Enrollment: Brain

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

Form Notes: An Enrollment Form should be completed for each HCMI case upon qualification notice from Leidos. All information provided on this form should include activity from the Date of Initial Pathologic Diagnosis to the most recent Date of Last Contact with the patient. 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.***
Patient Information				
4	Number of days from index date to date of last contact	_____	3008273	Provide the number of days from the index date to the date of last contact.
5	Patient age on index date	_____	6379572	Provide the age (in days) of the patient on the index date. ***Note: If the patient's age is greater than 32,872 days (90 years), please enter 32,872.***
6	Gender	☐ Male ☐ Female ☐ Unspecified	2200604	Provide the patient's gender using the defined categories. ***Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.***
7	Height	_____	649	Provide the patient's height, in centimeters.
8	Weight	_____	651	Provide the patient's weight, in kilograms.
9	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
10	Race	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Unknown ☐ Not reported	2192199	Provide the patient's race using the defined categories. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. **Asian:** A person having origins in any of the peoples of the Far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. **Black or African American:** A person having origins in any of the black racial groups of Africa. **Native Hawaiian or other Pacific Islander:** A person having origins on any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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	Question Text	Data Entry Options	CDE ID	Instruction Text
11	Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Not reported	2192217	Provide the patient's ethnicity using the defined categories. **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. **Not Hispanic or Latino:** A person not meeting the definition of Hispanic or Latino.
12	Year of birth	_____	2896954	Provide the year of the patient's birth. If the patient was born prior to 1928, insert the date 1928.
13	Family history of cancer	☐ Same ☐ Different ☐ None ☐ Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?
14	Smoking history	☐ Lifelong non-smoker (<100 cigarettes smoked in a lifetime) ☐ Current smoker (includes daily and non-daily smokers) ☐ Current reformed smoker (duration not specified) ☐ Current reformed smoker for >15 years ☐ Current reformed smoker for ≤15 years	2181650	Indicate the patient's history of tobacco smoking as well as their current smoking status using the defined categories.
15	Metastasis at diagnosis assessment status	☐ Metastatic ☐ Non-metastatic (confirmed) ☐ Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor.
16	Metastatic site(s) at diagnosis	☐ Ascites ☐ Bone ☐ Brain ☐ Bone marrow ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver ☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal cord ☐ Other (specify)	3029815	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. ***Note: If the anatomic site of tumor tissue is not listed, proceed to Question 16a, otherwise, skip to Question 17.***
16a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
Biospecimen Information				
17	Tissue sample type(s) collected for HCMI for this case	☐ Normal tissue ☐ Primary tumor ☐ Metastatic ☐ Recurrent ☐ Other tissue	2006911	Please select all the tissue sample types submitted for HCMI with this case.
18	Number of NORMAL tissues biospecimens collected for HCMI for this case	_____	6584256	Please provide the number of normal tissue specimens obtained for HCMI for this case. ***Note: This number is expected to be 1.***
19	Number of PRIMARY cancer tissue biospecimens collected for HCMI model development for this case	_____	6584257	Please provide the number of primary tumor specimens obtained for HCMI for this case. ***Note: A single primary tumor biospecimen obtained that is portioned for both sequencing and model generation counts as 1 single primary tumor specimen. This number is expected to be 1.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
20	Number of METASTATIC/ RECURRENT cancer tissue biospecimens collected for HCMI model development for this case	_____	6584258	Please provide the number of metastatic and/or recurrent cancer biospecimens collected for HCMI for this case. ***Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.***
21	Number of OTHER tissue biospecimens collected for HCMI model development for this case	_____	6584259	Please provide the number of pre-malignant, non-malignant, or dysplastic tissue biospecimens collected for HCMI for this case. ***Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.***
22	Total number of tissue biospecimens collected for HCMI for this case	_____	6584271	Please provide the total number of tissue biospecimens collected for HCMI for this case. ***Note: This number should be the sum of the normal, primary tumor, metastatic/recurrent tumor, and other biospecimen counts above.***
Normal Control Information				
23	Normal tissue biospecimen ordinal	_____	6584264	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
24	CMDC sample ID	_____	6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
25	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
26	Type of normal control	☐ Whole blood ☐ Buccal cells ☐ Buffy coat ☐ Lymphocytes ☐ Extracted DNA from blood ☐ Extracted DNA from saliva ☐ Extracted DNA from buccal cells ☐ Extracted DNA from normal tissue (specify) ☐ FFPE non-neoplastic tissue (specify) ☐ Non-neoplastic tissue (specify)	3081936	Indicate the type of normal control submitted for this case. ***Note: if normal tissue or non-neoplastic tissue is selected, proceed to Question 26a, otherwise, skip to Question 27.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
26a	Other anatomic site of normal tissue	_____	3288189	If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, provide the anatomic site of the normal tissue. ***Proceed to Question 26b.***
26b	Distance from tumor to normal control tissue (if not blood)	☐ Adjacent (< or = 2cm) ☐ Distal (>2cm) ☐ Unknown ☐ Not applicable	3088708	Indicate the distance from the site of normal tumor collection to the primary tumor. ***Note: If normal tissue was not submitted, select 'Not applicable'.***
27	Normal tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tumor Biospecimen Information				
28	ICD-10 code for primary tumor	☐ C71.0 ☐ C71.1 ☐ C71.3 ☐ C71.4 ☐ C71.5 ☐ C71.6 ☐ C71.7 ☐ C71.8 ☐ C71.8 ☐ C71.9 ☐ C71.9 ☐ C72.9 ☐ Other (specify)	3226287	Provide the ICD-10 code for the primary tumor as used to generate the ID3 for this subject. ***Note: If the ICD-10 code is not listed, proceed to Question 28a, otherwise, skip to Question 29***
28a	Other ICD-10 code for primary tumor	_____	3226287	If the ICD-10 code for the tumor used to generate the model submitted to HCMI is not included on the provided list, specify the ICD-10 code.
29	Tumor Morphology	☐ 9380/3 ☐ 9382/3 ☐ 9392/3 ☐ 9400/3 ☐ 9401/3 ☐ 9421/1 ☐ 9424/3 ☐ 9451/3 ☐ 9470/3 ☐ 9471/3 ☐ 9474/3 ☐ 9490/3 ☐ 9500/3 ☐ 9501/3 ☐ 9502/3 ☐ 9505/3 ☐ 9508/3 ☐ 9550/3 ☐ Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. ***Note: If the ICD-O-3 histology code of the primary tumor is not listed, proceed to Question 29a, otherwise, skip to Question 30.***
29a	Specify other morphology	_____	3226275	If the ICD-O-3 histology code describing the morphology of the patient's primary tumor is not included on the previous list, provide the ICD-O-3 histology code.
30	Tissue or organ of origin	☐ Brain ☐ Spinal cord ☐ Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. ***Note: If the primary site of the disease is not listed, proceed to Question 30a, otherwise skip to Question 31.***
30a	Other tissue or organ of origin	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.

