Enrollment: Glioblastoma

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	☐ 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	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.
5	Height	_____	649	Provide the patient's height, in centimeters.
6	Weight	_____	651	Provide the patient's weight, in kilograms.
7	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
8	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.
9	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.

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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
10	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.
11	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.***
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	Hereditary cancer predisposition syndrome	☐ Fanconi anemia ☐ Gorlin syndrome ☐ Li-Fraumeni syndrome ☐ Lynch syndrome ☐ Rubinstein-Taybi syndrome ☐ Turcot syndrome ☐ Unknown ☐ Not applicable	6002201	Indicate all hereditary cancer predisposition syndromes identified in the patient.
Biospecimen Information				
17	Tissue sample type(s) collected for HCMI for this case	☐ Normal tissue ☐ Recurrent ☐ Primary tumor ☐ Other tissue ☐ Metastatic	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.***
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.***

Enrollment: Glioblastoma

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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 ☐ FFPE non-neoplastic tissue ☐ Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
27	Specify 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.
28	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'.*
29	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.

Enrollment: Glioblastoma

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Primary Tumor Biospecimen Information				
30	ICD-10 code for primary tumor	☐ C71.0 ☐ C71.1 ☐ C71.2 ☐ C71.3 ☐ C71.4 ☐ C71.5 ☐ 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 30a, otherwise, skip to Question 31.*
30a	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.
31	Tumor Morphology	☐ 9440/3 ☐ 9441/3 ☐ 9442/3 ☐ 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 31a, otherwise, skip to Question 32.*
31a	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.
32	Tissue or organ of origin	☐ Brain ☐ 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 32a, otherwise skip to Question 33*
32a	Other tissue or organ of origin	_____	5946219	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.
33	Histological Type	☐ Glioblastoma ☐ 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 33a, otherwise, skip to Question 34.*
33a	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.
34	Histological subtype	☐ Giant cell glioblastoma ☐ Gliosarcoma ☐ NOS ☐ 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 34a, otherwise, skip to Question 35.*
34a	Other histological subtype	_____	5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
35	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.
36	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
37	WHO histologic grade	☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Unknown	2181858	Provide the WHO histologic grade of the primary tumor.

Enrollment: Glioblastoma

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
38	Is necrosis present?	☐ Yes ☐ No ☐ Unknown	64740	Indicate if there is evidence of localized death of cells associated with the presence of the tumor.
39	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; requires hospitalization ☐ 10: Moribund; fatal processes progressing rapidly ☐ 0: Dead ☐ Unknown ☐ Not evaluated	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
40	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.
41	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 ☐ Unknown ☐ Not evaluated	88	Indicate the ECOG functional performance status of the patient/participant.
42	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.
Primary Tumor Clinical Molecular Characterization				
43	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed. *Note: If not performed, skip to Question 47.*
44	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing. *Note: If mutation was not identified, skip to Question 47.*
45	What method was used to identify the mutation?	☐ Cancer hotspot panel ☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Other (specify)	6003729	Specify the method used to identify the mutation(s). *Note: If the mutation identification method is not listed, proceed to Question 45a, otherwise, skip to Question 46.*
45a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutation(s).

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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
46	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 46a, otherwise, skip to Question 47.*
46a	Other IDH1/2 mutation	_____		6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
47	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown		6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed. *Note: If not performed, skip to Question 49.*
48	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal		6063674	Indicate the expression of IDH1 R132H as determined by immunohistochemistry (IHC).
49	MGMT promoter methylation status	☐ Methylated ☐ Partially methylated ☐ Unmethylated ☐ Indeterminate ☐ Not available		2799251	Indicate the methylation status of the MGMT promoter per testing results.
50	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10 mutations/Mb) ☐ No evidence of MMR alteration ☐ Not performed		6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Primary Tumor Sample Information					
51	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No			*If yes, proceed to question 52, otherwise, skip to Question 68.*
52	Primary tumor biospecimen ordinal	_____		6584265	Please provide a number to identify which biospecimen this is in the sequence. *Note: This number should be "1".*
53	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.
54	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.
55	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 56, otherwise, skip to Question 57.*
56	Specify the ICD-10 code	_____		3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
57	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.
58	Anatomic Site of tumor from which Model was Derived	☐ Brain ☐ Other (specify)		6033148	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 58a. Otherwise, skip to Question 59.*

