

**List - Biopsy Types**

BiopsyNumber  
BiopsyType

**Patient-Biopsy**

MRN  
AutoNum  
ScheduleDate  
ProcedureDate  
PerformedBy  
ProcedureType  
BiopsyLocationCode  
LocationComment  
Result-Diagnostic

**List - LesionClassification**

ID  
LesionClassification

**Patient-Lesion**

PatientMRN  
ID  
Date1stFollowedLCEC  
LesionClassification  
RiskClassification  
Location  
LocationComment  
CT Characteristic  
PET SUV

**List - Physicians-Treating**

Treating Physician  
Title  
Group  
StonyBrook?  
Address  
City  
State  
Zip  
Office Phone

**Patient-Treatment**

ID  
Cancer ID  
TreatmentDate  
TreatmentPhysician  
TreatmentSite  
Treatment  
Complication  
CompletionDate  
Comment

**List - ResearchProject**

ResearchProjNum  
ReserachProject  
PI  
CORIHS number

**Patient-Research**

ResearchID  
PatientMRN  
ConsentDate  
ResearchProj  
Comments

**List - TestTypes**

Autonumber  
TestingType

**ListTestResult**

AutoNum  
TestingType  
TestingTypeSortNum  
Result

**List - VisitTypes**

TypeNumber  
Visit Type

**Patient-Testing**

PatientMRN  
ID  
TestType  
RequiredDate  
ScheduleDate  
TestingDate  
TestingResult  
PatientAwareofResult  
OkToCallResults

**Patient-Visit**

MRN  
ID  
Type of Visit  
Date Required  
ReferralNeeded  
ReferralNumber  
Date Scheduled  
Date of Actual Visit  
To see/Seen by

**Patient**

MRN  
Name (Last,First)  
Date Of Birth  
Date of Referral  
Gender  
SocSecNumber  
Referring MD  
Primary Care Physician  
Additional MD

**List - Insurance**

InsurCo  
Phone Number1  
Phone Number2  
Phone Number3  
Comment  
CTPrecert  
PETPrecert  
PFTPrecert  
VisitReferral

**Patient-Bronch**

BiopsyNum  
BranchAutoNum  
BranchType  
LocationCode  
BiopsyResult  
Diagnostic  
Accuracy  
NumPasses  
Culture

**Patient-Cancer**

PatientMRN  
ID  
Date of 1st Diagnosis  
Date of Final Staging  
Date of Tumor Board  
Date 1st relapse  
CancerType  
CancerHisto  
CancerTypeComment

**Patient-SurgeryData**

BiopsyNum  
RecComp  
Zubrod  
HospitalZip  
Hospital  
Race  
Race2  
Race3  
HospAdmitDate

**Patient-SurgDiagnosis**

SurgDiagnosis  
STSNumber  
DiagnosisCategory  
Diagnosis  
Primary  
Comment

**Patient-Registry**

RegistryDate  
RegistryNum  
MRN  
Age  
DateOfBirth  
Gender  
Height  
Weight  
Race1

**Patient-PFT**

ID  
FEV-1  
FEV%  
FVC  
FVC%  
FEV1Ratio  
DLCO

**Patient-SurgProcedure**

SurgProcedure  
SurgeryNumber  
STS-orgsys

List - Physician-Referring

Referring Physican  
Title  
Group Name  
Address  
City  
State  
Zip  
Office Phone  
Additional Phone

List - StageTNM

ID  
Stage - TNM

List - PatientStatus

ID  
Active-Inactive

List - LesionCTCharac

CT Characteristic

List - LesionDiagnosis

LesionDiagnosisNumber  
LesionDiagnosis

List - CancerHisto

Histology

Patient-SurgDiagnosis\_1

SurgDiagnosis  
STSNumber  
DiagnosisCategory  
Diagnosis  
Primary  
Comment

DLECO  
DLCO%  
Interpretation

Patient-Testing\_1

PatientMRN  
ID  
TestType  
RequiredDate  
ScheduleDate  
TestingDate  
TestingResult  
PatientAwareofResult  
OkToCallResults

List -TreatmentSite

ID  
List-TreatmentSite

ListTreatment

ID  
Treatment

List - LesionRisk

LesionRiskNum  
LesionRiskStatus

List - Physicians-LCEC

LCEC - Physician

List - Stage T

ID  
T - stage

List - SmokingStatus

SmokingStatusNum  
SmokingStatus

List - WorkUpStatus

WorkUpStatusNum  
WorkUpStatus

List - Cancer Types

ID  
TypeOfCancer

List - Location

Biopsy Location Number  
Biopsy Location

List - Bronch Types

BronchNumber  
Bronch Type

Patient\_1

MRN  
Name (Last,First)  
Date Of Birth  
Date of Referral  
Gender  
SocSecNumber  
Referring MD  
Primary Care Physician

Procedure  
Primary  
Comment

Patient-Distress

DistressAutoNum  
MRN  
DistressDate  
DistressLevel  
Childcare  
Housing  
Money  
Transport  
WorkSchool