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		☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva		
Question	**Question Text**	**Data Entry Options**	**CDE ID**	**Instruction Text**
31	Histological Type	☐ Brain cancer ☐ Other (specify)	3081932	Select the surgical pathology text description of the histological tumor type. ***Note: If the histological tumor type is not listed, proceed to Question 31a, otherwise, skip to Question 32.***
31a	Other histological type	_____	3294805	If the traditional surgical pathology text description of the histological tumor type is not included on the previous list, please specify the histological type.
32	Brain cancer type	☐ Diffuse midline glioma (DIPG) ☐ Embryonal tumor ☐ Lower grade glioma ☐ Medulloblastoma		Select the brain tumor type.
33	Histological subtype	☐ Anaplastic astrocytoma ☐ Anaplastic ganglioglioma ☐ Anaplastic oligodendroglioma ☐ Anaplastic pleomorphic xanthoastrocytoma ☐ Classic medulloblastoma ☐ CNS atypical teratoid/rhabdoid tumor ☐ CNS ganglioneuroblastoma ☐ CNS neuroblastoma ☐ Desmoplastic/nodular medulloblastoma ☐ Embryonal tumor, NOS ☐ ETMR ☐ Indeterminate medulloblastoma ☐ Large cell/anaplastic medulloblastoma ☐ Lower grade glioma, NOS ☐ Medulloblastoma with extensive nodularity ☐ Medulloblastoma, NOS ☐ Medulloepithelioma ☐ Oligodendroglioma ☐ Pilocytic astrocytoma ☐ Other (specify)	3081934	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor. ***Note: If the histological subtype is not listed, proceed to Question 33a, otherwise, skip to Question 34.***
33a	Other histological subtype	_____	5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
34	Prior malignancy (of the same cancer type)	☐ Yes ☐ No ☐ Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
35	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
36	WHO grade: lower grade glioma	☐ WHO Grade II ☐ WHO Grade III	2181858	Indicate grade of the lower grade glioma tumor according to the WHO guidelines.
37	WHO grade: diffuse midline glioma (DIPG), embryonal tumor, or medulloblastoma	☐ WHO Grade IV	2181858	Indicate grade of the diffuse midline glioma (DIPG), embryonal tumor, or medulloblastoma tumor according to the WHO guidelines.
38	Performance status score: Karnofsky score	☐ 100: Normal, no complaints ☐ 90: Able to carry out normal activity, minor signs or symptoms of disease ☐ 80: Normal activity with effort, some signs or symptoms of disease ☐ 70: Cares for self, unable to carry on normal activity or do active work ☐ 60: Requires occasional assistance, but is able to care for most of his/her needs ☐ 50: Requires considerable assistance and frequent medical care ☐ 40: Disabled, requires special care ☐ 30: Severely disabled ☐ 20: Very sick, requiring hospitalization ☐ 10: Moribund, fatal processes progressing rapidly ☐ 0: Dead; Not Evaluated; Unknown	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
39	Number of days from index date to the date initial score obtained for the Karnofsky performance status scale	_____	3479270	Provide the number of days from the index date to the date that the Karnofsky performance status assessment was performed.
40	Performance status score: Eastern Cooperative Oncology Group	☐ 0 Asymptomatic ☐ 1 Symptomatic, but fully ambulatory ☐ 2 Symptomatic, in bed less than 50% of the day ☐ 3 Symptomatic, in bed more than 50% of the day, but not bed-ridden ☐ 4 Bed-ridden ☐ 5 Dead ☐ Not evaluated ☐ Unknown	88	Indicate the ECOG functional performance status of the patient/participant.
41	Number of days from index date to the date initial score obtained for the ECOG performance status scale	_____	3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.
42	Hereditary cancer predisposition syndrome	☐ Fanconi anemia ☐ Gorlin syndrome ☐ Li-Fraumeni syndrome ☐ Lynch syndrome ☐ Rubinstein-Taybi syndrome ☐ Turcot syndrome ☐ Unknown ☐ Not Applicable	6002201	Indicate any hereditary cancer predisposition syndromes identified in the patient.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Lower Grade Glioma Primary Tumor-specific Questions				
43	Laterality of site	☐ Right ☐ Left ☐ Midline	827	Provide the side of the body on which the lower grade glioma first developed.
44	Tumor site	☐ Supratentorial, frontal lobe ☐ Supratentorial, temporal lobe ☐ Supratentorial, parietal lobe ☐ Supratentorial, occipital lobe ☐ Posterior fossa, cerebellum ☐ Posterior fossa, brain stem ☐ Supratentorial, not otherwise specified	3139375	Select the anatomic location of the lower grade glioma within the brain.
45	Supratentorial localization	☐ Cerebral cortex ☐ Deep gray ☐ Spinal cord ☐ White matter ☐ Not listed on medical record	3133891	Select the location of the supratentorial tumor.
46	Symptom related to disease that presented first	☐ Headaches ☐ Mental status changes ☐ Motor/movement changes ☐ Seizures ☐ Sensory changes ☐ Visual changes ☐ Unknown	3133911	Select the patient's/participant's first presenting symptom of disease.
Primary Tumor Clinical Molecular Characterization				***Note: For Diffuse Midline Glioma (DIPG), continue to Question 47. For Lower Grade Glioma, proceed to Question 59. For Medulloblastoma, proceed to Question 66. Otherwise, proceed to Question 69.***
Diffuse Midline Glioma (DIPG) Primary Tumor Clinical Molecular Characterization				
47	Was H3 K27 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062598	Indicate whether H3 K27 mutation analysis was performed.
48	Was a mutation in H3 K27 identified?	☐ Yes ☐ No	6002202	Indicate whether H3 K27 mutation was identified.
49	If H3 K27 mutation identified, in which variant was it found?	☐ H3.1 ☐ H3.3 ☐ Other	6002205	Select the H3 K27 mutation identified.
50	Was H3 K27M IHC performed?	☐ Yes ☐ No ☐ Unknown	6062409	Indicate whether H3 K27M was assessed by immunohistochemistry (IHC).
51	H3 K27M expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6002203	Indicate the expression of H3 K27M by immunohistochemistry (IHC).
52	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.
53	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing.
