

Follow-Up: Ampulla of Vater

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



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Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was Hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 9-12.***
3	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 13-16.***
4	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ 5-fluorouracil ☐ Capecitabine ☐ Cisplatin ☐ Gemcitabine ☐ Oxaliplatin ☐ Topotecan ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Hormone Therapy				
9	Hormone therapy administered	☐ Lanreotide ☐ Octreotide ☐ Other (specify)	6326083	Select the hormone therapy administered. ***Note: Questions 9-12 are repeatable as needed to capture each individual hormone therapy administered.*** ***If the hormone therapy is not included in the provided list, proceed to Question 9a, otherwise, skip to Question 10.***
9a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify the therapy.
10	Days from index date to start of hormone therapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with hormone therapy.
11	Days from index date to last known date of hormone therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
13	Immunotherapy administered	☐ Atezolizumab ☐ Avelumab ☐ Durvalumab ☐ Nivolumab ☐ Pembrolizumab ☐ Other (specify)	6326085	Select the immunotherapy administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual immunotherapy administered.*** ***If the immunotherapy is not included in the provided list, proceed to Question 13a, otherwise, skip to Question 14.***
13a	Other immunotherapy	_____	2953828	If the immunotherapy is not included in the provided list, specify the therapy.
14	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
15	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
17	Targeted therapy administered	☐ Erlotinib ☐ Everolimus ☐ Other (specify)	6326084	Select the hormone therapy administered. ***Note: Questions 17-20 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 17a, otherwise, skip to Question 18.***



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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
17a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



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Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Brain

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record. This form should be used for the following Brain Cancers: Embryonal Tumor, Medulloblastoma, Diffuse Midline Glioma, and Lower Grade Glioma.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



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Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 4-7.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 8-11.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 12-15.***
Cytotoxic Chemotherapy				
4	Chemotherapeutic administered	☐ Bevacizumab ☐ Carboplatin ☐ Carmustine ☐ Cisplatin ☐ Cyclophosphamide ☐ Cytarabine ☐ Etoposide ☐ Hydroxyurea ☐ Irinotecan ☐ Lomustine ☐ Panobinostat ☐ Prednisone ☐ Procarbazine ☐ Temozolomide ☐ Vincristine ☐ Vorinostat ☐ Other (specify) ☐ Chemotherapy not given	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 4-7 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 4a, otherwise, skip to Question 5.***
4a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
5	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
6	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
7	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
8	Other Immunotherapy administered	_____	2953828	Specify the immunotherapy. ***Note: Questions 8-11 are repeatable as needed to capture each individual immunotherapy administered.***
9	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.



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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
10	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
11	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
12	Targeted therapy	_____	4308476	Specify targeted therapy. ***Note: Questions 12-15 are repeatable as needed to capture each individual targeted therapy***
13	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
14	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
15	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



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Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Breast

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
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5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



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Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was Hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 9-12.***
3	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 13-16.***
4	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ 5-fluorouracil ☐ Albumin-bound paclitaxel ☐ Capecitabine ☐ Carboplatin ☐ Cisplatin ☐ Cyclophosphamide ☐ Docetaxel ☐ Epirubicin ☐ Eribulin ☐ Gemcitabine ☐ Ixabepilone ☐ Lapatinib ☐ Liposomal doxorubicin ☐ Methotrexate ☐ Mitoxantrone ☐ Neratinib ☐ Paclitaxel ☐ T-DM1 ☐ Trastuzumab ☐ Vinorelbine ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.



