

## Enrollment: Ewing Sarcoma

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.

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	<input type="checkbox"/> Initial pathologic diagnosis <input type="checkbox"/> Sample procurement <input type="checkbox"/> 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.
<b>Normal Control Information</b>				
4	Type of normal control	<input type="checkbox"/> Whole blood <input type="checkbox"/> Buccal cells <input type="checkbox"/> Buffy coat <input type="checkbox"/> Lymphocytes <input type="checkbox"/> Extracted DNA from blood <input type="checkbox"/> Extracted DNA from saliva <input type="checkbox"/> Extracted DNA from buccal cells <input type="checkbox"/> Extracted DNA from normal tissue <input type="checkbox"/> FFPE non-neoplastic tissue <input type="checkbox"/> Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
<b>Tumor Tissue Collected for Molecular Characterization, Sample Information</b>				
5	Tumor tissue sample preservation method	<input type="checkbox"/> FFPE <input type="checkbox"/> Fresh <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected to be used for molecular characterization.
<b>Cancer Model Information</b>				
6	Anatomic site of tumor from which model was derived	<input type="checkbox"/> Ascites <input type="checkbox"/> Bone <input type="checkbox"/> Bone marrow <input type="checkbox"/> Chest wall <input type="checkbox"/> Lower extremity <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Pelvis <input type="checkbox"/> Soft tissue <input type="checkbox"/> Spine <input type="checkbox"/> Upper extremity <input type="checkbox"/> Other (specify)	4214629	Indicate the anatomic site of the tumor tissue used to generate the model for the HCMI. <b>Note: If the anatomic site of tumor tissue is not listed, proceed to Question 6a, otherwise, skip to Question 7.</b>
6a	Other anatomic site	_____	5946219	If the anatomic site for the tumor submitted to HCMI is not included on the provided list, specify the anatomic site.
7	Method of cancer sample procurement	<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Excisional biopsy <input type="checkbox"/> Fine needle aspiration <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Tumor resection <input type="checkbox"/> Other (specify)	3103514	Indicate the procedure performed to obtain the tumor tissue used to generate the model for HCMI. <b>Note: If the method of sample procurement is not listed, proceed to Question 7a, otherwise, skip to Question 8.</b>
7a	Other method of sample procurement	_____	2006730	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.

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8	Number of days from index date to date of cancer 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.
9	ICD-10 code for model tumor	<input type="checkbox"/> C40.0 <input type="checkbox"/> C41.2 <input type="checkbox"/> C40.1 <input type="checkbox"/> C41.4 <input type="checkbox"/> C40.2 <input type="checkbox"/> C41.8 <input type="checkbox"/> C40.3 <input type="checkbox"/> C41.9 <input type="checkbox"/> C40.8 <input type="checkbox"/> C77.9 <input type="checkbox"/> C40.9 <input type="checkbox"/> C78.0 <input type="checkbox"/> C41.0 <input type="checkbox"/> C79.5 <input type="checkbox"/> C41.1 <input type="checkbox"/> Other (specify)	3226287	Provide the ICD-10 code for the tumor used to generate the model submitted to HCMI. <b>Note: If the ICD-10 code is not listed, proceed to Question 9a, otherwise, skip to Question 10.</b>
9a	Other ICD-10 code	_____	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.
10	Tumor tissue type	<input type="checkbox"/> Premalignant <input type="checkbox"/> Primary <input type="checkbox"/> Recurrent <input type="checkbox"/> Metastatic <input type="checkbox"/> Additional primary <input type="checkbox"/> NOS	3288124	Provide the tumor tissue type for the biospecimen used to produce the model for the HCMI. <b>Note: If 'Metastatic' is selected, continue to answer through Question 18. If the tissue is not 'Metastatic', skip to Question 19.</b>
<b>Metastatic Model Information</b> (only complete Questions 13-20 if 'Metastatic' was selected in Question 12)				
11	Age at diagnosis of metastasis	_____	6032752	Provide the age (in days) of the patient when diagnosed with metastatic disease. If the patient's age is greater than 32,507 days (89 years), please enter 32,507.
12	Number of days from index date to date of diagnosis of metastasis	_____	6132218	Provide the number of days from the index date to the date of diagnosis of metastatic disease.
13	Metastatic site	<input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Bone marrow <input type="checkbox"/> Lymph node(s) <input type="checkbox"/> Lymph node(s)- distant <input type="checkbox"/> Other (specify)	6119068	Select the site from which the metastatic tissue used to develop the model was derived. <b>Note: If the metastatic site is not listed, proceed to Question 13a, otherwise, skip to Question 14.</b>
13a	Other metastatic site	_____	3128033	If not included in the previous list, specify the site from which the metastatic tissue used to develop the model was derived.
14	Maintenance and/or consolidation therapy administered prior to collection of metastatic tissue	_____	6119066	If applicable, provide the name of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic tissue used to develop the model. <b>Note: If maintenance and/or consolidation therapy was not administered, skip to Question 19.</b>
15	Days from index date to start of maintenance and/or consolidation therapy	_____	5102411	Provide the number of days from the index date to the date maintenance and/or consolidation therapy started.