54	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH1 R132C ☐ IDH1 R132S ☐ IDH1 R132G ☐ IDH1 R132L ☐ IDH2 R172W ☐ IDH2 R172K ☐ IDH2 R172M ☐ Other (specify)	6002206	Select the mutation identified in IDH1/2. ***Note: If the IDH1/2 mutation is not listed, proceed to Question 54a, otherwise, skip to Question 55.***
54a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
55	What method was used to identify the IDH1/2 mutation?	☐ Cancer hotspot panel ☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Specify the method used to identify mutations. ***Note: If the method of mutation identification is not listed, proceed to Question 55a, otherwise, skip to Question 56.***
55a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.
56	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
57	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
58	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb) ☐ No evidence of MMR alteration	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Lower Grade Glioma Primary Tumor Clinical Molecular Characterization				
59	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.
60	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing.
61	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH1 R132C ☐ IDH1 R132S ☐ IDH1 R132G ☐ IDH1 R132L ☐ IDH2 R172W ☐ IDH2 R172K ☐ IDH2 R172M ☐ Other (specify)	6002206	Select the mutation identified in IDH1/2. ***Note: If the IDH1/2 mutation is not listed, proceed to Question 61a, otherwise, skip to Question 62.***
61a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
62	What method was used to identify the mutation?	☐ Next generation targeted sequencing ☐ Cancer hotspot panel ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Specify the method used to identify mutations. ***Note: If the method of mutation identification is not listed, proceed to Question 62a, otherwise, skip to Question 63.***
62a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.
63	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
64	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
65	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb) ☐ No evidence of MMR alteration	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Medulloblastoma Primary Tumor Clinical Molecular Characterization				
66	MYCN gene amplification status	☐ Amplified ☐ Not amplified ☐ Not done ☐ Unknown	4616052	Indicate the amplification status of the MYCN gene.
67	Genetically defined subclass	☐ WNT-activated ☐ SHH-activated ☐ Non-WNT/non-SHH activated ☐ Not determined	6002209	Select the subclass of the medulloblastoma based on molecular features.
68	What are the markers that were used to determine WNT- or SHH- activation?	_____	6002210	Specify the genetic information used to determine the medulloblastoma subclass.
Primary Tumor Sample Information				
69	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No		***If yes, proceed to question 70, otherwise, skip to Question 86.***
70	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. ***Note: This number should be "1".***
71	CMDC sample ID	_____	6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
72	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
73	Sample represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? ***Note: If no, continue to Question 74. If yes, skip to Question 75.***
74	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
75	Tumor tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
76	Anatomic site of tumor from which model was derived	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ Liver ☐ Lung ☐ Lymph node ☐ Pleural effusion ☐ Pleural nodules ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify) ☐ Unknown	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. ***Note: If the tissue or organ of origin is not listed, proceed to Question 76a. Otherwise, skip to Question 77.***
76a	Other anatomic site from which the tumor was obtained	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
77	Method of cancer sample procurement	☐ Biopsy ☐ Gross total resection ☐ Subtotal resection ☐ Other method (specify)	3103514	Provide the procedure performed to obtain the primary tumor tissue. ***Note: If the method of procurement is not listed, proceed to Question 77a, otherwise, skip to Question 78.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
77a	Specify the other method of tumor sample procurement	_____	2006730	Specify the procedure performed to obtain the primary tumor tissue, if not included in the previous list.
78	Number of days from index date to date of tumor sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the tumor tissue submitted for HCMI.
79	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
80	Primary model biospecimen ordinal	_____	6594596	Please provide a number to identify which biospecimen this is in the sequence. ***Note: This number is expected to be "1".***
81	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
82	BPC submitter ID (if available)		6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
83	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
84	Model's primary tumor tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the PRIMARY TUMOR TISSUE from which this model is derived.
85	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
86	History of neoadjuvant treatment	☐ No ☐ Yes; radiation prior to resection ☐ Yes; pharmaceutical treatment prior to resection ☐ Yes; both radiation and pharmaceutical treatment prior to resection ☐ Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. ***Note: Radiation therapy is addressed in Questions 94-95. Pharmaceutical therapy is addressed in Questions 87-93.***
87	Neoadjuvant chemotherapy type	☐ Cytotoxic chemotherapy ☐ Immunotherapy (cellular and immune checkpoint) ☐ Targeted therapy (small molecule inhibitors and targeted antibodies) ☐ Not applicable	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. ***Note: Cytotoxic chemotherapy is addressed in Questions 88-89. Immunotherapy is addressed in Questions 90-91 Targeted therapy is addressed in Questions 92-93.***