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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
58a	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.
59	Method of cancer sample procurement	☐ Biopsy ☐ Subtotal resection ☐ Gross total 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 59a, otherwise, skip to Question 60.***
59a	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.
60	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.
61	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
62	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".***
63	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.
64	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.
65	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
66	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.
67	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
68	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 76-77. Pharmaceutical therapy is addressed in Questions 69-75.***
69	Neoadjuvant chemotherapy type	☐ Cytotoxic chemotherapy ☐ Hormonal ☐ 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 70-71. Immunotherapy is addressed in Questions 72-73. Targeted therapy is addressed in Questions 74-75.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
70	Neoadjuvant chemotherapeutic regimen	☐ Bevacizumab ☐ Temozolomide ☐ Carboplatin ☐ Vincristine ☐ Irinotecan ☐ Vorinostat ☐ Lomustine ☐ Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. *Note: If neoadjuvant chemotherapy was not given, skip to Question 72. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 70a, otherwise, skip to Question 71.*
70a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
71	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.
72	Immunotherapy name, specify	_____	2953828	Provide the name of the immunotherapy administered to the patient. *Note: If immunotherapy was not administered, skip to Question 74.*
73	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
74	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient. *Note: If targeted therapy was not administered, skip to Question 76.*
75	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.
76	Radiation therapy administered type	☐ 2D conventional ☐ Stereotactic Body RT ☐ 3D conformal ☐ Brachytherapy HDR ☐ Stereotactic Radiosurgery ☐ Brachytherapy LDR ☐ WBRT ☐ IMRT ☐ Other (specify) ☐ Proton Beam ☐ 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 78. If the radiation therapy is not listed, proceed to Question 76a, otherwise, skip to Question 77.*
76a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
77	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				
78	Are you submitting a metastatic/recurrent tumor tissue sample?	☐ Yes ☐ No		Indicate whether a metastatic/ recurrent tumor biospecimen was collected for this ID3 case. *Note: If yes, proceed to Question 79, otherwise, skip to Question 148.*
79	Metastatic/recurrent 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.*
80	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.
81	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
82	Metastatic/recurrent tumor tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
83	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.
84	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Subtotal resection ☐ Gross total resection ☐ Other (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 84a, otherwise, skip to Question 85.*
84a	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.
85	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.
86	Metastatic/recurrent site	☐ Brain ☐ 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 86a, otherwise, skip to Question 87.*
86a	Other metastatic/ recurrent site	_____	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
87	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
88	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
89	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.
90	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.
91	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.
92	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.
93	Is the patient still receiving treatment?	_____	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
94	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
95	Is necrosis present?	☐ Yes ☐ No ☐ Unknown	64740	Indicate if there is evidence of localized death of cells associated with the presence of the tumor.
96	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; requires hospitalization ☐ 10: Moribund; fatal processes progressing rapidly ☐ 0: Dead ☐ Unknown ☐ Not evaluated	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
97	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.
98	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 ☐ Unknown ☐ Not evaluated	88	Indicate the ECOG functional performance status of the patient/participant.
99	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.
Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses				
100	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed. *Note: If not performed, skip to Question 104.*
101	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing. *Note: If mutation was not identified, skip to Question 104.*
102	What method was used to identify the mutation?	☐ Cancer hotspot panel ☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Other (specify)	6003729	Specify the method used to identify the mutation(s). *Note: If the mutation identification method is not listed, proceed to Question 102a, otherwise, skip to Question 103.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
102a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutation(s).
103	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH2 R172W ☐ IDH1 R132C ☐ IDH2 R172K ☐ IDH1 R132S ☐ IDH2 R172M ☐ IDH1 R132G ☐ Other (specify) ☐ IDH1 R132L	6002206	Select the mutation identified in IDH1/2. ***Note: If the IDH1/2 mutation is not listed, proceed to Question 103a, otherwise, skip to Question 104.***
103a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
104	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed. ***Note: If not performed, skip to Question 106.***
105	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H as determined by immunohistochemistry (IHC).
106	MGMT promoter methylation status	☐ Methylated ☐ Partially methylated ☐ Unmethylated ☐ Indeterminate ☐ Not available	2799251	Indicate the methylation status of the MGMT promoter per testing results.
107	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10 mutations/Mb) ☐ No evidence of MMR alteration ☐ Not performed	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
108	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 109, otherwise, skip to Question 138.***
109	Metastatic/recurrent tissue biospecimen ordinal	_____	6584266	Please provide a number to identify which biospecimen this is in the sequence. The first biospecimen should be number "1," the second should be number "2," etc.
110	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.
111	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.

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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
112	Metastatic/recurrent tumor tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
113	Number of days from index date to date of diagnosis of additional metastasis/recurrence	_____	6132218	Provide the number of days from the index date to the date of diagnosis of additional metastatic/recurrent disease.
114	Method of metastatic/ recurrent cancer sample procurement	☐ Biopsy ☐ Subtotal resection ☐ Gross total resection ☐ Other (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 114a, otherwise, skip to Question 115.*
114a	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.
115	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.
116	Metastatic/recurrent site	☐ Brain ☐ 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 116a, otherwise, skip to Question 117.*
116a	Other metastatic/ recurrent site	_____	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
117	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
118	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
119	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.
120	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.
121	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.
122	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.