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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Hormone Therapy				
9	Hormone therapy administered	☐ Anastrazole ☐ CDK4/6 inhibitor ☐ Exemestane ☐ Fulvestrant ☐ Letrozole ☐ LHRH agonist ☐ Tamoxifen ☐ Toremifene ☐ Other (specify)	2582817	Select the hormone therapy administered. ***Note: Questions 9-12 are repeatable as needed to capture each individual hormone therapy administered.*** ***If the hormone therapy is not included in the provided list, proceed to Question 9a, otherwise, skip to Question 10.***
9a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify the therapy.
10	Days from index date to start of hormone therapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with hormone therapy.
11	Days from index date to last known date of hormone therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
13	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual immunotherapy administered.***
14	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
15	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Targeted Therapy				
17	Targeted therapy administered	☐ Ado-trastuzumab emtansine ☐ Everolimus ☐ Lapatinib ☐ Palbociclib ☐ Pertuzumab ☐ Ribociclib ☐ Trastuzumab ☐ Other (specify)	6068764	Select the hormone therapy administered. ***Note: Questions 17-20 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 17a, otherwise, skip to Question 18.***
17a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



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Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Colon/Rectum

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Colon/Rectum

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ 5-Fluorouracil ☐ 5-FU and Leucovorin ☐ Capecitabine ☐ FOLFIRI ☐ FOLFOX ☐ Irinotecan ☐ Leucovorin ☐ Oxaliplatin ☐ Trifluridine ☐ Trifluridine and Tipiracil ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***



Follow-Up: Colon/Rectum

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Bevacizumab ☐ Cetuximab ☐ Panitumumab ☐ PD-1 inhibitor ☐ Ramuciramab ☐ Regorafenib ☐ Zif-aflibercept ☐ Other (specify)	6033149	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Colon/Rectum

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Endometrium

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Endometrium

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 9-12.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 13-16.***
4	Was hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ Doxorubicin ☐ Liposomal doxorubicin ☐ Cisplatin ☐ Paclitaxel ☐ Carboplatin ☐ Ifosfamide ☐ Etoposide ☐ Gemcitabine ☐ Docetaxel ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
9	Immunotherapy administered	☐ Filgrastim ☐ Other (specify)	7028261	Select the immunotherapeutic(s) used for therapy.
9a	Other Immunotherapy administered	_____	2953828	If the immunotherapy is not included in the provided list, specify the immunotherapy. ***Note: Questions 9-12 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not listed, proceed to Question 9a, otherwise, skip to Question 10.***



Follow-Up: Endometrium

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
10	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
11	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
13	Targeted therapy	☐ Bevacizumab ☐ Everolimus ☐ Ridaforolimus ☐ Other (specify)	7028260	Select the targeted therapeutic(s) administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is listed, proceed to Question 13a, otherwise, skip to Question 14.***
13a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
14	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
15	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Hormone Therapy				
17	Hormone therapy	☐ Medroxyprogesterone acetate ☐ Megestrol acetate ☐ Tamoxifen ☐ Goserelin ☐ Leuprolide ☐ Letrozole ☐ Anastrozole ☐ Exemestane ☐ Progestational IUD ☐ Other (specify)	7028259	Select the hormone therapy administered to the patient. ***Note: Questions 17-20 are repeatable as needed to capture each individual targeted therapy administered. If the hormone therapy is not listed, proceed to Question 17a, otherwise, skip to Question 18.***
17a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with hormone therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Endometrium

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Esophageal

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Esophageal

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Cisplatin; 5-fluorouracil (CF) ☐ Cisplatin; Capecitabine (CX) ☐ Epirubicin; Cisplatin; 5-fluorouracil (ECF) ☐ Epirubicin; Cisplatin; Capecitabine (ECX) ☐ Epirubicin; Oxaliplatin; Capecitabine (EOX) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.



Follow-Up: Esophageal

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Trastuzumab ☐ Ramucirumab ☐ Other (specify)	5880217	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Esophageal

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Ewing Sarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Ewing Sarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Cyclophosphamide ☐ Doxorubicin ☐ Etoposide ☐ Ifosfamide ☐ Vincristine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) ☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Ewing Sarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ IGF-1R inhibitor ☐ Other (specify)	5984832	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Ewing Sarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Glioblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Glioblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Bevacizumab ☐ Temozolomide ☐ Carboplatin ☐ Vincristine ☐ Irinotecan ☐ Vorinostat ☐ Lomustine ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.