Enrollment: Brain

Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
88	Neoadjuvant chemotherapeutic regimen	☐ Bevacizumab ☐ Carboplatin ☐ Carmustine ☐ Cisplatin ☐ Cyclophosphamide ☐ Cytarabine ☐ Etoposide ☐ Hydroxyurea ☐ Irinotecan ☐ Lomustine ☐ Panobinostat ☐ Prednisone ☐ Procarbazine ☐ Temozolomide ☐ Vincristine ☐ Vorinostat ☐ Other (specify) ☐ Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. ***Note: If neoadjuvant chemotherapy was not given, skip to Question 90. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 88a, otherwise, skip to Question 89.***
88a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
89	Days to neoadjuvant chemotherapy treatment from index date	_____	5102411	Provide the number of days from index date to the date of treatment with neoadjuvant chemotherapy.
90	Specify immunotherapy	_____	2953828	Provide the name of the immunotherapy administered to the patient.
91	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
92	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
93	Days to targeted therapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with targeted therapy.
94	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified ☐ Not applicable	3028890	Provide the type of radiation therapy that was administered to the patient. ***Note: If radiation therapy was not administered, proceed to Question 96. If the radiation therapy is not listed, proceed to Question 94a, otherwise, skip to Question 95.***
94a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
95	Days to radiation treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with radiation therapy.
Metastatic/Recurrent Tumor Biospecimen Information				
96	Are you submitting a metastatic/recurrent tumor tissue sample?	☐ Yes ☐ No		A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. ***Note: If yes, proceed to Question 97. If no, proceed to Question 199.***

