Comorbidity [hyperlink to definitions with citation]**:**

Tobacco consumption:

Diabetes mellitus:

Renal insufficiency:

Respiratory comorbidity:

Cardiovascular comorbidity:

Previously treated malignancy:

Alcoholism:

Submit Cancel **eCRF Version 1.0**

Form Question: Smoking History

Display Value
Never smoked
Former smoker
Current smoker
No Data

Form Question: WHO Performance Status

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

Form Question: Asbestos exposure

Display Value
Definite
Probable
Possible
No known exposure
No Data

Form Question: Source of first exposure (1)

Display Value
1- Occupational exposure-manufacturing
2- Occupational exposure – ship related (excluding longshoremen)
3- Occupational exposure – mining and milling occupations
4- Occupational exposure – End users/maintenance/asbestos as a contaminant
5- Other occupational exposure
6- Non-occupational, domestic exposure (cohabitants of workers exposed to asbestos)
7- Non-occupational, environmental exposure (e.g. reside near an asbestos mine or naturally-occurring high concentrations of asbestos)
8- Other
No data

Form Question: Source of first exposure (2)

Display Value

Occupational exposure – ship related (excluding longshoremen)

1- Shipbuilding and repair
2- Bystanders
3- Ship operation

Occupational exposure – mining and milling occupations

1- Mining, asbestos
2- Talc
3- Transport of talc/asbestos from mines

Occupational exposure – End users/maintenance/asbestos as a contaminant

1- Construction
2- Elevator
3- Power generation
4- Electric, gas, and combination utilities
5- Train engineers
6- Steam locomotive
7- Brakes
8- Longshoremen (dock workers)
9- Fire fighter
10- Teacher/other school employee
11- Asbestos abatement
12- Talc use – other
13- Chef

Form Question: Source of first exposure (3)

Display Value

Shipbuilding and repair

1– Furnace/boiler maker
2– Welder/cutter/burner
3– Electrician
4– Plumbing
5– Mechanic/machinist

Ship operation

1– Engine room
2– Marine engineer

Brakes

1– Brakes manufacture
2– Vehicle repair/maintenance

Construction

1– General contractors
2– Water
3– Sewer
4– Pipe
5– Welding/metal cutting
6– Plumbing/heating and cooling
7– Electrician
8– Carpenter/flooring
9– Paint/paperhang/decorating
10– Tile/floor/terrazzo

Talc use—Other

1– Skilled trades/maintenance
2– Building demolition
3– Renovation
4– Use of asbestos products
5– Sales of asbestos products
6– Ironworkers
7– Building inspection
8– Sheetmetal
9– Roofing/siding
10– Glass and glazing
11– Jewelry soldering/diamond cutting

Bystanders

1– Joiners
2– Riggers
3– Sandblasters
4– Fitters
5– Shipwrights
6– Painters
7– Draftsmen
8– Handymen
9– Engineers
10– Estimators

Elevator

1– Elevator manufacture
2– Elevator installation/repair

Form Question: Other exposure

Display Value
None
Erionite
Fiberglass
Therapeutic Radiation
Other
No Data

Form Question: Comorbidity options from 'Tobacco consumption' to 'Alcoholism'

Display Value
Yes
No
No Data

1.3 Laboratory Values at Diagnosis

Subject ID: 20010001

Institution: University of Michigan

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.

TAB: Patient

Gender: Male
Age: 23

Instructions: Please record results prior to commencement of any therapy on this form.

Every laboratory form submitted must include the lab's published upper and lower limits of normal as well as lab units. Click on the hyperlink [Lab Limits of Normal Instructions] to view instructions for creating and applying normal ranges published by a lab.

Please select an existing lab in Section A below or create a new lab in Section B.

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

B. Complete this section to create a new lab
Lab Name plus any qualifiers (ex effective dates, patient sex, age ranges):

Copy values from an existing lab into a new lab? (If so select the existing lab from the list below.)

