Reseach Case-Study-Series

	research case									
case Id (autoincr)	encrypted institutionRecordId	rel Institution Id	rel Ethnicity Id (study entry form)	Gender (0010 0040)	relSmoking History (from subject entry form)	pack years				
1	agj(&@#	5	1	F	1	0				
2	is^#&#</td><td>5</td><td>4</td><td>M</td><td>2</td><td>52</td></tr><tr><td>3</td><td>^&*^^Kjj6</td><td>5</td><td>5</td><td>M</td><td>4</td><td>300</td></tr></tbody></table>									

Attnough the reseach case, study and series tables have encrypted patient/subject fields associated with them, in fact these encrypted fields are physically contained in separate tables that are unavailable for user searches/retreival. These encrypted tables are available to compiled system code to check for pre-existing data values to support grouping of new incoming data belonging to the same subject, study, and series, respectively, in the database tables

Smoking history and pack years are required elements for data gathered prospectively

Tables/columns underlined with a black bar are necessary elements that must be stored (and retreivable) in a rudimentary database when the LIDC begins gathering preliminary data on/after Aug. 1.

The Study Instance UID defines a unique **study**, i.e. combination of acquired **series**. For each incoming image (DICOM image object), the Study Instance UID is extracted from the header and the **study** table is searched for the prior existance of the same Study Instance UID as stored in the encrypted Study Instance UID field. If the Study Instance UID already exists in the table, no further action is required. If not, then a new row is added to the **study** table and the indicated values are entered. The same **studyld** number is also entered in the same object's row in the **series** table below in the **relStudyld** field. The study date, not time, is preserved for calculation of intervals between multiple exams.

			study					
studyId (auto incr)	encrypted Study Instance UID (0020 000d)	rel Case Id	Study Date: YYYYMMDD (0008: 0020)	rel Modality Id (0008 0060)	relManu- facturer Id (0008 0070)	model Name (0008 1090)	study Descriptive Text	subject Age (0010 1010)
1	%\$^&(*&(9	1	20020717	1	1	LSUltra	Lung	55
2	\$#!\$#\$*)0*(*&	1	20030123	1	1	LSUltra	Lung	31
3	%\$&#@&88*()^</th><th>2</th><th>20030405</th><th>4</th><th>4</th><th>Emotion Duo</th><th>PET-CT Thorax</th><th>43</th></tr><tr><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td>•</td><td></td></tr></tbody></table>							

Although organizationally and logically the study table precedes the series table here, in fact the series table may be built first since functionally all of the "objects", i.e. image files, come from the scanner or archive as members of a series and study. When the series table is built first, its relStudyId column is left blank until a later sorting of the series occurs in order to create the study table and then the appropriate studyId number is carried into the series table's relStudyId column.

Likewise the Series Instance UID for each incoming DICOM object (i.e. image file) defines a unique series, i.e. subject volume scan. For each incoming image (DICOM image object), the Series Instance UID is extracted from the header and the series table is searched for the prior existance of the same Series Instance UID as stored in the encrypted Series Instance UID field. If the Series Instance UID exists in the table, the object is stored in the storageDirectory specified in the column entry of the same name. If the Series Instance UID does not exist, a new row and seriesID is added to the series table and the object is stored in the new storageDirectory entry (how this is defined is left to each user institution). Data from the specified DICOM elements in the object header is used to fill out most of the remaining series table entries.

	series																								
			relStorageDire	relSeries	lung field: 1:		acq&ReconParams																		
seriesId (auto incr)	encrypted Series Instance UID (0020 000e)	relStudyId	ctory Id (identifies loci of stored series'	Description Id (radiologist	full 2: partial (radiologist definition session entry)	(2/21)	Contrast / Bolus Agent (0018 0010)	Scan Option s, e.g. Helical, etc. (0018 0022)	slice thickness (0018 0050)	8 0060	Spacing between slices (0018 0088)	Data Collecion Diameter (0018 0090)	Software Version (0018 1020)	Contrast/ Bolus Route (0018 1040)	Reconstru ction Diameter (0018 1100)	Source- Detecto r Distanc e (0018 1110)	Source- subject Distance (0018 1111)	Gantry Tilt (0018 1120)	Exposur e Time (0018 1150)		Exposur e (0018 1152)	-	Focal Spot Size (0018 1190)		Subject Position (0018 5100)
1)(*&%\$%^%\$	1	1	1	1	n																,	1		
2	&*^*%\$	1	1	3	1	n																,	1		
3)(**^\$#FHHG	1	1	10	1	y, NLST																,			
990	*(&HGFDT\$R	2	2	2	1	y, dev																'			
4558)*GDXDS\$\$^	3	4																			'			
				Note: all of the	acquition/image	offset parameter	s are still in ea	ch of the	e stored DICC	OM head	ders because the	have NOT	been scrub	bed; we ar	e simply ad	ding the a	above parar	meters to the	e databas	e tables to	make the	se values	available fo	r searches	ś

nodules-relations

-										
	objects identified in a series									
	seriesObjectId (auto incr)	relSeriesId	approxObjectLoc (x,y,z pixel coords)	approxTextualLociDescription (Text String: LUL, LLL, RUL, RML, RLL)	relObjectType					
Ī	•••			•••						
Ī	2045	990	300,100,400	LUL	N					
Ī	•••									
	10476	2844	150,255,50	RML	N					
	10477	2844	(x1,y1,z1),(x2,y2,z2)	RLL	SL					
1										

Data for this table comes from the first review of newly submitted cases by the local institution's LIDC expert. Identifying an object as a nodule (N) in this table generates a "to do" entry in the nodule definition worklist for 4 experts.

					nodule spa	tial definitions								
noduleSpatial				computedQuant	titativeParams	definitionFileId		margin	16h1	subtley	action- able	Location	process Definition Stage	
DefinitionId (auto incr)	relNoduleId	relSeriesObject Id	relExpert Id	centroid locus (I,j,k)	volume (cu mm)	(XML format, D:expert def; P: prob def)		1-sharp 2- spiculated 3- ill defined	relShapeI d	(1-5) 1- obvious 5- subtle	(1-5) 1-	1-subpleural 2- juxtavascular 3- central 4- peripheral	Draw/ Redraw	
			•••											
121	1	2045	1	35,-47,256	9	/D0013346							D	
122	1	2045	2	36,-47,254	11	/D0013347							D	do
123	1	2045	3	35,-45,255	12	/D0013348							D	
124	1	2045	4	35.3,-45.6,254	10.6	/P0013								ma
			•••				•••							pa
217	1	2045	2	34,-48,257	10	/D0013783	1	1	1	2	3		R	
			•••											
578	1	10476	2	37,-48,255	9.3	/D0203335								

do we want to solicit nodule class, margin, shape, subtley, & actionable parameters on first read?

		nodule	
noduleId (auto incr)		series Nodule NumberId (autoincr within same, most recent series)	mostRecent nodule Cyto/Path (update here triggered by entry in relNoduleCytoPath table below)
1	990	1	147
2	2844	1	
3	2844	2	
	•••		

This simple, but **important** table contains the one-to-many mapping that tracks nodules in the above table over exams for the same research caseId. The entry of a new nodule into this table occurs at the time of the expert's Redraw session (or initial Draw session?). Current process model specifies that each of 4 experts will draw nodule outlines at the initial setting and then nodules at a second sitting while observing the resultant drawings of all experts from the initial sitting. Existing nodules are identified by an expert's viewing of the most recent CT series where previously identified nodules in the series have been numbered. A new nodule is one that is not identified/numbered on the previous series and must be entered into this table. As numbering nodules will define existing nodules before reading the next CT series acquired, and assuming experts across institutions will identify nodules using an interface to their own local dat sequential numbering of all newly identified nodules within the same caseId must be consistent across participating institutions!

nodules-relations

		YYYYMMDD	DiagnosisId
1	1	20011029	3
2	1	20020516	5
45	39	20020711	12
147	1	20020625	6

potentially redraw the e all of the ing of new abase, the

Definitions

institution						
institutionId	institutionName (0008 0080)					
1	Cornell					
2	U Chicago					
3	UCLA					
4	UI					
5	UM					

manufacturer						
manufacturerID	manufacturerName (0008 0070)					
1	GE					
2	Marconi					
3	Toshiba					
4	Siemens					

	modality						
modalityId	modalityText (0008 0060)						
1	CT						
2	FDG PET						
3	CT from CT/PET scanner						
4	PET from CT/PET scanner						
5	CR						
6	Microscopy						

Check (0008 1030) at
least on Siemens

	series description							
series DescriptionId	studyDescriptionText (0008 103e)							
1	Low Dose Lung Surveillance							
2	Nodule Surveillance							
3	Contrast SPN							
4	Chest							
5								
6								
•••								
	Raw Sinogram							

storage directories											
storageDirectoryI d (identifies loci of stored series' images)	storageDirectory root										
1	host://root1/sub0/sub00										
2	host://root1/sub0/sub01										
3	host://root1/sub0/sub02										

	e	xpert
expertId (autoincr)	relInstitutionID	expertName
1	5	Ella
2	5	Leslie
3	5	Paul
4	5	Derived from 1,2,3
•••		

	ethnicity
ethnicityId	ethnicityCategoryId
1	White, not of Hispanic Origin
2	Hispanic
3	Black, not of Hispanic origin
4	Native Hawaiian or other
	Pacific Islander
5	Asian
6	Native North American
7	Other

	nodule class
NoduleClassId	noduleDescriptionText
1	solid
2	part solid
3	non-solid/ground glass
4	fat
5	calcified-benign (solid,
	lobulated, ring)
6	calcified-indeterminate
	(stippled, amorphous)
7	other

smokingHistory												
smoking HistoryId	smokingHistoryText											
1	life long non-smoker											
2	current smoker (pack years)											
3	current reformed smoker for > 15 years (pack years)											
4	current reformed smoker < 15 years (pack years)											

	shape											
shapeId	Shape											
1	Round/Ovoid											
2	Lobular											
3	Irregular											
4	Linear/Elliptical											

objects											
ObjectTypeId	Object										
1	(N) Nodule										
2	(SF) Scar, Focal										
3	(SL) Scar, Linear										
4	(D) Diffuse										
5	(U) unknown										
	(others?)										

Currently this "table" is simply extracted from multiple regions in NCI's CDE Pathology table pertaining to Lung CA. Goeff and others need to identify useful cells for the LIDC and I will create an appropriately shortened version for the database...