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16	Days from index date to last known date of maintenance and/or consolidation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of maintenance and/or consolidation therapy.
17	Is the patient still receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6379568	Indicate whether the patient is still undergoing treatment.
18	Disease status	<input type="checkbox"/> No evidence of disease <input type="checkbox"/> Progressive disease <input type="checkbox"/> Stable disease <input type="checkbox"/> Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
<b>Patient Information</b>				
19	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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.
20	Height	_____	649	Provide the patient's height, in centimeters.
21	Weight	_____	651	Provide the patient's weight, in kilograms.
22	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
23	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Not allowed to collect	2192199	Provide the patient's race using the defined categories. <b>American Indian or Alaska Native:</b> 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. <b>Asian:</b> 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 Phillippine Islands, Thailand, and Vietnam. <b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. <b>Native Hawaiian or other Pacific Islander:</b> A person having origins on any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
24	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Not allowed to collect	2192217	Provide the patient's ethnicity using the defined categories. <b>Hispanic or Latino:</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. <b>Not Hispanic or Latino:</b> A person not meeting the definition of Hispanic or Latino.
25	Year of birth	_____	2896954	Provide the year of the patient's birth. If the patient was born prior to 1928, insert the date 1928.
26	Family history of cancer	<input type="checkbox"/> Same <input type="checkbox"/> Different <input type="checkbox"/> None <input type="checkbox"/> Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?

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27	Tobacco smoking history	<input type="checkbox"/> Lifelong non-smoker (<100 cigarettes smoked in a lifetime) <input type="checkbox"/> Current smoker (includes daily and non-daily smokers) <input type="checkbox"/> Current reformed smoker (duration not specified) <input type="checkbox"/> Current reformed smoker for >15 years <input type="checkbox"/> 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.
<b>Primary Tumor Diagnosis Information</b>				
28	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.
29	Patient age on index date	_____	6379572	Provide the age (in days) of the patient on the index date. If the patient's age is greater than 32,507 days (89 years), please enter 32,507.
30	Morphology	<input type="checkbox"/> 9260/3 <input type="checkbox"/> Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. <b>Note: If the morphology is not listed, proceed to Question 30a, otherwise, skip to Question 31.</b>
30a	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.
31	Tissue or organ of origin	<input type="checkbox"/> Chest wall <input type="checkbox"/> Limb <input type="checkbox"/> Pelvis <input type="checkbox"/> Soft tissue <input type="checkbox"/> Spine <input type="checkbox"/> Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. <b>Note: If the tissue or organ of origin is not listed, proceed to Question 31a, otherwise, skip to Question 32.</b>

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31a	Other tissue or organ of origin	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Bone <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Esophagus <input type="checkbox"/> Eye <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Male genital organs <input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <input type="checkbox"/> Pharynx <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Prostate gland <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Skin <input type="checkbox"/> Small intestine <input type="checkbox"/> Spinal cord <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Thymus <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue <input type="checkbox"/> Tonsil <input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva	3427536	If the primary site of the disease is not included on the previous list, select the primary site of the disease.
32	Histological type	<input type="checkbox"/> Malignant bone neoplasm <input type="checkbox"/> Other (specify) _____	3081932	Provide the traditional surgical pathology text description of the histological tumor type. <b>Note: If the histological type is not listed, proceed to Question 32a, otherwise, skip to Question 33.</b>
32a	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.
33	Prior malignancy (of the same cancer type)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
34	Prior malignancy (other cancer type)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
35	Tumor stage	<input type="checkbox"/> Localized <input type="checkbox"/> Regional spread <input type="checkbox"/> Distant <input type="checkbox"/> Unknown	4927914	Provide the stage of the patient's Ewing sarcoma tumor.
36	Metastasis at diagnosis assessment status	<input type="checkbox"/> Metastatic <input type="checkbox"/> Non-metastatic (confirmed) <input type="checkbox"/> Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor.