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
Hemoglobin:					
White Blood Cell Count:					
Absolute Neutrophil Count:					
Absolute Lymphocyte Count:					
Platelet Count:					
Albumin:					
Serum Mesothelin:					
Creatinine:					

Submit Cancel **eCRF Version 1.0**

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

Display Value
g/dL

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

Display Value
cells x 10^9

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

Display Value
cells x 10^9

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

Display Value
cells x 10^9

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

Display Value
cells x 10^9

Form Question: Lab Units – Albumin
Field size: (NUMBER 3,1)

Display Value
g/L
g/dL

Form Question: Lab Units – Serum Mesothelin
Field size: (NUMBER 9,3)

Display Value
nmol/L

Form Question: Lab Units – Creatinine
Field size: (NUMBER 4,1)

Display Value
micromoles/L

1.4 Lung Cancer PET, CT, Pleural Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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

Instructions: Please record results prior to commencement of any therapy on this form.

Pulmonary function tests:

Percent of predicted DLCO: [ ] %

Percent of predicted FVC: [ ] %

Percent of predicted FEV1: [ ] %

PET:

If a PET Scan was performed, please document whether pleurodesis was performed prior to the PET scan and the maximum SUV of the pleura.

Pre-PET pleurodesis: [ ]

Maximum SUV of pleura: [ ]

CT:

Pleural thickness: [Hyperlink to instructions for measuring pleural thickness at three levels] [Citation]

Maximum thickness - Upper level: [ ] mm (Upper level extends from the apex of the lung to the inferior margin of the arch of the aorta)

Maximum thickness - Middle level: [ ] mm (Middle level includes pleura between the upper and lower levels)

Maximum thickness - Lower level: [ ] mm (Lower level is pleura including and inferior to the first image on which the left atrium is seen)

Maximum thickness - Diaphragmatic pleura: [ ] mm (on sagittal imaging) [Citation]

Maximum thickness - Fissure: [ ] mm (on axial imaging)

Other:

Pleural thickening: [ ] [Hyperlink to definitions for pleural thickening categories]

Pleural effusion: [ ]

Submit Cancel **eCRF Version:** 1.0

Form Question: Pre-PET pleurodesis:

Display Value
PET not done
Yes, pleurodesis was done before the PET scan
No, pleurodesis was either not done or was done after the PET scan
No data

Form Question: Pleural thickening

Display Value
Minimal
Rind-like
Nodular
Bulky disease
No data

Form Question: Pleural effusion

Display Value
None
Present, right side
Present, left side
Present, both sides
Present, side not specified
No data

1.5 Disease Description at Diagnosis

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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: T

Instructions: For patients undergoing resection, use final description of tumour (post-resection) to record histologic type/subtype.

Method of detection: [ ]

☐ Check here if results of molecular studies are available for this case
☐ Check here if tissue is available for molecular studies for this case

Symptoms at diagnosis:

Cough: [ ]

Shortness of breath: [ ]

Chest pain: [ ]

Diagnosed by:

☐ Cytology
☐ Histology

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

Laterality: [ ]

Histologic type/subtype: [ ]

Submit Cancel **eCRF Version:** 1.0

Form Question: Method of detection

Display Value
Symptoms
Screening
Incidental
Unknown

Form Question: Cough, Shortness of breath, Chest pain

Display Value
Yes
No
No data

Form Question: Laterality

Display Value
Right
Left
Bilateral
No data

Form Question: Histologic type/subtype

Display Value
Epithelioid mesothelioma
Epithelioid mesothelioma, pleomorphic subtype
Sarcomatoid mesothelioma
Desmoplastic mesothelioma
Biphasic mesothelioma
Well differentiated papillary mesothelioma
Malignant mesothelioma, NOS
Other, Not malignant mesothelioma
No data

1.6 Pre-Treatment T-Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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: T

Instructions: Indicate T-category and all applicable descriptors below. Be sure to indicate all descriptors that apply, not just those relevant to the T-category assigned. For example, if there was invasion to the diaphragm (T2) and also extension to the mediastinal fat (T3), please select both of these descriptors.

