

LUNG PATIENT FACTORS – FOLLOW-UP

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF

Time Point

☐ 3 months after RT start

☐ 1 year after RT start

☐ 6 months after RT start

☐ 2 years after RT start*

* if available

Patient Information

Weight (kg)

□□□

Current smoker?

☐

0=No

1=Yes, _____ [number] of tobacco products a day

7=Do not wish to answer

Approximate number of alcoholic drinks a week

□□□

777=Do not wish to answer

Any newly diagnosed diseases since lung cancer diagnosis?

☐

0=No

1=Yes

If yes,

Diabetes

☐

0=No
1=Yes

If yes, duration (months)

□□

Rheumatoid Arthritis

☐

0=No
1=Yes

If yes, duration (months)

□□

Systemic Lupus Erythematosus

☐

0=No
1=Yes

If yes, duration (months)

□□

Other collagen vascular disease

☐

0=No
1=Yes

If yes, duration (months)

□□

Hypertension

☐

0=No
1=Yes

If yes, duration (months)

□□

History of heart disease

☐

0=No
1=Yes

If yes, duration (months)

□□

Depression

☐

0=No
1=Yes

If yes, duration (months)

□□

On statin?

☐

0=No
1=Yes

If yes, duration (months)

□□

On other lipid-lowering drugs? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On ACE inhibitor? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On other anti-hypertensive drug? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On anti-diabetic drug? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On amiodarone? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On oral steroids? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On analgesics? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On anti-depressant? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

On immunosuppressant? ☐ 0=No ☐ If yes, duration (months) ☐☐
1=Yes

If yes, type of immunosuppressant _____

Family history of lung cancer in first degree relative ☐ 0=No ☐ Family history of radiotherapy toxicity ☐ 0=No
1=Yes 1=Yes 9=Not known

Other co-morbidity _____

Any newly diagnosed recurrence, metastasis or cancer since lung cancer diagnosis? ☐ 0=No
1=Yes

If yes,

Site of loco-regional recurrence/progression or distant metastasis

☐☐

1=Ipsilateral Lung

2=Contralateral Lung

3=Mediastinal Lymph Nodes

4=Hilar Lymph Nodes

5=Supraclavicular Fossa Lymph Nodes

6=Pleura

7=Bone

8=Brain

9=Liver

10=Other, _____

99=Not known

Type of new cancer

ICD-10 / ICD-O-3 coding: ☐☐☐☐. ☐ / ☐☐☐☐/ ☐

Additional treatment following initial management ☐☐ 0=No 4=Radiotherapy
1=Chemotherapy 5=Other, _____
2=Targeted therapy
3=Surgery 99=Not known

If recurrence or second malignancy within the thorax (including breast cancer) then patient should be withdrawn (please fill out form L6 and L7)