Follow-Up: Glioblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	_____	2842797	If targeted therapy was administered, specify the targeted therapeutic. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.***
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Glioblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Hepatocellular Carcinoma and Intrahepatic Bile Duct

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Hepatocellular Carcinoma and Intrahepatic Bile Duct

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 4-7.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 8-11.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 12-15.***
Cytotoxic Chemotherapy				
4	Chemotherapeutic administered	☐ Doxorubicin ☐ 5-Fluorouracil ☐ TS-1 ☐ Cisplatin ☐ Capecitabine ☐ Oxaliplatin ☐ Gemcitabine ☐ FOLFOX (5-FU, Leucovorin, Oxaliplatin) ☐ GEMOX (Gemcitabine, Oxaliplatin) ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 4-7 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 4a, otherwise, skip to Question 5.***
4a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
5	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
6	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
7	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
8	Other Immunotherapy administered	_____	2953828	Specify the immunotherapy. ***Note: Questions 8-11 are repeatable as needed to capture each individual immunotherapy administered.***
9	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.



Follow-Up: Hepatocellular Carcinoma and Intrahepatic Bile Duct

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
10	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
11	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
12	Targeted therapy	☐ Sorafenib ☐ Linifanib ☐ PTK787 ☐ Everolimus ☐ Regorafenib ☐ Ramucirumab ☐ Brivanib ☐ Other (specify)	6428117	Select the targeted therapeutic(s) administered. ***Note: Questions 12-15 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is not included in the provided list, proceed to Question 12a, otherwise, skip to Question 13.***
12a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
13	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
14	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
15	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Hepatocellular Carcinoma and Intrahepatic Bile Duct

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Head and Neck

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Head and Neck

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 9-12.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 13-16.***
4	Was hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 17-21***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ Cisplatin ☐ Carboplatin ☐ Docetaxel ☐ Methotrexate ☐ Carboplatin and Paclitaxel ☐ Cisplatin (Carboplatin) and Paclitaxel ☐ Cisplatin (Carboplatin) and Fluorouracil ☐ Cisplatin (Carboplatin) and Pemetrexed ☐ Carboplatin (Cisplatin), Fluorouracil and Cetuximab ☐ Gemcitabine and Paclitaxel ☐ Carboplatin (Cisplatin), Fluorouracil, and Pembrolizumab ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Head and Neck

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Immunotherapy				
9	Immunotherapy administered	☐ Pembrolizumab ☐ Nivolumab ☐ Cemiplimab ☐ Durvalumab ☐ Ipilimumab ☐ Tremelimumab ☐ Pembrolizumab plus Ipilimumab ☐ Durvalumab plus Tremelimumab ☐ Other (specify)	6788001	Select the immunotherapeutic(s) used for therapy.
9a	Other Immunotherapy administered	_____	2953828	If the immunotherapy is not included in the provided list, specify the immunotherapy. ***Note: Questions 9-12 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not listed, proceed to Question 9a, otherwise, skip to Question 10.***
10	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
11	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
13	Targeted therapy	☐ Cetuximab ☐ Cetuximab, Carboplatin (Cisplatin), Fluorouracil ☐ Cetuximab, Carboplatin, and Paclitaxel ☐ Bevacizumab ☐ Panitumumab ☐ Lenvatinib ☐ Afatinib ☐ Other (specify)	6788000	Select the targeted therapeutic(s) administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is listed, proceed to Question 13a, otherwise, skip to Question 14.***
13a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
14	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
15	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Hormone Therapy				
17	Hormone therapy	☐ Herceptin ☐ Androgen deprivation (specify) ☐ Other (specify)	2582817	Select the hormone therapy administered to the patient. ***Note: Questions 17-21 are repeatable as needed to capture each individual targeted therapy administered. If the hormone therapy is not listed, proceed to Question 17a, otherwise, skip to Question 19. If the androgen deprivation was given, proceed to Question 18.***