Enrollment: Brain

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
97	Metastatic tissue biospecimen ordinal	_____	6584266	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1", the second should be number "2", etc.***
98	CMDC tissue ID	_____	6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
99	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
100	Metastatic/ recurrent tumor tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
101	Number of days from index date to date of diagnosis of metastasis/recurrence	_____	6132218	Provide the number of days from the index date to the date of diagnosis of metastatic/recurrent disease.
102	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Gross total resection ☐ Subtotal resection ☐ Other method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. ***Note: If the method of procurement is not listed, proceed to Question 102a, otherwise, skip to Question 103.***
102a	Other method of cancer sample procurement	_____	6587390	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
103	Number of days from index date to date of metastatic/ recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
104	Metastatic/recurrent site	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver ☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. ***Note: If the metastatic/recurrent site is not listed, proceed to Question 104a, otherwise, skip to Question 105.***
104a	Other metastatic/ recurrent site	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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		☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx ☐ Other ill-defined sites ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva		
105	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
106	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
107	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the metastatic/recurrent tumor used to generate the model submitted to HCMI.
108	Maintenance and/or consolidation therapy administered prior to collection of metastatic/ recurrent tissue	_____	6119066	Provide the name(s) of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic/recurrent tissue used to develop the model.
109	Days to start of maintenance and/or consolidation therapy from index date	_____	5102411	Provide the number of days from the index date to the date maintenance and/or consolidation therapy started.
110	Days to last known administration date of maintenance and/or consolidation therapy from index date	_____	5102431	Provide the number of days from the index date to the last known date of maintenance and/or consolidation therapy.
111	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
112	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.

Enrollment: Brain

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
113	Performance status score: Karnofsky score	☐ 100: Normal, no complaints ☐ 90: Able to carry out normal activity, minor signs or symptoms of disease ☐ 80: Normal activity with effort, some signs or symptoms of disease ☐ 70: Cares for self, unable to carry on normal activity or do active work ☐ 60: Requires occasional assistance, but is able to care for most of his/her needs ☐ 50: Requires considerable assistance and frequent medical care ☐ 40: Disabled, requires special care ☐ 30: Severely disabled ☐ 20: Very sick, requiring hospitalization ☐ 10: Moribund, fatal processes progressing rapidly ☐ 0: Dead; Not Evaluated; Unknown	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
114	Number of days from index date to the date initial score obtained for the Karnofsky performance status scale	_____	3479270	Provide the number of days from the index date to the date that the Karnofsky performance status assessment was performed.
115	Performance status score: Eastern Cooperative Oncology Group (ECOG)	☐ 0 Asymptomatic ☐ 1 Symptomatic, but fully ambulatory ☐ 2 Symptomatic, in bed less than 50% of the day ☐ 3 Symptomatic, in bed more than 50% of the day, but not bed-ridden 4 Bed-ridden ☐ 5 Dead ☐ Not evaluated ☐ Unknown	88	Indicate the ECOG functional performance status of the patient/participant.
115a	Number of days from index date to the date score obtained for ECOG performance status	_____	3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.
Lower Grade Glioma Metastatic/Recurrent Tumor-specific Questions				
116	Laterality of site	☐ Right ☐ Left ☐ Midline	827	Provide the side of the body on which the metastatic/recurrent lower grade glioma developed.
117	Tumor site	☐ Supratentorial, frontal lobe ☐ Supratentorial, temporal lobe ☐ Supratentorial, parietal lobe ☐ Supratentorial, occipital lobe ☐ Posterior fossa, cerebellum ☐ Posterior fossa, brain stem ☐ Supratentorial, not otherwise specified	3139375	Select the anatomic location of the lower grade glioma within the brain.
118	Supratentorial localization	☐ Cerebral cortex ☐ Deep gray ☐ Spinal cord ☐ White matter ☐ Not listed on medical record	3133891	Select the location of the supratentorial tumor.
119	Symptom related to disease that presented first	☐ Headaches ☐ Mental status changes ☐ Motor/movement changes ☐ Seizures ☐ Sensory changes ☐ Visual changes ☐ Unknown	3133911	Select the patient's/participant's first presenting symptom of disease.

