	Line #	Initial Dx Code	Age at S	Screening Years	Sex (M/F)	(see code	Race s) specify	Hispanic (Y/N)	Scre Month	ening Year	PALF Registry Enrolled (Y/N)	NAC Trial Enrolled (Y/N)	Patient ID
LN	MUI	INITDX	AGEM	AGEYR	SEX	RACE	RACES	HISP	SCRM	SCRY	REG	NAC	ID
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