Follow-Up: Head and Neck

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
17a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.
18	Specify androgen therapy	_____	6942918	Specify the androgen deprivation therapies administered.
19	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with hormone therapy.
20	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
21	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Head and Neck

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Kidney

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Kidney

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 4-7.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 8-11.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 12-15.***
Cytotoxic Chemotherapy				
4	Chemotherapeutic administered	☐ Sunitinib ☐ Other	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 4-7 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 4a, otherwise, skip to Question 5.***
4a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
5	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
6	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
7	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
8	Immunotherapy administered	☐ Nivolumab/Ipilimumab ☐ Nivolumab ☐ Pembrolizumab and Axitinib ☐ Pembrolizumab ☐ Bevacizumab and interferon ☐ Interferon ☐ IL-2 ☐ Other (specify)	6690669	Select the immunotherapeutic(s) used for therapy.
8a	Other Immunotherapy administered	_____	2185614	If the immunotherapy is not included in the provided list, specify the immunotherapy. ***Note: Questions 8-11 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not included in the provided list, proceed to Question 8a, otherwise, skip to Question 9.***



Follow-Up: Kidney

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
9	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
10	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
11	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
12	Targeted therapy	☐ Sunitinib ☐ Pazopanib ☐ Temsirolimus ☐ Everolimus ☐ Lenvatinib and Everolimus ☐ Lenvatinib ☐ Cabozantinib ☐ Sorafenib ☐ Axitinib ☐ Bevacizumab ☐ Other (specify)	6690668	Select the targeted therapeutic(s) administered. ***Note: Questions 12-15 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is not included in the provided list, proceed to Question 12a, otherwise, skip to Question 13.***
12a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
13	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
14	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
15	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Kidney

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Lung

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Lung

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Albumin-bound Paclitaxel ☐ Cisplatin ☐ Carboplatin ☐ Docetaxel ☐ Etoposide ☐ Gemcitabine ☐ Irinotecan ☐ Paclitaxel ☐ Pemetrexed ☐ Vinblastine ☐ Vinorelbine ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Lung

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Immunotherapy				
6	Immunotherapy administered	☐ Atezolizumab ☐ Ipilimumuab ☐ Nivolumab ☐ Pembrolizumab ☐ Other (specify)	6078897	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.*** ***If the immunotherapy is not included in the provided list, proceed to Question 6a, otherwise, skip to Question 7.***
6a	Other immunotherapy	_____	2953828	If the immunotherapy is not included in the provided list, specify the therapy.
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Afatinib ☐ Alectinib ☐ ASP8273 ☐ Avitinib ☐ Bevacizumab ☐ Ceritinib ☐ Crizotinib ☐ Erlotinib ☐ Gefitinib ☐ Nazartinib ☐ Necitumumab ☐ Nivolumab ☐ Olmutinib ☐ Osimertinib ☐ PF-06747775 ☐ Ramucirumab ☐ Rociletinib ☐ Other (specify)	6078893	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Lung

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Melanoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Melanoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 4-7.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 8-11.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 12-15.***
Cytotoxic Chemotherapy				
4	Chemotherapeutic administered	☐ Nivolumab ☐ Pembrolizumab ☐ Vemurafenib and Cobimetinib ☐ Dabrafenib and Trametinib ☐ Encorafenib and Binimetinib ☐ Ipilimumab ☐ Ipilimumab and Nivolumab ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 4-7 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 4a, otherwise, skip to Question 5.***
4a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
5	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
6	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
7	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
8	Immunotherapy administered	☐ Bacille Calmette-Guerin vaccine ☐ Imiquimod ☐ Interferon-alpha ☐ Interleukin-2 ☐ Ipilimumab ☐ Nivolumab ☐ Pembrolizumab ☐ Talimogene laherparepvec ☐ Other (specify)	6428120	Select the immunotherapeutic(s) administered. ***Note: Questions 8-11 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not included in the provided list, proceed to Question 8a, otherwise, skip to Question 9.***
8a	Other Immunotherapy administered	_____	2953828	If the immunotherapeutic is not included in the provided list, specify the immunotherapy.