Enrollment: Brain

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
Metastatic/Recurrent Tumor Clinical Molecular Characterization				***Note: For metastatic/recurrent Diffuse Midline Glioma (DIPG), continue to question 120. For metastatic/recurrent Lower Grade Glioma, proceed to Question 132. For metastatic/recurrent Medulloblastoma, proceed to Question 139. Otherwise, proceed to Question 143.***
Diffuse Midline Glioma (DIPG) Metastatic/Recurrent Tumor Clinical Molecular Characterization				
120	Was H3 K27 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062598	Indicate whether H3 K27 mutation analysis was performed.
121	Was a mutation in H3 K27 identified?	☐ Yes ☐ No	6002202	Indicate whether H3 K27 mutation was identified.
122	If H3 K27 mutation identified, in which variant was it found?	☐ H3.1 ☐ H3.3 ☐ Other	6002205	Select the H3 K27 mutation identified.
123	Was H3 K27M IHC performed?	☐ Yes ☐ No ☐ Unknown	6062409	Indicate whether H3 K27M was assessed by immunohistochemistry (IHC).
124	H3 K27M expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6002203	Indicate the expression of H3 K27M by immunohistochemistry (IHC).
125	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.
126	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No		
127	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH1 R132C ☐ IDH1 R132S ☐ IDH1 R132G ☐ IDH1 R132L ☐ IDH2 R172W ☐ IDH2 R172K ☐ IDH2 R172M ☐ Other (specify)	6002206	***Note: If the IDH1/2 mutation is not listed, proceed to Question 127a, otherwise, skip to Question 128.***
127a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
128	What method was used to identify the IDH1/2 mutation?	☐ Cancer hotspot panel ☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Specify the method used to identify mutations. ***Note: If the method of mutation identification is not listed, proceed to Question 128a, otherwise, skip to Question 129.***
128a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.
129	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
130	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
131	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb) ☐ No evidence of MMR alteration	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Lower Grade Glioma Metastatic/Recurrent Tumor Clinical Molecular Characterization				
132	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.

Enrollment: Brain

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
133	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing.
134	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH1 R132C ☐ IDH1 R132S ☐ IDH1 R132G ☐ IDH1 R132L ☐ IDH2 R172W ☐ IDH2 R172K ☐ IDH2 R172M ☐ Other (specify)	6002206	Select the mutation identified in IDH1/2. ***Note: If the IDH1/2 mutation is not listed, proceed to Question 134a, otherwise, skip to Question 135.***
134a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
135	What method was used to identify the mutation?	☐ Next generation targeted sequencing ☐ Cancer hotspot panel ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Specify the method used to identify mutations. ***Note: If the method of mutation identification is not listed, proceed to Question 135a, otherwise, skip to Question 136.***
135a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.
136	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
137	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
138	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb) ☐ No evidence of MMR alteration	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Medulloblastoma Metastatic/Recurrent Tumor Clinical Molecular Characterization				
139	Number of days from index date to date of metastatic/ recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
140	MYCN gene amplification status	☐ Amplified ☐ Not amplified ☐ Not done ☐ Unknown	4616052	Indicate the amplification status of the MYCN gene.
141	Genetically defined subclass	☐ WNT-activated ☐ SHH-activated ☐ Non-WNT/non-SHH activated ☐ Not determined	6002209	Select the subclass of the medulloblastoma based on molecular features.
142	What are the markers that were used to determine WNT- or SHH- activation?	_____	6002210	Specify the genetic information used to determine the medulloblastoma subclass.

Enrollment: Brain

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
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
143	Are you submitting an additional metastatic/ recurrent tumor tissue sample?	☐ Yes ☐ No		A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. ***Note: If yes, proceed to Question 144, otherwise, skip to Question 189.***
144	Metastatic tissue biospecimen ordinal	_____	6584266	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1", the second should be number "2", etc.***
145	CMDC tissue ID	_____	6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
146	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
147	Metastatic/ recurrent tumor tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
148	Number of days from index date to date of diagnosis of metastasis/recurrence	_____	6132218	Provide the number of days from the index date to the date of diagnosis of metastatic/recurrent disease.
149	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Gross total resection ☐ Subtotal resection ☐ Other method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. ***Note: If the method of procurement is not listed, proceed to Question 149a, otherwise, skip to Question 150.***
149a	Other method of cancer sample procurement	_____	6587390	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
150	Number of days from index date to date of metastatic/ recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.

Enrollment: Brain

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
151	Metastatic/ recurrent site	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver ☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. ***Note: If the metastatic/recurrent site is not listed, proceed to Question 151a, otherwise, skip to Question 152.***
151a	Other metastatic/ recurrent site	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx ☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
152	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
153	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
154	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the metastatic/recurrent tumor used to generate the model submitted to HCMI.
155	Maintenance and/or consolidation therapy administered prior to collection of metastatic/ recurrent tissue	_____	6119066	Provide the name(s) of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic/recurrent tissue used to develop the model.