T-Category by pretreatment/evaluative findings: [ ] [Click here for the 8th edition criteria]

- [ ] Tumor limited to ipsilateral parietal +/- visceral +/- mediastinal +/- diaphragmatic pleura (T1)
  - [ ] Pleural involvement other than at fissure (T1)
  - [ ] Involvement of the fissure (T1)
- [ ] Invasion of the diaphragm (at least T2)
- [ ] Extension from visceral pleura into underlying parenchyma (at least T2)
- [ ] Involvement of endothoracic fascia (at least T3)
- [ ] Extension to mediastinal fat (at least T3)
- [ ] Extension to chest wall muscle, solitary focus (at least T3)
- [ ] Transmural involvement of the pericardium (T4)
- [ ] Pericardial effusion

  Select one:
  - [ ] Yes, with positive cytology (T4)
  - [ ] Yes, with negative cytology
  - [ ] Yes, without cytology results
- [ ] Extension to chest wall muscle, diffuse or multifocal (T4)
- [ ] Rib involvement (T4)
- [ ] Invasion through the diaphragm (extension to the abdomen) (T4)
- [ ] Direct extension to contralateral pleura (T4)
- [ ] Direct extension to mediastinal organs (T4)
- [ ] Direct extension to spine (T4)
- [ ] Heart muscle involvement (T4)
- [ ] Chest wall tumor implant

Submit Cancel **eCRF Version:** 1.0

Form Question: T-Category by pretreatment/evaluative findings

Display Value
T0
T1
T2
T3
T4
TX
No data

1.7 Post-Surgical T-Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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: T

Note: In the absence of more definitive surgical exploration or pleural or pulmonary resection, findings from surgical pleural biopsy should be recorded on the Pre-treatment/Evaluative TNM forms rather that the Post-Surgical TNM forms.

Instructions: Indicate T-category and all applicable descriptors below. Be sure to indicate all descriptors that apply, not just those relevant to the T-category assigned. For example,if there was invasion to the diaphragm (T2) and also extension to the mediastinal fat (T3), please select both of these descriptors.

Post-surgical/pathologic T-Category: [ ] [Click here for the 8th edition criteria]

- [ ] Tumor limited to ipsilateral parietal +/- visceral +/- mediastinal +/- diaphragmatic pleura (T1)
  - [ ] Pleural involvement other than at fissure (T1)
  - [ ] Involvement of the fissure (T1)
- [ ] Involvement of the diaphragmatic muscle (at least T2)
- [ ] Extension from visceral pleura into underlying parenchyma (at least T2)
- [ ] Involvement of endothoracic fascia (at least T3)
- [ ] Extension to mediastinal fat (at least T3)
- [ ] Extension to chest wall muscle, solitary focus (at least T3)
- [ ] Nontransmural involvement of pericardium (at least T3)
- [ ] Transmural involvement of the pericardium (T4)
- [ ] Pericardial effusion

  Select one:
  - [ ] Yes, with positive cytology (T4)
  - [ ] Yes, with negative cytology
  - [ ] Yes, without cytology results
- [ ] Extension to chest wall muscle, diffuse or multifocal (T4)
- [ ] Rib involvement (T4)
- [ ] Direct transdiaphragmatic extension to the peritoneum (T4)

  Select one:
  - [ ] Muscle plus adjacent peritoneum
  - [ ] Muscle plus adjacent peritoneum plus adjacent abdominal organ
  - [ ] Muscle plus diffuse peritoneal involvement, no ascites
  - [ ] Muscle plus diffuse peritoneal involvement with ascites
  - [ ] No further data on peritoneal involvement
- [ ] Direct extension to contralateral pleura (T4)
- [ ] Direct extension to mediastinal organs (T4)
- [ ] Direct extension to spine (T4)
- [ ] Heart muscle involvement (T4)

Submit Cancel **eCRF Version:** 1.0

Form Question: T-Category by pretreatment/evaluative findings

Display Value
T0
T1
T2
T3
T4
TX
No data

1.8 Pre-Treatment N-Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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: N

Key to nodal station results:

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

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

ND = No node biopsy done in this region

Instructions: Indicate the N-Category by pretreatment/evaluative findings.

