

## ENROLMENT FORM FOR LUNG CANCER PATIENTS

**Study Number**

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**Patient Initials**

□□□□

**Date of Birth** (dd/mm/yyyy)

□□/□□/□□□□

**Date Completed** (dd/mm/yyyy)

□□/□□/□□□□

**Study Physician**

\_\_\_\_\_ [Name]

\_\_\_\_\_ [Signature]

### **Inclusion criteria (all must be answered as 'Yes' to be eligible)**

Confirmed diagnosis of primary lung cancer either by histology or based on radiological findings  Yes  No

Suitable for radical radiotherapy, sequential or concurrent chemoradiotherapy or stereotactic body radiation therapy for lung cancer  Yes  No

No other malignancy in the last 5 years prior to treatment for lung tumour except basal cell or squamous cell carcinoma of the skin  Yes  No

No evidence of distant metastases  Yes  No

Ability to provide a venous blood sample  Yes  No

Willingness and ability to comply with scheduled visits (1 year), treatment plans and available for follow up within country of origin  Yes  No

Greater than 18 years of age (no upper age limit)  Yes  No

Capacity to understand the patient information sheet and the ability to provide written informed consent  Yes  No

### **Exclusion criteria (all must be answered as 'No' to be eligible)**

Metastatic disease  Yes  No

Prior irradiation of the lung  Yes  No

Planned use of protons  Yes  No

High Intensity Focal Ultrasound (HIFU)  Yes  No

Mental disability or patient otherwise unable to give informed consent and/or complete patient questionnaires  Yes  No

Limited life expectancy due to co-morbidity  Yes  No

Pregnant patient  Yes  No

Known HIV infection/infectious hepatitis  Yes  No