Follow-Up: Melanoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
9	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
10	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
11	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
12	Targeted therapy	☐ Cobimetinib ☐ Dabrafenib ☐ Imatinib ☐ Nilotinib ☐ Trametinib ☐ Vemurafenib ☐ Other (specify)	6428117	Select the targeted therapeutic(s) administered. ***Note: Questions 12-15 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is not included in the provided list, proceed to Question 12a, otherwise, skip to Question 13.***
12a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
13	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
14	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
15	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Melanoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Mesothelioma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Mesothelioma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 9-12.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 13-16.***
4	Was hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ Cisplatin and pemetrexed ☐ Gemcitabine ☐ Pemetrexed ☐ Cisplatin ☐ Carboplatin ☐ Vinorelbine ☐ Doxorubicin ☐ Navelbine ☐ Raltitrexed ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
9	Immunotherapy administered	_____	2185614	Specify the immunotherapy. ***Note: Questions 9-12 are repeatable as needed to capture each individual immunotherapy administered.***
10	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.



Follow-Up: Mesothelioma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
11	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
13	Targeted therapy	_____	4308476	Specify the targeted therapy. ***Note: Questions 13-16 are repeatable as needed to capture each individual immunotherapy administered.***
14	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
15	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Hormone Therapy				
17	Hormone therapy	_____	2405358	Specify the hormone therapy. ***Note: Questions 17-20 are repeatable as needed to capture each individual immunotherapy administered.***
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with hormone therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Mesothelioma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Neuroblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Neuroblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Busulfan and Melphalan ☐ Carboplatin ☐ Cis-retinoic acid ☐ Cisplatin ☐ Cyclophosphamide ☐ Doxorubicin ☐ Etoposide ☐ Ifosfamide ☐ Topotecan ☐ Vincristine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) ☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.



Follow-Up: Neuroblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	☐ Dinutuximab ☐ Other (specify)	6010528	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.*** ***If the immunotherapy is not included in the provided list, proceed to Question 6a, otherwise, skip to Question 7.***
6a	Other immunotherapy	_____	2953828	If the immunotherapy is not included in the provided list, specify the therapy.
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ ALK inhibitor ☐ MIBG ☐ Other (specify)	6010389	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Neuroblastoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Osteosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Osteosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Cisplatin ☐ Docetaxel ☐ Doxorubicin ☐ Etoposide ☐ Ifosfamide ☐ Methotrexate ☐ Vincristine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) ☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.



Follow-Up: Osteosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	If immunotherapy was administered, specify the immunotherapy. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	_____	2842797	If targeted therapy was administered, specify the targeted therapeutic. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.***
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Osteosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Ovarian

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Ovarian

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 9-12.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 13-16.***
4	Was Hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ Albumin-bound paclitaxel ☐ Altretamine ☐ Capecitabine ☐ Carboplatin ☐ Cisplatin ☐ Cyclophosphamide ☐ Docetaxel ☐ Etoposide ☐ Gemcitabine ☐ Ifosfamide ☐ Irinotecan ☐ Liposomal doxorubicin ☐ Melphalan ☐ Paclitaxel ☐ Pemetrexed ☐ Topotecan ☐ Vinorelbine ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
9	Immunotherapy administered	☐ Pembrolizumab ☐ Other (specify)	6690669	Select the immunotherapeutic(s) used for therapy.



