# **Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct**

form should include activity from the Date of Initial Pathologic Diagnosis to the most recent Date of Last Contact with the patient.

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Tissue Source Site (TSS) Name: _	HCMI Identifier (ID3):	
Completed By:	Completion Date (MM/DD/YYYY):	
Form Notes: An Enrollment Form s	hould be completed for each HCMI case upon qualification notice from Leid	os. All information provided on this

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		6154722	Select the reference date used to
				calculate time intervals (e.g. days to
				treatment). Date of initial
		☐ Initial pathologic diagnosis		pathologic diagnosis is the HCMI
		☐ Sample procurement ☐ First patient visit		standard and should be used unless it is unavailable. If an alternative
		First patient visit		index date is used, indicate it here
				and use it for all interval
				calculations.
Patient Info	rmation			calculations.
4	Number of days from		3008273	Provide the number of days from
	index date to date of			the index date to the date of last
	last contact			contact.
5	Patient age on index		6379572	Provide the age (in days) of the
	date			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		2200604	Provide the patient's gender using
	dender		2200004	the defined categories.
		☐ Male		Identification of gender is based
		Female		upon self-report and may come
		☐ Unspecified		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		2006410	If the patient's height and weight
	(BMI)			are not collected, provide the
				patient's body mass index (BMI).
10	Race		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
		☐ American Indian or Alaska Native		attachment.  Asian: A person having origins in any of the
		☐ Asian		peoples of the Far East, Southeast Asia, or
		☐ Black or African American		in the Indian subcontinent including, for
		☐ Native Hawaiian or other Pacific Islander		example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine
		☐ White		Islands, Thailand, and Vietnam.
		Unknown		Black or African American: A person
		□ Not reported		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	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.  Note: 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	<ul> <li>□ Lifelong non-smoker (&lt;100 cigarettes smoked in a lifetime)</li> <li>□ Current smoker (includes daily and non-daily smokers)</li> <li>□ Current reformed smoker (duration not specified)</li> <li>□ Current reformed smoker for &gt;15 years</li> <li>□ Current reformed smoker for ≤15 years</li> </ul>	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	<ul><li>☐ Metastatic</li><li>☐ Non-metastatic (confirmed)</li><li>☐ Non-metastatic (unconfirmed)</li></ul>	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor.  Note: If 'metastatic' is selected, proceed to Question 15a.
15a	Metastatic site(s) at diagnosis	☐ Bone ☐ Brain ☐ Lung ☐ 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 15b, otherwise, skip to Question 16.
15b	Specify metastatic site(s)		3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
	n Information		T	
16	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.
17	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
18	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.
19	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.
20	Number of OTHER tissue biospecimens collected for HCMI model development for this case		6584259	Please provide the number of premalignant, 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.
21 Normal Con	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.
22	Normal tissue		6584264	Please provide a number to identify
	biospecimen ordinal			which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
23	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.
24	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
25	Type of normal control	<ul> <li>□ Whole blood</li> <li>□ Buccal cells</li> <li>□ Buffy coat</li> <li>□ Lymphocytes</li> <li>□ Extracted DNA from blood</li> <li>□ Extracted DNA from saliva</li> <li>□ Extracted DNA from buccal cells</li> <li>□ Extracted DNA from normal tissue (specify)</li> <li>□ FFPE non-neoplastic tissue (specify)</li> <li>□ Non-neoplastic tissue (specify)</li> <li>□ Normal tissue from other anatomic site (specify)</li> </ul>	3081936	Indicate the type of normal control submitted for this case.  Note: If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, proceed to Question 25a.
25a	Anatomic site of normal tissue	☐ Liver ☐ Pancreas ☐ Common bile duct ☐ Common hepatic duct ☐ Skin ☐ Other (specify)	4132152	If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, select the anatomic site of the normal tissue.  Note: If the anatomic site of normal tissue is not listed, proceed to Question 25b, otherwise, skip to Question 26.
25b	Other anatomic site of normal tissue		3288189	If anatomic site of normal tissue is not in provided list, specify the site.
26	Distance from tumor to normal control tissue (if not blood)	<ul><li>☐ Adjacent (&lt; or = 2cm)</li><li>☐ Distal (&gt;2cm)</li><li>☐ Unknown</li><li>☐ Not applicable</li></ul>	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 ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tur	nor Biospecimen Informa	tion	1	
28	ICD-10 code for primary tumor	□ C22.0       □ C22.4         □ C22.1       □ C22.7         □ C22.2       □ C22.9         □ C22.3       □ 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	☐ 4970/3 ☐ 8020/3 ☐ 8170/3 ☐ 8171/3 ☐ 8180/3 ☐ 8963/3 ☐ 8980/3 ☐ 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.