For nodal results at imaging, *indicate which stations were considered positive for nodal involvement based on imaging studies by checking the appropriate boxes below. To be considered positive based on imaging studies, nodes must be greater than 1.0 cm (all stations) in short axis and greater than or equal to 1.5 cm in short axis in the following mediastinal stations: upper and lower paratracheal, prevascular, subcarinal, retrotracheal, subaortic, and hilar.*

For nodal results from biopsy/cytology, *if no nodes were biopsied, check the box indicating 'No lymph nodes biopsied' below. Otherwise, select +, - ,or ND for each nodal station.*

Laterality:

N Category by pretreatment/evaluative findings: [ ] [Click here for 8th edition criteria]

Set all stations to "ND"

☐ **No lymph nodes biopsied**

Low cervical supraclavicular and sternal notch
Nodal results at imaging: ☐ #1R ☐ #1L
Nodal results from biopsy/cytology: [ ] #1R [ ] #1L

Upper paratracheal
Nodal results at imaging: ☐ #2R ☐ #2L
Nodal results from biopsy/cytology: [ ] #2R [ ] #2L

Pre-vascular
Nodal results at imaging: ☐ #3a
Nodal results from biopsy/cytology: [ ] #3a

Retrotracheal
Nodal results at imaging: ☐ #3p
Nodal results from biopsy/cytology: [ ] #3p

Lower paratracheal
Nodal results at imaging: ☐ #4R ☐ #4L
Nodal results from biopsy/cytology: [ ] #4R [ ] #4L

Sub-aortic
Nodal results at imaging: ☐ #5
Nodal results from biopsy/cytology: [ ] #5

Para-aortic
Nodal results at imaging: ☐ #6
Nodal results from biopsy/cytology: [ ] #6

Subcarinal

Nodal results at imaging: ☐ #7

Nodal results from biopsy/cytology: [ ] #7

Paraoesophageal

Nodal results at imaging: ☐ #8R ☐ #8L

Nodal results from biopsy/cytology: [ ] #8R [ ] #8L

Pulmonary ligament

Nodal results at imaging: ☐ #9R ☐ #9L

Nodal results from biopsy/cytology: [ ] #9R [ ] #9L

Hilar

Nodal results at imaging: ☐ #10R ☐ #10L

Nodal results from biopsy/cytology: [ ] #10R [ ] #10L

Interlobar

Nodal results at imaging: ☐ #11R ☐ #11L

Nodal results from biopsy/cytology: [ ] #11R [ ] #11L

Lobar

Nodal results at imaging: ☐ #12R ☐ #12L

Nodal results from biopsy/cytology: [ ] #12R [ ] #12L

Segmental

Nodal results at imaging: ☐ #13R ☐ #13L

Nodal results from biopsy/cytology: [ ] #13R [ ] #13L

Subsegmental

Nodal results at imaging: ☐ #14R ☐ #14L

Nodal results from biopsy/cytology: [ ] #14R [ ] #14L

Internal mammary

Nodal results at imaging: ☐ Right ☐ Left

Nodal results from biopsy/cytology: [ ] Right [ ] Left

Pericardial

Nodal results at imaging: ☐ Right ☐ Left

Nodal results from biopsy/cytology: [ ] Right [ ] Left

Peridiaphragmatic

Nodal results at imaging: ☐ Right ☐ Left

Nodal results from biopsy/cytology: [ ] Right [ ] Left

Intercostal

Nodal results at imaging: ☐ Right ☐ Left

Nodal results from biopsy/cytology: [ ] Right [ ] Left

Retrocrual

Nodal results at imaging: ☐ Right ☐ Left

Nodal results from biopsy/cytology: [ ] Right [ ] Left

Submit Cancel **eCRF Version:** 1.0

Form Question: N-Category by pretreatment/evaluative findings

Display Value
N0
N1
N2
NX
No data

Form Question: Nodal results from biopsy/cytology

Display Value
+
-
ND

1.9 Post-Surgical N-Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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: N

Note: In the absence of more definitive surgical exploration or pleural or pulmonary resection, findings from surgical pleural biopsy should be recorded on the Pre-treatment/Evaluative TNM forms rather that the Post-Surgical TNM forms.