Disease 2779 T St. Post Control of Part Service Control of Description Part Service Control of Part Se	Diggggg	2170	т	Dothal	Extent of the primer: tumer	Cnocific	Char	10	Instruction	ITV	Drimary tumor cannot be accessed as tumor proven by the	Course	1	Lung Consor
Patino Stage on evidence obtained from production and infection of a resociated appearment that entals a resociation of the primary humor or buyes a calcular by many than or or buyes at calcular by many than the color of buyes at calcular by many than or or buyes at calcular by many than the color of buyes at calcular by many than than the color buyes at calcular by many than than the color buyes at calcular by many than than the color buyes at calcular by many than than than the color buyes at calcular by many than than than the color buyes at calcular by many than than than the color buyes at calcular by many than than than the color buyes at calcular by many than than than than than than than than		2179				Specific		10		IX		Source	1	
Note: The ALCC staging received specimen that offails and resection of the primary future of biology abouts to the valuable the highest category. Note: The ALCC staging reversion to size is provided by the primary future of biology abouts to the valuable the highest category. Note: The ALCC staging reversion to size is provided by the provide	Description						acter		`					
rescaled specimen that establis as response to evaluate the highest display. Version to tuse is protocol of the primary tumor or highest display. Version to tuse is protocol operation. It is continued to the protocol operation of the primary tumor or the protocol operation. It is continued to the protocol operation of turn or the protocol operation of the primary tumor or or the single greatest dimension, surrounded by lump or visceral pleura, invasion more proximal than the laboral protocol operation of the main throughout and in the main throughout and the main throughout and in the main throughout and the main throughout throughout				Stage					,		but not visualized by imaging or bronchoscopy			
staging volusiant the highest category. To No evidence of primary tumor ALCC 2 To No evidence of primary tumor ALCC 3 To Scarniona in situ ALCC 3 To Scarniona in situ ALCC 4 To Scarnion			ogic											Resection
Biopsy addiquate to evaluate the highest catagory. version to use is protocol specific. Version to use is used to use the control of the control of the control of the control of the total broad to use the control of the contr					the state of the s									
Lise is protocol specific. 10 No evidence of primary tumor 11 Time Carannam in situ. 11 Timer or less in greatest dimension, surrounded by lung or visceral pleurs, invasion more proximal than the lobar bronchus. In call, in the main bronchus easier of the care of the									0 0					
protocol pro					the state of the s				version to					
Specific TO No evidence of primary tumor AICC 2					highest category.				use is					
To No evidence of primary tumor To Carcinoma in situ To Carcinoma in situ To Tumor 3 cm or less suggested dimension, surrounded by lung visceral pleurs, or visceral pleurs, interesting the surrounded to the carrier of the surrounded to the surrounded to the carrier of the surrounded to the carrier of the surrounded to the carrier of the surrounded to the surrounded to the carrier of the surrounded to the surrounde									protocol					
Tis Carcinoma in situ Carcinoma in situ Ti Unor 3 on or less in greatest dimension, surrounded by lung or visceral pleura, invasion more provinal than the lobar process. (i.e. and in the main bronchus) Ti Unior with any of the following features of size or extent: More than 3 on in greatest dimension invades the visceral pleura. Associated with attelectasis or obstructive pneumonitis that extrancts to this bulker process. (i.e. and in the receipt invades any of the following: Associated with attelectasis or obstructive pneumonitis that extrancts to the state of any size that incertage invasions, but which the antino bund. Ti Unior of any size that invades any of the following: needestand pleura, periodal perio									specific.					
Ti unror 3 cm or less in greatest dimension, surrounded by lung AUCC 4 bronchis. It is, and in the main bronchis. It is, and in the main bronchis. It is an in greatest dimension Invades the visceral pleura Associated with atelectasis or obstructive pneumonitis that elements the third in the blate recinon but does not invade the entire. In the standard in the blate recinon but does not invade the entire. In the properties viscus tumors, diaphragm, and the standard in the canna, but without the properties will be unable to the canna, but without the control of any size that directly invades any of the following: mediastinal pleura, parietal presendum; or tumor in the main bronchisal standard in the canna, but without the standard invades and the properties will be unable to the canna, but without the standard invades and the properties will be unable to the canna, but without the standard invades and the standard the standard invades and the standard in the											No evidence of primary tumor		2	
or visceral pleura, investion more proximal than the lobar home, side, not in the main bronchus 12 Turnor with any of the following features of size or extent: More than 3 cm in greatest dimension invades the visceral pleura Associated with stelectasis or obstructive pneumonitis that extends in the bilar renicin but does not invoke the entire bullow. The provided in the plant pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleura is a solid to the carria, but without the pleura pleur										Tis	Carcinoma in situ	AJCC	3	
T2 Turnor with any of the following features of size or extent: More than 3 cm in greatest dimension Invades the visceral pleura Associated with atelectasis or obstructive pneumonits that Associated with atelectasis or obstructive pneumonits that Associated with a telectasis or obstructive pneumonitis that Associated with a telectasis or obstructive pneumonitis t										T1	Tumor 3 cm or less in greatest dimension, surrounded by lung	AJCC	4	
Tumor with any of the following features of size or extent: Accordant with a regressed timension in greatest dimension in the shall reaction but does not involve the entire fund advands to the history aprilet prefered into the main tronchus less that directly involves any of the following: chest well (including superior suicus tumors), disphragm, mediastinal pleura, panetale preferedium; or tumor in the main bronchus less than 2 cm disfall to the carina, but without including a complete prefered the complete of the following: disphragm, mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lober and the prefered of primary tumor. ACCC 9 PTS Carcinoma in stu PTS Unmor with any of the following: delatures of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in stu valuates to the following: delatures of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in stu valuates to the following features of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in stu valuates to the following features of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in students to the histor read in the following: delature of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in students to the history delatures of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in students to the history delatures of size or extent. More than 3cm in greatest dimension; invades the visceral pleura, carcinoma in the same lobe, or tumor provided to the carcinoma in the same lobe, or tumor provided by the carcinoma in the presence											or visceral pleura, invasion more proximal than the lobar			
More than 3 cm in greatest dimension Invades the viscoral pleura Associated with atleetcates or obstructive pneumonitis that Associated with atleetcates or obstructive pneumoniti														
Invades the viscerial pleura Associated with atelectasis or obstructive pneumonitis that extends to the hilar renion but does not involve the entire hun. Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 or distal to the carina, but without involvement of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or, tumor with a mailtonant pleural efficient PTI Tumor with any or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus) PTI Tumor with any of the following features of size or extent: More than according features or size										T2	Tumor with any of the following features of size or extent:		5	
Associated with atelectasis or obstructive pneumonitis that avends to the heliar region but does not hundle the entire lund avends to the heliar region but does not hundle the entire lund for the heliar region but does not hundle the entire lund for the heliar region but does not hundle the entire lund for the heliar region resulted the carriam, but without involvement of any size that invades any of the following: ### AJCC 7							l				More than 3 cm in greatest dimension		1	
attends to the hilar recinion but does not invoide the entire lund. Timor of any size that directly invades any of the following: cheest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium, or tumor in the main bronchus less than 2 cm distal to the carina, but without involvament of mediastinum, heart, great vessels, fraches, esophagus. AJCC 7 Timor of any size that invades any of the following: mediastinum, heart, great vessels, fraches, asophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malinant nleural effision. AJCC 8 PTO No evidence of primary tumor AJCC 8 PTI Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus 1.e. not in the main bronchus 1.e. not in the main bronchus 1.e. and presented dimension, invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that vendeds to the hellar recinion but does not involve the entire lund 1.e. and the main bronchus 1.e. and the present dimension, invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that vendeds to the hellar recinion but does not involve the entire lund 1.e. and 1.e.											Invades the visceral pleura			
chest wall (including superior suclus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of the control of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with a mailloant full critical for the same lobe; or timor with a mailloant of any size that invades any of the following: MAICC 10 pt1 Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus die. And in the main bronchus die. And in the main bronchus in greatest dimension; nursuades the visceral pleura; associated with atelectasis or obstructive pneumonitis that avends to the bilar reach but disease or extent. More a proximal than the control of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, hut without involvement of tumor in the main bronchus less than 2 cm distal to the carina, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a mailloanat obsurate affusion. PTX Primary tumor cannot be assessed, or tumor proven by the presence of mailignant cells in sputum or bronchial washings but not visualized by														
chest wall (including superior suclus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of the control of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with a mailloant full critical for the same lobe; or timor with a mailloant of any size that invades any of the following: MAICC 10 pt1 Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus die. And in the main bronchus die. And in the main bronchus in greatest dimension; nursuades the visceral pleura; associated with atelectasis or obstructive pneumonitis that avends to the bilar reach but disease or extent. More a proximal than the control of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, hut without involvement of tumor in the main bronchus less than 2 cm distal to the carina, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a mailloanat obsurate affusion. PTX Primary tumor cannot be assessed, or tumor proven by the presence of mailignant cells in sputum or bronchial washings but not visualized by											extends to the hilar region but does not invole the entire lung			
mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involuement of a control of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same labe, or tumor with a malionant neural efficient. pTO No evidence of primary tumor. AJCC 8 pTis Carcinoma in situ AJCC 9 pTi Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura; invasion more proximal than the lobar bronchus (i.e. not in the main bronchus). pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; a socialed with a telectasis or obstructive pneumonitis that extends in the hilar renion but does not involve the entire lung mediastinum; or tumor of any size that directly invades any of the following carina; or secretal pleura; a renion to the main bronchus less than 2cm distal to the carina, but without involvement of tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malionant offusion. pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant locals in sputum or bronchial washings but not visualized by										13		AJCC	6	
bronchus less than 2 cm distal to the carrina, but without involvement of any size that invades any of the following: T4 Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carlina, or separate tumor nodules in the same lobe. or tumor with a malionant nieural effusion PT0 No evidence of primary tumor AJCC 8 PT1 Tumor 3 more riess in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lobar bronchus or visceral pleura, invasion more proximal than the lob														
Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lohe- or tumor with a malionant nieural efficien PTO No evidence of primary tumor No evidence of primary tumor AJCC 8 PTIS Carcinoma in situ AJCC 9 PTI Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus) Tumor with any of the following features of size or extent. More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar region hurby the entire lund extends to the hilar region hurby the entire lund pT3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, hur without involvement of the mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a medicantal num, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a medicantal num carinot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by														
T4 Tumor of any size that invades any of the following: mediashimum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same linher or tumor with a malinnant hierard efficiency or the primary tumor. PT0 No evidence of primary tumor. AJCC 8 AJCC 9 PT1 Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus 1, e. not in the main bronchus. PT1 Tumor with any of the following features of size or extent: More than 3 cm in greatest dimension, invades the visceral pleura, associated with atelectasis or obstructive pneumonitis that extends in the bilar region but does not involve the entire lund extends to the bilar region but does not involve the entire lund extends to the bilar region but does not involve the entire lund tumor or timor in the main bronchus less than 2cm distal to the carina, but without involvement of tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: mediastinal periorardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: mediastinal principlement of Tumor of any size that invades any of the following: mediastinal murolement of Tumor of any size that invades any of the following: AJCC 13 PTM											· ·			
mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe: or tumor with a malianant neural effusion pT0 No evidence of primary tumor No evidence of primary tumor AJCC 9 pTis Carcinoma in situ AJCC 9 pTi Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus 1) pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the bilar recino but foles not involve the entire lung associated with atelectasis or obstructive pneumonitis that extends to the bilar recino but foles not involve the entire lung mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement period involvement of the primary tumor of any size that invades any of the following: AJCC 13 mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malianant plaural affusion. pTX PTIM primary fumor cannot be assessed, or tumor proven by the presence of malignant cells in sputtum or bronchial washings but not visualized by		-								T/I		A ICC	7	
vertebral body, carina; or separate tumor nodules in the same lobe: or tumor with a malionant neural effusion pT0 No evidence of primary tumor AJCC 8 pTis Carcinoma in situ AJCC 9 pTi Tumor 3 car or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus. (i.e., not in the main bronchus) pT1 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar rection but does not involve the entire lund same of the hilar rection but does not involve the entire lund extends to the hilar rection but does not involve the entire lund extends the hilar rection but does not involve the entire lund extends to the hilar rection but does not involve the entire lund extends the hilar rection but does not involve the entire lund extends that file fleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of tumor in the main bronchus less than 2cm distal to the carina, but without involvement of tumor in the main bronchus less than 2cm distal to the carina, but without involvement of tumor of any size that invades any of the following: AJCC 13 mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malionant dual afficience. pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputtum or bronchial washings but not visualized by										1 -		7.000	'	
Index or tumor with a malignant pleural effusion														
pT0 No evidence of primary tumor AJCC 8 pTis Carcinoma in situ pT1 Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus) pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with stelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lunn greatest dimension; invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of. pT4 Tumor of any size that directly invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a maintenant object of mailtain and provided in the same lobe; or tumor with a maintenant object of maintenant object of tumor with a presence of malignant cells in sputtum or bronchial washings but not visualized by														
pTis Carcinoma in situ pTis Carcinoma in situ pTi Tumor 3cm or less in greatest dimension, surrounded by lung or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus) pTi Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar renion but does not involve the entire lund pTis Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of tumor in the main bronchus less than 2cm distal to the carina, hut without involvement of tumor of any size that tinvades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a mailtinant obsural efficien. pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by										pT0		AJCC	8	
or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus) pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the histar region hut does not invoke the entire lund extends to the histar region but does not invoke the entire lund. pT3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a mailionant aloural afficien pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant claural afficien cells in sputum or bronchial washings but not visualized by										pTis		AJCC	9	
or visceral pleura, invasion more proximal than the lobar bronchus (i.e. not in the main bronchus) pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the histir region but does not invade the entire lund associated with atelectasis or obstructive pneumonitis that extends to the histir region but does not invalve the entire lund. pT3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without invalvement of Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant alequal official. pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by										pT1	Tumor 3cm or less in greatest dimension, surrounded by lung	AJCC	10	
bronchus (i.e. not in the main bronchus) pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar renion but riops not involve the entire lund extends to the hilar renion but riops any of the following: pT3 Tumor of any size that directly invades any of the following: AJCC 12 chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural offusion pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by													-	
pT2 Tumor with any of the following features of size or extent: More than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar renion but does not involve the entire lund extends to the hilar renion but does not involve the entire lund extends to the hilar renion but does not involve the entire lund extends to the hilar renion but does not involve the entire lund extends to the hilar renion but does not involve the entire lund extends (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malionant plaural affusion experts the presence of malignant cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by														
than 3cm in greatest dimension; invades the visceral pleura; associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lund. PT3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of. Tumor of any size that invades any of the following: AJCC 13 mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malianant plaural officion. PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by										pT2	Tumor with any of the following features of size or extent: More	AJCC	11	
associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lund pT3 Tumor of any size that directly invades any of the following: Chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: AJCC 13 mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malionant pleural affusion pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by														
pT3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malionant pleural effusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by							l						1	1
chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: Mediastinum, Heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural affusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by													1	ļ
mediastinal pleura; parietal pericardium; or tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: pT4 Tumor of any size that invades any of the following:										pT3		AJCC	12	
tumor in the main bronchus less than 2cm distal to the carina, but without involvement of Tumor of any size that invades any of the following: AJCC 13 Tumor of any size that invades any of the following: Meart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural offusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by														
hut without involvement of Tumor of any size that invades any of the following: AJCC 13 AJCC 13 PT4 Tumor of any size that invades any of the following: Mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural offusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by							l						1	1
pT4 Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural afflusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by	1												1	
mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by	-	1								nT4	Tumor of any size that invades any of the following:	A ICC	12	1
heart, great vessels, trachea, esophagus, vertebral body, carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural offusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by	1						l			P14		AJCC	13	1
carina, or separate tumor nodules in the same lobe; or tumor with a malignant plaural offusion PTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by											,			
separate tumor nodules in the same lobe; or tumor with a pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by							l						1	1
pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by											'			
pTX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by	1						l						1	1
presence of malignant cells in sputum or bronchial washings but not visualized by										pTX	Primary tumor cannot be assessed, or tumor proven by the	AJCC	14	1
cells in sputum or bronchial washings but not visualized by							l						1	
											l'			
							L_					<u> </u>		

