Lung Cancer Case Report Form

# Patient Information

* Patient ID:
* Age:
* Sex:
* Smoking history: ☐ Current ☐ Former ☐ Never
* Occupational exposure (e.g., asbestos): ☐ Yes ☐ No

# Diagnosis

* Date of diagnosis:
* Histological type: ☐ NSCLC ☐ SCLC
* Subtype (adenocarcinoma, squamous, etc.): \_\_\_\_\_\_\_\_
* Stage (TNM):
* - T:
* - N:
* - M:
* Molecular testing:
* - EGFR: ☐ Positive ☐ Negative
* - ALK: ☐ Positive ☐ Negative
* - PD-L1: ☐ % expression

# Treatment Plan

* Surgery: ☐ Yes ☐ No
* Chemotherapy: ☐ Yes ☐ No (regimen: \_\_\_\_\_\_)
* Radiation therapy: ☐ Yes ☐ No
* Targeted therapy: ☐ Yes ☐ No (agent: \_\_\_\_\_\_\_\_)
* Immunotherapy: ☐ Yes ☐ No (agent: \_\_\_\_\_\_\_\_)

# Outcomes

* Date of last follow-up:
* Response: ☐ CR ☐ PR ☐ SD ☐ PD
* Adverse events:
* Survival status: ☐ Alive ☐ Deceased (Date: \_\_\_\_\_\_\_)