Enrollment: Brain

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
156	Days to start of maintenance and/or consolidation therapy from index date	_____	5102411	Provide the number of days from the index date to the date maintenance and/or consolidation therapy started.
157	Days to last known administration date of maintenance and/or consolidation therapy from index date	_____	5102431	Provide the number of days from the index date to the last known date of maintenance and/or consolidation therapy.
158	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
159	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
160	Performance status score: Karnofsky score	☐ 100: Normal, no complaints ☐ 90: Able to carry out normal activity, minor signs or symptoms of disease ☐ 80: Normal activity with effort, some signs or symptoms of disease ☐ 70: Cares for self, unable to carry on normal activity or do active work ☐ 60: Requires occasional assistance, but is able to care for most of his/her needs ☐ 50: Requires considerable assistance and frequent medical care ☐ 40: Disabled, requires special care ☐ 30: Severely disabled ☐ 20: Very sick, requiring hospitalization ☐ 10: Moribund, fatal processes progressing rapidly ☐ 0: Dead; Not Evaluated; Unknown	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
161	Number of days from index date to the date Karnofsky score obtained	_____	3479270	Provide the number of days from the index date to the date that the Karnofsky performance status assessment was performed.
162	Performance status score: Eastern Cooperative Oncology Group (ECOG)	☐ 0 Asymptomatic ☐ 1 Symptomatic, but fully ambulatory ☐ 2 Symptomatic, in bed less than 50% of the day ☐ 3 Symptomatic, in bed more than 50% of the day, but not bed-ridden ☐ 4 Bed-ridden ☐ 5 Dead ☐ Not evaluated ☐ Unknown	88	Indicate the ECOG functional performance status of the patient/participant.
162a	Number of days from index date to the date ECOG performance score obtained	_____	3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.
Additional Lower Grade Glioma Metastatic/Recurrent Tumor-specific Questions				
163	Laterality of site	☐ Right ☐ Left ☐ Midline	827	Provide the side of the body on which the lower grade glioma first developed.

Enrollment: Brain

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
164	Tumor site	☐ Supratentorial, frontal lobe ☐ Supratentorial, temporal lobe ☐ Supratentorial, parietal lobe ☐ Supratentorial, occipital lobe ☐ Posterior fossa, cerebellum ☐ Posterior fossa, brain stem ☐ Supratentorial, not otherwise specified	3139375	Select the anatomic location of the lower grade glioma within the brain.
165	Supratentorial localization	☐ Cerebral cortex ☐ Deep gray ☐ Spinal cord ☐ White matter ☐ Not listed on medical record	3133891	Select the location of the supratentorial tumor.
166	Symptom related to disease that presented first	☐ Headaches ☐ Mental status changes ☐ Motor/movement changes ☐ Seizures ☐ Sensory changes ☐ Visual changes ☐ Unknown	3133911	Select the patient's/participant's first presenting symptom of disease.
Additional Metastatic/Recurrent Tumor Clinical Molecular Characterization			***Note: For additional metastatic/recurrent Diffuse Midline Glioma (DIPG), continue to question 167. For additional metastatic/recurrent Lower Grade Glioma, proceed to Question 179. For additional metastatic/recurrent Medulloblastoma, proceed to Question 186. Otherwise, proceed to Question 190.***	
Diffuse Midline Glioma (DIPG) Additional Metastatic/Recurrent Tumor Clinical Molecular Characterization				
167	Was H3 K27 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062598	Indicate whether H3 K27 mutation analysis was performed.
168	Was a mutation in H3 K27 identified?	☐ Yes ☐ No	6002202	Indicate whether H3 K27 mutation was identified.
169	If H3 K27 mutation identified, in which variant was it found?	☐ H3.1 ☐ H3.3 ☐ Other	6002205	Select the H3 K27 mutation identified.
170	Was H3 K27M IHC performed?	☐ Yes ☐ No ☐ Unknown	6062409	Indicate whether H3 K27M was assessed by immunohistochemistry (IHC).
171	H3 K27M expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6002203	Indicate the expression of H3 K27M by immunohistochemistry (IHC).
172	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.
173	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing.
174	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH1 R132C ☐ IDH1 R132S ☐ IDH1 R132G ☐ IDH1 R132L ☐ IDH2 R172W ☐ IDH2 R172K ☐ IDH2 R172M ☐ Other (specify)	6002206	***Note: If the IDH1/2 mutation is not listed, proceed to Question 174a, otherwise, skip to Question 175.***
174a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
175	What method was used to identify the IDH1/2 mutation?	☐ Cancer hotspot panel ☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Specify the method used to identify mutations. ***Note: If the method of mutation identification is not listed, proceed to Question 175a, otherwise, skip to Question 176.***
175a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
176	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
177	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
178	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb) ☐ No evidence of MMR alteration	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Lower Grade Glioma Additional Metastatic/Recurrent Tumor Clinical Molecular Characterization				
179	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed.
180	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing.
181	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH1 R132G ☐ IDH2 R172K ☐ IDH1 R132C ☐ IDH1 R132L ☐ IDH2 R172M ☐ IDH1 R132S ☐ IDH2 R172W ☐ Other (specify)	6002206	Select the mutation identified in IDH1/2. ***Note: If the IDH1/2 mutation is not listed, proceed to Question 181a, otherwise, skip to Question 182.***
181a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
182	What method was used to identify the mutation?	☐ Next generation targeted sequencing ☐ Cancer hotspot panel ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Specify the method used to identify mutations. ***Note: If the method of mutation identification is not listed, proceed to Question 182a, otherwise, skip to Question 183.***
182a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutations.
183	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed.
184	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H per immunohistochemistry results.
185	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10mutations/Mb) ☐ No evidence of MMR alteration	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Medulloblastoma Additional Metastatic/Recurrent Tumor Clinical Molecular Characterization				
186	MYCN gene amplification status	☐ Amplified ☐ Not done ☐ Not amplified ☐ Unknown	4616052	Indicate the amplification status of the MYCN gene.
187	Genetically defined subclass	☐ WNT-activated ☐ SHH-activated ☐ Non-WNT/non-SHH activated ☐ Not determined	6002209	Select the subclass of the medulloblastoma based on molecular features.
188	What are the markers that were used to determine WNT- or SHH- activation?	_____	6002210	Specify the genetic information used to determine the medulloblastoma subclass.

