

ACTION <input type="checkbox"/> A-New Data <input type="checkbox"/> C-Corrected Data <input type="checkbox"/> D-Delete Form	LOCAL ID _____	EPAC <input type="checkbox"/> (CC use only)	- Affix label here - Study Center/ID _____ First Name _____ MI _____ Last Name _____
INSTRUCTIONS: All information below reviewed and determined by Endpoints Review Committee. Principal Investigator should review form. File in participant's chart.			

1a. Date of clinical diagnosis \_\_\_\_\_ (M/Y)

1b. Date of histologic diagnosis \_\_\_\_\_ (M/Y)

2. Primary site \_\_\_\_\_ (ICDO)

3. If the primary site is lung, the laterality is:

- <sub>1</sub> Right
- <sub>2</sub> Left
- <sub>9</sub> Unknown

4. If the primary site is unknown there is:

- <sub>1</sub> Lung involvement
- <sub>2</sub> No lung involvement
- <sub>3</sub> Unknown if lung involvement

5. Histology \_\_\_\_\_ (ICDO)

6. Diagnostic Confirmation

- <sub>1</sub> Diagnosed histologically with Coordinating Center review of pathology specimens or reports
- <sub>2</sub> Diagnosed histologically without Coordinating Center pathologist review
- <sub>3</sub> Diagnosed clinically
- <sub>4</sub> Suspected clinically
- <sub>5</sub> Diagnosed by Death Certificate only

8. Status of endpoint

- <sub>3</sub> CARET endpoint - Case closed
- <sub>4</sub> Not a CARET endpoint - Case closed ↓

- <sub>5</sub> Basal or squamous skin cancer
- <sub>6</sub> Cancer diagnosed five years or less prior to randomization
- <sub>7</sub> Recurrence/metastasis
- <sub>8</sub> Not Cancer
- <sub>9</sub> Other

(Specify)

7. Is this endpoint a recurrence or a metastasis?

- <sub>0</sub> No
- <sub>1</sub> Yes ↓

Date of original diagnosis \_\_\_\_\_ (M/Y)

<sub>5</sub> No endpoint materials available for review -- Case closed

\_\_\_\_\_ Date \_\_\_\_\_ (M/D/Y)  
Endpoints Supervisor or Designee                      Staff ID

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Review Number \_\_\_\_\_

10. Reason \_\_\_\_\_