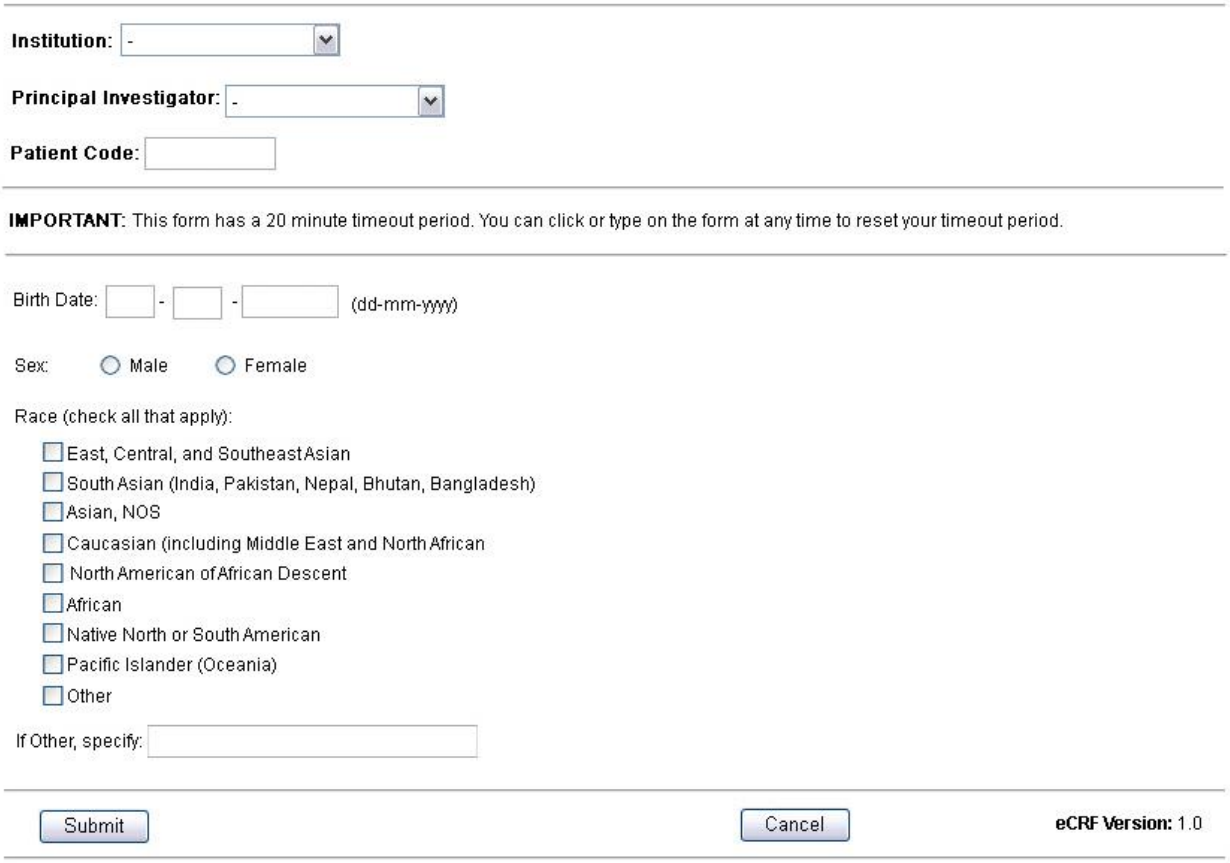
The International Association for the Study of Lung Cancer (IASLC) Lung Cancer Staging Project, Data Elements v1.17, 27SEP2021

Contents

1.1 Registration



In accordance with the Data Use Agreement for the project, personal identifiers such as name, initials, medical record number, etc. must not be included in the Patient Code.

Patients included in the 9th Edition staging project must be newly diagnosed lung cancer patients, with a diagnosis date no earlier than January 1, 2011 and no later than December 31, 2019.

1.2 Patient Characteristics

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Patient

Smoking history:

If a former smoker, number of years since quitting?

Number of years smoked:

Average number: packs per day

Weight loss in previous six months:

Zubrod Performance Status:

Height: cm

Weight: kg

Comorbidity [hyperlink to definitions with citation]

Tobacco consumption:

Diabetes mellitus:

Renal insufficiency:

Respiratory comorbidity:

Cardiovascular comorbidity:

Previously treated malignancy (Other than basal cell skin carcinoma and in situ carcinoma of the cervix.):

Alcoholism:

Submit Cancel **eCRF Version:** 1.0

Form Question: Smoking History

Display Value
Never smoked
Former smoker
Current smoker
No Data

Form Question: Weight loss in the previous six months

Display Value
< 5% of body weight
>= 5% - 10% of body weight
>= 10 % of body weight
No Data

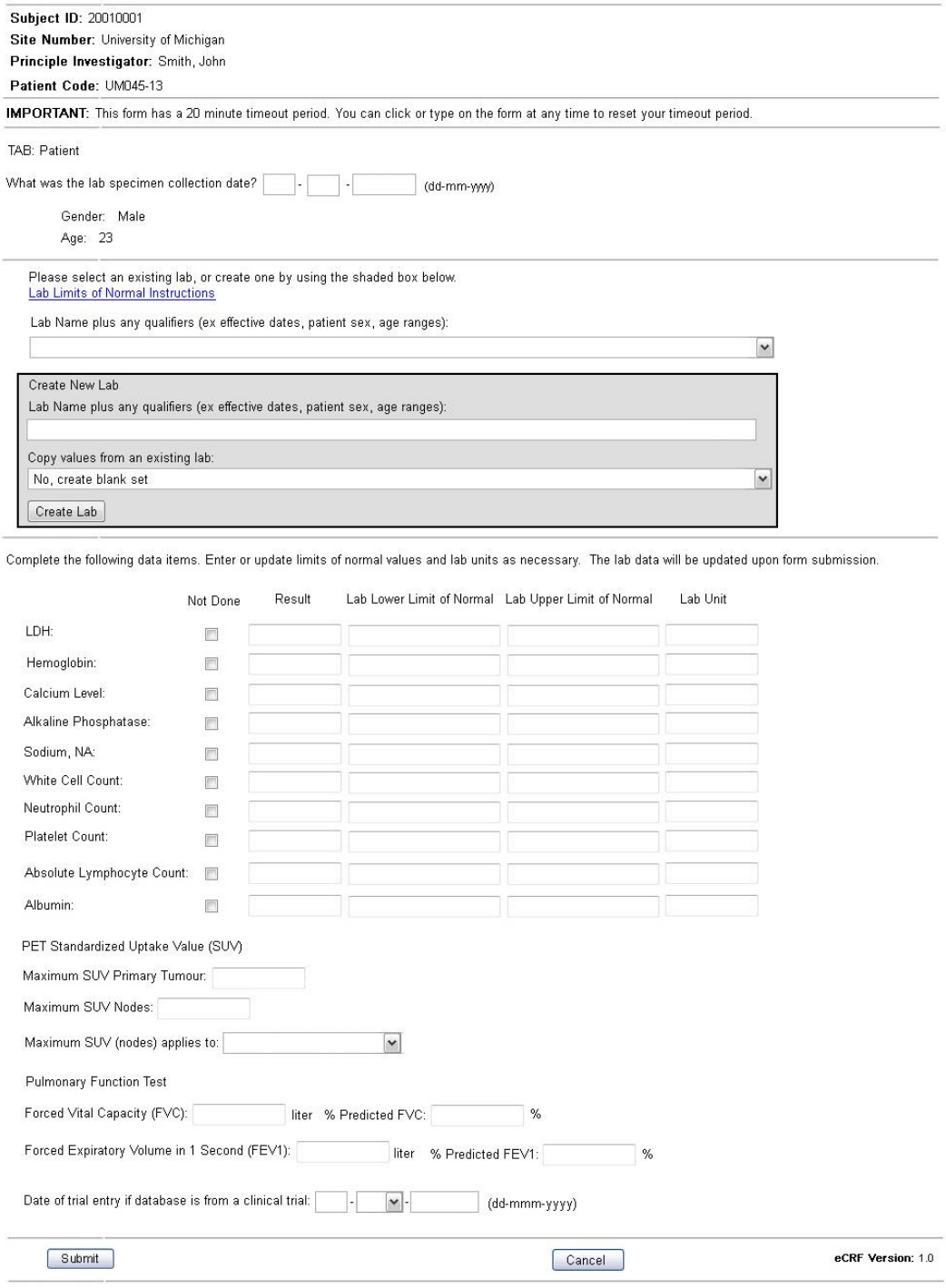
Form Question: Zubrod Performance Status

Display Value
0 – Fully active
1 – Restricted
2 – No work, ambulatory
3 – Limited self-care
4 – Completely disabled
No Data

Form Question: Comorbidity options from ‘Diabetes mellitus’ to ‘Alcoholism’

Display Value
Yes
No
No Data

1.3 Laboratory Values at Diagnosis



Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Patient

What was the lab specimen collection date? - - (dd-mm-yyyy)

Gender: Male
Age: 23

Please select an existing lab, or create one by using the shaded box below.
Lab Limits of Normal Instructions

Lab Name plus any qualifiers (ex effective dates, patient sex, age ranges):

Create New Lab
Lab Name plus any qualifiers (ex effective dates, patient sex, age ranges):

Copy values from an existing lab:
No, create blank set

Create Lab

Complete the following data items. Enter or update limits of normal values and lab units as necessary. The lab data will be updated upon form submission.