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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
30	Tissue or organ of origin	☐ Liver☐ Intrahepatic bile duct☐ 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	Accessory sinus Adrenal gland Anus Appendix Bladder Bone Brain Breast Connective, subcutaneous and other soft tissues Esophagus Eye Gallbladder Gum Head, face or neck Heart Kidney Larynx Lip Liver Lung Lymph node Male genital organs Mediastinum Meninges Mouth Nasal cavity Nasopharynx Neryous system	Ovary Palate Pancreas Penis Peripheral nerves and autonomic nervous system of trunk Peritoneum Pharynx Pituitary gland Prostate gland 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	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.
31	Histological Type	☐ Hepatocellular carcinon☐ Intrahepatic bile duct ca☐ 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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
32	Histological subtype	If Hepatocellular carcinoma:  ☐ Hepatocellular carcinoma ☐ Fibrolamellar hepatocellular carcinoma ☐ Other (specify)  If intrahepatic bile duct cancer: ☐ Intrahepatic cholangiocarcinoma ☐ Combined hepatocellular-cholangiocarcinoma ☐ Intraductal papillary neoplasm with an associated invasive carcinoma ☐ Mucinous cystic neoplasm with an associated invasive carcinoma ☐ Large cell neuroendocrine carcinoma ☐ Small cell neuroendocrine carcinoma ☐ Poorly differentiated neuroendocrine carcinoma ☐ 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 32a, otherwise, skip to Question 33.
32a	Other histological subtype		5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
33	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.
34	Prior malignancy (other cancer type)	☐ Yes☐ No☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
35	AJCC cancer staging edition	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
36	AJCC clinical stage group	□ Stage I       □ Stage IIIB         □ Stage IA       □ Stage IIIC         □ Stage IB       □ Stage IV         □ Stage II       □ Stage IVA         □ Stage IIIA       □ Stage IVB	3440332	Using the patient's pathology/laboratory report, select the clinical stage group of the primary tumor as defined by the American Joint Committee on Cancer (AJCC), if applicable.
37	AJCC pathologic spread: Primary tumor (pT)	□ T0       □ T2a       □ T3b         □ T1       □ T2b       □ T4         □ T1a       □ T3       □ Tis         □ T1b       □ T3a       □ TX         □ T2	3045435	Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) as defined by the American Joint Committee on Cancer (AJCC).
38	AJCC pathologic spread: Lymph nodes (pN)	□ NX □ N0 □ N1	3203106	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) as defined by the American Joint Committee on Cancer (AJCC).
39	AJCC pathologic spread: Distant metastases (pM)	□ M0 □ M1	3045439	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
40	AJCC tumor stage (pathological)	□ Stage I       □ Stage IIIB         □ Stage IA       □ Stage IIIC         □ Stage IB       □ Stage IV         □ Stage II       □ Stage IVA         □ Stage III       □ Stage IVB         □ Stage IIIA	3045439	Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the tumor stage as defined by the American Joint Committee on Cancer (AJCC).
41	Tumor grade	□ GX □ G3 □ G4 □ G2	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor, if applicable.
42	Tumor size, largest dimension	cm	64215	Provide the length of the largest dimension/diameter (cm) of the primary tumor.
43	Perineural invasion present?	☐ Yes☐ No☐ Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
44	Vascular invasion present?	☐ Yes☐ No☐ Unavailable	64358	Indicate whether venous invasion was present in the tumor specimen.
Hepatocellu	ılar Carcinoma Primary Tu	ımor-specific Biospecimen Information		
45	Does the patient have a history of primary risk factor(s) for hepatocellular carcinoma?	☐ Yes☐ No☐ Unknown	6423770	Indicate whether additional primary hepatocellular carcinoma risk factors are documented in the patient's medical record.  Note: If there is a history of primary risk factors proceed to Question 45a, otherwise, skip to Question 46.
45a	Primary risk factors for hepatocellular carcinoma	<ul> <li>□ Alcoholic liver disease</li> <li>□ Hepatitis B</li> <li>□ Hepatitis C</li> <li>□ Hemochromatosis</li> <li>□ Non-alcoholic Fatty Liver Disease</li> <li>□ Alpha 1-Antitrypsin Deficiency</li> <li>□ Other (including rare genetic disorders, please specify)</li> </ul>	3171846	Select all of the primary risk factors for hepatocellular carcinoma as noted in the patient's medical record.  Note: If the primary risk factor is not listed, proceed to Question 45b, otherwise, skip to Question 46.
45b	Other primary risk factors for hepatocellular carcinoma		3171859	If not included in the previous list, specify the patient's primary risk factor(s) for hepatocellular carcinoma.
46	Was the patient treated for any of the above primary risk factors?	☐ Yes ☐ No ☐ Unknown	6423771	Indicate whether or not the patient was treated for any of their indicated primary risk factors for hepatocellular carcinoma.
47	If the patient had viral hepatitis and was treated, was there sustained virological response?	☐ Yes ☐ No ☐ Unknown ☐ Not applicable	6423783	Indicate whether there was a sustained response to treatment for viral hepatitis.
48	Additional pathologic finding(s) identified?	☐ Yes☐ No☐ Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. If Hepatocellular Carcinoma additional pathologic findings were identified, continue to Question 48a. If Intrahepatic Bile Duct Cancer additional pathologic findings were identified, continue to Question 58.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
48a	Hepatocellular carcinoma additional pathologic finding(s)	☐ Fibrosis ☐ Steatohepatitis ☐ Cirrhosis ☐ Iron overload ☐ Low-grade ☐ Chronic hepatitis ☐ dysplastic nodule ☐ Other (specify) ☐ High-grade	6423784	Select all other pathologic findings diagnosed in this patient with hepatocellular carcinoma.  Note: If other additional pathologic findings were identified, continue to
		dysplastic nodule  Steatosis		Question 48b, otherwise, skip to Question 49.
48b	Specify other additional pathologic finding(s)		6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
49	Tumor focality	<ul><li>☐ Multifocal</li><li>☐ Unifocal</li><li>☐ Unknown</li></ul>	3174022	Indicate whether the cancer first developed in a single or multiple locations.
50	Child-Pugh classification	<ul> <li>□ Grade A (5-6 points, well compensated disease)</li> <li>□ Grade B (7-9 points, significant functional compromise)</li> <li>□ Grade C (10-15 points, decompensated disease)</li> <li>□ Unknown</li> </ul>	2931791	Select the grade from the Child- Pugh assessment method used in the prognosis of chronic liver disease.
51	ISHAK fibrosis score	<ul> <li>□ 0-No Fibrosis</li> <li>□ 1 or 2-Portal Fibrosis</li> <li>□ 3 or 4-Fibrous Septa</li> <li>□ 5-Nodular Formation and Incomplete Cirrhosis</li> <li>□ 6-Established Cirrhosis</li> <li>□ Unknown</li> </ul>	3182621	Select the Ishak score that represents the histopathologic degree of liver damage.
52	Treatment effect	<ul> <li>□ No known presurgical therapy</li> <li>□ Complete necrosis (no viable tumor)</li> <li>□ Incomplete necrosis (viable tumor present)</li> <li>□ No necrosis</li> <li>□ Unknown</li> </ul>	6423786	Indicate the treatment effect type.  If 'Incomplete necrosis' is selected, proceed to Question 53, otherwise, skip to Question 54.
53	Percent tumor necrosis	%	5455511	Provide the numeric value to represent the percentage of necrosis in the tumor submitted for HCMI.
54	Liver cancer neoadjuvant chemotherapy type	☐ Thermal ablation ☐ Transarterial chemoembolization (TACE) ☐ Not applicable	6423789	Select the neoadjuvant therapy type used to treat the liver cancer.
55	Alpha-Fetoprotein level (0-10 million ng/ml)	ng/mL	2932074	Provide the numerical laboratory result for alpha fetoprotein, in ng/mL.
56	Lower normal range for the Alpha- Fetoprotein level	ng/mL	3171861	Provide the lower limit for normal for alpha fetoprotein at your institution, in ng/mL.
57	Upper normal range for the Alpha- Fetoprotein level	ng/mL	2932064	Provide the upper limit for normal for alpha fetoprotein at your institution, in ng/mL.
Intrahepation		y Tumor-specific Questions		
58	Additional pathologic finding(s) identified?	☐ Yes☐ No☐ Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. Note: If additional pathologic findings were identified, continue to Question 58a, otherwise, skip to Question 59.
58a	Intrahepatic bile duct cancer additional pathologic finding(s)	☐ Fibrosis ☐ Primary sclerosing cholangitis ☐ Biliary stones ☐ Chronic hepatitis ☐ Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with intrahepatic bile duct cancer.  Note: If the additional pathologic finding is not listed, proceed to Question 58b, otherwise, skip to Question 59.