Key to nodal station results:

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

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

ND = No node biopsy done in this region

Instructions: Indicate the N-Category by post surgical findings. If no lymph nodes were removed, check the box that says "No lymph nodes removed" and submit the form at that point.

Otherwise indicate the number of nodes removed, the result (+ or -), and the number of positive nodes at each station based on pathology review.

Laterality:

N Category by post-surgical findings: [ ] [Click here for 8th edition criteria]

Set all stations to "ND"

☐ **No lymph nodes removed**

Low cervical supraclavicular and sternal notch

	Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
	#1R			#1L		

Upper paratracheal

	Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
	#2R			#2L		

Pre-vascular

	Number of nodes removed	Result	Number of positive nodes
	#3a		

Retrotracheal

	Number of nodes removed	Result	Number of positive nodes
	#3p		

Lower paratracheal

	Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
	#4R			#4L		

Sub-aortic

	Number of nodes removed	Result	Number of positive nodes
	#5		

Para-aortic

	Number of nodes removed	Result	Number of positive nodes
	#6		

Subcarinal

Number of nodes removed	Result	Number of positive nodes
#7		

Paraoesophageal

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#8R			#8L		

Pulmonary ligament

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#9R			#9L		

Hilar

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#10R			#10L		

Interlobar

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#11R			#11L		

Lobar

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#12R			#12L		

Segmental

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#13R			#13L		

Subsegmental

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
#14R			#14L		

Internal mammary

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
Right			Left		

Pericardial

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
Right			Left		

Peridiaphragmatic

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
Right			Left		

Intercostal

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
Right			Left		

Retrocrual

Number of nodes removed	Result	Number of positive nodes	Number of nodes removed	Result	Number of positive nodes
Right			Left		

Submit Cancel **eCRF Version:** 1.0

Form Question: N-Category by post-surgical findings

Display Value
N0
N1
N2
NX
No data

Form Question: Result

Display Value
+
-
ND

1.10 Pre-Treatment M-Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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

M-Category by pretreatment/evaluative findings: [ ] [Click here for the 8th edition criteria]

Was cytologic or histologic evidence obtained for M1 disease? [ ]

Sites of distant metastases	Presence/Number of lesions
Contralateral pleura (noncontiguous with ipsilateral tumor)	[ ]
Contralateral lung parenchyma	[ ]
Peritoneum	[ ]
Bone	[ ]
Liver parenchyma	[ ]
Brain	[ ]
Other distant lymph nodes	[ ]
Other	[ ]

Submit Cancel **eCRF Version:** 1.0

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

Display Value
M0
M1
No data

Form Question: Was cytologic or histologic evidence obtained for M1 Disease?

Display Value
Yes
No
No data

Form Question: Sites of distant metastases

Display Value
Absent
Single
Multiple
Present
No data

1.11 Post-Surgical M-Descriptors

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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

Note: In the absence of more definitive surgical exploration or pleural or pulmonary resection, findings from surgical pleural biopsy should be recorded on the Pretreatment/Evaluative TNM forms rather than Post-Surgical TNM forms.

M-Category by pretreatment/evaluative findings:

Post-surgical/pathologic M-Category: [ ] [Click here for the 8th edition criteria]

Was cytologic or histologic evidence obtained for M1 disease? [ ]

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

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

Sites of distant metastases	Presence/Number of lesions
Contralateral pleura (noncontiguous with ipsilateral tumor)	[ ]
Contralateral lung parenchyma	[ ]
Peritoneum	[ ]
Bone	[ ]
Liver parenchyma	[ ]
Brain	[ ]
Other distant lymph nodes	[ ]
Other	[ ]

Submit Cancel **eCRF Version:** 1.0

Form Question: Post-surgical/pathologic M-Category

Display Value
M0
M1
No data

Form Question: Was cytologic or histologic evidence obtained for M1 disease?

Display Value
Yes
No
No data

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

Display Value
Yes
No
No data

Form Question: Sites of distant metastases

Display Value
Absent
Single
Multiple
Present
No data

1.12 Pre-Treatment/Evaluative Staging Tests

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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

From the list below, please select all tests used to determine T, N, and M, respectively.