	Not Done	Result	Lab Lower Limit of Normal	Lab Upper Limit of Normal	Lab Unit
LDH:					
Hemoglobin:					
Calcium Level:					
Alkaline Phosphatase:					
Sodium, NA:					
White Cell Count:					
Neutrophil Count:					
Platelet Count:					
Absolute Lymphocyte Count:					
Albumin:					

PET Standardized Uptake Value (SUV)

Maximum SUV Primary Tumour:

Maximum SUV Nodes:

Maximum SUV (nodes) applies to:

Pulmonary Function Test

Forced Vital Capacity (FVC): liter % Predicted FVC: %

Forced Expiratory Volume in 1 Second (FEV1): liter % Predicted FEV1: %

Date of trial entry if database is from a clinical trial: - - (dd-mmm-yyyy)

Submit Cancel **eCRF Version:** 1.0

Form Question: Lab Units – LDH

Field size: (NUMBER 6,2)

Display Value
ukat/L
IU/L

Form Question: Lab Units – Hemoglobin;

Field size: (NUMBER 6,2)

Display Value
g/dL
mmol/L

Form Question: Lab Units – Calcium Level

Field size: (NUMBER 4,2)

Display Value
mmol/L
mg/dl

Form Question: Lab Units – Alkaline Phosphatase

Field size: (NUMBER 6,2)

Display Value
ukat/L
IU/L

Form Question: Lab Units – Sodium, NA

Field size: (NUMBER 3)

Display Value
mmol/L

Form Question: Lab Units – White Cell Count

Field size: (NUMBER 8,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Neutrophil Count

Field size: (NUMBER 8,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Platelet Count

Field size: (NUMBER 9,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Absolute Lymphocyte Count

Field size: (NUMBER 8,3)

Display Value
10^9 X cells/L

Form Question: Lab Units – Albumin

Field size for Result, Lab Lower Limit of Normal and Lab Upper Limit of Normal: (NUMBER 3,1)

Display Value
g/L
g/dL

Form Question: Maximum SUV applies to

Display Value
Hilar/interlobar nodes
Mediastinal nodes
Supraclavicular nodes

1.4 Lung Cancer with Multiple Lesions

Subject ID: 999900008
Site Number: 9999 - Htal. Arnau de Vilanova
Principal Investigator: PRACTICE Principal Investigator
Subject Code: CFU1000YRN

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Patient

Are there multiple malignant lung lesions? [ ]

If yes, complete the section below.

General Instructions

Synchronous tumours:

- Complete a separate set of Primary Tumor Description and T-Descriptor forms for each primary tumour. **Describe the tumour with highest T-category on the first set of forms submitted.**
- Complete the N-Descriptor and M-Descriptor forms for the patient as a whole rather than for each primary tumour.

Separate tumours nodules:

- If there are separate tumour nodules (T3 or T4), submit only one set of Primary Tumour Description and T-Descriptor forms (do not submit multiple forms documenting the multiple lesions). Apply the general T-classification rules for multiple nodules when completing the T-descriptor forms.

Multifocal adenocarcinoma with GGO/lepidic features:

- For multifocal adenocarcinoma with GGO/lepidic features, submit only one set of Primary Tumour Description and T-descriptor forms (do not submit multiple forms documenting the multiple lesions). Describe only the lesion with the highest T-category on the Primary Tumour Description and T-descriptor forms.

Diffuse pneumoic-type lung adenocarcinoma, single focus:

- Apply general TNM classification.

Diffuse pneumoic-type lung adenocarcinoma, multiple foci:

- For diffuse pneumonic-type lung adenocarcinoma with multiple foci, submit only one set of Primary Tumour Description and T-descriptor forms (do not submit multiple forms documenting the multiple lesions). T-category is definied by location of foci and size of largest lesion.

Click here for detailed instructions regarding how to complete this form

Click here to view a help document that defines each category A-E below in details

Click on A-E below to view CT images illustrating each category

A. [ ] Synchronous, non-related, primary tumour(s)

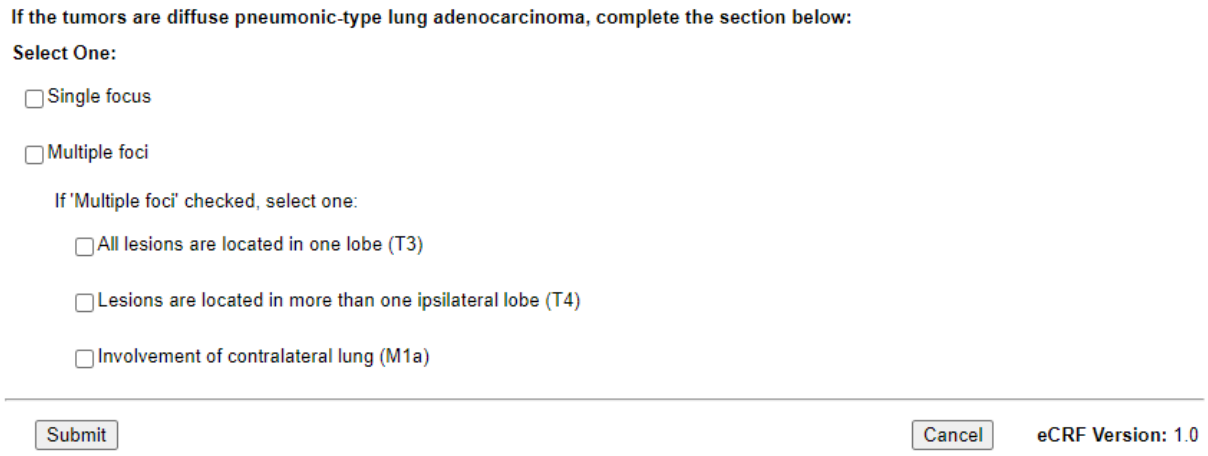
B. [ ] Separate Tumour Nodules with similar histopathologic features in same lung (intrapulmonary metastases) (T3 or T4)

C. [ ] Separate Tumour Nodules with similar histopathologic features in opposite lung (interpulmonary metastases) (M1a)

D. [ ] Multifocal adenocarcinoma with GGO/lepidic features

If **box D** is checked, number of lesions: [ ]

E. [ ] Diffuse pneumonic-type lung adenocarcinoma



Form Question: Are there multiple malignant lung lesions?

Display Value
Yes
No

1.5 Primary Tumour Description

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TUMOUR: 1

TAB: Primary Tumour

Instructions: For patients undergoing resection, use final description of tumour (post-resection) to complete this form.

Method of detection:

Diagnosed by:

- ☐ Cytology
- ☐ Histology

Date of histology or cytology obtained: - - (dd-mm-yyyy)

Please specify the location of primary tumour. Do not include the locations of the involved nodes or additional nodules. Select all that apply.

- ☐ Right Main Bronchus
- ☐ Right Upper Lobe
- ☐ Right Middle Lobe
- ☐ Right Lower Lobe
- ☐ Right Upper Lobar Bronchus
- ☐ Right Middle Lobar Bronchus
- ☐ Intermediate Bronchus
- ☐ Right Lower Lobar Bronchus
- ☐ Main Bronchus, Side Not Specified
- ☐ Trachea
- ☐ Carina
- ☐ Left Main Bronchus
- ☐ Left Upper Lobe
- ☐ Left Lower Lobe
- ☐ Left Upper Lobar Bronchus
- ☐ Left Lower Lobar Bronchus

Differentiation grade:

Histologic Type, WHO 2015 edition:

Paraneoplastic syndrome:

Pleural Effusion:

Submit Cancel **eCRF Version:** 1.0

Form Question: Method of detection

Display Value
Symptoms
Screening
Incidental
Unknown

Form Question: Differentiation grade

Display Value
Gx: Cannot be assessed
G1: Well differentiated
G2: Moderately differentiated
G3: Poorly differentiated
G4: Undifferentiated
Unknown

Form Question: Histologic type, WHO 2015 edition

Display Value
Adenocarcinoma, noninvasive: Adenocarcinoma in situ
Adenocarcinoma: Minimally invasive adenocarcinoma
Adenocarcinoma, Invasive: Lepidic adenocarcinoma
Adenocarcinoma, Invasive: Acinar adenocarcinoma
Adenocarcinoma, Invasive: Papillary adenocarcinoma
Adenocarcinoma, Invasive: Micropapillary adenocarcinoma
Adenocarcinoma, Invasive: Solid adenocarcinoma
Adenocarcinoma, Invasive: Invasive mucinous adenocarcinoma
Adenocarcinoma, NOS
Squamous cell carcinoma: Squamous cell carcinoma in situ
Squamous cell carcinoma: Invasive squamous cell carcinoma
Neuroendocrine tumor: Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia
Neuroendocrine tumor: Small cell carcinoma
Neuroendocrine tumor: Large cell neuroendocrine carcinoma
Carcinoid tumor: typical carcinoid
Carcinoid tumor: atypical carcinoid
Large cell carcinoma
Adenosquamous carcinoma

Sarcomatoid carcinomas: Pleomorphic carcinoma
Sarcomatoid carcinomas: Giant cell carcinoma
Sarcomatoid carcinoma: Carcinosarcoma
Salivary gland type tumors: Mucoepidermoid carcinoma
Salivary gland type tumors: Adenoid cystic carcinoma
Non Small Cell Lung Cancer – Not otherwise specified
Combined small cell carcinoma and nonsmall cell carcinoma
Other
Not lung cancer

Form Question: Paraneoplastic syndrome

Display Value
Yes
No
No Data

Form Question: Pleural Effusion

Display Value
Present – cytology positive
Present – cytology negative
Present – cytology unknown
Absent
Unknown