2181		ogic N Stage	Extent of nodal involvement determined prior to treatment based on evidence obtained from removal of the regional lymph nodes adequate to validate the absence of regional lymph node metastasis and sufficient to evaluate the highest category.	Specific	Char acter	10	(leave blank if not done)		Regional lymph nodes cannot be assessed	AJCC	1	Lung Cancer - Pathology Form Major Surgical Resection
								N0	No regional lymph node metastasis	AJCC	2	
								N1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor	AJCC	3	
								N2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph	AJCC	4	
								N3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph	AJCC	5	
								pN0	node(s) No lymph node metastasis	AJCC	6	+
								pN1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct	AJCC	7	
								pN2	extension of the primary tumor Metastasis to ipsilateral mediastinal and/or subcarinal lymph	AJCC	8	
								pN3	node(s) Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	9	
								pNX	Regional lymph nodes cannot be assessed	AJCC	10	
								NX	Regional lymph nodes cannot be assessed	AJCC	1	Lung Cancer - Surgery Form
								N0	No regional lymph node metastasis	AJCC	2	
								N1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor		3	
								N2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)	AJCC	<u> </u> '	
								N3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	5	
								pN0	No lymph node metastasis	AJCC	6	
								pN1	Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor.	AJCC	7	
								pN2	Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)	AJCC	8	
								pN3	Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	AJCC	9	
								pNX	Regional lymph nodes cannot be assessed	AJCC	10	
2183	Stage,	ogic M	Absence or presence of distant metastasis as determined prior to treatment based on evidence of tumor in microscopic examination of distant lesions	Specific	Char acter	2	(leave blank if not done)		No distant metastasis	AJCC	1	Lung Cancer - Pathology Form Major Surgical Resection
								M0	No distant metastasis	AJCC	2	
								pM1	Distant metastasis present	AJCC	3	
							-	M1	Distant metastasis present	AJCC	4	

								pMX	Distant metastasis cannot be assessed	AJCC	5	
								MX	Distant metastasis cannot be assessed	AJCC	6	
	2466	Histolo	Histol	The structural pattern of cancer cells	Specific	Char	50	Squamous cell	Distant metadadio dannet de accepced	WHO	1	Lung Cancer -
	2400		ogic	used to define a diagnosis.	Opcome	acter	50	carcinoma		WIIO	ľ	Pathology Form
		Type	Type	3								Bronchoscopy
								Adenocarcinoma		WHO	2	
								Large cell		WHO	3	
								undifferentiated		14// 10		
								Bronchoalveolar		WHO	4	
								carcinoma (BAC) Non-small cell	Non-small cell lung cancer (NSCLC), NOS	WHO	5	
								lung cancer,	Tron small cell lang cancer (1400E0), 1400	WIIO	0	
								NOS				
								Other, specify		CDE	6	
										Committe		
								Largo coll	Large cell carcinoma	le WHO	13	
								Large cell carcinoma	Large cell carcilloma	WHO	13	
								Small cell	Small cell carcinoma (oat cell)	WHO	14	
								carcinoma (oat	, , ,			
								cell)			L	
								Carcinoid	Carcinoid	WHO	15	
								Combined/mixed	Combined/mixed, specify subcategories	WHO	16	
								Pre-malignant	Pre-malignant changes observed	WHO	17	
								changes				
								observed No malignancy	No malignancy observed	WHO	18	
								observed	The manghaney observed	WIIO	1.0	
								Squamous cell		WHO	1	Lung Cancer -
								carcinoma				Pathology Form
										14// 10	_	Cvtology
								Adenocarcinoma		WHO	2	
								Large cell		WHO	3	
								undifferentiated Bronchoalveolar		WHO	4	
								carcinoma (BAC)			ľ	
								Non-small cell	Non-small cell lung cancer (NSCLC), NOS	WHO	5	
								lung cancer,				
								NOS		CDE	6	
								Other, specify		CDE Committe	6	
										e		
								Large cell	Large cell carcinoma	WHO	13	
								carcinoma			<u> </u>	
								Small cell	Small cell carcinoma (oat cell)	WHO	14	
								carcinoma (oat				
							\vdash	cell) Carcinoid	Carcinoid	WHO	15	
 								Combined/mixed	Combined/mixed, specify subcategories	WHO	16	
								Pre-malignant	Pre-malignant changes observed	WHO	17	
								changes	To manghant changes observed	74110	l''	
								observed				
								No malignancy	No malignancy observed	WHO	18	
								observed		14"10	1	1
								Squamous cell		WHO	1	Lung Cancer -
								carcinoma				Pathology Form Major Surgical
1												Resection

								1			•		
									Adenocarcinoma		WHO	2	
									Large cell		WHO	3	
									undifferentiated				
									Bronchoalveolar		WHO	4	
									carcinoma (BAC)	N	14/110	_	
										Non-small cell lung cancer (NSCLC), NOS	WHO	5	
									lung cancer,				
						 			NOS Other, specify		CDE	6	
									Other, specify		Committe	O	
											Committee		
									Large cell	Large cell carcinoma	WHO	13	
									carcinoma				
									Small cell	Small cell carcinoma (oat cell)	WHO	14	
									carcinoma (oat	, ,			
									cell)				
									Carcinoid	Carcinoid	WHO	15	
									Combined/mixed	Combined/mixed, specify subcategories	WHO	16	
									Pre-malignant	Pre-malignant changes observed	WHO	17	
									changes	The mangrant on anged excertou			
									observed				
									No malignancy	No malignancy observed	WHO	18	
									observed				
	####			The specific lymph nodes involved by	Specific	Char		Add	Highest	Highest mediastinal node	Cooperati	1	Lung Cancer -
				cancer.		acter		instruction	mediastinal (1)		ve Group-		Pathology Form -
		Type	Type					on			Forms		Major Surgical
								Pathology			Committe		Resection
								Form -			е		
								Major					
								Surgical					
								Resection:					
						1		· · · · · ·	Right upper	Right upper paratracheal node	Cooperati	2	
									paratracheal (2R)		ve Group-	_	
									paratracricar (ZIX)		Forms		
											Committe		
											Committe		
									Left upper	Left upper paratracheal node	Cooperati	3	
									paratracheal (2L)		ve Group-	-	
											Forms		
											Committe		
											۵		
						[Pre- and retro	Pre- and retro paratracheal node	Cooperati	4	
									paratracheal (3)		ve Group-		
											Forms		
1											Committe		
							_		D: 141	 	e	_	
									Right lower	Right lower paratracheal node	Cooperati	5	
									paratracheal (4R)		ve Group-		
											Forms		
1											Committe		
						-			Left lower	Left lower paratracheal node	Cooperati	6	
									paratracheal (4L)		ve Group-	O	
									paratracricai (4L)		Forms		
											Committe		
İ											Committe		

				Subaortic (5)		Cooperati ve Group- Forms	7	
						Committe		
				Para-aortic (6)		Cooperati ve Group-	8	
						Forms Committe		
				Subcarinal (7)	Subcarinal node	e Cooperati	9	
						ve Group- Forms		
				Darasaanhagaal		Committe Cooperati	10	
				Paraesophageal (8)		ve Group-	10	
						Forms Committe		
				Pulmonary ligament (9)	Pulmonary ligament	Cooperati ve Group-	11	
				,		Forms Committe		
				Right hilar (10R)	Right hilar node	e Cooperati	12	
						ve Group- Forms		
				Loft bilos (40L)		Committe	10	
				Left hilar (10L)		Cooperati ve Group- Forms	13	
						Committe		
				Interlobar (11)		Cooperati ve Group-	14	
						Forms Committe		
				Right lobar (12R)	Right lobar node	Cooperati	15	
						ve Group- Forms		
				Left lobar (12L)		Committe Cooperati	16	
				Lon lobal (122)		ve Group- Forms		
				 		Committe		
				 Right segmental (13R)		Cooperati ve Group-	17	
						Forms Committe		
				Left segmental (13L)	Left segmental node	e Cooperati ve Group-	18	
				(IJL)		Forms Committe		
						e committee		

