

**LUNG STUDY COMPLETION FORM**  
**(to be completed at: Year 2 or study withdrawal if earlier**  
**AND (if applicable) at final data collection time point e.g. year 3 or 4)**

**Study Number**

RQ□□□□□-□

**Patient Initials**

□□□□

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

□□/□□/□□□□

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

□□/□□/□□□□

**Name + Signature of Person completing the CRF**

**Time Points**

☐ 2 years after  
radiotherapy (RT) start

☐ 4 years after  
RT start\*

☐ 3 years after RT  
start\*

☐ withdrawal\*\*

\* if available; \*\* if applicable

All study data complete?

☐ 0=No  
1=Yes

Current status

☐ 1=Alive without disease recurrence  
2=Alive with disease recurrence  
3=Alive with second cancer  
4=Non-cancer related death  
5=Lung cancer death  
6=Other cancer related death  
7=Death, unknown cause  
9=Unknown

If alive or unknown,  
date of last contact

□□/□□/□□□□ (dd/mm/yyyy)

If deceased: Date of death

□□/□□/□□□□ (dd/mm/yyyy)

Death due to  
treatment toxicity?

☐ 0=No  
1=Yes, please specify toxicity \_\_\_\_\_  
9=Not known

Locoregional  
Recurrence/Progression

☐ 0=No  
1=Yes  
9=Not known

If yes, date  
(dd/mm/yyyy)

□□/□□/□□□□

If yes, Site of  
progression

☐ 1=Ipsilateral Lung  
2=Contralateral Lung  
3=Mediastinal Lymph Nodes  
4=Hilar Lymph Nodes  
5=Supraclavicular Fossa Lymph  
Nodes  
6=Pleura  
7=Other \_\_\_\_\_  
9=Not known

Distant recurrence

☐ 0=No  
☐ 1=Yes  
☐ 9=Not known

If yes, date  
(dd/mm/yyyy)

/   /

If yes, Site of  
progression

☐ 1=Bone  
☐ 2=Brain  
☐ 3=Liver  
☐ 4=Other \_\_\_\_\_

Second Cancer

☐ 0=No  
☐ 1=Yes  
☐ 9=Not known

If yes, specify site

\_\_\_\_\_

Additional treatment following  
initial management

☐ 0=No  
☐ 1=Chemotherapy  
☐ 2=Targeted therapy  
☐ 3=Surgery  
☐ 4=Radiotherapy  
☐ 5=Other \_\_\_\_\_  
☐ 9=Unknown

If additional treatment, details of secondary treatments (e.g. dates, agents used, number of cycles):

\_\_\_\_\_  
\_\_\_\_\_