1.6 Pre-Treatments TNM Tests

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Evaluation and Treatment

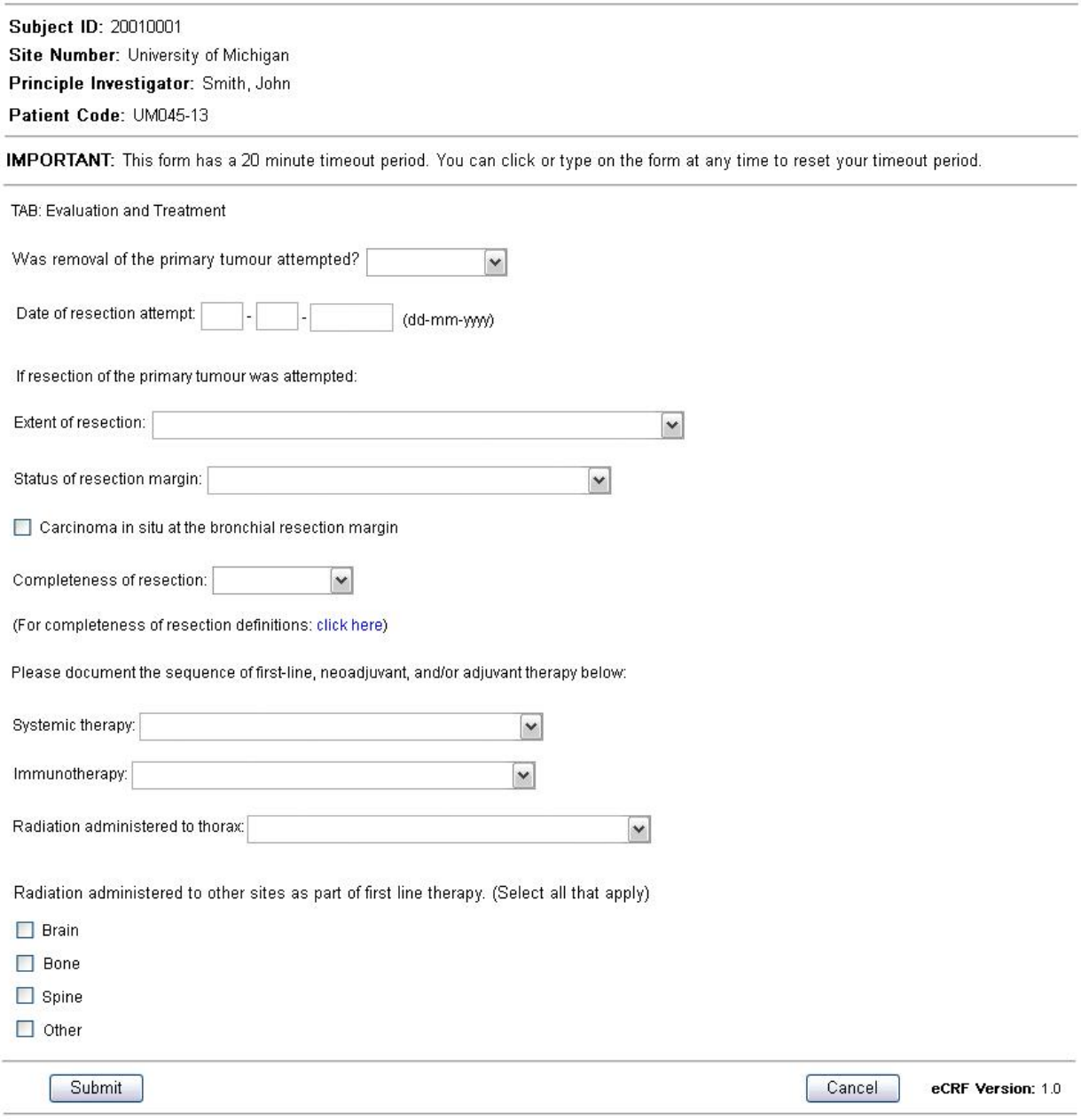
From the list below, please select the test that best determined the T, the N and the M categories.
Select "Data not available" if this determination cannot be made.

T	N	M	
☐	☐	☐	Physical examination
☐	☐	☐	Standard radiology (e.g. chest x-rays)
☐	☐	☐	CT of chest/upper abdomen
		☐	CT of the brain
☐	☐	☐	MRI of chest/upper abdomen
		☐	MRI of the brain
		☐	Bone Scan
☐	☐	☐	PET or PET/CT
☐	☐	☐	Percutaneous needle biopsy or cytology
☐	☐	☐	Bronchoscopy with or without ultrasonography (EBUS), with biopsy or cytology
☐	☐	☐	Oesophagoscopy with or without ultrasonography (EUS), with biopsy or cytology
☐	☐	☐	Mediastinoscopy with biopsy or cytology
☐	☐	☐	Mediastinotomy or extended cervical mediastinoscopy
☐	☐	☐	Transcervical lymphadenectomy
☐	☐	☐	Thoracoscopic biopsy or cytology
☐	☐	☐	Laparoscopy
☐	☐	☐	Diagnostic thoracotomy
	☐		Videomediastinoscopy
	☐		Video-assisted mediastinal lymphadenectomy (VAMLA)
	☐		Transcervical extended mediastinal lymphadenectomy (TEMLA)
☐	☐	☐	Data not available
☐	☐	☐	Other

If 'Other', specify:

Submit Cancel **eCRF Version:** 1.1

1.7 Treatments



Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Evaluation and Treatment

Was removal of the primary tumour attempted?

Date of resection attempt: - - (dd-mm-yyyy)

If resection of the primary tumour was attempted:

Extent of resection:

Status of resection margin:

Carcinoma in situ at the bronchial resection margin

Completeness of resection:

(For completeness of resection definitions: click here)

Please document the sequence of first-line, neoadjuvant, and/or adjuvant therapy below:

Systemic therapy:

Immunotherapy:

Radiation administered to thorax:

Radiation administered to other sites as part of first line therapy. (Select all that apply)

Brain
Bone
Spine
Other

Submit Cancel **eCRF Version:** 1.0

Form Question: Was the removal of the primary tumour attempted?

Display Value
Yes
No

Form Question: Extent of resection

Display Value
Thoracotomy, no resection
Resection of the airway without removal of lung parenchyma
Resection of the airway with removal of lung parenchyma
Endoscopic resection
Segmentectomy
Wedge resection
Lobectomy
Bilobectomy
Pneumonectomy
Other

Form Question: Status of resection margin

Display Value
Negative free margins
Microscopic residual disease
Macroscopic residual disease

Form Question: Completeness of resection

Display Value
R0
R1
R2
Unknown

Form Question: Systemic therapy

Display Value
No Systemic therapy
Systemic therapy, no resection attempt
Systemic therapy before resection, no systemic therapy after resection (or no data on systemic therapy after resection)
Systemic therapy after attempted resection
Systemic therapy before and after attempted resection
Attempted resection, sequence of systemic therapy unknown (or no data on systemic therapy after resection)

Form Question: Immunotherapy

Display Value
No Immunotherapy
Immunotherapy, no resection attempt
Immunotherapy before resection, no immunotherapy after resection (or no data on immunotherapy after resection)
Immunotherapy after attempted resection
Immunotherapy before and after attempted resection
Attempted resection, sequence of immunotherapy unknown (or no data on immunotherapy after resection)

Form Question: Radiation administered to thorax

Display Value
No radiation therapy
Radiation therapy, no resection attempt: standard or stereotactic
Radiation therapy before resection, no radiation therapy after resection (or no data on radiation therapy after resection)
Radiation therapy after attempted resection
Radiation therapy before and after attempted resection
Attempted resection, sequence of radiation therapy unknown (or no data on radiation therapy after resection)

1.8 T-Descriptors, by Pre-Treatment/Evaluative Findings

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TUMOUR: 1

TAB: Primary Tumour

Location of primary tumour (*with highest T-category*) : <prefill from Primary Tumour Description form where VISITNO = '1'>

Instructions: Indicate T-category. [Click here for the 8th edition criteria]

Lung tumour T Category [ ] by pre-treatment/evaluative findings

Size of primary tumour (solid component), by pre-treatment/evaluative findings: [ ] cm, longest dimension

(For AIS or SCIS tumours classified as in situ prior to (or without) resection, enter zero in the box above. AIS=Adenocarcinoma in situ, SCIS=squamous cell carcinoma in situ)

Is this a part-solid tumour with a GGO/lepidic component? ○ Yes [Click here for the 8th edition criteria for coding T for subsolid nodules and measuring part-solid nodules]
○ No

If 'Yes', provide total size (combined solid and part-solid component together): [ ] cm, longest dimension

Lymphangitis present? ○ Yes
○ No

Specify all locations of lymphangitis, if present:

☐ Adjacent to primary
☐ Elsewhere in lobe
☐ In other ipsilateral lobes
☐ Contralateral lung

Instructions: T-Descriptors. Check ALL that apply, regardless of final T-category:

☐ Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy (TX)
☐ No evidence of primary tumour (T0)
☐ Carcinoma in situ (Tis)
☐ Minimally invasive adenocarcinoma (Tmi)
☐ Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). (T1)
☐ Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus. (T1)
☐ Involves main bronchus regardless of distance to the carina, but without involving the carina. (T2)
☐ Invades visceral pleura (T2)
☐ Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung (T2)
☐ Parietal Pleura Invasion (PL3) (T3)
☐ Chest wall invasion (T3)
☐ Apical chest wall invasion, stellate ganglion, inferior branches of the brachial plexus (below C8) (T3)
☐ Phrenic nerve involvement (T3)
☐ Parietal pericardium involvement (T3)
☐ Associated separate tumour nodule(s) in the same lobe as the primary (T3)

Histology of separate nodules confirmed? [ ]

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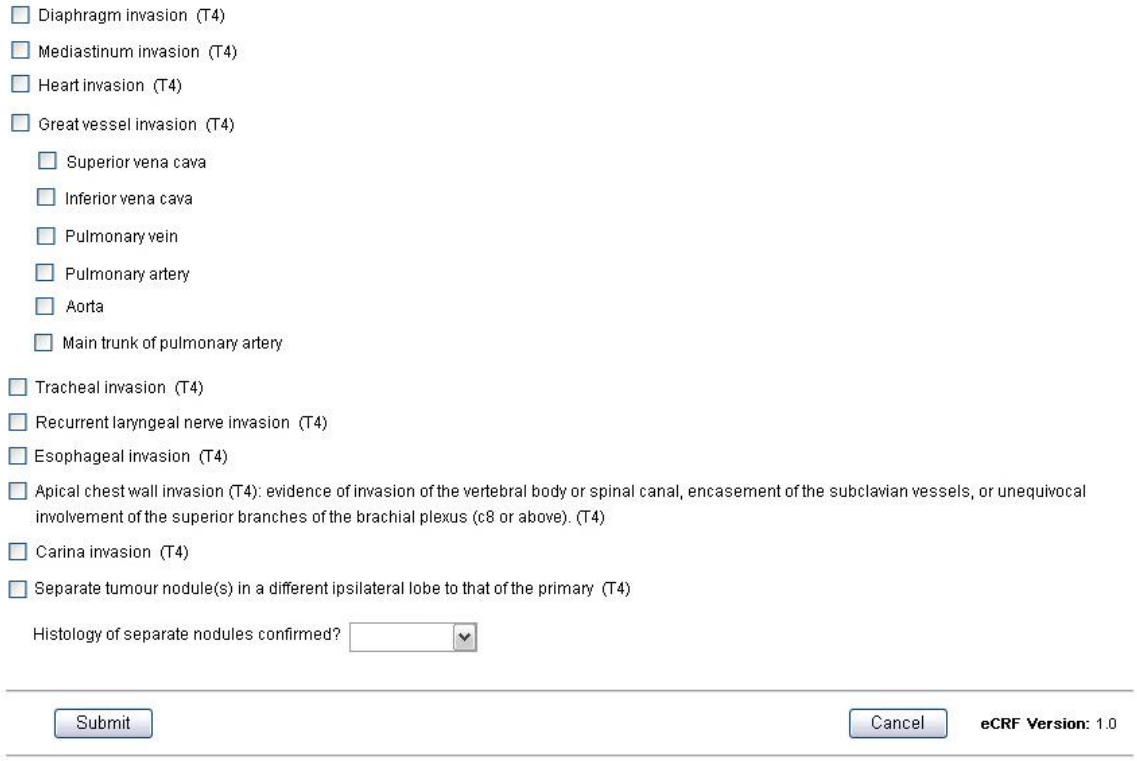


Form Question: Lung tumour T Category

Display Value
TX
T0
Tis
T1mi
T1a
T1b
T1c
T2a
T2b
T3
T4

Form Question: Histology of separate nodules confirmed?