						Right	Right subsegmental node	Cooperati	19	
						subsegmental		ve Group-		
						(14R)		Forms		
						(,		Committe		
								Committee		
						Left	Left subsegmental node	Cooperati 2	20	
						subsegmental	Lon ouboginonal nodo	ve Group-		
						Subseymental		ve Group-		
						(14L)		Forms		
								Committe		
								<u>e</u>		
						Highest	Highest mediastinal node	Cooperati		ung Cancer -
						mediastinal (1)		ve Group-	S	Surgery Form
								Forms		
								Committe		
								Committee		
						Right upper	Right upper paratracheal node	Cooperati	2	
						paratracheal (2R)		ve Group-	_	
						paratracriear (ZK)		ve Group-		
				- 1				Forms		
				- 1				Committe		
 $\vdash \!$						1		۵		
						Left upper	Left upper paratracheal node	Cooperati	3	
				J		paratracheal (2L)		ve Group-		
				- 1				Forms		
				- 1				Committe		
								۵		
						Pre- and retro	Pre- and retro paratracheal node	Cooperati	4	
						paratracheal (3)		ve Group-	-	
						paratracrical (3)				
								Forms		
								Committe		
	 					D: 141	D: 141	<u> </u>	_	
						Right lower	Right lower paratracheal node	Cooperati	5	
						paratracheal (4R)		ve Group-		
								Forms		
								Committe		
								۵		
						Left lower	Left lower paratracheal node	Cooperati	6	
						paratracheal (4L)		ve Group-		
						,		Forms		
								Committe		
								Committee		
				- 1		Subaortic (5)	Subaortic node	Cooperati	7	
				- 1		Cubacitic (0)	Cabacitio flodo	vo Cravit	'	
				- 1				ve Group-		
				- 1				Forms		
								Committe		
\vdash	 				_			6		
				- 1		Para-aortic (6)	Para-aortic node	Cooperati	8	
				- 1				ve Group-		
								Forms		
				- 1				Committe		
<u> </u>	 							۵	l	
						Subcarinal (7)	Subcarinal node	Cooperati	9	
				J		' ' ' ' ' '		ve Group-		
				1				Forms		
								0		
1 1				1				Committe		
1					_	Daragasiili	Davasaahaasal	Cooperati '		
-		l l	1							
							Paraesophageal	Cooperati	10	
						(8)	Paraesopnagear	ve Group-	10	
							Paraesopnagear	ve Group- Forms	10	
							Paraesopnagear	ve Group- Forms	10	
							Paraesopnagear	ve Group-	10	

Pulmonary (igament (i										1				
Porms Committe C										Pulmonary	Pulmonary ligament	Cooperati	11	
Right hiar (10R) Right hiar node Coppendit 2										ligament (9)				
Right hilar node Cooperal 12 Committe														
Right hilar node Cooperal 12 Committe												Committe		
Performance												Δ.		
Vertical Committer Vertica										Right hilar (10R)	Right hilar node	Cooperati	12	
Committee Compitee Committee Commi											,	ve Group-		
Left hilar rode Left hilar rode Left hilar rode Committe Commi												Forms		
Left hilar (101.) Left hilar node Cooperati 13 vs. Gloup- Committe Committe Committe Cooperati 14 Right lobar (127) Interiobar node Cooperati 14 Right lobar (127) Right lobar node Cooperati 15 Committe Committe Committe Cooperati 16 Right segmental node Cooperati 17 Right segmental node Cooperati 19 Right subsegmental node Right subsegmen												Committe		
we Group- Forms Committe Cooperation Cooperation Cooperation Cooperation Cooperation Cooperat												Committee		
we Group- Forms Committe Cooperation Cooperation Cooperation Cooperation Cooperation Cooperat										Left hilar (10L)	Left hilar node	Cooperati	13	
Forms Committe Cooperal 14 Cooperal 15 Committe Cooperal 15 Committe Cooperal 15 Committe Cooperal 16 Cooperal 17 Committe Cooperal 17 Committe Cooperal 17 Committe Cooperal 18 Coopera												ve Groun-		
Committe												Forms		
interfobar (11) interfobar node Cooperal 14 ve Group-Forms Committe Right lobar (12R) Right lobar node Cooperal 15 ve Group-Forms Committe Left lobar (12L) Left lobar node Cooperal 15 ve Group-Forms Committe Right segmental Right segmental node Cooperal 16 ve Group-Forms Committe Right segmental Right segmental node Cooperal 17 ve Group-Forms Committe Left segmental Left segmental node Cooperal 18 ve Group-Forms Committe Left segmental Left segmental node Cooperal 19 ve Group-Forms Committe Left subsegmental node Cooperal 19 ve Group-Forms Committe 19 ve Group-Forms Co												011113		
Right lobar (12R) Right lobar node Right lobar (12R) Right lobar node Cooperal 15 ve Group-Forms Committe Left lobar (12L) Left lobar node Cooperal 16 ve Group-Forms Committe Right segmental Right segmental node (13R) Right segmental node (13R) Left segmental node (13R) Left segmental node (13L) Left subsegmental node (13L)												Committee		
Right lobar (12R) Right lobar node Right lobar (12R) Right lobar node Cooperal 15 ve Group-Forms Committe Left lobar (12L) Left lobar node Cooperal 16 ve Group-Forms Committe Right segmental Right segmental node (13R) Right segmental node (13R) Left segmental node (13R) Left segmental node (13L) Left subsegmental node (13L)										Interlohar (11)	Interlohar node	<u>e</u> Coonerati	1/1	
Right lobar (12R) Right lobar node Coperati 15 ex Group- Forms Committe Left lobar (12L) Left lobar node Coperati 16 ex Group- Forms Committe Right segmental Right segmental node Coperati 17 ex Group- Forms Committe Right segmental Right segmental node (13R) Right segmental node (13R) Right segmental node (13R) Right segmental node Coperati 17 ex Group- Forms Committe Left segmental node (13L) Right subsegmental node Coperati 18 ex Group- Forms Committe Left segmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 19 ex Group- Forms Committe Left subsegmental node Coperati 10 ex Group- Forms Committe Left subsegmental node Coperati 17 ex Group- Forms Committe Left subsegmental node Coperati 17 ex Group- Forms Committe Left subsegmental node Coperati 17 ex Group- Forms Committe Left subsegmental node Coperati 17 ex Group- Forms Committe Left subsegmental node Coperati 10 ex Group- Forms Committe Left subsegmental node Coperati 10 ex Group- Forms Committe Left subsegmental node Coperati 10 ex Group- Forms Committe Left subsegmental node Coperati 10 ex Group- Forms Committe Left subsegmental node Coperati 10 ex Group- Forms Committe Left subsegmental node										interiobal (11)	interiobal riode	vo Croup	17	
Right tobar (12R) Right tobar node Right tobar (12R) Right tobar node Committe Com												ve Group-		
Right lobar (12R) Right lobar node Cooperation Committe Left lobar (12L) Left lobar node Cooperation Committe Right segmental Right segmental node (13R)														
Committe Cooperal 16 Cooperal 16 Cooperal 16 Cooperal 16 Cooperal 16 Cooperal 17 Cooperal 17 Cooperal 18 Cooperal 18 Cooperal 19 C												Committe	l	
Committe Cooperal 16 Cooperal 16 Cooperal 16 Cooperal 16 Cooperal 16 Cooperal 17 Cooperal 17 Cooperal 18 Cooperal 18 Cooperal 19 C	<u> </u>									Diabt lak (400)	Dight labor node	Coon'	15	
Committe Cooperati 16 Cooperati 17 Committe Cooperati 18 Cooperati 19										Right lobar (12R)	Right lobal flode	Cooperati	15	
Left lobar node Cooperative Group-Forms Committe Right segmental node (13R) Right segmental (13R) Right segmental node Cooperative Group-Forms Committe Left segmental node (13L) Left segmental node Cooperative Group-Forms Committe Right segmental node Cooperative Group-Forms Committe Right segmental node Cooperative Group-Forms Committe Left segmental node Cooperative Group-Forms Committe Left segmental node Cooperative Group-Forms Committe Right subsegmental node Cooperative Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Committe Left subsegmental node Cooperative Group-Forms Committe Left														
Left lobar (12L) Left lobar (12L) Left lobar node Cooperative Group-Forms Committe (13R) Left segmental Right segmental node Cooperative Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Source Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Source Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Source Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Source Group-Forms Committe Cooperative Group-Forms Committe Source Group-Forms Committe Source Group-Forms Committe Cooperative Group-Forms Committe Source Group-Forms Committe Cooperative Group-Forms Committe Source Group-Forms Committe Cooperative Group-Forms Committe Source Group-Forms Committe Source Group-Forms Committe Source Group-Forms Committe Cooperative Group-Forms Committe Source Gr													l	
Right segmental (13R) Right segmental (13R) Right segmental node (13L) Right segmental node (13L) Right subsegmental node (13L) Right subsegmental node (14R) Rig												Committe		
Right segmental (13R) Right segmental (13R) Right segmental node (13L) Right segmental node (13L) Right subsegmental node (13L) Right subsegmental node (14R) Rig														
Right segmental (13R) Right segmental node Cooperati 17 ve Group-Forms Committe 18										Left lobar (12L)	Left lobar node	Cooperati	16	
Committe Right segmental (13R) Right segmental (13R) Right segmental (13R) Left segmental (13L) Left segmental (13L) Left segmental (13L) Right subsegmental (13L) Right subsegmental (14R) Right subsegmental (14R) Right subsegmental (14R) Right subsegmental (14R) Left segmental node Cooperati 19 ve Group-Forms Committe Associ Associ ated Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-														
Right segmental node Cooperati 17 ve Group- Forms Committe Left segmental node Cooperati 18 ve Group- Forms Committe Right subsegmental (13L) Right subsegmental node Cooperati 18 ve Group- Forms Committe Committe Committe Left segmental node Cooperati 19 ve Group- Forms Committe Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Committe Committe Pre- Malign Malign ant ant Histolol Histol gic ogic Chang Chang Chang Chang Chang Chang Chang Experimental node Cooperati 19 ve Group- Forms Committe Committe Cooperati 19 ve Group- Forms Committe Cooperati 19 ve Group- Forms Committe Cooperati 19 ve Group- Forms Committe Committe Coperati 19 ve Group- Forms Committe Committe Committe Pre- Malign Malign ant ant Histolol Histol gic ogic Chang Chan												Forms		
Right segmental node Cooperati 17 ve Group- Forms Committe Left segmental node Cooperati 18 ve Group- Forms Committe Right subsegmental (13L) Right subsegmental node Cooperati 18 ve Group- Forms Committe Committe Committe Left segmental node Cooperati 19 ve Group- Forms Committe Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Committe Left subsegmental node Cooperati 19 ve Group- Forms Committe Committe Committe Committe Pre- Malign Malign ant ant Histolol Histol gic ogic Chang Chang Chang Chang Chang Chang Chang Experimental node Cooperati 19 ve Group- Forms Committe Committe Cooperati 19 ve Group- Forms Committe Cooperati 19 ve Group- Forms Committe Cooperati 19 ve Group- Forms Committe Committe Coperati 19 ve Group- Forms Committe Committe Committe Pre- Malign Malign ant ant Histolol Histol gic ogic Chang Chan												Committe		
Cooperating the forms of the first segmental conditions Cooperating the forms of the forms o												_		
Coperative Committe Committe Committe Coperative Coperativ											Right segmental node	Cooperati	17	
Coperative Committe Committe Committe Coperative Coperativ										(13R)	1	ve Group-		
Left segmental (13L) Right subsegmental (14R) Right subsegmental (14R) Right subsegmental (14R) Left subsegmental node Cooperati 19 ve Group-Forms Committe Committe Left subsegmental node Cooperati 19 ve Group-Forms Committe Left subsegmental (14L) Left subsegmental node Cooperati 20 ve Group-Forms Committe Committe Left subsegmental node Cooperati 20 ve Group-Forms Committe Left subsegmental node Cooperati 40 ve Group-Forms Committe Committe Left subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 20 ve Group-Forms Committe Committe Committe Left subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 19 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 40 ve Group-Forms Committe Committe Committe Entry of the subsegmental node Cooperati 19 ve Group-Forms Committe Committe Committe Committe Pre-Malignant Conditions AND (check all that												Forms		
Left segmental (13L) Right subsegmental (14R) Right subsegmental (14R) Right subsegmental (14R) Left subsegmental node Cooperati 19 ve Group-Forms Committe Committe Left subsegmental node Cooperati 19 ve Group-Forms Committe Left subsegmental (14L) Left subsegmental node Cooperati 20 ve Group-Forms Committe Committe Left subsegmental node Cooperati 20 ve Group-Forms Committe Left subsegmental node Cooperati 40 ve Group-Forms Committe Committe Left subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 20 ve Group-Forms Committe Committe Committe Left subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 19 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 20 ve Group-Forms Committe Committe Entry of the subsegmental node Cooperati 40 ve Group-Forms Committe Committe Committe Entry of the subsegmental node Cooperati 19 ve Group-Forms Committe Committe Committe Committe Pre-Malignant Conditions AND (check all that												Committe		
Committe												_		
Committe										Left segmental	Left segmental node	Cooperati	18	
Right subsegmental node Cooperative Group-Forms Committe Right subsegmental node Right subsegm										(13L)	ļ,	ve Group-		
Right subsegmental node Cooperative Group-Forms Committe Left subsegmental node Cooperative Group-Forms Committe Add 2 acter hyperplasia Committe Committe Committe Committe Committe Add 2 instructions to form: If Pre-Malignant conditions.									,		Forms			
Right subsegmental node Cooperati 19 ve Group-Forms Committe Left subsegmental (14L) Left subsegmental node Cooperati 19 ve Group-Forms Committe Left subsegmental (14L) Left subsegmental node Cooperati ve Group-Forms Committe Committe Committe Specific Char 39 Add 2 acter instructions to form: If Pre-Malign ant ant Histolo Histol gic ogic Chang Chang es es Right subsegmental node Cooperati ve Group-Forms Committe Left subsegmental node Cooperati ve Group-Forms Committe Committe Data of the histologic changes in the specimen which are associated with pre-malignant conditions. Specific Char 39 Add 2 acter instructions to form: If Pre-Malign ant ant Histolo Histologic Chang Chang es es Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati 19 ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Committe Data of the subsegmental node Cooperati ve Group-Forms Committe Cooperati ve														
subsegmental (14R) Left subsegmental node Cooperati ve Group-Forms Committe Left subsegmental (14L) #### Associ Associ ated a lated Pre- Pre-Malign Malign ant all Histolo Histolo gic Chang es es Specific Charg Chang es es Specific Charg Specific Charg subsegmental (14L) Specific Charg Specific Charges in the specimen which are associated with pre-malignant conditions. Specific Charges in the specimen which are associated with pre-malignant conditions. Specific Charges Specific Charges in the specimen which are associated with pre-malignant conditions. Specific Charges												۵		
subsegmental (14R) Left subsegmental node Cooperati ve Group-Forms Committe Left subsegmental (14L) #### Associ Associ ated a lated Pre- Pre-Malign Malign ant all Histolo Histolo gic Chang es es Specific Charg Chang es es Specific Charg Specific Charg subsegmental (14L) Specific Charg Specific Charges in the specimen which are associated with pre-malignant conditions. Specific Charges in the specimen which are associated with pre-malignant conditions. Specific Charges Specific Charges in the specimen which are associated with pre-malignant conditions. Specific Charges										Right	Right subsegmental node	Cooperati	19	
#### Associ Associ ated Pre-Per-Per-Per-Per-Per-Per-Per-Per-Per-										subseamental		ve Group-		
#### Associ ated Pre-Malign ant Histolo gic Change es es Associ Group Group Histologic Change in the specimen which are associated with pre-malignant conditions. Associ gic Change es Eff subsegmental (14L) Eff subsegmental node Cooperati ve Group-Forms Committe										(14R)		Forms	l	
#### Associ ated Pre-Malign ant Histolo gic Change se es Associ Action Change se es Change se es Change se Change s										,				
#### Associ ated Pre-Malign ant Histolo Histol gic Change se es #### Associ Ochange sin the specimen which are associated with pre-malignant conditions. #### Associ ated by the pre-malignant conditions and the specimen which are associated with pre-malignant conditions. #### Associ ated by the pre-malignant conditions and the pre-malignant conditions are pre-malignant conditions and the pre-malignant conditions are pre-malignant conditions.													l	
#### Associ ated Pre-Malign ant Histolo Histol gic Change se es #### Associ Ochange sin the specimen which are associated with pre-malignant conditions. #### Associ ated by the pre-malignant conditions and the specimen which are associated with pre-malignant conditions. #### Associ ated by the pre-malignant conditions and the pre-malignant conditions are pre-malignant conditions and the pre-malignant conditions are pre-malignant conditions.										Left	Left subseamental node	Cooperati	20	
#### Associ Associ ated ated Pre-Malign ant Histolo gic ogic Ochange sin the Histolo gic ogic Ochange sin the Specimen which are associated with pre-malignant conditions. #### Associ Associ ated ated Pre-Malign ant Histolo gic ogic Ochange sin the specimen which are associated with pre-malignant conditions. #### Associ Associ ated with pre-malignant conditions. #### Associ Associ ated with pre-malignant conditions. #### Associ Associ ated with pre-malignant conditions. #### Associ Associ Associ ated with pre-malignant conditions. #### Basal cell hyperplasia #### Basal cell hyperplasia #### Basal cell hyperplasia #### CDE Committe Pathology Form- Malignant Changes Observed, AND (check all that												ve Groun-		
#### Associ ated Pre-Malign ant Histologic Observed, Chang es es #### Associ Associ ated Pre-Malign ant Histologic Observed, AND (check all that										(14I)		Forme	l	
#### Associ Asdoci ated Pre-Pre-Malign ant Histolo gic ogic Change in the Histolo gic ogic Change es es #### Associ Associ ated Pre-Pre-Malign and tent Histolo gic ogic Change es es #### Associ Associ ated Asdoci ated Pre-Pre-Pre-Malign and tent Histolo gic ogic Change es es #### Associ Associ ated Asdoci ated Asdoci ated Asdoci ated Asdoci ated Asdoci ated Pre-Malign and tent Changes Observed, AND (check all that that Associ ated the pre-Pre-Pathologic changes in the Specific Char 39 Add 2 instructions to form: If Pre-Malignant changes Observed, AND (check all that that the pre-Pre-Pathologic changes in the Specific Char 39 Add 2 instructions to form: If Pre-Malignant changes Observed, AND (check all that the pre-Pre-Pathologic changes in the Specific Charges of the pre-Pathologic changes of the pre-Pre-Pathologic changes in the Specific Charges of the pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-Pre-P										(1 + L)			l	
ated Pre- Pre- Malign ant Histolo Histol gic Chang es es es Pecimen which are associated with pre-malignant conditions. Ated Pre- Pre- Malign ant ant Histolo Histologic Chang es es Pre- Pre- Malignant conditions Pathology Form to form: If Pre- Malignant changes												Committe	l	
ated Pre- Pre- Malign ant Histolo Histol gic Chang es es es Pecimen which are associated with pre-malignant conditions. Ated Pre- Pre- Malign ant ant Histolo Histologic Chang es es Pre- Pre- Malignant conditions Pathology Form to form: If Pre- Malignant changes		####	Associ	Associ	The histologic changes in the	Specific	Char	30	Add 2	Basal cell	Basal cell hyperplasia	CDF	1	Lung Cancer -
Pre- Malign Ant ant Histolo Histol gic Orgic Chang es								55					ľ	Pathology Form
Malign ant ant Histolo Histol gic ogic Chang es es es Pre-Malignant Changes AND (check all that							aciel			ιιγραιριαδία				Propobosoon:
ant ant Histolo Histol gic ogic Chang Chang es es es Malignant Malignant changes					pre-manghant conditions.							-	l	ыопспоссору
Histolo dic ogic ogic Chang es es changes Chan													l	
gic ogic Chang Chang es es Observed, AND (check all that													l	
gic ogic Chang Chang es es Observed, AND (check all that			Histolo	Histol					changes				l	
Chang Chang es es AND (check all that			gic	ogic					Observed,				l	
es es all that			Chang	Chang					AND (check				l	
			es	es									l	
													<u> </u>	

