Radiation Therapy Oncology Group
Phase II - SBRT - Medically Inoperable I/II NSCLC
Initial evaluation Form

AMENDED DATA □ YES INSTRUCTIONS: Submit this form at patient's entry on study. Dates are recorded mm-dd-yyyy unless otherwise specified.

PRE-TREATMENT CHARACTERISTICS

1 (1) PERFORMANCE STATUS (ZUBROD 0-4)
   0 Fully active, able to carry on all pre-disease activities without restriction
   1 Restricted in physically strenuous activity but ambulatory
   2 Ambulatory and capable of all self-care but unable to carry out any work activities
   3 Capable of only limited self-care, confined to bed or chair 50% or more of waking hours
   4 Completely disabled
   Date _____-_____-_____

2 (3) - - - (mm-yyyy) PATIENT BIRTH DATE

3 (4) HISTORY OF PRIOR (INVASIVE) MALIGNANCY (within the last 2 years)
   1 No, skip Q4
   2 Yes

A [ ] PRIOR MALIGNANCY SITE (5)

B DATE ERADICATED - - ________ (mm-yyyy) (6)

4 PRIOR TREATMENT FOR THIS CANCER
   1 No
   2 Yes

(7) PRIOR SURGERY (excludes biopsy)

(8) PRIOR RADIATION THERAPY (that would result in overlap of RT fields for this study)

(9) PRIOR CHEMOTHERAPY

5 PULMONARY FUNCTION
   (10) . . BEST FORCED EXPIRATORY VOLUME (FEV 1) L/sec
   (11) . % OF PREDICTED VALUE (FEV 1)
   (12) . % OF CARBON MONOXIDE DIFFUSION (DLCO)
   (13) . . FORCED VITAL CAPACITY (FVC) L/sec
   (14) . % OF PREDICTED FORCED VITAL CAPACITY
   Date _____-_____-_____

6 DISEASE STAGING (see protocol appendix)
   (16) T STAGE, CLINICAL
      0 T0
      1 T1
      2 T2
      3 T3
      4 T4

   (17) N STAGE, CLINICAL
      0 N0
      1 N1
      2 N2
      3 N3

   (18) M STAGE, CLINICAL
      0 M0
      1 M1

7 DATE OF INITIAL PRIMARY TUMOR DIAGNOSIS _____-_____-_____

8 (20) HISTOLOGIC TYPE
       1 Squamous cell carcinoma
       2 Adenocarcinoma
       3 Large cell undifferentiated
       4 Bronchoalveolar carcinoma (BAC)
       5 Non-small cell lung cancer NOS

9 MEASURABLE DISEASE STATUS (Based on RECIST Criteria)
   WHAT IS THE LONGEST DIAMETER OF PRIMARY TUMOR?
   (52) . . cm

10A (22) TUMOR LOCATION, AREA
       1 Carina
       2 Lower Lobe (left)
       3 Lower Lobe (right)
       4 Upper Lobe (left)
       5 Upper Lobe (right)
       6 Middle Lobe (right)
       7 Mainstem Bronchus (right)
       8 Mainstem Bronchus (left)
       99 Other, specify (23)_________________

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<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS PRIMARY TUMOR WITHIN OR TOUCHING ZONE OF PROXIMAL BRONCHIAL TREE?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MEDIASTINAL OR HILAR LYMPH NODE(S) GREATER THAN 1CM ON CT SCAN OR PET?</td>
<td>No</td>
<td>Yes, if yes code 10D</td>
<td></td>
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<tr>
<td>WERE THESE NODES BIOPSIED?</td>
<td>No</td>
<td>Yes, if yes code 10E</td>
<td></td>
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<tr>
<td>WERE ANY NODAL BIOPSIES POSITIVE?</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<td>IS PLEURAL EFFUSION PRESENT?</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<tr>
<td>WAS A THORACENTESIS PERFORMED?</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<tr>
<td>IS THERE ACTIVE SYSTEMIC, PULMONARY, OR PERICARDIAL INFECTION?</td>
<td>No</td>
<td>Yes</td>
<td>Unknown</td>
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<td>PRETREATMENT STUDIES/LABS/EXAMS (Within protocol parameters)</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<td>WHOLE BODY PET</td>
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<tr>
<td>UPPER ABDOMEN/ CHEST CT SCAN WITH CONTRAST</td>
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<td>HISTORY AND PHYSICAL EXAM</td>
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<td>ARTERIAL BLOOD GASES</td>
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<td>PREGNANCY TEST</td>
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<tr>
<td>ARE THERE PLANS FOR OTHER CONCOMITANT THERAPY WHILE ON THIS STUDY?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>WEIGHT KG</td>
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<tr>
<td>PERCENT WEIGHT LOSS IN PREVIOUS 3 MONTHS(%)</td>
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</table>

Comments:________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Signature of Person completing form________________________(50) Date Form Completed _____-____-____(51)