Display Value
Yes
No

1.9 Pre-Treatment/Evaluative N Category

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Nodal Staging

Instructions: Indicate status for each nodal station using results from pre-treatment biopsy (e.g., mediastinoscopy) if available, otherwise use imaging results.

Key to nodal station results:
+ = At least one node examined in this region was considered to be metastatic.
- = All nodes examined in this region were considered to be nonmetastatic.
ND = No node examination done in this region or results were equivocal (none considered metastatic).

Location of primary tumour (*with highest T-category*) : <prefill from Primary Tumour Description form where VISITNO = '1'>

Instructions: Indicate N-category. [Click here for 8th edition criteria]

N Category:

Set all stations to "-"

Supraclavicular
#1R: #1L:

Upper paratracheal
#2R: #2L:

Pre-vascular
#3aR: #3aL:

Retrotracheal
#3p:

Lower paratracheal
#4R: #4L:

Sub-aortic
#5

Para-aortic
#6

Subcarinal
#7

Paraoesophageal
#8R: #8L:

Pulmonary ligament

#9R: #9L:

Hilar

#10R: #10L:

Interlobar

#11R: #11L:

Lobar

#12R: #12L:

Segmental

#13R: #13L:

Subsegmental

#14R: #14L:

Size of largest node: cm

Method of measurement:

Extracapsular involvement?

If 'Yes', N3 extracapsular involvement:

If 'Yes', N2 extracapsular involvement:

If 'Yes', N1 extracapsular involvement:

Number of N3 nodes explored: **Number of positive N3 nodes:**

Number of N2 nodes explored: **Number of positive N2 nodes:**

Number of N1 nodes explored: **Number of positive N1 nodes:**

Submit Cancel **eCRF Version:** 1.1

Form Question: N Category

Display Value
N0
N1
N2
N3
NX

Form Question: All staging questions before 'Size of largest node'

Display Value
+
-
ND

Form Question: Method of measurement

Display Value
X-ray
CT
Ultrasound
Biopsy

Form Question: Extracapsular involvement?

Display Value
Yes
No

Form Question: N3 extracapsular involvement; N2 extracapsular involvement; N1 extracapsular involvement

Display Value
Yes
No
Unknown

1.10 M-Descriptors, by Pre-Treatment/Evaluative Findings

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: M descriptors

Instructions: Indicate M-category. [Click here for 8th edition criteria]

M Category by pre-treatment/evaluative findings:

Was cytologic or histologic evidence obtained for M1 Disease?

Pleural nodules:

Pericardial nodules:

Pleural effusion: Cytology:

Pericardial effusion: Cytology:

If pleural effusion was detected but not aspirated, please select one of the following reasons:

- ○ Aspiration not needed; evidence of benignity (e.g. improvement without anti-cancer treatments)
- ○ Aspiration not needed; evidence of other metastatic disease (M1b, M1c)
- ○ Unable to be aspirated; alternative etiology clinically likely (e.g. parapneumonic, heart failure)
- ○ Unable to be aspirated; clinically likely malignant
- ○ Other reason

Contralateral lung metastasis: ☐

Are there any distant (extrathoracic) metastases?

Sites of distant metastases	Presence/Number of Lesions	If multiple lesions, specify number of lesions	Size of largest lesion (solid) cm
Bone:			
Liver:			
Brain:			
Abdominal lymph nodes:			
Other distant lymph nodes:			
Peritoneum:			
Adrenals:			
Skin:			
Bone marrow:			
Other:			

Submit Cancel **eCRF Version:** 1.0

Form Question: M status by pre-treatment/evaluative finding

Display Value
M0
M1a
M1b
M1c

Form Question: Was cytologic or histologic evidence obtained for M1 Disease?; Are there any distant (extrathoracic) metastases?

Display Value
Yes
No

Form **Question:** Pleural **nodules**; Pleural effusion

Display Value
None
Ipsilateral
Contralateral
Bilateral
Present, side not specified
Unknown

Form **Question: Pericardial** nodules; Pericardial effusion

Display Value
Present
Absent
Unknown

Form **Question: Cytology**

Display Value
Positive
Negative
Not done
Unknown

Form **Question:** If pleural effusion was detected but not aspirated

Display Value
Aspiration not needed; evidence of benignity (e.g. improvement without anti-cancer treatments)
Aspiration not needed; evidence of other metastatic disease (M1b, M1c)
Unable to be aspirated; alternative etiology clinically likely (e.g. parapneumonic, heart failure)
Unable to be aspirated; clinically likely malignant
Other reason

Form **Question:** Sites of distant metastases

Display Value
Single lesion
Multiple lesions
Present, number of lesion not specified
Absent

1.11 T-Descriptors, by Post-Surgical Pathological Findings

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TUMOUR: 1

TAB: Primary Tumour

Location of primary tumour (with highest T-category):

Instructions: Indicate T-category. [Click here for 8th edition criteria]

Lung tumour T Category [ ] by post-surgical/pathological findings

Size of primary tumour (invasive component only), by post-surgical/pathological findings: [ ] cm, longest dimension

(For squamous cell carcinoma in situ (SCIS) or adenocarcinoma in situ (AIS), enter zero in the box above.)

Total (combined) invasive and noninvasive (lepidic) size, if applicable: [ ] cm, longest dimension

[Click here for the 8th edition criteria for coding T for subsolid nodules and measuring part-solid nodules]

Vascular invasion: [ ]

Status of the fissures: [ ]

Lymphatic vessel invasion: [ ]

Pleural lavage cytology: [ ]

Perineural invasion: [ ]

Spread through the air spaces (STAS): [ ]

Instructions: T-Descriptors. Check ALL that apply, regardless of final T-category:

- ☐ Primary tumour cannot be assessed, or tumour proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy (TX)
- ☐ No evidence of primary tumour (T0)
- ☐ Carcinoma in situ (Tis)
- ☐ Minimally invasive adenocarcinoma (Tmi)
- ☐ Tumour 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus). (T1)
- ☐ Superficial spreading tumour of any size with its invasive component limited to the bronchial wall, which may extend proximal to the main bronchus. (T1)
- ☐ Involves main bronchus regardless of distance to the carina, but without involving the carina. (T2)
- ☐ Invades visceral pleura (T2)

  Depth of visceral pleura invasion. Click **here** for definitions.

  - ☐ PL0
  - ☐ PL1
  - ☐ PL2
- ☐ Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, either involving part of the lung or the entire lung (T2)
- ☐ Parietal Pleura Invasion (PL3) (T3)

- ☐ Chest wall invasion (T3)
- ☐ Apical chest wall invasion, stellate ganglion, inferior branches of the brachial plexus (below C8) (T3)
- ☐ Phrenic nerve involvement (T3)
- ☐ Parietal pericardium involvement (T3)
- ☐ Associated separate tumour nodule(s) in the same lobe as the primary
  - Histology of separate nodules confirmed? [ ]
- ☐ Diaphragm invasion (T4)
- ☐ Mediastinum invasion (T4)
- ☐ Heart invasion (T4)
- ☐ Great vessel invasion (T4)
  - ☐ Superior vena cava
  - ☐ Inferior vena cava
  - ☐ Pulmonary vein
  - ☐ Pulmonary artery
  - ☐ Aorta
  - ☐ Main trunk of pulmonary artery
- ☐ Tracheal invasion (T4)
- ☐ Recurrent laryngeal nerve invasion (T4)
- ☐ Esophageal invasion (T4)
- ☐ Apical chest wall invasion (T4): evidence of invasion of the vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (c8 or above). (T4)
- ☐ Carina invasion (T4)
- ☐ Separate tumour nodule(s) in a different ipsilateral lobe to that of the primary (T4)
  - Histology of separate nodules confirmed? [ ]

Submit Cancel **eCRF Version:** 1.0

Form Question: Lung tumour T Category

Display Value
TX
T0
Tis
T1mi
T1a
T1b
T1c
T2a
T2b
T3
T4

Form Question: Vascular invasion

Display Value
V0: None
V1: Microscopic
V2: Macroscopic
Unknown

Form Question: Status of the fissures

Display Value
Adjacent lobe invaded
Adjacent lobe not invaded
Unknown

Form Question: Lymphatic vessel invasion

Display Value
Ly0: No invasion
Ly1: Invasion
Unknown

Form Question: Pleural lavage cytology

Display Value
Positive
Negative
Not done
No Data

Form Question: Perineural invasion

Display Value
Yes
No
Unknown

Form Question: Histology of separate nodules confirmed?

Display Value
Yes
No

Form Question: Spread through the air spaces (STAS)

Display Value
Present
Absent
Not evaluated

1.12 Post Surgical/Pathologic N Category

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: Nodal Staging

Instructions: Indication nodal sampling results at each station based on pathology review of attempted resection of the primary tumor.

Key to nodal station results:
+ = At least one node examined in this region was considered to be metastatic.
- = All nodes examined in this region were considered to be nonmetastatic.
ND = No node examination done in this region or results were equivocal (none considered metastatic).

Location of primary tumour (*with highest T-category*): <prefill from Primary Tumour Description form where VISITNO = '1'>

N Category:

Supraclavicular
#1R: #1L:

Upper paratracheal
#2R: #2L:

Pre-vascular
#3aR: #3aL:

Retrotracheal
#3p:

Lower paratracheal
#4R: #4L:

Sub-aortic
#5

Para-aortic
#6

Subcarinal
#7

Paraoesophageal
#8R: #8L:

Pulmonary ligament
#9R: #9L:

Hilar

#10R: #10L:

Interlobar

#11R: #11L:

Lobar

#12R: #12L:

Segmental

#13R: #13L:

Subsegmental

#14R: #14L:

Size of largest node: cm

Direct nodal invasion from tumour?

