V1.0

# Follow-Up: Esophageal

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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.

ent Status umber of days om index date to ate of last illow-up ital status umber of days om index date to ate of death ause of death	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ First patient visit ☐ Alive ☐ Dead ☐ Lost to follow-up	2003301 5845012 6154722 3008273 5	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).  Provide the HCMI-specific anonymized ID (ID3).  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.  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.  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.  Provide the number of days from the index date to the date of death.
ent Status umber of days om index date to ate of last follow-up ital status umber of days om index date to ate of days	☐ Sample procurement ☐ First patient visit ☐ Alive ☐ Dead ☐ Lost to follow-up	3008273 5	Provide the HCMI-specific anonymized ID (ID3).  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.  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.  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.  Provide the number of days from the index date
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om index date to ate of death	☐ Dead ☐ Lost to follow-up	3165475	Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.  Provide the number of days from the index date
om index date to ate of death	Lost to follow-up	3165475	Question 6, otherwise skip to Question 8.  Provide the number of days from the index date
om index date to ate of death		3165475	Provide the number of days from the index date
om index date to ate of death		31654/5	
ate of death			to the date of death.
	□ Related to this cancer	2554674	Indicate the patient's cause of death.
	□ Non-cancer related	255 167 1	Indicate the patient's sauce of acatin
	☐ Related to another cancer		
	☐ Other (specify)		
	☐ Unknown		
ther cause of		4783275	If the cause of death is not included in the
eath			provided list, specify the cause of death.
		2188290	Provide the last known state of the patient's
ollow-up			tumor up to the point of current follow-up data
	=		submission.
rmation	- Olikilowii		<u> </u>
as surgery		2978013	Indicate whether surgery was performed to treat
erformed as part	☐ Yes		the primary tumor.
f the primary	□ No		Note: If the patient did not receive surgical
sease treatment	☐ Unknown		treatment, skip to Question 11.
an?		2000225	
·		3008335	Provide the number of days from the index date
			to the date of surgical treatment.
_			
		3397567	Indicate whether the patient received systemic
djuvant therapy	☐ Yes		adjuvant pharmaceutical therapy.
dministered?	□ No		Note: If the patient did have systemic adjuvant
	☐ Unknown		therapy, the Pharmaceutical Supplemental Form
			should be completed.
as adjuvant	_	2005312	Indicate whether the patient had adjuvant
idiation therapy			radiation therapy.
dministered?			Note: If the patient had adjuvant radiation
	⊔ Unknown		therapy, the Radiation Supplemental Form should be completed.
e is is a u o a e is is is a u o	mation as surgery rformed as part the primary ease treatment an? Imber of days om index date to te of surgical eatment as systemic juvant therapy ministered?	□ Other (specify) □ Unknown  her cause of ath  sease status at low-up □ Stable disease □ Progressive disease □ Unknown  mation as surgery rformed as part the primary lease treatment lon? Imber of days Imber of days Imber of surgical Internation  as systemic juvant therapy ministered? □ Yes □ No □ Unknown  Tyes □ Ves □ Unknown  Tyes □ Ves □ Unknown  Tyes □ Ves □ Unknown  Tyes □ Ves □ Ves □ Ves □ Ves □ Ves □ Ves	Other (specify)

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### Follow-Up: Esophageal

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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	, .	5628399	Indicate whether the patient received cytotoxic
	chemotherapy	☐ Yes		chemotherapy.
	administered?	□ No		Note: If cytotoxic chemotherapy was
		□ Unknown		administered, proceed to the "Cytotoxic
				Chemotherapy" section, Questions 2-5.
2	Was		3057655	Indicate whether the patient received
	immunotherapy	П Уст		immunotherapy.
	(cellular and	☐ Yes		Note: If immunotherapy was administered,
	immune	□ No		proceed to the "Immunotherapy" section,
	checkpoint)	☐ Unknown		Questions 6-9.
	administered?			
3	Was targeted		2785850	Indicate whether the patient received targeted
	therapy (small			therapy.
	molecule	☐ Yes		Note: If targeted therapy was administered,
	inhibitors and	□ No		proceed to the "Targeted Therapy" section,
	targeted	☐ Unknown		Questions 10-13.
	antibodies)			
	administered?			
Cytotoxic C	hemotherapy			
2	Chemotherapeutic	☐ Cisplatin; 5-fluorouracil (CF)	2853873	Select the chemotherapeutic used for therapy.
	administered	☐ Cisplatin; Capecitabine (CX)		Note: Questions 2-5 are repeatable as needed to
		☐ Epirubicin; Cisplatin; 5-fluorouracil (ECF)		capture each individual chemotherapeutic
		☐ Epirubicin; Cisplatin; Capecitabine (ECX)		administered.
		☐ Epirubicin; Oxaliplatin; Capecitabine		If the chemotherapeutic is not included in the
		(EOX)		provided list, proceed to Question 2a, otherwise,
		☐ Other (specify)		skip to Question 3.
2a	Other		2514640	If the adjuvant therapy is not included in the
	chemotherapeutic			provided list, specify adjuvant therapy.
3	Days from index		5102411	Provide the number of days from the index date
	date to start of			to the date of initiation of treatment with
	pharmaceutical			adjuvant pharmaceutical therapy.
	treatment			
4	Days from index		65167	Provide the number of days from the index date
	date to last known			to the last known date of pharmaceutical
	date of			treatment.
	pharmaceutical			
	treatment	_		
5	Is the patient still	Yes	6379568	Indicate whether the patient is still undergoing
	receiving	□ No		treatment.
	treatment?	☐ Unknown	<u> </u>	
Immunothe		T		Tarring a second
6	Immunotherapy		2185614	Select the immunotherapy administered.
	administered			Note: Questions 6-9 are repeatable as needed to
				capture each individual immunotherapy
			-105:::	administered.
7	Days from index		5102411	Provide the number of days from the index date
	date to start of			to the date of the initiation of treatment with
	immunotherapy			immunotherapy.
	treatment			

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# Follow-Up: Esophageal

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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
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 Ti	herapy			
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.

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Completed By:	Completion Date (MM/DD/YYYY):	1	3		1	1

# **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.

HCMI