						1	_		1
					Basal cell	Basal cell hyperplasia with Angiogenic Squamous Dysplasia	CDE	2	
					hyperplasia with	changes	Committe		
					ASD changes	· · · · · · · · · · · · · · · · · · ·	Δ		
		1			Squamous	Squamous metaplasia	CDE	3	
						Squamous metapiasia		3	
					metaplasia		Committe		
							е		
					Squamous	Squamous metaplasia with Angiogenic Squamous Dysplasia	CDE	4	
					metaplasia with	changes	Committe		
					ASD changes	onanges	-		
	-	+	-		ASD changes	Oi	e	-	
					Carcinoma in situ	Carcinoma in situ	CDE	5	
							Committe		
							e		
					Atypical	Atypical adenomatous hyperplasia	CDE	6	
					adenomatous	, .,,,	Committe	-	
							Committee		
					hvperplasia		е		
					Mild dysplasia	Mild dysplasia	CDE	7	
					İ		Committe	1	
					İ		اما	1	
 			t		Mild dysplasia	Mild dyplasia with Angiogenic Squamous Dysplasia changes	CDE	8	
			l			Invited dypidatia with Anglogenic aquamous Dyspidatia Changes	-	١	
			l		with ASD		Committe	1	
					changes		e	<u> </u>	
1		1 7	Ī		Moderate	Moderate dysplasia	CDE	9	
					dysplasia		Committe		
					a, opiacia		20	1	
	-	+	-		N 4	Madaata dualasia with Assissasia Courses Dualasia	CDE	10	
					Moderate	Moderate dysplasia with Angiogenic Squamous Dysplasia		10	
					dysplasia with	changes	Committe		
					ASD changes		e		
					Severe dysplasia	Severe dysplasia	CDE	11	
					Covere ayopiaola	Covere dyspiasia	Committe	1	
							Committee		
							е		
					Severe dysplasia	Severe dysplasia with Angiogenic Squamous Dysplasia	CDE	12	
					with ASD	changes	Committe		
					changes	· · · · · · · · · · · · · · · · · · ·	Δ		
					Other, specify	Other, specify	CDE	13	
					Other, specify	Other, specify		13	
							Committe		
							е		
					Basal cell	Basal cell hyperplasia	CDE	1	Lung Cancer -
					hyperplasia		Committe		Pathology Form
					Пурстріазіа		-		
		1			Decel cell	Decel cell hymerologic with Angicagnic Cauches:	CDE	2	Cvtoloav
			l		Basal cell	Basal cell hyperplasia with Angiogenic Squamous Dysplasia		_	
				1	hyperplasia with	changes	Committe	1	
				1	ASD changes		le	1	
					Squamous	Squamous metaplasia	CDE	3	
			l		metaplasia	- 4	Committe	ľ	
			l		πισιαριαδία		Committee	1	
		 1			_		e	-	
			l		Squamous	Squamous metaplasia with Angiogenic Squamous Dysplasia	CDE	4	
			l		metaplasia with	changes	Committe	1	
				1	ASD changes	Į , ,	e	1	
			t		Carcinoma in situ	Carcinoma in situ	CDE	5	
					Caronionia in Silu	- Caromonia in Situ		٦	
			l		İ		Committe	1	
							е	<u> </u>	
					Atypical	Atypical adenomatous hyperplasia	CDE	6	
			l		adenomatous		Committe	1	
			l		hyperplasia			1	
 		 		-+		Mild dyeplacia	CDE	7	
				1	Mild dysplasia	Mild dysplasia	ODE	1'	
							Committe		
					_		Committe e		