Direct invasion of N3 nodes:

Direct invasion of N2 nodes:

Direct invasion of N1 nodes:

Extracapsular involvement?

If 'Yes', N3 extracapsular involvement:

If 'Yes', N2 extracapsular involvement:

If 'Yes', N1 extracapsular involvement:

Number of N3 nodes removed: **Number of positive N3 nodes:**

Number of N2 nodes removed: **Number of positive N2 nodes:**

Number of N1 nodes removed: **Number of positive N1 nodes:**

Submit Cancel **eCRF Version:** 1.1

Form Question: 'N Category'

Display Value
N0
N1
N2
N3
NX

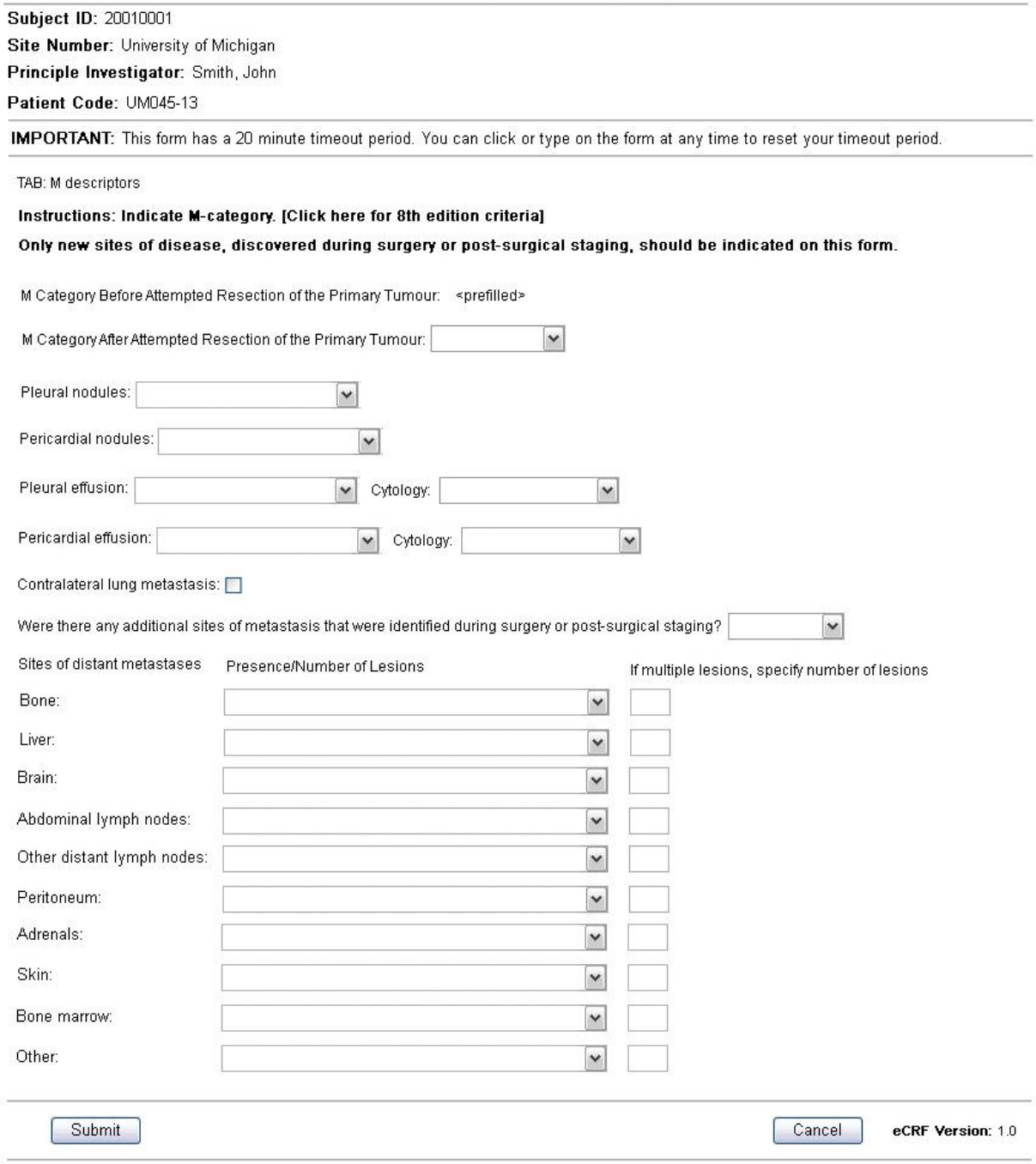
Form Question: All staging questions excluding the 'N Category' question and the 'Direct nodal invasion from tumour?' and 'Extracapsular involvement?' questions

Display Value
+
-
ND

Form Question: 'Direct nodal invasion from tumour?' and 'Extracapsular involvement?' questions

Display Value
Yes
No

1.13 M-Descriptors, After Attempted Resection of the Primary Tumour



Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

TAB: M descriptors

Instructions: Indicate M-category. [Click here for 8th edition criteria]

Only new sites of disease, discovered during surgery or post-surgical staging, should be indicated on this form.

M Category Before Attempted Resection of the Primary Tumour: <prefilled>

M Category After Attempted Resection of the Primary Tumour:

Pleural nodules:

Pericardial nodules:

Pleural effusion: Cytology:

Pericardial effusion: Cytology:

Contralateral lung metastasis:

Were there any additional sites of metastasis that were identified during surgery or post-surgical staging?

Sites of distant metastases	Presence/Number of Lesions	If multiple lesions, specify number of lesions
Bone:		
Liver:		
Brain:		
Abdominal lymph nodes:		
Other distant lymph nodes:		
Peritoneum:		
Adrenals:		
Skin:		
Bone marrow:		
Other:		

Submit Cancel **eCRF Version:** 1.0

Form Question: M Category Before Attempted Resection of Primary Tumour; M Category After Attempted Resection of Primary Tumour

Display Value
M0
M1a
M1b
M1c

Form Question: Pleural nodules; Pleural effusion

Display Value
None
Ipsilateral
Contralateral
Bilateral
Present, side not specified
Unknown

Form Question: Pericardial nodules; Pericardial effusion

Display Value
Present
Absent
Unknown

Form Question: Cytology

Display Value
Positive
Negative
Not done
Unknown

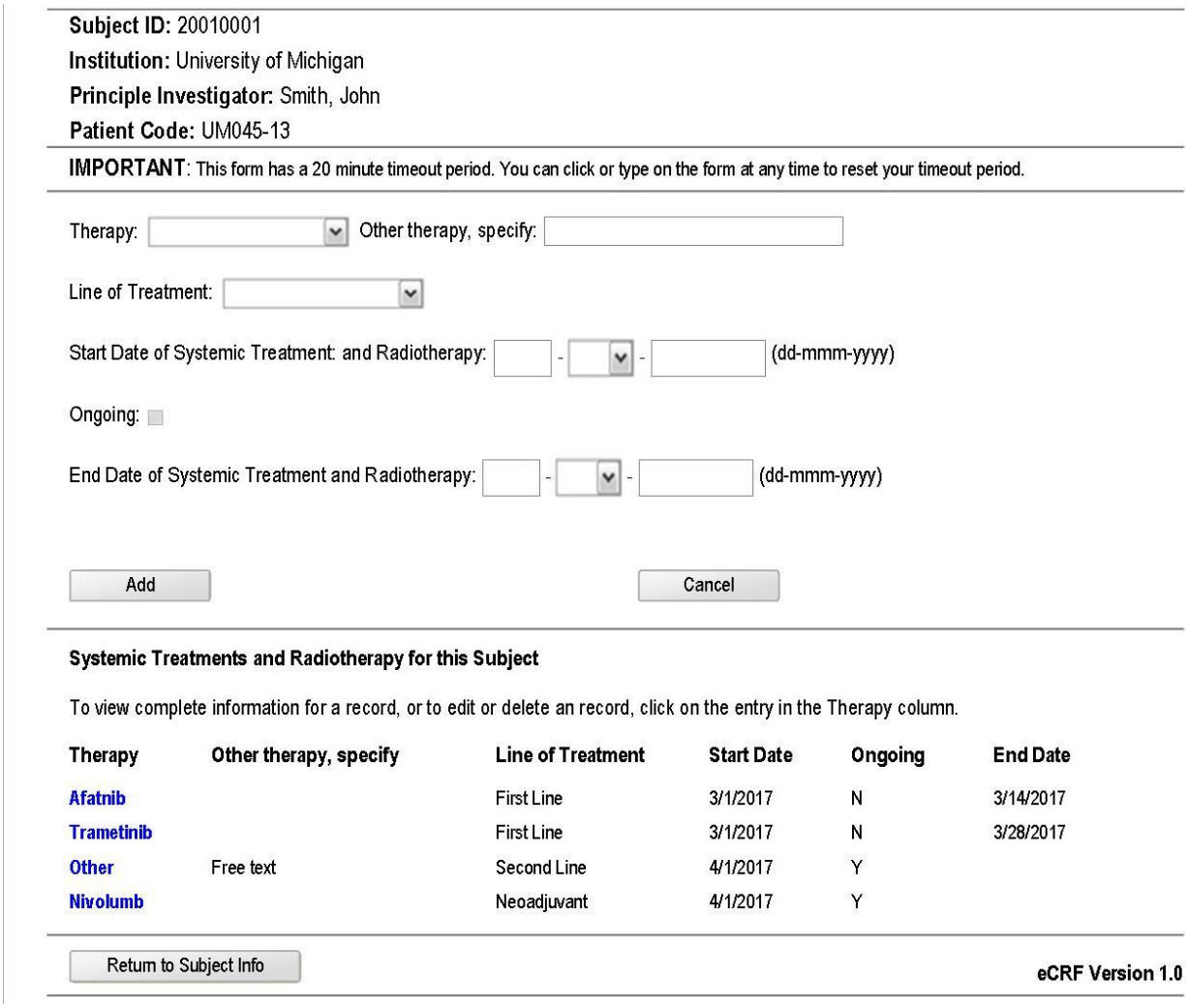
Form Question: Were there any additional sites of metastasis that were identified during surgery or post-surgical staging?