Follow-Up: Ovarian

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
9a	Other Immunotherapy administered	_____	2185614	If the immunotherapy is not included in the provided list, specify the immunotherapy. ***Note: Questions 9-12 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not included in the provided list, proceed to Question 9aa, otherwise, skip to Question 10.***
10	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
11	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
13	Targeted therapy	☐ Bevacizumab ☐ Niraparib ☐ Olaparib ☐ Rucaparib ☐ Other (specify)	6690668	Select the targeted therapeutic(s) administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is not included in the provided list, proceed to Question 13a, otherwise, skip to Question 14.***
13a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
14	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
15	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Hormone Therapy				
17	Hormone therapy	☐ Anastrozole ☐ Exemestane ☐ Goserelin ☐ Letrozole ☐ Leuprolide ☐ Tamoxifen ☐ Other (specify)	2582817	Select the hormone therapeutic(s) administered. ***Note: Questions 17-20 are repeatable as needed to capture each individual targeted therapy administered. If the hormone therapy is not included in the provided list, proceed to Question 17a, otherwise, skip to Question 18.***
17a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify the hormone therapy.
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Ovarian

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Pancreas

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Pancreas

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ 5-Fluorouracil ☐ Albumin-bound paclitaxel ☐ Capecitabine ☐ Cisplatin ☐ Docetaxel ☐ Folfirinox (Oxaliplatin + Leucovorin + Irinotecan + 5-FU) ☐ Gemcitabine ☐ Gemcitabine abraxane ☐ Irinotecan ☐ Irinotecan liposome ☐ Oxaliplatin ☐ Paclitaxel ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Pancreas

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Erlotinib ☐ Other (specify)	5983083	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Pancreas

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Pediatric Liver

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Pediatric Liver

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ 5-fluorouracil ☐ Carboplatin ☐ Cisplatin ☐ Doxorubicin ☐ Etoposide ☐ Ifosfamide ☐ Pirarubicin ☐ Vincristine ☐ Vinorelbine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) ☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.



Follow-Up: Pediatric Liver

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

	pharmaceutical treatment			
Question	**Question Text**	**Data Entry Options**	**CDE ID**	**Instruction Text**
5	Is the patient still receiving treatment?	☐ Yes ☐ No Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Sorafenib ☐ Other (specify)	6010754	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Pediatric Liver

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Prostate

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Prostate

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 9-12.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 13-16.***
4	Was hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ Docetaxel ☐ Androgen deprivation therapy (ADT) ☐ Other (specify)	2853873	Select the chemotherapeutic(s) used for therapy. ***Note: Questions 5-8 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
9	Immunotherapy administered	☐ Provenge ☐ Pembrolizumab ☐ Nivolumab ☐ Ipilimumab ☐ Other (specify)	6819519	Select the immunotherapeutic(s) used for therapy.
9a	Other Immunotherapy administered	_____	2953828	If the immunotherapy is not included in the provided list, specify the immunotherapy. ***Note: Questions 9-12 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not listed, proceed to Question 9a, otherwise, skip to Question 10.***



Follow-Up: Prostate

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
10	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
11	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
13	Targeted therapy	☐ Bevacizumab ☐ AZD5363 ☐ MK2206 ☐ Olaparib ☐ Rucaparib ☐ Niraparib ☐ Other (specify)	6819512	Select the targeted therapeutic(s) administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual targeted therapy administered. If the targeted therapy is listed, proceed to Question 13a, otherwise, skip to Question 14.***
13a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
14	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
15	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Hormone Therapy				
17	Hormone therapy	☐ Leuprolide ☐ Goserelin ☐ Triptorelin ☐ Histrelin ☐ Degarelix ☐ Orteranel ☐ Abiraterone ☐ Flutamide ☐ Bicalutamide ☐ Nilutamide ☐ Enzalutamide ☐ Apalutamide ☐ Darolutamide ☐ Itraconazole ☐ Ketoconazole ☐ Other (specify)	6819511	Select the hormone therapy administered to the patient. ***Note: Questions 17-20 are repeatable as needed to capture each individual targeted therapy administered. If the hormone therapy is not listed, proceed to Question 17a, otherwise, skip to Question 18.***
17a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with hormone therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Prostate

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Rhabdomyosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Rhabdomyosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Doxorubicin ☐ Ifosfamide and Etoposide ☐ Irinotecan ☐ Temozolomide ☐ Vincristine ☐ Vinorelbine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) ☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.