Select "Data not available" if all or part of the source documentation is not available or is incomplete.

T	N	M	
☐	☐	☐	Physical examination
☐	☐	☐	Chest X-ray
☐	☐	☐	CT of chest/upper abdomen
☐	☐	☐	MRI of chest/upper abdomen
☐	☐	☐	PET or PET/CT
		☐	MRI of the brain
		☐	Bone Scan
		☐	Percutaneous needle biopsy or cytology
	☐		Bronchoscopy with or without ultrasonography (EBUS) or mediastinoscopy with biopsy or cytology
	☐	☐	Endoscopic ultrasound (EUS)
☐	☐	☐	Echocardiogram
☐	☐	☐	Thoracoscopic biopsy or cytology
☐	☐	☐	Laparoscopy
☐	☐	☐	Diagnostic thorascopy
☐	☐	☐	Data not available

Submit Cancel **eCRF Version:** 1.2

1.13 General Treatment

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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

Most definitive pleural procedure: [ ]

[Hyperlink to definitions for partial pleurectomy, pleurectomy/decortication, extended pleurectomy/decortication, and extrapleural pneumonectomy] [citation]

Date of procedure: [ ] - [ ] - [ ] (dd-mmm-yyyy)

Other ipsilateral lung resection: [ ]

Completeness of resection: [ ]

If the surgical procedure included partial pleurectomy (PP), pleurectomy/decortication (PD), extended pleurectomy/decortication (EPD), or extrapleural pneumonectomy (EPP), please record the completeness of resection as R1 or R2. For R2 resections associated with these procedures, document the sites of residual disease and the size of residual disease below. For all other surgical procedures, record the completeness of resection and size of residual disease as "not applicable."

Please note: R0 (microscopically complete resection) is not listed as a choice for completeness of resection due to the view that a microscopically complete resection of MPM cannot be established with certainty.

Residual disease

For R2 resections associated with PP, PD, EPD, or EPP, please record sites of residual disease below.

- ☐ Visceral pleura
- ☐ Parietal pleura
- ☐ Mediastinal pleura and/or pericardium
- ☐ Diaphragm

For R2 resections, please record sites of residual disease and the size of the largest residual nodule (0.1 to 1.0 cm vs >1.0 cm) below.

For example, a single tumor nodule 2 cm x 1 cm x 0.5 cm would be recorded as 2 cm and categorized as >1.0 cm; whereas multiple tiny nodules 0.5 x 0.2 x 0.1 cm would be recorded as 0.5 cm and categorized as 0.1 to 1.0 cm.

For R1 resections, select "No macroscopic residual disease (R1)". Select "Not applicable" for all other procedures.

Size of largest residual nodule: [ ]

First-line treatment (in addition to supportive care)

First treatment in sequence: [ ]
Second treatment in sequence: [ ]
Third treatment in sequence: [ ]
Treatment at first progression: [ ]

Radiation Therapy

Total dose radiation: [ ] Gy
Sites irradiated: [ ]
Type of radiation therapy: [ ]

Submit Cancel **eCRF Version:** 1.0

Form Question: Most definitive pleural procedure

Display Value
None
Surgical pleural biopsy (VATS or thoracotomy), no pleurodesis
Surgical pleural biopsy (VATS or thoracotomy)
Exploration, no pleurodesis (no resection)
Exploration, pleurodesis only (no resection)
Partial pleurectomy
Pleurectomy/decortication
Extended pleurectomy/decortication
Extrapleural pneumonectomy
No data

Form Question: Other ipsilateral lung resection

Display Value
None
Segmentectomy
Wedge resection
Lobectomy
Bilobectomy
Pnemonectomy
Other
No data

Form Question: Completeness of resection

Display Value
R1 (Microscopic residual tumor)
R2 (Macroscopic residual tumor)
No data
Not applicable

Form Question: Size of largest residual nodule

Display Value
0.1 to 1.0 com
> 1.0 cm
No macroscopic residual disease (R1)
Not applicable
No data

Form Question: First treatment in sequence; Second treatment in sequence; Third treatment in sequence; Treatment at first progression