Display Value
Yes
No

Form Question: Sites of distant metastases

Display Value
Single lesion
Multiple lesions
Present, number of lesion not specified
Absent

1.14 Systemic Treatments and Radiotherapy



Subject ID: 20010001
Institution: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Therapy: Other therapy, specify:

Line of Treatment:

Start Date of Systemic Treatment: and Radiotherapy: - - (dd-mmm-yyyy)

Ongoing:

End Date of Systemic Treatment and Radiotherapy: - - (dd-mmm-yyyy)

Add Cancel

Systemic Treatments and Radiotherapy for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the Therapy column.

Therapy	Other therapy, specify	Line of Treatment	Start Date	Ongoing	End Date
Afatnib		First Line	3/1/2017	N	3/14/2017
Trametinib		First Line	3/1/2017	N	3/28/2017
Other	Free text	Second Line	4/1/2017	Y	
Nivolumb		Neoadjuvant	4/1/2017	Y	

Return to Subject Info

eCRF Version 1.0

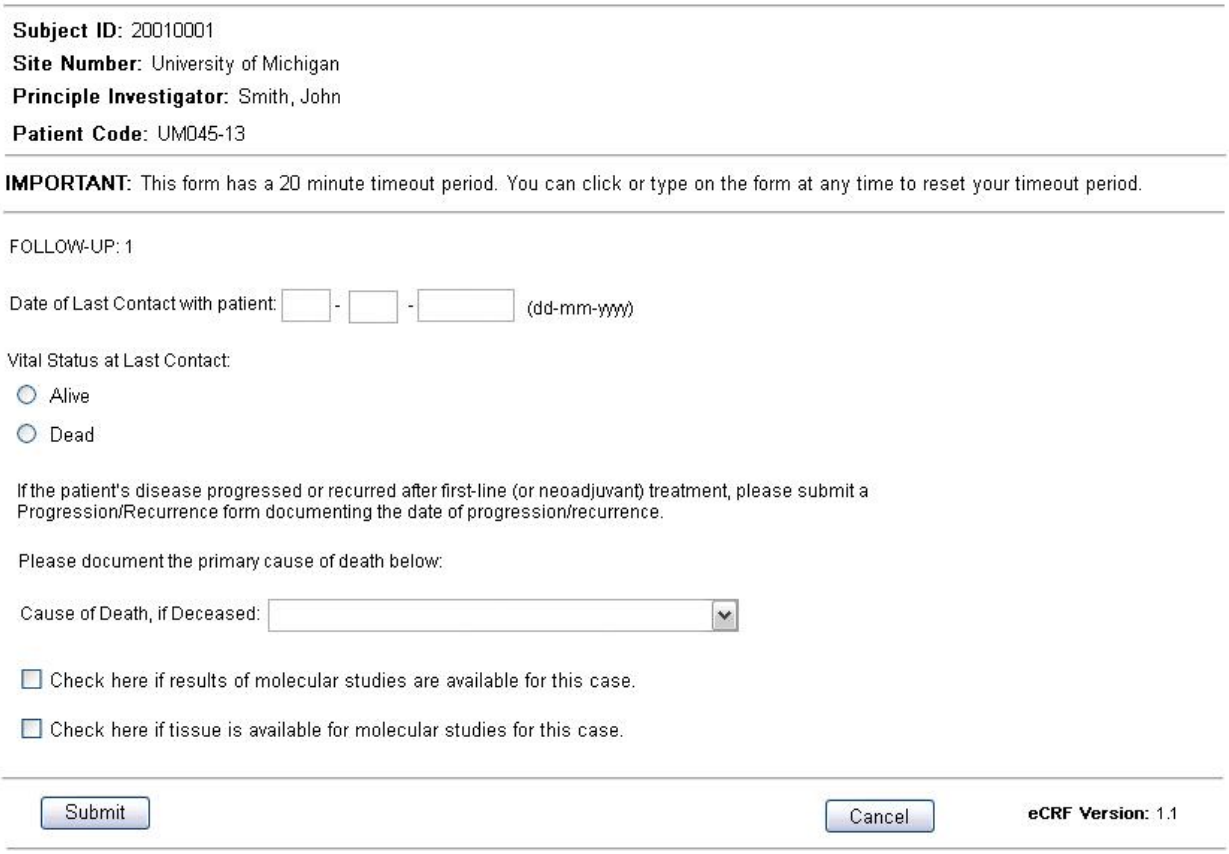
Form Question: Line of Treatment

Display Value
First line
Second line
Third line or more
Neoadjuvant
Adjuvant

Form Question: Therapy

Display Value
Afatinib
Alectinib
Atezolizumab
Avelumab
Bevacizumab
Brigatinib
Cabozantinib
Carboplatin
Ceritinib
Cetuximab
Cisplatin
Crizotinib
Dabrafenib
Dacomitinib
Docetaxel
Durvalumab
Entrectinib
Erlotinib
Etoposide
Gefitinib
Gemcitabine
Hycamtin
Intedanib
Lorlatinib
LOXO 101
LOXO 292
Necitumumab
Nedaplatin
Nintedanib
Nivolumab
Octreotide
Osimertinib
Paclitaxel
Pembrolizumab
Pemetrexed
Ponatinib
Radiation: Definitive
Radiation: Palliative
Radiation: Stereotactic
Ramicirumab
Trametinib
Vemurafenib
Vinblastine
Vinorelbine
Other

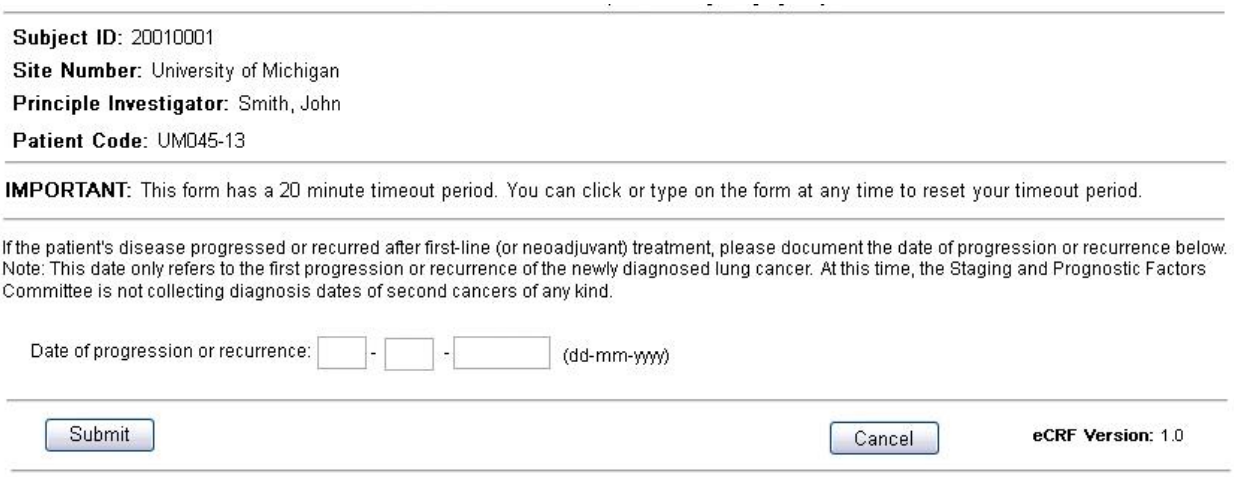
1.15 Follow-up



Form Question: Cause of Death, if Deceased

Display Value
Death due to lung cancer – locoregional relapse
Death due to lung cancer – distant relapse
Death due to lung cancer – locoregional and distant relapse
Death due to lung cancer – Not otherwise specified
Death due to second primary cancer
Death, non-cancer cause
Cause of death unknown

1.16 Progression/Recurrence



Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

If the patient's disease progressed or recurred after first-line (or neoadjuvant) treatment, please document the date of progression or recurrence below. Note: This date only refers to the first progression or recurrence of the newly diagnosed lung cancer. At this time, the Staging and Prognostic Factors Committee is not collecting diagnosis dates of second cancers of any kind.

Date of progression or recurrence: - - (dd-mm-yyyy)

Submit Cancel **eCRF Version:** 1.0

1.17 Genetic Biomarkers

Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Section 1. Submit the date, type of sample, and each platform/panel requested.
For each genetic assessment other than IHC or mass spectrometry, please document the date, type of sample, and platform/panel below. Do not select platform/panels marked as "obsolete." If your platform/panel does not appear in the list below, contact webhelpiaslc@crab.org so that we can add your platform/panel to the dropdown menu, or if appropriate, we will instead help you create a customized platform/panel. You will be asked to provide information about the genetic features tested in your platform/panel before it can be added.

Date of sample: [ ] - [ ] - [ ] (dd-mmm-yyyy)

Please choose a platform/panel, or a customized platform/panel, but do not choose both.

Type of Sample: | Platform/Panel: | Or | Customized platform/panel

Total mutation burden: [ ] (mutations per Megabase)

Were any results positive or inconclusive for genetic abnormalities?
- ○ Yes. Complete section 2 below.
- ○ No. Skip section 2* and click the "Add" button (*exception: do not skip section 2 for single allele-specific tests).

Section 2. Submit any point mutations, small intragenic (within gene) deletions, and fusions that were detected using Sanger, PCR or NGS.
- If a commercial multigene NGS platform/panel was used, or you have worked with us to document your custom panel, **then you only need to report the positive and inconclusive results in this section**. Use the "Add" button to submit each positive or inconclusive result.If all results on the panel were negative, you can leave Section 2 blank.
- If multiple, single allele-specific tests were used (such as Sanger or PCR), report **all positive, negative, and inconclusive** test results. Use the "Add" button to submit each positive, negative, or inconclusive result.
- Generally, only genes that carry mutations in >1% of NSCLC patients in the GENIE Consortium are included below. Rarer mutations in genes that do not appear below do not need to be reported. However, if a specific gene of interest does not appear, please contact us at webhelpiaslc@crab.org."
- Once Section 1 is complete, continue to the Protein Alterations form to report protein expression testing conducted with IHC, mass spectrometry, etc.
- Once Section 1 is complete, continue to the Copy Number Alterations form to report amplifications/duplications, and large deletions detected using NGS, FISH, or CISH. If all CNAs tested were negative, then you only need to document the tests above in Section 1, and do not need to complete the CNA form.

Gene: | DNA Variant (if applicable): | Other variant, specify: | Genetic abnormality:

Add | Cancel

Genetic Biomarkers for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the Gene column.