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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
123	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
124	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
125	Is necrosis present?	☐ Yes ☐ No ☐ Unknown	64740	Indicate if there is evidence of localized death of cells associated with the presence of the tumor.
126	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; requires hospitalization ☐ 10: Moribund; fatal processes progressing rapidly ☐ 0: Dead ☐ Unknown ☐ Not evaluated	2003853	Indicate the score from the Karnofsky Performance status scale, representing the functional capabilities of a person.
127	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.
128	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 ☐ Unknown ☐ Not evaluated	88	Indicate the ECOG functional performance status of the patient/participant.
129	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.
Additional Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses				
130	Was IDH1/2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6062597	Indicate whether mutation analysis of IDH1 or IDH2 was performed. ***Note: If not performed, skip to Question 134.***
131	Was a mutation in IDH1/2 identified?	☐ Yes ☐ No	6002200	Indicate whether an IDH1 or IDH2 mutation was identified at testing. ***Note: If mutation was not identified, skip to Question 134.***

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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
132	What method was used to identify the mutation?	☐ Cancer hotspot panel ☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Other (specify)	6003729	Specify the method used to identify the mutation(s). *Note: If the mutation identification method is not listed, proceed to Question 132a, otherwise, skip to Question 133.*
132a	Other mutation identification method	_____	6002204	If the mutation identification method is not included in the provided list, specify the method used to identify mutation(s).
133	If IDH1/2 mutation identified, which one?	☐ IDH1 R132H ☐ IDH2 R172W ☐ IDH1 R132C ☐ IDH2 R172K ☐ IDH1 R132S ☐ IDH2 R172M ☐ IDH1 R132G ☐ Other (specify) ☐ IDH1 R132L	6002206	Select the mutation identified in IDH1/2. *Note: If the IDH1/2 mutation is not listed, proceed to Question 133a, otherwise, skip to Question 134.*
133a	Other IDH1/2 mutation	_____	6002207	If the mutation in IDH1/2 is not included in the provided list, specify the mutation in IDH1/2.
134	Was IDH1 R132H IHC performed?	☐ Yes ☐ No ☐ Unknown	6062408	Indicate whether immunohistochemistry for IDH1 R132H was performed. *Note: If not performed, skip to Question 135.*
135	IDH1 R132H expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063674	Indicate the expression of IDH1 R132H as determined by immunohistochemistry (IHC).
136	MGMT promoter methylation status	☐ Methylated ☐ Partially methylated ☐ Unmethylated ☐ Indeterminate ☐ Not available	2799251	Indicate the methylation status of the MGMT promoter per testing results.
137	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10 mutations/Mb) ☐ No evidence of MMR alteration ☐ Not performed	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Metastatic/Recurrent Tumor Model Information				
138	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.*
139	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.
140	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.
141	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.
142	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 Biospecimen Tumor Model Information (if applicable)				
143	METASTATIC/ RECURRENT model biospecimen ordinal	_____	6594587	Please provide a number to identify which biospecimen this is in the sequence.

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

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				Note: The first biospecimen should be number "1," the second should be number "2," etc.
144	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.
145	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.
146	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.
147	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				
148	Are you submitting an 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 149.*
149	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.*
150	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.
151	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.
152	OTHER tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
153	Other method of cancer sample procurement	☐ Biopsy ☐ Subtotal resection ☐ Gross total resection ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 153a, otherwise, skip to Question 154.*
153a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
154	Number of days from index date to date of OTHER sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the OTHER tissue submitted for HCMI.
155	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 155a, otherwise, skip to Question 156.*

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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
155a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
156	Anatomic site of OTHER tissue	☐ Brain ☐ 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 156a, otherwise, skip to Question 157.*
156a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
157	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
158	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.
Additional OTHER biospecimen Information (if applicable)				
159	Are you submitting an additional OTHER tissue sample?	☐ Yes ☐ No		Indicate whether an additional OTHER tissue sample (pre-malignant, non-malignant, or dysplastic tissue, etc.) is being submitted for HCMI for this case. *Note: If yes, proceed to Question 160. If no, proceed to Question 170.*
160	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.*
161	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.
162	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.
163	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.
164	Other method of cancer sample procurement	☐ Biopsy ☐ Subtotal resection ☐ Gross total resection ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 164a, otherwise, skip to Question 165.*
164a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
165	Number of days from index date to date of OTHER sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the OTHER tissue submitted for HCMI.
166	Tissue type	☐ Non-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 166a, otherwise, skip to Question 167.*
166a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.

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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
167	Anatomic site of OTHER tissue	☐ Brain ☐ 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 167a, otherwise, skip to Question 168.***
167a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
168	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
169	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				
170	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.***
171	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.
172	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.
173	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
174	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)				
175	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.***
176	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.
177	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.
178	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
179	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.