Follow-Up: Rhabdomyosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Temsirolimus ☐ Other (specify)	6005154	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Rhabdomyosarcoma

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Rare

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record. The Rare Cancer Follow-up Form should be used for the following cancer types: Bladder Cancer, Chordoma, Duodenal Gastrinoma, Epithelial Sarcoma, Extrahepatic Cholangiocarcinoma, Gallbladder Cancer, Malignant Spindle Cell Neoplasm, Mullerian Carcinoma, Small Intestine Cancer, and Thyroid Cancer.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Rare

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 5-8.***
2	Was hormone therapy administered?	☐ Yes ☐ No ☐ Unknown	6385020	Indicate whether the patient received hormone therapy. ***Note: If hormone therapy was administered, proceed to the "Hormone Therapy" section, Questions 9-12.***
3	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 13-16.***
4	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 17-20.***
Cytotoxic Chemotherapy				
5	Chemotherapeutic administered	☐ 5-fluorouracil ☐ Albumin-bound paclitaxel ☐ Capecitabine ☐ Carboplatin ☐ Cisplatin ☐ Cyclophosphamide ☐ Docetaxel ☐ Epirubicin ☐ Eribulin ☐ Gemcitabine ☐ Ixabepilone ☐ Lapatinib ☐ Liposomal Doxorubicin ☐ Methotrexate ☐ Mitoxantrone ☐ Neratinib ☐ Paclitaxel ☐ T-DM1 ☐ Trastuzumab ☐ Vinorelbine ☐ Other (specify) ☐ Chemotherapy not given	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
6	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
7	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
8	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Rare

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Hormone Therapy				
9	Hormone therapy administered	_____	2405358	List the hormone therapeutic administered. ***Note: Questions 9-12 are repeatable as needed to capture each individual hormone therapy administered.***
10	Days from index date to start of hormone therapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with hormone therapy.
11	Days from index date to last known date of hormone therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of hormone therapy treatment.
12	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
13	Immunotherapy administered	_____	2185614	List the immunotherapeutic administered. ***Note: Questions 13-16 are repeatable as needed to capture each individual immunotherapy administered.***
14	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
15	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
16	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
17	Targeted therapy	_____	4308476	List the targeted therapeutic. ***Note: Questions 17-20 are repeatable as needed to capture each individual targeted therapy administered.***
18	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
19	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
20	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Rare

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Stomach

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Stomach

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Carboplatin ☐ Cisplatin; 5-fluorouracil (5-FU) and Trastuzumab ☐ Docetaxel ☐ Epirubicin ☐ Epirubicin; Cisplatin; 5-fluorouracil (ECF) ☐ Epirubicin; Cisplatin; Capecitabine (ECX) ☐ Epirubicin; Oxaloplatin; Capecitabine (EOX) ☐ Irinotecan ☐ Oxaliplatin ☐ Paclitaxel ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Stomach

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	☐ Ramucirumab ☐ Trastuzumab ☐ Other (specify)	6270571	Select the targeted therapy administered. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.*** ***If the targeted therapy is not included in the provided list, proceed to Question 10a, otherwise, skip to Question 11.***
10a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify the therapy.
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Stomach

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Wilms Tumor

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____

Completed By: _____ Completion Date (MM/DD/YYYY): _____

Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Follow-Up Patient Status				
4	Number of days from index date to date of last follow-up	_____	3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	☐ Alive ☐ Dead ☐ Lost to follow-up	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. ***Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.***
6	Number of days from index date to date of death	_____	3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	☐ Related to this cancer ☐ Non-cancer related ☐ Related to another cancer ☐ Other (specify) ☐ Unknown	2554674	Indicate the patient's cause of death.
7a	Other cause of death	_____	4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	☐ No evidence of disease ☐ Stable disease ☐ Progressive disease ☐ Unknown	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment Information				
9	Was surgery performed as part of the primary disease treatment plan?	☐ Yes ☐ No ☐ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. ***Note: If the patient did not receive surgical treatment, skip to Question 11.***
10	Number of days from index date to date of surgical treatment	_____	3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	☐ Yes ☐ No ☐ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. ***Note: If the patient did have systemic adjuvant therapy, the Pharmaceutical Supplemental Form should be completed.***
12	Was adjuvant radiation therapy administered?	☐ Yes ☐ No ☐ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. ***Note: If the patient had adjuvant radiation therapy, the Radiation Supplemental Form should be completed.***