						Mild dysplasia	Mild dyplasia with Angiogenic Squamous Dysplasia changes	CDE	8	
						with ASD		Committe		
						changes		e	_	
						Moderate	Moderate dysplasia	CDE	9	
						dysplasia		Committe		
								е		
						Moderate	Moderate dysplasia with Angiogenic Squamous Dysplasia	CDE	10	
						dysplasia with	changes	Committe		
						ASD changes		е		
						Severe dysplasia	Severe dysplasia	CDE	11	
								Committe		
								e		
						Severe dysplasia	Severe dysplasia with Angiogenic Squamous Dysplasia	CDE	12	
						with ASD	changes	Committe		
						changes		6		
						Other, specify	Other, specify	CDE	13	
						outer, opeout	outer, opeany	Committe		
								<u> </u>	1	
						Basal cell	Basal cell hyperplasia	CDE	1	Lung Cancer -
						hyperplasia	Saca. So Hyporphasia	Committe	Ι'	Pathology Form
						ιτγρετριαδία			1	
					1			е		Major Surgical
					-+	Basal cell	Basal cell hyperplasia with Angiogenic Squamous Dysplasia	CDE	2	Resection
									_	
						hyperplasia with	changes	Committe	1	
 			-	+		ASD changes	Cauamaua matanlasia	e CDE	3	-
						Squamous	Squamous metaplasia		٥	
						metaplasia		Committe		
						•		e	-	
						Squamous	Squamous metaplasia with Angiogenic Squamous Dysplasia	CDE	4	
						metaplasia with	changes	Committe		
						ASD changes		e	<u> </u>	
						Carcinoma in situ	Carcinoma in situ	CDE	5	
								Committe		
								е		
						Atypical	Atypical adenomatous hyperplasia	CDE	6	
						adenomatous		Committe		
						hvperplasia		е		
						Mild dysplasia	Mild dysplasia	CDE	7	
					1			Committe		
			 					е		
						Mild dysplasia	Mild dyplasia with Angiogenic Squamous Dysplasia changes	CDE	8	
					1	with ASD		Committe		
		<u> </u>	 			 changes		е	L	<u> </u>
						Moderate	Moderate dysplasia	CDE	9	
						dysplasia	, ,	Committe		
						. ,		e	1	
						Moderate	Moderate dysplasia with Angiogenic Squamous Dysplasia	CDE	10	
					1	dysplasia with	changes	Committe	1.2	
						ASD changes	3955	<u> </u>	1	
							Severe dysplasia	CDE	11	
					1	co.oro ayopiasia	300.0.0 4,000.4014	Committe	Ι	
								0	1	
	1		1			Severe dysplasia	Severe dysplasia with Angiogenic Squamous Dysplasia	CDE	12	
						with ASD			12	
					1		changes	Committe		
 			1			changes Other, specify	Other, specify	e CDE	13	
						outer, specify	Curer, apecury		13	
								Committe	1	
1	1	i l						le	1	1

	hial Margin Involv	bronc hial	A yes/no indicator to ask if the margins of the bronchi were involved or infiltrated by tumor.	Specific	Char acter	7		Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form - Major Surgical Resection
		0.7						No	No	CDE Committe e	2	
								Unknown	Unknown	CDE Committe e	3	
no	hial		The site or area of the brochus where the sample was obtained.	Specific	Char		Note: This is only a limited selection of valid values. The complete list can be viewed on the CDE website. Add 2 instructions to form: (check all that apply) AND Note: Only list values	Carina, NOS	Carina, not otherwise specified	CDE Committe e	1	Lung Cancer - Pathology Form - Bronchoscopy
								Carina between RB1 and RB2, RB1/2	Carina between right bronchus 1 and right bronchus 2, right bronchus 1/2	CDE Committe e	2	
								Carina between RB1 A and B, RB1A/B	Carina between right bronchus 1 A and B, right bronchus 1A/B	CDE Committe e	3	
								Carina between	Carina between right bronchus 1 and right bronchus 3, right bronchus 1/3	CDE Committe e	4	
								Carina between RB2 and RB3, RB2/3	Carina between right bronchus 2 and right bronchus 3, right bronchus 2/3	CDE Committe e	5	
								Carina between RB2 A and B, RB2A/B	Carina between right bronchus 2 A and B, right bronchus 2A/B	CDE Committe	6	
								Carina between RB3 A and B, RB3A/B	Carina between right bronchus 3 A and B, right bronchus 3A/B	CDE Committe	7	
								Carina between RB4 and RB5, RB4/5	Carina between right bronchus 4 and right bronchus 5, right bronchus 4/5	CDE Committe e	8	
								Carina between RB4 A and B, RB4A/B	Carina between right bronchus 4 A and B, right bronchus 4A/B	CDE Committe e	9	

								1		
						Carina between	Carina between right bronchus 5 A and B, right bronchus 5A/B	CDE	10	
						RB5 A and B,		Committe		
						RB5A/B		e		
						Carina between	Carina between right bronchus 6 A and B, right bronchus 6A/B	CDE	11	
						RB6 A and B.	J	Committe		
						RB6A/B		001111111110		
						Carina between	Carina between right bronchus 6 A and C, right bronchus 6A/C	CDE	12	
							Canna between right bronchus & A and C, right bronchus & C		12	
						RB6 A and C,		Committe		
						RB6A/C		e		
						Carina between	Carina between right bronchus 6 B and C, right bronchus 6B/C		13	
						RB6 B and C,		Committe		
						RB6B/C		е		
						Carina between	Carina between right bronchus 7 A and B, right bronchus 7A/B	CDE	14	
						RB7 A and B,	, ,	Committe		
						RB7A/B		0		
						Carina between	Carina between right bronchus 8 and right bronchus 9, right	CDE	15	
								-	13	
						RB8 and RB9,	bronchus 8/9	Committe		
 	—					RB8/9	Onder hat were digital to a control of the control	le Lope	4.0	
						Carina between	Carina between right bronchus 8 A and B, right bronchus 8A/B	CDE	16	
						RB8 A and B,		Committe		
						RB8A/B		е	<u> </u>	
						Carina between	Carina between right bronchus 9 and right bronchus 10, right	CDE	17	
						RB9 and RB10,	bronchus 9/10	Committe		
						RB9/10		е	1	
						Carina between	Carina between right bronchus 9 A and B, right bronchus 9A/B	CDE	18	
						RB 9 A and B,	, , , , , , , , , , , , , , , , , , ,	Committe		
						RB9A/B		0		
						Carina between	Carina between right bronchus 10 A and B, right bronchus	CDE	19	
						RB10 A and B,	10A/B	Committe	13	
						,	TUAVB	Committee		
						RB10A/B		e	00	
						Carina between	Carina between right bronchus 10 A and C, right bronchus	CDE	20	
						RB10 A and C,	10A/C	Committe		
						RB10A/C		е		
						Carina between	Carina between right bronchus 10 B and C, right bronchus	CDE	21	
						RB10 B and C,	10B/C	Committe		
						RB10B/C		е		
						Carina between	Carina between left bronchus 1 and left bronchus 2, left	CDE	22	
						LB1 and LB2,	bronchus 1/2	Committe	1	ĺ
						LB1/2		e		
						Carina between	Carina between left bronchus 1 A and B, left bronchus 1A/B	CDE	23	
						LB1 A and B,	Same Same Street of Street Str	Committe	-~	
								Committee	1	ĺ
	-			-+		LB1A/B	Caring between left bronchus 1 A and C left bronchis 44/0	e CDE	24	
						Carina between	Carina between left bronchus 1 A and C, left bronchus 1A/C		24	
						LB1 A and C,		Committe	1	ĺ
						LB1A/C		e	<u> </u>	
						Carina between	Carina between left bronchus 1 B and C, left bronchus 1B/C	CDE	25	
						LB1 B and C,		Committe		
						 LB1B/C		е		
		T		T		Carina between	Carina between left bronchus 2 A and B, left bronchus 2A/B	CDE	26	
						LB2 A and B,		Committe	1	ĺ
						I B2A/B		e		
						Carina between	Carina between left bronchus 2 A and C, left bronchus 2A/C	CDE	27	
						LB2 A and C,	Tames and the state of the stat	Committe	I - '	ĺ
						LB2A/C		Committee		
	-			- +	<u> </u>	Carina between	Carina between left bronchus 2 B and C, left bronchus 2B/C	e CDE	28	
							Canna between left brononus 2 D and C, left brononus 2B/C		20	
						LB2 B and C,		Committe		
1						LB2B/C		le		

										1			1
									Carina between	Carina between left bronchus 1+2 and left bronchus 3, left	CDE	29	
									LB1+2 and LB3,	bronchus 1+2/3	Committe		
									LB1+2/3		е		
									Carina between	Carina between left bronchus 3 A and B, left bronchus 3A/B	CDE	30	
									LB3 A and B.		Committe		
									LB3A/B		Θ.		
									Carina between	Carina between left bronchus 4 and left bronchus 5, left	CDE	31	
									LB4 and LB5,	bronchus 4/5	Committe	٠.	
										Diolicius 4/5	Committee		
									LB4/5	Carina between left bronchus 4 A and B, left bronchus 4A/B	CDE	32	
									Carina between	Canna between left bronchus 4 A and B, left bronchus 4A/B		32	
									LB4 A and B,		Committe		
									LB4A/B		е		
									Carina between	Carina between left bronchus 5 A and B, left bronchus 5A/B	CDE	33	
									LB5 A and B,		Committe		
									LB5A/B		е		
									Carina between	Carina between left bronchus 6 A and B, left bronchus 6A/B	CDE	34	
									LB6 A and B,		Committe		
									LB6A/B		le		1
									Carina between	Carina between left bronchus 6 A and C, left bronchus 6A/C	CDE	35	İ
									LB6 A and C,	Same Samoon for Stoneside S A dild O, for biolionus OA/O	Committe	33	1
											-		ĺ
	-						-		LB6A/C	Coring between left branchus CD and C left branch CD/C	e	20	1
									Carina between	Carina between left bronchus 6 B and C, left bronchus 6B/C	CDE	36	1
									LB6 B and C,		Committe		ĺ
									LB6B/C		е		
									Carina between	Carina between left bronchus 8 and left bronchus 9, left	CDE	37	
									LB8 and LB9,	bronchus 8/9	Committe		
									LB8/9		е		
									Carina between	Carina between left bronchus 8 A and B, left bronchus 8A/B	CDE	38	
									LB8 A and B,		Committe		
									LB8A/B		0		
									Carina between	Carina between left bronchus 9 and left bronchus 10, left	CDE	39	
									LB9 and LB10,	bronchus 9/10	Committe	33	
										biolicius 9/10	Committee		
									LB9/10	Onder the transplant because of A and B laft because of A/B	e	40	
									Carina between	Carina between left bronchus 9 A and B, left bronchus 9A/B	CDE	40	
									LB9 A and B,		Committe		
									LB9A/B		е		
									Carina between	Carina between left bronchus 10 A and B, left bronchus 10A/B	CDE	41	
									LB10 A and B,		Committe		
							L_		LB10A/B		е	<u>L</u>	<u> </u>
									Carina between	Carina between left bronchus 10 A and C, left bronchus 10A/C	CDE	42]
									LB10 A and C,		Committe		1
									LB10A/C		e		
									Carina between	Carina between left bronchus 10 B and C, left bronchus 10B/C	CDE	43	İ
									LB10 B and C,	Table 10 D and 0, lott bronoited 10 D/O	Committe		1
									LB10B/C		Committee		1
no	####	Drono	Typo	The type or method of brenchesses is	Specific	Char	12	۸dd		Eluorosconco	CDE	1	Lung Capaar
110	####	Bronc		The type or method of bronchoscopic			12		Fluorescence	Fluorescence	-	ı	Lung Cancer -
				procedure utilized.		acter		instruction			Committe		Pathology Form
			Bronc					to form:			е		Bronchoscopy
		Type	hosco					(check all					İ
			nv					that annly)			ļ		
									Rigid	Rigid	CDE	2	ĺ
											Committe		1
	1						L		<u> </u>		е		<u> </u>
L									White light	White light	CDE	3	
											Committe		
											Committe		
									Other specify	Other specify	е	4	
									Other, specify	Other, specify	e CDE	4	
									Other, specify	Other, specify	е	4	