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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
58b	Specify other additional pathologic			6423785	If not provided in the previous list, specify all other pathologic findings
59	finding(s)  Does the patient have any primary risk factor(s) for bile duct cancer?	☐ Yes ☐ No ☐ Unknown		6423779	diagnosed in this patient.  Indicate whether the patient was diagnosed with any primary risk factor(s) for bile duct cancer, as noted in the patient's medical record. Note: If yes, proceed to Question 59a, otherwise, skip to Question 60.
59a	Intrahepatic bile duct cancer primary risk factor(s)	☐ Alcoholic liver disease ☐ Biliary parasites ☐ Hepatitis C ☐ Nonalcoholic fatty liver disease ☐ Obesity	☐ Smoking ☐ Primary sclerosing cholangitis ☐ Recurrent pyogenic cholangitis ☐ Other (including rare genetic disorders, please specify)	6423790	Select all of the primary risk factors for intrahepatic bile duct cancer as noted in the patient's medical record. Note: If 'Other' is selected, proceed to Question 59b, otherwise, skip to Question 60.
59b	Other primary risk factor(s) for bile duct cancer			6423793	If not included in the previous list, specify the patient's primary risk factor(s) for bile duct cancer.
60	Has the CEA level of the patient been determined?	☐ Yes ☐ No ☐ Unknown		3107563	Indicate whether the level of carcinoembryonic antigen was determined for this patient.  Note: If yes, proceed to Question 60a, otherwise, skip to Question 61.
60a	CEA value			2752	Provide the laboratory value of CEA for the patient.  Note: Proceed to Question 60b.
60b	CEA level upper limit of normal value			2002247	Provide the upper level of normal for CEA in your institution's laboratory.
61	Was tumor marker CA-19-9 test performed?	☐ Yes ☐ No ☐ Unknown		2891778	Indicate whether a test for tumor marker CA-10-9 was performed for the patient's tumor. Note: If yes, proceed to Question 61a, otherwise, skip to Question 62.
61a	What was the CA-19-9 value?			65302	Provide the numeric result for a test sample to evaluate CA 19-9 as an indicator of presence or status of tumor or cancer.
-	nor Sample Information	- ·		<u> </u>	W
62	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No			If yes, proceed to question 63, otherwise, skip to Question 79.
63	Primary tumor biospecimen ordinal			6584265	Please provide a number to identify which biospecimen this is in the sequence.  Note: This number should be "1".
64	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.
65	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
66	Sample represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3?  Note: If no, proceed to Question 67, otherwise, skip to Question 68.
67	Specify the ICD-10 code		3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
68	Tumor tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
69	Anatomic site of tumor from which model was derived	☐ Liver ☐ Common bile duct ☐ Bone ☐ Common hepatic ☐ Brain ☐ duct ☐ Other (specify) ☐ Lung	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 69a.  Otherwise, skip to Question 70.
69a	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.
70	Method of cancer sample procurement	<ul> <li>□ Wedge resection</li> <li>□ Partial hepatectomy-major</li> <li>□ Partial hepatectomy-minor</li> <li>□ Total hepatectomy</li> <li>□ Needle biopsy</li> <li>□ Other Method (specify)</li> </ul>	3103514	Provide the procedure performed to obtain the primary tumor tissue.  Note: If the method of procurement is not listed, proceed to Question 70a, otherwise, skip to Question 71.
70a	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.
71	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.
72	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tur	nor Model Information		I.	
73	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".
74	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.
75	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.
76	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?