Follow-Up: Wilms Tumor

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Was cytotoxic chemotherapy administered?	☐ Yes ☐ No ☐ Unknown	5628399	Indicate whether the patient received cytotoxic chemotherapy. ***Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 2-5.***
2	Was immunotherapy (cellular and immune checkpoint) administered?	☐ Yes ☐ No ☐ Unknown	3057655	Indicate whether the patient received immunotherapy. ***Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 6-9.***
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	☐ Yes ☐ No ☐ Unknown	2785850	Indicate whether the patient received targeted therapy. ***Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 10-13.***
Cytotoxic Chemotherapy				
2	Chemotherapeutic administered	☐ Cyclophosphamide ☐ Dactinomycin ☐ Doxorubicin ☐ Etoposide ☐ Ifosfamide, Carboplatin, Cisplatin ☐ Irinotecan ☐ Vincristine ☐ Vincristine, actinomycin-D, cyclophosphamide (VAC) ☐ Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) ☐ Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) ☐ Ifosfamide, carboplatin, etoposide (ICE) ☐ Vincristine, irinotecan, temozolomide (VIT) ☐ High-dose methotrexate, doxorubicin, cisplatin (MAP) ☐ Other (specify)	2853873	Select the chemotherapeutic used for therapy. ***Note: Questions 2-5 are repeatable as needed to capture each individual chemotherapeutic administered.*** ***If the chemotherapeutic is not included in the provided list, proceed to Question 2a, otherwise, skip to Question 3.***
2a	Other chemotherapeutic	_____	2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
3	Days from index date to start of pharmaceutical treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
4	Days from index date to last known date of pharmaceutical treatment	_____	65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.



Follow-Up: Wilms Tumor

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
5	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Immunotherapy				
6	Immunotherapy administered	_____	2185614	Select the immunotherapy administered. ***Note: Questions 6-9 are repeatable as needed to capture each individual immunotherapy administered.***
7	Days from index date to start of immunotherapy treatment	_____	5102411	Provide the number of days from the index date to the date of the initiation of treatment with immunotherapy.
8	Days from index date to last known date of immunotherapy treatment	_____	65167	Provide the number of days from the index date to the last known date of immunotherapy treatment.
9	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.
Targeted Therapy				
10	Targeted therapy administered	_____	2842797	If targeted therapy was administered, specify the targeted therapeutic. ***Note: Questions 10-13 are repeatable as needed to capture each individual targeted therapy administered.***
11	Days from index date to start of targeted therapy treatment	_____	5102411	Provide the number of days from the index date to the date of initiation of treatment with targeted therapy.
12	Days from index date to last known date of targeted therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of targeted therapy treatment.
13	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.



Follow-Up: Wilms Tumor

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
Completed By: _____ Completion Date (MM/DD/YYYY): _____

Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified	3028890	Provide the type of adjuvant radiation therapy that was administered to the patient, if not collected on the enrollment form for this patient. ***Note: If the radiation therapy type is not included in the provided list, proceed to Question 1a, otherwise, skip to Question 2.***
1a	Other radiation therapy	_____	3028890	If the radiation therapy type is not included in the provided list, specify the type.
2	Days from index date to start of adjuvant radiation therapy treatment	_____	5102411	Provide the number of days from the index date to the date of treatment with adjuvant post-operative radiation therapy.
3	Days from index date to last known date of adjuvant radiation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of radiation therapy treatment.
4	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing treatment.