							Yes	Yes	CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
							No	No	CDE Committe	2	
							Unknown	Unknown	CDE Committe	3	
	Pariet al Pleural Margin Involv ed Ind	pariet al pleural margi	A yes/no indicator to ask if the margins of the parietal pleura were involved or infiltrated by tumor.	Specific	Char acter	7	Yes	Yes	CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
							No	No	CDE Committe e	2	
							Unknown	Unknown	CDE Committe e	3	
	ural Involv	ural	A yes/no indicator to ask if perineural infiltration or invasion of the tumor is present.	Specific	Char acter	7	Yes	Yes	CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
		on_					No	No	CDE Committe	2	
							Unknown	Unknown	CDE Committe	3	
	Pleura Involv ed Ind		A yes/no indicator to ask if the pleura is involved or infiltrated by the tumor.	Specific	Char acter	7	Yes	Yes	CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
		Маша					No	No	CDE Committe e	2	
							Unknown	Unknown	CDE Committe	3	
	Margin	pleural margi	A yes/no indicator to ask if the margins of the pleura (visceral and/or parietal) were involved or infiltrated by tumor.	Specific	Char acter		Yes	Yes	CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
							No	No	CDE Committe e	2	

1	1							I	I		1_	
								Unknown	Unknown	CDE	3	
										Committe		
										е		
####	Primar	Are	A yes/no indicator to ask if multiple	Specific	Char	7		Yes	Yes	CDE	1	Lung Cancer -
	v	there	primary tumors were identified.		acter					Committe		Pathology Form
	Tumor	multipl								е		Cytology
	Multipl	inuitipi								6		Cytology
	Multipl											
	e Ind	primar										
		у										
		tumor										
								No	No	CDE	2	
										Committe		
										e		
								Unknown	Unknown	CDE	3	
										Committe		
										0		
								Yes	Yes	CDE	1	Lung Cancer -
		1			1	1		100	100		Ι'	Dothology Com
		l			1	1				Committe	1	Pathology Form
		1			1	1				е	1	Major Surgical
											<u> </u>	Resection
		1			1	1		No	No	CDE	2	
		l			l					Committe		
										e		
								Unknown	Unknown	CDE	3	
										Committe	ľ	
										001111111111		
####	Residu	Citoo	The sites of residual macroscopic or	Specific	Char	50	Add 2	Lung et original	Lung, at original tumor site	CDE	1	Lung Cancer -
*****				Specific				Lung, at original	Lung, at original tumor site		'	Lulig Calicel -
	al	of	gross disease.		acter			tumor site		Committe		Pathology Form
	Diseas	Gross					to form:			е		Major Surgical
	e Site,	Resid					(check all					Resection
	Gross	ual					that apply)					
		Disea					AND					
		se										
		se					Surgeon's					
							assessment					
							or from					
							operative					
								Disadvassala	Dland vanale (main nulmanan, arten, ar vain)	CDE	2	
		1			1	1		Blood vessels	Blood vessels (main pulmonary artery or vein)	CDE	-	
		1			1	1		(main pulmonary		Committe	1	
								arterv or vein)		е	<u> </u>	
		l			l			Lung, elsewhere	Lung, elsewhere	CDE	3	
		1			1	1				Committe	1	
 <u></u> _		<u> </u>			<u> </u>	L				е	L	
								Ipsilateral	Ipsilateral mediastinal nodes	CDE	4	
		l			l			mediastinal	Ţ,	Committe		
		l			l			nodes		20111111111		
 		1			 	 		Bronchial	Bronchial resection margin	CDE	5	
		l			1	1			Dionomai resection margin		٦	
		l			1	1		resection margin		Committe	1	
1		 			 	-				e	-	1
		l			1	1		Contralateral	Contralateral mediastinal nodes	CDE	6	
		l			1	1		mediastinal		Committe	1	
								nodes		е	<u> </u>	
		1						Vascular	Vascular resection margin	CDE	7	
		l			l			resection margin		Committe		
		l			l			. 5550tion margin		20111111111		
1		-						Mediastinal	Mediastinal structures (other than nodes)	CDE	8	
									imediastinal structures (other than nodes)			
								structures (other than nodes)	mediastrial structures (other than nodes)	Committe		

												_	
				1	'	ì			Chest wall	Chest wall (parietal pleura, ribs, muscle)	CDE	9	
				1	1	Í			(parietal pleura,		Committe		
						ì			ribs. muscle)		Δ		
					1	_			Ipsilateral hilar	Ipsilateral hilar nodes	CDE	10	
						ì				ipsilateral fillal flodes		10	
1					1	1	1		nodes		Committe		
						<u> </u>					е		
						ì			Blood vessels	Blood vessels (aorta, innominate vein, superior vena cava)	CDE	11	
						ì			(aorta,		Committe		
						ì					е		
						ì			innominate vein,		е		
						ì			superior vena				
						<u> </u>			cava)				
						ì			Contralateral	Contralateral hilar nodes	CDE	12	
						ì			hilar nodes		Committe		
						ì							
	####	Residu	Sitos	The sites of residual microscopic	Specific	Char	50	Add 2	Lung, at original	Lung, at original tumor site	CDE	1	Lung Cancer -
	******			· ·						Lung, at original tumor site	-	1'	
				disease.	1	acter		instructions	tumor site		Committe		Pathology Form
		Diseas	Micros		1	ì		to form:			е		Major Surgical
		e Site,	conic		1	ì		(check all					Resection
					1	ì							resection
		Micros			'	ì		that apply)					
		copic	ual		'	Í		AND (from	1				
			Disea		1	ì		pathology					
			se		1	ì		report)					
			3C		'	ì		report)					
									Blood vessels	Blood vessels (main pulmonary artery or vein)	CDE	2	
						ì			(main pulmonary		Committe	1	
						ì					Committe		
						↓			artery or vein)		e	1	
						ì			Lung, elsewhere	Lung, elsewhere	CDE	3	
						ì					Committe		
						ì					_		
					 				Ipsilateral	Ipsilateral mediastinal nodes	CDE	4	
						ì			'	ipoliateral mediastinal nodes		1	
						ì			mediastinal		Committe		
						<u> </u>			nodes		е		
						ì			Bronchial	Bronchial resection margin	CDE	5	
						ì			resection margin		Committe		
						ì			J		2		
					+	├─	1		Contralateral	Controlatoral madicatinal nades	е	_	
					1	1			Contralateral	Contralateral mediastinal nodes			
						Į.					CDE	6	
									mediastinal		CDE Committe	6	
												б	
									mediastinal nodes		Committe e	7	
									mediastinal nodes Vascular	Vascular resection margin	Committe e CDE	7	
									mediastinal nodes	Vascular resection margin	Committe e	7	
									mediastinal nodes Vascular resection margin	Vascular resection margin	Committe e CDE Committe e	7	
									mediastinal nodes Vascular resection margin Mediastinal	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e CDE	7	
									mediastinal nodes Vascular resection margin	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e	7	
									mediastinal nodes Vascular resection margin Mediastinal structures (other	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e CDE	7	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes)	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e CDE Committe e	7	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE	7	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura,	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e CDE Committe e	7	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle)	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar	Vascular resection margin Mediastinal structures (other than nodes)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE CDE CDE CDE CDE CDE	7	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle)	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE CDE CDE CDE CDE CDE	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE CODE	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels (aorta,	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE CODE	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein,	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein, superior vena	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein, superior vena	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein, superior vena cava)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e	7 8 9 10	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein, superior vena cava) Contralateral	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e	7 8 9	
									mediastinal nodes Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs. muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein, superior vena	Vascular resection margin Mediastinal structures (other than nodes) Chest wall (parietal pleura, ribs, muscle) Ipsilateral hilar nodes Blood vessels (aorta, innominate vein, superior vena cava)	Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e CDE Committe e	7 8 9 10	

##		Stage Groupi ng, Pathol	Groupi ng,	The pathologic stage grouping.	Specific	Char acter			0	0, according to current AJCC guidelines	AJCC	1	Lung Cancer - Pathology Form - Major Surgical Resection
		11111	11111						IA	IA, according to current AJCC guidelines	AJCC	2	
									IB	IB, according to current AJCC guidelines	AJCC	3	
									IIA	IIA, according to current AJCC guidelines	AJCC	4	
									IIB	IIB, according to current AJCC guidelines	AJCC	5	
									IIIA	IIIA, according to current AJCC guidelines	AJCC	6	
									IIIB	IIIB, according to current AJCC guidelines	AJCC	7	+
									IV	IV, according to current AJCC guidelines	AJCC	8	+
#1		Surgic al Margin Involv ed Ind	the tumor involv	A yes/no indicator to ask if the margins of surgical resection are involved or infiltrated by the tumor.	Specific	Char acter	7		Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form Major Surgical Resection
			_						No	No	CDE Committe	2	
									Unknown	Unknown	CDE Committe	3	
#1		ed Micros	surgic al margi ns micros copica	A yes/no indicator to ask if the margins of surgical resection were determined to be involved or infiltrated by the tumor via microscopic evaluation.	Specific	Char acter	7		Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form Major Surgical Resection
									No	No	CDE Committe	2	
									Unknown	Unknown	CDE Committe	3	
##			Exten	A field to indicate the organs and structures to which the tumor has become adherent or has invaded.	Specific	Char acter	56	Add instruction to form: (check all that apply)	Chest wall	Chest wall	CDE Committe e	1	
									Mediastinum	Mediastinum	CDE Committe e	2	
									Esophagus	Esophagus	CDE Committe e	3	
									Pericardium	Pericardium	CDE Committe	4	

			T					Diaphragm	Diaphragm	CDE	5	
								Біарпіаўпі	Біаріпаўііі	Committe	3	
:	Tumor Locati on, Area	Area	The position/location by area of a tumor within an organ (paired or unpaired) or the relative position of any tissue or tumor specimen sampled for analysis within an	Specific	Char acter	15	Add instruction to form: (check all that apply)	Upper lobe	Upper lobe	CDE Committe e	1	Lung Cancer - Pathology Form Cytology
			SHOCIAL ORGAN					Middle lobe	Middle lobe	CDE Committe	2	
								Lower lobe	Lower lobe	CDE Committe	3	
								Mainstem bronchus	Mainstem bronchus	CDE Committe	4	
								Carina	Carina	CDE Committe	5	
								Other, specify	Other, specify	CDE Committe e	6	
								Upper lobe	Upper lobe	CDE Committe e	1	Lung Cancer - Pathology Form Major Surgical Resection
								Middle lobe	Middle lobe	CDE Committe e	2	
								Lower lobe	Lower lobe	CDE Committe	3	
								Mainstem bronchus	Mainstem bronchus	CDE Committe	4	
								Carina	Carina	CDE Committe	5	
								Other, specify	Other, specify	CDE Committe	6	
	Tumor Locati on, Zone	Zone	The position/location by zone/centrality of a tumor within an organ (paired or unpaired) or the relative position of any tissue or tumor specimen sampled for analysis within an affected organ	Specific	Char acter		Add instruction to form: (check all that apply)	Predominantly central	Predominantly central	CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
								Indeterminate	Indeterminate	CDE Committe e	2	
								Predominantly peripheral	Predominantly peripheral	CDE Committe e	3	
								Unknown	Unknown	CDE Committe e	4	
						_						