Enrollmei	Park A	200		
Tissue Source Site (TSS) Name: _	HCMI Identifier (ID3):	TO SEE	38	4
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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
77	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.
78	Model's primary tumor biospecimen ordinal			6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment I	nformation		•		
79	History of neoadjuvant treatment	<ul> <li>□ No</li> <li>□ Yes; radiation prior to resection</li> <li>□ Yes; pharmaceutical treatment resection</li> <li>□ Yes; both radiation and pharm treatment prior to resection</li> <li>□ Unknown</li> </ul>	on nt prior to	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment.  Note: Radiation therapy is addressed in Questions 87-88. Pharmaceutical therapy is addressed in Questions 80-86.
80	Neoadjuvant chemotherapy type	<ul> <li>□ Cytotoxic chemotherapy</li> <li>□ Hormonal</li> <li>□ Immunotherapy (cellular and checkpoint)</li> <li>□ Targeted therapy (small moled and targeted antibodies)</li> <li>□ Not applicable</li> </ul>	immune	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient.  Note: Cytotoxic chemotherapy is addressed in Questions 81-82.  Immunotherapy is addressed in Questions 83-84. Targeted therapy is addressed in Questions 85-86.
81	Neoadjuvant chemotherapeutic regimen	☐ Cisplatin lati ☐ Doxorubicin ☐ Oxo ☐ FOLFOX (5- ☐ TS- FU/Leucovorin/Oxali ☐ Oth	MOX emcitabine/Oxalip in) aliplatin -1 her (specify) emotherapy not	2853313	Select all chemotherapeutics used for neoadjuvant therapy.  Note: If neoadjuvant chemotherapy was not given, skip to Question 83. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 81a, otherwise, skip to Question 82.
81a	Other neoadjuvant chemotherapeutic regimen			62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
82	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.
83	Specify immunotherapy			2953828	Provide the name of the immunotherapy administered to the patient.
84	Days to immunotherapy treatment from index date			5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
85	Targeted therapy	☐ Everolimus ☐ Reg☐ Linifanib ☐ Sor	mucirumab gorafenib	6428117	Select the targeted molecular therapy administered to the patient.  Note: If the targeted molecular therapy is not listed, proceed to Question 85a, otherwise, skip to Question 86.

Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct			- P	The second	1
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	Co Septi	430		1
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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
85a	Specify targeted			4308476	Provide the name of the targeted
	therapy				therapy administered to the
					patient.
86	Days to targeted			5102411	Provide the number of days from
	therapy treatment from index date				the index date to the date of
87	Radiation therapy		☐ Stereotactic Body	3028890	treatment with targeted therapy.  Provide the type of radiation
87	administered type	☐ 2D conventional	RT	3020030	therapy that was administered to
	7,00	☐ 3D conformal	☐ Stereotactic		the patient.
		☐ Brachytherapy HDR	Radiosurgery		Note: If radiation therapy was not
		☐ Brachytherapy LDR	☐ WBRT		administered, proceed to Question 89.
		□ IMRT	Other (specify)		If the radiation therapy is not listed, proceed to Question 87a, otherwise,
		☐ Proton Beam	☐ Unspecified		skip to Question 88.
87a	Other radiation		☐ Not applicable	2195477	If the radiation therapy type is not
8/d	therapy			21954//	If the radiation therapy type is not included in the provided list, specify
	шегару				the type.
88	Days to radiation			5102411	Provide the number of days from
	treatment from index				the index date to the date of
	date				treatment with radiation therapy.
Metastatic,	Recurrent Tumor Biospec	imen Information			
89	Are you submitting a				A biospecimen obtained from a
	metastatic/recurrent				single site at a single timepoint in
	tumor tissue sample?				progression that is portioned for both sequencing and model
					generation counts as 1 single tumor
					specimen. A biospecimen obtained
		Yes			from another site or at a later
		□ No			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 90. If no, proceed to Question 161.
90	Metastatic tissue			6584266	Please provide a number to identify
	biospecimen ordinal				which biospecimen this is in the
					sequence.
					Note: The first biospecimen should be
					number "1", the second should be number "2", etc.
91	CMDC tissue ID			6586035	Please provide the CMDC sample ID
	0.112 0 1.0000 12				for this biospecimen as it will
					appear on tubes and the Sample
					Submission Form transmitted to the
					BPC.
92	BPC submitter ID (if			6584919	Please provide the BPC-generated
	available)				ID for this sample as it will appear
					on the Sample Submission Form transmitted to the BPC.
93	Metastatic/recurrent	☐ Cryopreserved		5432521	Provide the method used to
	tumor tissue sample	☐ FFPE			preserve the metastatic/recurrent
	preservation method	☐ Frozen			tumor tissue sample collected for
		□ ост			molecular characterization.
		☐ Snap frozen			
94	Number of days from			6132218	Provide the number of days from
	index date to date of				the index date to the date of
	diagnosis of				diagnosis of metastatic/recurrent
	metastasis/recurrence				disease.
				I	