Display Value
Surgery
Systemic therapy
Radiation therapy
None
No data (or no progression)

Form Question: Sites irradiated

Display Value

Hemithoracic
Prophylactic focal radiotherapy to incisions/tract sites only
Mediastinal +/- hilar only
Palliative radiotherapy to symptomatic focal lesions (and none of the above choices apply)
No data

Form Question: Type of radiation therapy

Display Value
Conventional
Conformal-3D
IMRT
Proton
Other
No data

1.14 Systemic Therapy

Subject ID: 999900008
Institution: 9999 - PRACTICE INSTITUTION
Patient Code: CFU1000XTN

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.

Systemic Therapy

Beginning with first-line systemic treatment, if administered, please describe each line of systemic treatment. You may enter up to three agents in each line of treatment. If platinum based doublet chemotherapy was administered, always enter this treatment as Agent 1.

Note that after you submit the record for the first-line treatment, the data fields will be reset, and you may enter a new record for a subsequent line of treatment.

Line of systemic therapy:	Agent 1:	Agent 2:	Agent 3:
1	Platinum based doublet chemotherapy	Immunotherapy	Targeted therapy

Comments:

Update Cancel

Systemic Therapy for this Subject

To view complete information for a record, or to edit or delete a record, click on the entry in the Line of systemic therapy column.

Line of systemic therapy	Agent 1	Agent 2	Agent 3

Return to Subject Info

eCRF Version: 1.0

Form Question: Line of systemic therapy

Display Value
1
2
3
4

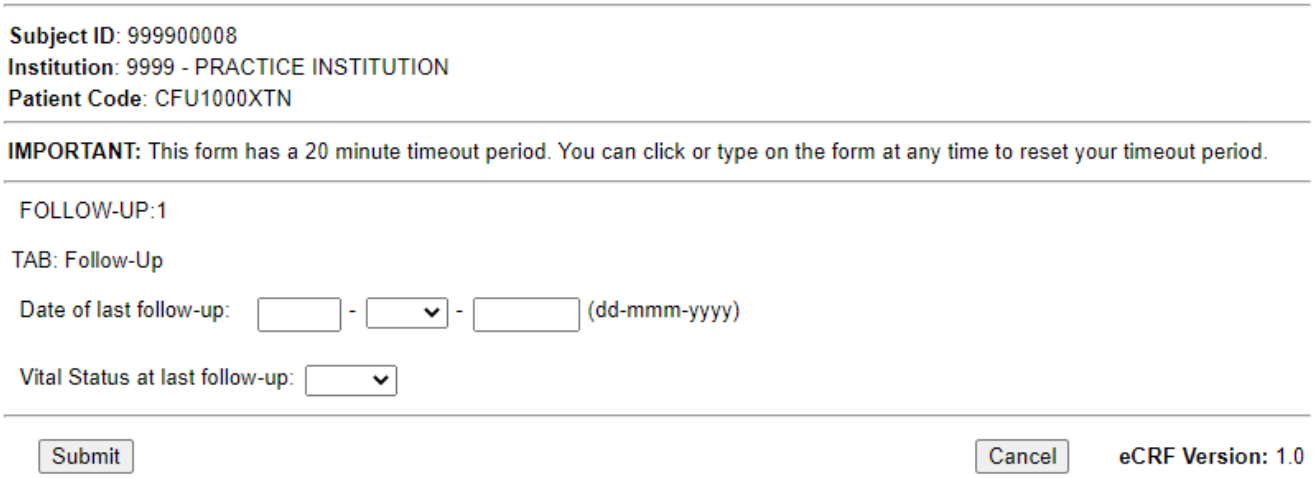
Form Question: Systemic Therapy – Agent 1

Display Value
Platinum based doublet chemotherapy
Single agent chemotherapy
Immunotherapy
Targeted therapy
None
No data

Form Question: Systemic Therapy – Agent 2; Systemic Therapy – Agent 3

Display Value
Immunotherapy
Targeted therapy
Maintenance chemotherapy
None
No data

1.15 Follow-up



Form Question: Vital status at last follow-up

Display Value
Alive
Dead