	####	Tumor Multifo cal Ind	the	A yes/no indicator to ask if the tumor is multifocal.	Specific	Char acter	7	Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form Cytology
			cal					No	No	CDE Committe	2	
								Unknown	Unknown	CDE Committe	3	
								Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form - Major Surgical Resection
								No	No	CDE Committe e	2	
								Unknown	Unknown	CDE Committe e	3	
			there vascul	A yes/no indicator to ask if large vessel or venous invasion was detected by surgery or presence in a tumor specimen.	Specific	Char acter		Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form - Major Surgical Resection
			· · · ·					No	No	CDE Committe	2	
								Unknown	Unknown	CDE Committe	3	
		Viscer al Pleural Margin Involv ed Ind	viscer al pleural margi	A yes/no indicator to ask if the margins of the visceral pleura were involved or infiltrated by tumor.	Specific	Char acter	7	Yes	Yes	CDE Committe e	1	Lung Cancer - Pathology Form Major Surgical Resection
								No	No	CDE Committe e	2	
								Unknown	Unknown	CDE Committe e	3	
not path		Bronc hosco py Findin	hosco pic	The findings based upon the bronchoscopic examination/evaluation.	Specific	Char acter	27	Abnormal/malign ant	Abnormal/malignant	CDE Committe e	1	Lung Cancer - Pathology Form - Bronchoscopy
		118	us					Normal bronchial epithelium	Normal bronchial epithelium	CDE Committe	2	
								Inflammatory	Inflammatory	CDE Committe e	3	

								Unknown	Unknown	CDE	4	
										Committe e		
								Other, specify	Other, specify	CDE Committe	5	
not path	####		mator	The amount of inflammatory change present in the specimen.	Specific	Char acter	ı	<10% inflammatory cells	specimen or sample is comprised of less than 10% inflammatory cells	CDE Committe e	1	Lung Cancer - Pathology Form Bronchoscopy
								10-75% inflammatory cells	specimen or sample is comprised of 10% to 75% (inclusive) inflammatory cells	CDE Committe e	2	
								>75% inflammatory cells	specimen or sample is comprised of more than 75% inflammatory cells	CDE Committe e	3	
not path	####	Sampl e Period	e .	The timeframe of specimen collection relative to treatment and diagnosis.	Specific	Char acter		Pre-treatment	sample or specimen collected before patient received treatment for cancer	CDE Committe e	1	Lung Cancer - Pathology Form Cytology
								Pre-diagnosis	sample or specimen collected before patient was diagnosed with cancer	CDE Committe	2	
								Post-treatment	sample or specimen collected after patient received treatment for cancer	CDE Committe	3	
								Unknown	unknown	CDE Committe	4	
								Other, specify	other, specify	CDE Committe	5	
								Pre-treatment	sample or specimen collected before patient received treatment for cancer	CDE Committe e	1	Lung Cancer - Pathology Form Major Surgical Resection
								Pre-diagnosis	sample or specimen collected before patient was diagnosed with cancer	CDE Committe e	2	
								Post-treatment	sample or specimen collected after patient received treatment for cancer	CDE Committe e	3	
								Unknown	unknown	CDE Committe	4	
								Other, specify	other, specify	CDE Committe	5	
don't use	####	men Cell Sourc e	Sourc e of Cells used for Analys	cells used for analysis for pathology.	Specific	Char acter		Non-malignant lung	Non-malignant lung	CDE Committe e	1	Lung Cancer - Pathology Form Bronchoscopy
			.^					Primary tumor	Primary tumor	CDE Committe e	2	

						Lymph node	Lymph node	CDE Committe	3	
								е		
						Bronchus,	Bronchus	CDE	4	
						specify		Committe		
								е		
						Bronchial tissue,	Bronchial tissue, suspicious for abnormality	CDE	5	
						suspicious for		Committe		
						abnormality		e	1	
						Dysplastic site	Dysplastic site	CDE	6	
								Committe		
								e	<u> </u>	
						Normal tissue	Normal tissue	CDE	/	
								Committe		
			-			Other enesity		e CDE	8	
						Other, specify			-	
					1			Committe		
	-				+	Non-malignant	Non-malignant lung	e CDE	1	Lung Cancer -
						lung	The mangitalit lung	Committe	Ι'	Pathology Form
						lulig		Committe		Cytology Form -
						Primary tumor	Primary tumor	CDE	2	CVIDIOUV
					1	ary tamor		Committe		
					1			e		
						Lymph node	Lymph node	CDE	3	
						, , , , , , ,	, ,	Committe		
								e		
						Bronchus,	Bronchus	CDE	4	
						specify		Committe		
						,		е		
						Bronchial tissue,	Bronchial tissue, suspicious for abnormality	CDE	5	
						suspicious for	·	Committe		
								e		
						abnormality Dysplastic site	Dysplastic site	CDE	6	
								Committe		
								е		
						Normal tissue	Normal tissue	CDE	7	
								Committe		
								e	 	
					1	Other, specify		CDE	8	
					1			Committe		
						Non mellerer	Non malignant lung	e	4	Lung Correr
						Non-malignant	Non-malignant lung	CDE	T	Lung Cancer -
						lung		Committe		Pathology Form
								е		Major Surgical
	-				+	Primary tumor	Primary tumor	CDE	2	Resection
						i minary tumor	i iiiiai y tairioi	Committe	1-	
					1			o		
				 		Lymph node	Lymph node	CDE	3	
					1	_,p		Committe		
								e		
						Bronchus,	Bronchus	CDE	4	
						specify		Committe		
								e	\perp	
						Bronchial tissue,	Bronchial tissue, suspicious for abnormality	CDE	5	
						suspicious for		Committe		
						abnormality		е		
. — —	 	 								

					1			Т	I	I=		1_	
									Dysplastic site	Dysplastic site	CDE Committe	6	
									Normal tissue	Normal tissue	e CDE	7	
									Normal dissac	Normal tissue	Committe	'	
											e		
									Other, specify		CDE	8	
											Committe		
_				_							е		
			How	The type of procedure or method	Specific		l		Biopsy	sample or specimen collected via biopsy	CDE	1	Lung Cancer -
path form			was	used to collect the specimen.		acter					Committe		Pathology Form
		Collect									е		Cytology
		ion	speci										
		Metho d											
		a	obtain										
									Sputum,	sample or specimen collected via spontaneous sputum	CDE	2	
									spontaneous		Committe		
											е		
									Sputum, induced	sample or specimen collected via induced sputum	CDE	3	
											Committe		
									Pleural effusion	sample or specimen collected via pleural effusion	e CDE	4	
									l lourar chaolori	Sumple of opcomen concolor via picarai chadion	Committe	'	
											е		
									Pericardial	sample or specimen collected via pericardial effusion	CDE	5	
									effusion		Committe		
									Abdominal/ascite	sample or specimen collected via abdominal effusion or ascites	CDE	6	
									s effusion		Committe	1	
											е		
									Fine needle	sample or specimen collected via fine needle aspiration	CDE	7	
									aspiration,		Committe		
									specify site	sample or an aimon collected via branchial alvestor lavore	e CDE	8	
									Bronchial alveolar lavage	sample or specimen collected via bronchial alveolar lavage	Committe	0	
									(BAL)		Committee		
									Pleural lavage	sample or specimen collected via pleural lavage	CDE	9	
											Committe		
							<u> </u>				e	1	ļ
									Bronchial	sample or specimen collected via bronchial brushing or	CDE	10	
									brushing/washing	wasning	Committe	1	
									Mediastinoscopy	sample or specimen collected via mediastinoscopy	e CDE	11	
										The second of the model of the second of the	Committe		
									0" "		e	40	
									Other, specify	other, specify	CDE	12	
											Committe	1	
	####	Speci	Condit	The condition or adequacy of the	Specific	Char	12		Satisfactory	Satisfactory	e CDE	1	Lung Cancer -
				specimen as received.	-	acter					Committe	-	Pathology Form
		Conditi									е		Bronchoscopy
		on	men .								005		
									Suboptimal	Suboptimal	CDE	2	
											Committe		
									Inadequate	Inadequate	e CDE	3	
									aaoquato	aaaqaata	Committe	ľ	
											e		
							•		•			•	

Patient	2572	Surgic	Surgic	The surgical technique used to	Specific	Char	70		thoracotomy		CDE	1	Lung Cancer -
Characteristi		al	al	acquire tissue for a definitive		acter					Committe		Pathology Form
cs		Appro	Appro	diagnosis.							е		Major Surgical
		ach	ach						thoracoscopy		CDE	2	Resection
									and additional y		Committe	[
											е		
									thoracoscopy /		CDE	3	
									video-assisted		Committe		
									(VATS), with conversion to		е		
									thoracotomy				
									thoracoscopy /			4	
									video-assisted				
									(VATS) thoracotomy		CDE	1	Lung Cancer -
									liloracolorry		Committe	'	Surgery Form
											e		Surgery r offi
									thoracoscopy		CDE	2	
											Committe		
	<u> </u>				1				th are age · · · ·		e	2	
									thoracoscopy / video-assisted		CDE Committe	3	
									(VATS), with		e		
									conversion to				
									thoracotomy				
									thoracoscopy /			4	
									video-assisted (VATS)				
									thoracotomy		CDE	1	Lung Cancer
											Committe		NSCLC Stage I-
											е		III On-Study
									41		ODE	_	Form
									thoracoscopy		CDE Committe	2	
											Committee		
									thoracoscopy /		CDE	3	
									video-assisted		Committe		
									(VATS), with		е		
									conversion to				
									thoracotomy thoracoscopy /			4	
									video-assisted			l	
									(VATS)				
bottom form	####			A field to identify other diseases	Specific		25		Pneumonia	Pneumonia	CDE	1	Lung Cancer -
		ated		associated with the cancer and		acter		instruction			Committe		Pathology Form
				affecting the same organs and structures being treated.				to form: (check all			е		Major Surgical Resection
		es	with	structures being treated.				that apply)					Resection
			Cance					anat appry)					
	<u> </u>		r								005		
									Emphysema	Emphysema	CDE	2	
											Committe		
									Granulomatous	Granulomatous disease	CDE	3	
									disease		Committe	1	
											е		
									Pneumoconiosis	Pneumoconiosis	CDE	4	
1											Committe		
	l				1		<u> </u>	!	Dogo 22 of 22	!	ie	l	<u>. </u>

							Interstitial fibrosis		CDE Committe	5	
							Other, specify		CDE Committe	6	
	Diseas es, Granul omato	granul omato us diseas	A field to identify other diseases related to granulomatous disease associated with the cancer and affecting the same organs and structures being treated.	Specific	Char acter	12	Tuberculosis		CDE Committe e		Lung Cancer - Pathology Form Major Surgical Resection
		•					Sarcoid		CDE Committe	2	
							Fungal	•	CDE Committe e	3	
	Diseas es,	pneu moco niosis, specif	A field to identify other diseases related with pneumoconiosis associated with the cancer and affecting the same organs and structures being treated.	Specific	Char acter	10	Asbestosis		CDE Committe e		Lung Cancer - Pathology Form - Major Surgical Resection
	10010						Silicosis		CDE Committe e	2	