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37	Metastatic site(s) at diagnosis	<input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Bone marrow <input type="checkbox"/> Lymph node(s) <input type="checkbox"/> Lymph node(s)- distant <input type="checkbox"/> Other (specify)	3029815	Indicate all the site(s) of metastasis at the time of diagnosis of the primary tumor. <b>Note: If the metastatic site(s) is not listed, proceed to Question 37a, otherwise, skip to Question 38.</b>
37a	Specify metastatic site(s)	_____	3128033	If the site(s) of metastasis at the time of diagnosis of the primary tumor is not included in the provided list, specify the site(s).
38	Site of relapse	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant <input type="checkbox"/> Not applicable	2002506	If the primary tumor relapsed, select all sites of relapse. <b>Note: If the primary tumor did not relapse, select 'Not applicable'.</b>
39	Primary tumor size (cm; largest dimension)	_____	1140	Provide the largest dimension of the primary tumor, in centimeters.
<b>Prognostic/Predictive/Lifestyle Features for Tumor Prognosis or Responsiveness to Treatment</b>				
40	Percent tumor necrosis (at resection, primary tumor)	_____	2841237	Provide the percent necrosis of the primary tumor at the time of resection.
41	Was CD99 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061817	Indicate whether analysis of CD99 expression was performed by immunohistochemistry (IHC). <b>Note: If CD99 IHC was not performed, skip to Question 43.</b>
42	CD99 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063675	Indicate the results of IHC analysis for CD99 expression.
43	Was Ewing Sarcoma translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062599	Indicate whether a translocation analysis for Ewing sarcoma was performed. <b>Note: If Ewing Sarcoma translocation analysis was not performed, skip to Question 46.</b>
44	Was a Ewing Sarcoma translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063522	Indicate whether a chromosomal translocation related to Ewing sarcoma was identified. <b>Note: If a chromosomal translocation was not identified, skip to Question 46.</b>
45	If translocation identified in Ewing Sarcoma, which one?	<input type="checkbox"/> BCOR-CCNB3 <input type="checkbox"/> CIC-DUX4 <input type="checkbox"/> EWSR1-ATF1 <input type="checkbox"/> EWSR1-CREB1 <input type="checkbox"/> EWSR1-ETV1 <input type="checkbox"/> EWSR1-ETV4 <input type="checkbox"/> EWSR1-FLI1 <input type="checkbox"/> EWSR1-PBX1 <input type="checkbox"/> EWSR1-POU5F1 <input type="checkbox"/> EWSR1-ZNF444 <input type="checkbox"/> FUS-CREB3L2 <input type="checkbox"/> Other translocation (specify) <input type="checkbox"/> Unknown	4927975	Select the translocation identified in Ewing sarcoma. <b>Note: If the Ewing Sarcoma translocation is not listed, proceed to Question 45a, otherwise, skip to Question 46.</b>
45a	Specify other translocation identified	_____	4927991	If the translocation was not provided in the previous list, please specify the translocation identified.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
<b>Treatment Information</b>				
46	History of neoadjuvant treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes; radiation prior to resection <input type="checkbox"/> Yes; pharmaceutical treatment prior to resection <input type="checkbox"/> Yes; both radiation and pharmaceutical treatment prior to resection <input type="checkbox"/> Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. <b>Note: Radiation therapy is addressed in Questions 54-55. Pharmaceutical therapy is addressed in Questions 47-53.</b>
47	Neoadjuvant chemotherapy type	<input type="checkbox"/> Cytotoxic chemotherapy <input type="checkbox"/> Hormonal <input type="checkbox"/> Immunotherapy (cellular and immune checkpoint) <input type="checkbox"/> Targeted therapy (small molecule inhibitors and targeted antibodies) <input type="checkbox"/> Not applicable	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. <b>Note: Cytotoxic chemotherapy is addressed in Questions 48-49. Immunotherapy is addressed in Questions 50-51. Targeted therapy is addressed in Questions 52-53.</b>
48	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> Cyclophosphamide <input type="checkbox"/> Doxorubicin <input type="checkbox"/> Etoposide <input type="checkbox"/> Ifosfamide <input type="checkbox"/> Vincristine <input type="checkbox"/> Vincristine, actinomycin-D, cyclophosphamide (VAC) <input type="checkbox"/> Vincristine, doxorubicin, cyclophosphamide, ifosfamide, etoposide (VDC/IE) <input type="checkbox"/> Vincristine, actinomycin-D, cyclophosphamide, vincristine, irinotecan (VAC/VI) <input type="checkbox"/> Ifosfamide, carboplatin, etoposide (ICE) <input type="checkbox"/> Vincristine, irinotecan, temozolomide (VIT) <input type="checkbox"/> High-dose methotrexate, doxorubicin, cisplatin (MAP) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. <b>Note: If neoadjuvant chemotherapy was not given, skip to Question 50. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 48a, otherwise, skip to Question 49.</b>
48a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapy.
49	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.
50	Immunotherapy name, specify	_____	2185614	Specify the name of the immunotherapy administered.
51	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
52	Targeted therapy	<input type="checkbox"/> IGF-1R inhibitor <input type="checkbox"/> Other (specify)	6078893	Select the targeted therapy administered to the patient. <b>Note: If targeted therapy was not administered, skip to Question 53. If the targeted therapy is not listed, proceed to Question 52a, otherwise, skip to Question 53.</b>
52a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.

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53	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.
54	Radiation therapy administered type	<input type="checkbox"/> 2D conventional <input type="checkbox"/> 3D conformal <input type="checkbox"/> Brachytherapy HDR <input type="checkbox"/> Brachytherapy LDR <input type="checkbox"/> IMRT <input type="checkbox"/> Proton Beam <input type="checkbox"/> Stereotactic Body RT <input type="checkbox"/> Stereotactic Radiosurgery <input type="checkbox"/> WBRT <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unspecified <input type="checkbox"/> Not applicable	3028890	Provide the type of radiation therapy that was administered to the patient. <b>Note: If radiation therapy was not administered, skip the remaining questions. If the radiation therapy is not listed, proceed to Question 54a, otherwise, skip to Question 55.</b>
54a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
55	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.