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Metastatic/Recurrent Tumor Model Information				
189	METASTATIC/ RECURRENT model biospecimen ordinal	_____	6594587	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
190	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
191	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
192	Model's METASTATIC/ RECURRENT tumor tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which this model is derived.
193	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Additional Metastatic/Recurrent Tumor Model Information				
194	METASTATIC/ RECURRENT model biospecimen ordinal	_____	6594587	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
195	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
196	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
197	Model's METASTATIC/ RECURRENT tumor tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which this model is derived.
198	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Other Biospecimen Information				
199	Are you submitting an OTHER tissue sample?	☐ Yes ☐ No		Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, dysplastic tissue, etc.) was collected for HCMI for this case. ***Note: If yes, proceed to Question 200.***
200	OTHER tissue biospecimen ordinal	_____	6584267	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
201	CMDC sample ID	_____	6586035	Please provide the CMDC sample ID for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
202	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
203	OTHER tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
204	Method of OTHER tissue sample procurement	☐ Biopsy ☐ Other method (specify)	6587398	Indicate the procedure performed to obtain the OTHER tissue. ***Note: If the method of procurement is not listed, proceed to Question 204a, otherwise, skip to Question 205.***
204a	Other method of cancer sample procurement	_____	6587399	If the procedure performed to obtain the OTHER tissue is not included in the provided list, specify the procedure.
205	Number of days from index date to date of metastatic/ recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
206	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. ***Note: If the OTHER tissue type is not listed, proceed to Question 206a, otherwise, skip to Question 207.***
206a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
207	Anatomic site of OTHER tissue	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver ☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. ***Note: If the OTHER tissue site is not listed, proceed to Question 207a, otherwise, skip to Question 208.***
207a	Specify anatomic site of OTHER tissue	_____	6584916	If not included in the previous list, specify the site from which the OTHER tissue used to develop the model was derived.
208	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
209	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional OTHER biospecimen Information (if applicable)				
210	Are you submitting an additional OTHER tissue sample?	☐ Yes ☐ No		Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, or dysplastic tissue, etc.) was collected for HCMI for this case. ***Note: If yes, proceed to Question 211, otherwise, skip to Question 221.***
211	OTHER tissue biospecimen ordinal	_____	6584267	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
212	CMDC sample ID	_____	6586035	Please provide the CMDC sample ID for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
213	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
214	OTHER tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
215	Method of OTHER tissue sample procurement	☐ Biopsy ☐ Other method (specify)	6587398	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. ***Note: If the method of procurement is not listed, proceed to Question 215a, otherwise, skip to Question 216.***
215a	Other method of cancer sample procurement	_____	6587399	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
216	Number of days from index date to date of metastatic/ recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.
217	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. ***Note: If the OTHER tissue type is not listed, proceed to Question 217a, otherwise, skip to Question 218.***
217a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
218	Anatomic site of OTHER tissue	☐ Ascites ☐ Bone ☐ Bone marrow ☐ Brain ☐ Cerebrospinal fluid (CSF) ☐ CNS ☐ Distant nodes ☐ Liver ☐ Lung ☐ Peritoneal nodes ☐ Pleural effusion ☐ Pleural nodules ☐ Regional node ☐ Soft tissue ☐ Spinal Cord ☐ Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. ***Note: If the OTHER tissue site is not listed, proceed to Question 218a, otherwise, skip to Question 219.***

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
218a	Specify anatomic site of OTHER tissue	_____	6584916	If not included in the previous list, specify the site from which the OTHER tissue used to develop the model was derived.
219	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
220	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.
Other Tissue Model Information				
221	OTHER tissue model biospecimen ordinal	_____	6594590	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
222	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
223	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
224	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
225	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.
Additional Other Tissue Model Information (if applicable)				
226	OTHER tissue model biospecimen ordinal	_____	6594590	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
227	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
228	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
229	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
230	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.