Gene	Sample Date	Sample Type	Platform	Custom Platform	Total Mutation	Pos/Incon?	DNA Variant	Other Variant	Gene Abnorm.
ALK	12-JUN-2017	Biopsy	Sanger	Hospital A Panel		N	ALK Fusions		

Return to Subject Info

eCRF Version: 1.1

Form Question: Gene

Display Value:

ABL1	CSF1R	GATA3	MTOR	RB1
AMER1	CSMD3	GLI1	NBN	RBM10
APC	CTNNB1	GLI2	NF1	RECQL4
AR	CUX1	GLI3	NF2	RFWD2
ARAF	DICER1	GNAS	NFE2L2	SETBP1
ARID1A	DIS3	GRIN2A	NOTCH1	SETD2
ARID1B	DMD	HGF	NOTCH2	SF3B1
ARID2	DNMT3A	HIST1H3F	NOTCH3	SMAD4
ASXL1	EML4	IGF1R	NOTCH4	SMARCA4
ATM	EP300	IKZF1	NTRK2	SMO
ATR	EPHA3	INPP4B	NTRK3	SPEN
ATRX	EPHA5	JAK2	PAK5	STAG2
AXL	EPHA7	JAK3	PALB2	STK11
BAP1	EPHB1	KDM5C	PARK2	TBX3
BCOR	ERBB3	KDM6A	PBRM1	TCF3
BCORL1	ERBB4	KDR	PDGFRA	TERT
BLM	ERCC2	KEAP1	PDGFRB	TET1
BRCA1	ERCC3	KIT	PIK3C2B	TET2
BRCA2	ERCC4	KMT2A	PIK3C2G	TLR4
BRIP1	ERCC5	KMT2C	PIK3CG	TP53
CARD11	ESR1	KMT2D	PMS1	TSC1
CBL	ETV1	MAP3K1	PMS2	TSC2
CD74NRG1	FANCA	MED12	POLE	WT1
CDC73	FAT1	MEN1	PRKDC	ZFHX3
CDH1	FBXW7	MGA	PTCH1	
CDKN2A	FLT1	MPL	PTPN11	
CIITA	FLT3	MSH2	PTPRD	
CREBBP	FLT4	MSH6	PTPRT	

Form Question: Type of Sample

Display Value
Biopsy
Cytology
Plasma

Form Question: Platform/Panel

Display Value
Sanger (obsolete)
Sanger: EGFR Point Mutations
Sanger: BRAF Point Mutations
Sanger: HER2 (ERBB2) Point Mutations
Sanger: KRAS Point Mutations
NGS (obsolete)
COBAS EGFR Mutation Test v2
NGS: Oncomine (obsolete)
NGS: ThermoFisher Ion Ampliseq v2
NGS: Oncomine Dx Target Test
NGS: Oncomine Lung cfDNA Assay
NGS: Oncomine Focus
NGS: Oncomine Solid Tumor Fusion
NGS: OncoGenBasic S1 Panel (BRAF, KRAS, NRAS, EGFR)
NGS: OncoGenBasic S2 Panel (AKT1, PIK3CA)
NGS: Guardant360
NGS: MSK-IMPACT
NGS: FoundationOne
NGS: FoundationOne CDX
NGS: Geneseeq Pan-Genomic (425 cancer genes)
NGS: Geneseeq Pulmocan (139 lung cancer genes)
NGS: Geneseeq Tetradecan (14 NCCN lung cancer genes)
NGS: Caris MI Profile
NGS: Caris MI Tumor Seek
NGS: NeoGenomics Lung NGS Fusion Profile
NGS: NeoGenomics NeoTYPE Lung Tumor Profile
NGS: Tempus xT
NGS: Tempus xF
NGS: ThermoFisher Oncomine Pan-Cancer Cell-Free Assay
NGS: ThermoFisher Oncomine Comprehensive Assay v1
NGS: ThermoFisher Oncomine Comprehensive Assay v3
NGS: ThermoFisher Oncomine Tumor Mutation Load Assay
NGS: Illumina TruSight(tm) Oncology 500
ddPCR: Biodesix Lung Reflex genestrat
qPCR (obsolete)
RT-qPCR (obsolete)
qPCR/RT-qPCR/ddPCR: EGFR Point Mutations
qPCR/RT-qPCR/ddPCR: BRAF Point Mutations
qPCR/RT-qPCR/ddPCR: HER2 (ERBB2) Point Mutations
qPCR/RT-qPCR/ddPCR: KRAS Point Mutations
RT-PCR Biocartis Idylla: EGFR Point Mutations
RT-PCR Biocartis Idylla: BRAF Point Mutations
RT-PCR Biocartis Idylla: KRAS Point Mutations
RT-PCR Biocartis Idylla: NRAS-BRAF Point Mutations
FISH (obsolete)

FISH: ALK Fusion
FISH: ROS1 Fusion
FISH: MET Amplifications
FISH: RET Fusion
CISH: ALK Fusion
CISH: ROS1 Fusion
CISH: MET Amplifications
CISH: RET Fusion
Other (obsolete)
aCGH (array comparative genomic hybridisation)
SNP array: Affymetrix 500K array
SNP array: Affymetrix 5.0 SNP array
SNP array: Affymetrix 6.0 SNP array
SNP array: OncoScan CNV Plus Assay

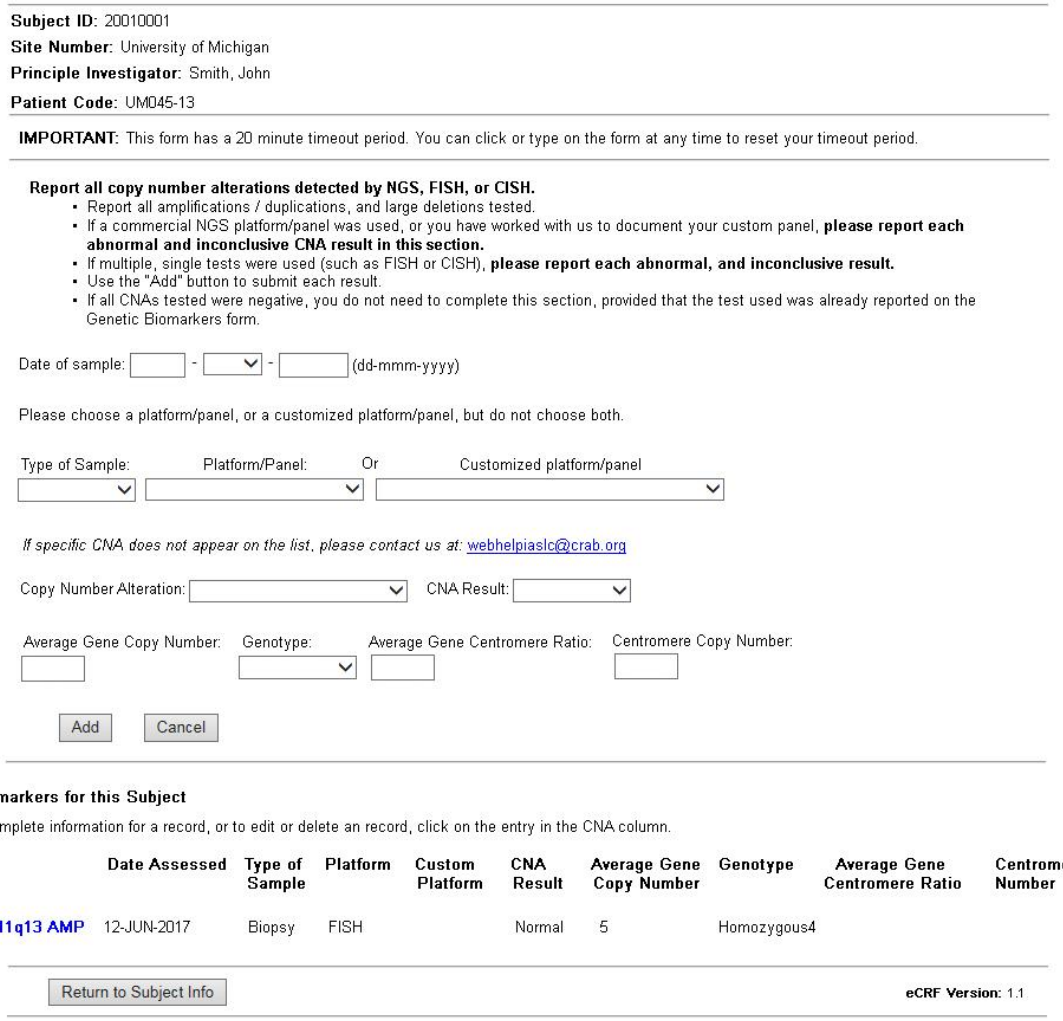
Form Question: Were any results positive or inconclusive for genetic abnormalities?

Display Value
Yes. Complete section 2 below
No Skip section 2* and click the "Add" button (*exception: do not skip section 2 for single allele-specific tests).

Form Question: Genetic abnormality

Display Value
Present
Absent
Inconclusive

1.18 Copy Number Alteration (CNA) Biomarkers



Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Report all copy number alterations detected by NGS, FISH, or CISH.
- Report all amplifications / duplications, and large deletions tested.
- If a commercial NGS platform/panel was used, or you have worked with us to document your custom panel, **please report each abnormal and inconclusive CNA result in this section.**
- If multiple, single tests were used (such as FISH or CISH), **please report each abnormal, and inconclusive result.**
- Use the "Add" button to submit each result.
- If all CNAs tested were negative, you do not need to complete this section, provided that the test used was already reported on the Genetic Biomarkers form.

Date of sample: - - (dd-mmm-yyyy)

Please choose a platform/panel, or a customized platform/panel, but do not choose both.

Type of Sample: Platform/Panel: Or Customized platform/panel

If specific CNA does not appear on the list, please contact us at: webhelpiaslc@crab.org

Copy Number Alteration: CNA Result:

Average Gene Copy Number: Genotype: Average Gene Centromere Ratio: Centromere Copy Number:

Add Cancel

CNA Biomarkers for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the CNA column.

CNA	Date Assessed	Type of Sample	Platform	Custom Platform	CNA Result	Average Gene Copy Number	Genotype	Average Gene Centromere Ratio	Centromere Copy Number
CCND1 11q13 AMP	12-JUN-2017	Biopsy	FISH		Normal	5	Homozygous4		

Return to Subject Info

eCRF Version: 1.1

Form Question: Copy Number Alteration

Display Value
AR amplification
BRAF amplification
CCND1 11q13 AMP
CCND2 amplification
CCNE1 19q12 AMP
CDK4 12q14 AMP
CDK6 amplification
CDKN2A 9p21 DEL
CDKN2B 9p21 DEL
CEBPA 19q13.1 AMP
CSMD3 Amplification
EGFR 7p12 AMP
ERBB2 17q12 AMP
ETV1 7p21.3 AMP
FGF19 11q13.1 AMP
FGF3 11q13 AMP
FGF4 11q13.3 AMP
FGFR1 8p11.23-p11.22 AMP
FGFR1 Amplification
FGFR2 Amplification
FGFR3 Amplification
FGFR4 Amplification
FOXA1 14q21.1 AMP
KIT amplification
KRAS 12p12.1 AMP
MCL1 1q21 AMP
MDM2 12q14.3-q15 AMP
MET 7q31 AMP
MYC 8q24.21 AMP
NFKBIA 14q13 AMP
NKX2-1 14q13 AMP
PDGFRA amplification
PIK3CA 3q26.3 AMP
PTEN 10q23.3 DEL
RAF1 amplification
RECQL4 8q24.3 AMP
RICTOR AMP

Form Question: Type of Sample

Display Value
Biopsy
Cytology
Plasma

Form Question: Platform

Display Value
FISH (obsolete)
FISH: MET Amplifications
NGS (obsolete)
NGS: ThermoFisher Ion Ampliseq v2
NGS: Oncomine Dx Target Test
NGS: Oncomine Lung cfDNA Assay
NGS: Oncomine Focus
NGS: Oncomine Solid Tumor Fusion
NGS: OncoGenBasic S1 Panel (BRAF, KRAS, NRAS, EGFR)
NGS: OncoGenBasic S2 Panel (AKT1, PIK3CA)
NGS: Guardant360
NGS: MSK-IMPACT
NGS: FoundationOne CDX
NGS: Geneseeq Pan-Genomic (425 cancer genes)
NGS: Geneseeq Pulmocan (139 lung cancer genes)
NGS: Geneseeq Tetradecan (14 NCCN lung cancer genes)
NGS: Caris MI Profile
NGS: Caris MI Tumor Seek
NGS: NeoGenomics Lung NGS Fusion Profile
NGS: NeoGenomics NeoTYPE Lung Tumor Profile
NGS: Tempus xT
NGS: Tempus xF
NGS: ThermoFisher Oncomine Pan-Cancer Cell-Free Assay
NGS: ThermoFisher Oncomine Comprehensive Assay v1
NGS: ThermoFisher Oncomine Comprehensive Assay v3
NGS: Illumina TruSight(tm) Oncology 500
CISH (obsolete)
OncoScan (obsolete)
CISH: MET Amplifications
aCGH (Array comparative genomic hybridisation)
SNP array: Affymetrix 500K array
SNP array: Affymetrix 5.0 SNP array
SNP array: Affymetrix 6.0 SNP array
SNP array: OncoScan CNV Plus Assay
NanoString nCounter: Vantage 3D DNA:Fusion:Protein Lung Assay
NanoString nCounter: Vantage 3D Lung Fusion Panel

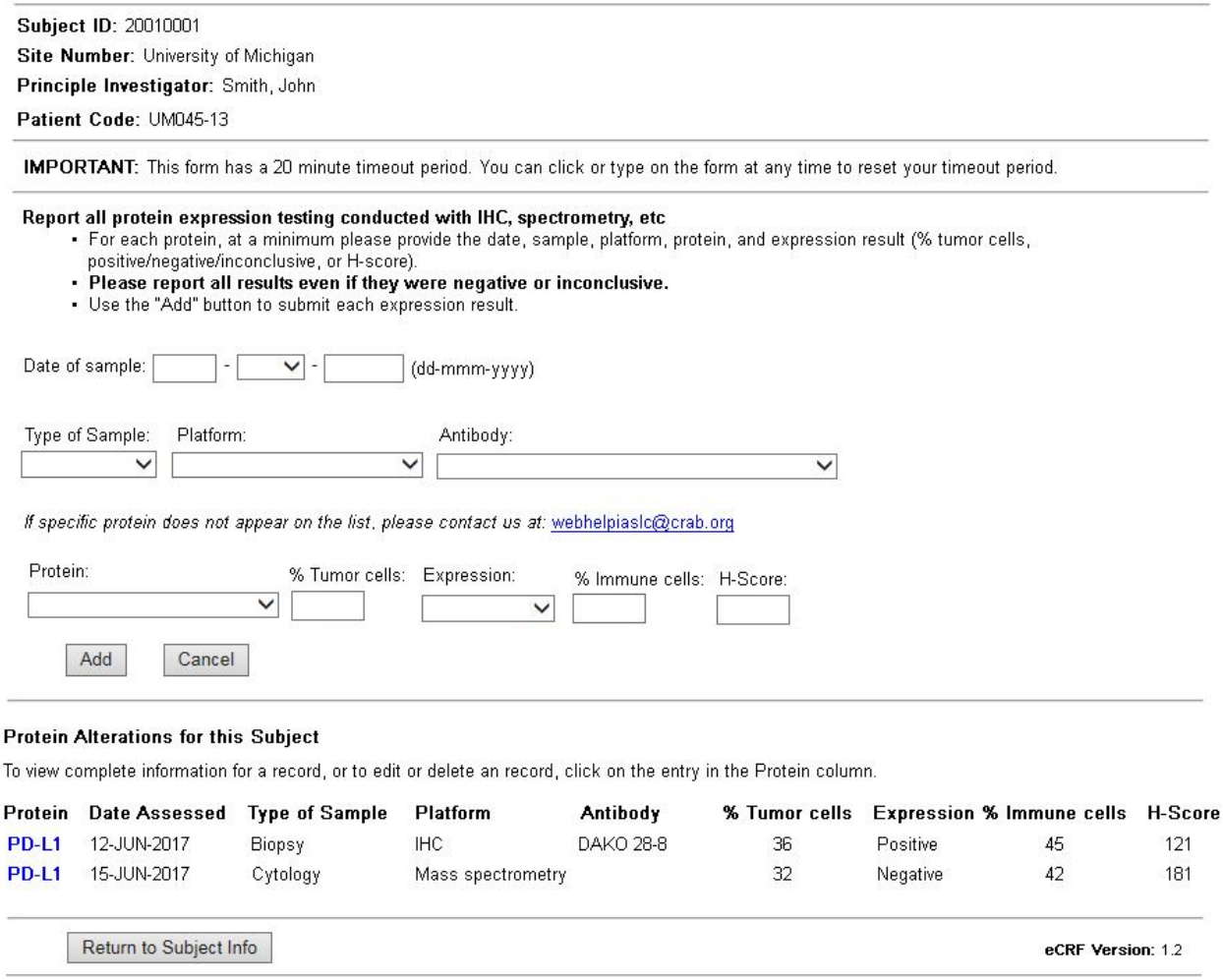
Form Question: Genotype

Display Value
Homozygous
Heterozygous

Form Question: CNA Result

Display Value
Normal
Abnormal
Inconclusive

1.19 Protein Alterations



Subject ID: 20010001
Site Number: University of Michigan
Principle Investigator: Smith, John
Patient Code: UM045-13

IMPORTANT: This form has a 20 minute timeout period. You can click or type on the form at any time to reset your timeout period.

Report all protein expression testing conducted with IHC, spectrometry, etc
- For each protein, at a minimum please provide the date, sample, platform, protein, and expression result (% tumor cells, positive/negative/inconclusive, or H-score).
- **Please report all results even if they were negative or inconclusive.**
- Use the "Add" button to submit each expression result.

Date of sample: - - (dd-mmm-yyyy)

Type of Sample: Platform: Antibody:

If specific protein does not appear on the list, please contact us at: webhelpiaslc@crab.org

Protein: % Tumor cells: Expression: % Immune cells: H-Score:

Add Cancel

Protein Alterations for this Subject

To view complete information for a record, or to edit or delete an record, click on the entry in the Protein column.

Protein	Date Assessed	Type of Sample	Platform	Antibody	% Tumor cells	Expression	% Immune cells	H-Score
PD-L1	12-JUN-2017	Biopsy	IHC	DAKO 28-8	36	Positive	45	121
PD-L1	15-JUN-2017	Cytology	Mass spectrometry		32	Negative	42	181

Return to Subject Info

eCRF Version: 1.2

Form Question: Protein

Display Value
PD-L1
ALK
ROS
EGFR
MET
P63
CK7
TTF1

Form Question: Type of Sample

Display Value
Biopsy
Cytology
Plasma

Form Question: Platform

Display Value
IHC
Mass spectrometry
ELISA
Luminex
NanoString nCounter: Vantage 3D DNA:Fusion:Protein Lung Assay

Form Question: Expression

Display Value
Positive
Negative
Inconclusive

Form Question: Antibody

Display Value
BioCare 4A4
Cell Signaling 43B2 (L858R Mutant Specific)
Cell Signaling D4D6
Cell Signaling D5F3
Cell Signaling D6B6 (E746-A750del Specific)
Cell Signaling E1L3N
DAKO 22-C3
DAKO 28-8
DAKO 73-10
Dako ALK1
Dako OV-TL
Novocastra/Abcam/Leica/Novus 5A4
Thermo Fisher/Abcam 5A4
Ventana D5F3 CDx
Ventana SP141
Ventana SP142
Ventana SP263
Ventana SP384
Ventana/SP44
Ventana 4A4
Ventana 8G7G3/1
Other

Form Question: Antibody

Protein	Display Value
PD-L1	DAKO 28-8
	DAKO 22-C3
	DAKO 73-10
	Ventana SP142
	Ventana SP263
	Cell Signaling E1L3N
	Other
ALK	Dako ALK1
	Cell Signaling D5F3
	Ventana D5F3 CDx
	Novocastra/Abcam/Leica/Novus 5A4
	Thermo Fisher/Abcam 5A4
	Other
ROS	Cell Signaling D4D6
	Ventana SP384
	Other
EGFR	Cell Signaling 43B2 (L858R Mutant Specific)
	Cell Signaling D6B6 (E746-A750del Specific)
	Other
MET	Ventana/SP44
	Other
P63	BioCare 4A4
	Ventana 4A4
CK7	Other
	Dako OV-TL
	Other
TTF1	Ventana SP141
	Ventana 8G7G3/1
	Other