Enrollment: Hepatocel		1	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	48	T
Completed By:	Completion Date (MM/DD/YYYY):		

Question	Question Text	Data Entry Options		CDE ID	Instruction Text
95	Method of metastatic/ recurrent cancer sample procurement	<ul> <li>□ Wedge resection</li> <li>□ Partial hepatectomy-m</li> <li>□ Partial hepatectomy-m</li> <li>□ Total hepatectomy</li> <li>□ Needle biopsy</li> <li>□ Other Method (specify</li> </ul>	inor	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue.  Note: If the method of procurement is not listed, proceed to Question 95a, otherwise, skip to Question 96.
95a	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.
96	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.
97	Metastatic/recurrent site	<ul><li>□ Bone</li><li>□ Brain</li><li>□ Intrahepatic bile duct</li></ul>	☐ Liver ☐ Lung ☐ 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 97a, otherwise, skip to Question 98.
97a	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.
98	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable		2002506	If the primary tumor relapsed, provide the site of relapse.

Enrollment: Hepatocellul	ar Carcinoma and Intrahepatic Bile Duct	VOLUME S	7 30		ľ
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	1000	44	1	r
Completed By:	Completion Date (MM/DD/YYYY):	an B			

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
99	ICD-10 code		3226287	Provide the ICD-10 code for the
				metastatic/recurrent tumor used to
				generate the model submitted to
100	100 0 21:		2226275	HCMI.
100	ICD-O-3 histology code		3226275	Provide the ICD-O-3 histology code describing the morphology of the
	code			metastatic/recurrent tumor used to
				generate the model submitted to
				HCMI.
101	Maintenance and/or		6119066	Provide the name(s) of the
	consolidation therapy			maintenance and/or consolidation
	administered prior to collection of			therapy administered to the patient
	metastatic/ recurrent			prior to the collection of the metastatic/recurrent tissue used to
	tissue			develop the model.
102	Days to start of		5102411	Provide the number of days from
	maintenance and/or			the index date to the date
	consolidation therapy			maintenance and/or consolidation
	from index date			therapy started.
103	Days to last known administration date of		5102431	Provide the number of days from the index date to the last known
	maintenance and/or			date of maintenance and/or
	consolidation therapy			consolidation therapy.
	from index date			,
104	Is the patient still	☐ Yes	6379568	Indicate whether the patient is still
	receiving treatment?	□ No		undergoing maintenance and/or
10-		Unknown	212222	consolidation therapy.
105	Disease status	☐ No evidence of disease	2188290	Provide the disease status following maintenance and/or consolidation
		☐ Progressive disease		therapy.
		☐ Stable disease		therapy.
		Unknown		
106	Histological type	☐ Hepatocellular carcinoma	3081932	Provide the traditional surgical
		☐ Intrahepatic cholangiocarcinoma		pathology text description of the
		☐ Other (specify)		histological tumor type.  If the histological type is not listed,
				proceed to Question 106a, otherwise,
				skip to Question 107.
106a	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.
Metastatic,		Carcinoma Tumor-specific Questions		
107	Tumor size, largest		64215	Provide the length of the largest
	dimension	(cm)		dimension/diameter of the primary
108	Perineural invasion	☐ Yes	3916344	tumor. Indicate if perineural invasion or
100	present?	□ No	3310344	infiltration of tumor or cancer is
	p. 0001161	☐ Unavailable		present.
109	Vascular invasion	☐ Yes	64358	Indicate whether venous invasion
	present?	□ No		was present in the tumor specimen.
		Unknown		
110	Additional pathologic	☐ Yes	6423773	Indicate whether additional
	finding(s) identified?	│ □ No │ □ Unknown		pathologic findings were found for this patient.
		Shkilowii		Note: If additional pathologic findings
				were found, proceed to Question 110a,
			1	otherwise, skip to Question 111.

Enrollment: Hepatocellul	ar Carcinoma and Intrahepatic Bile Duct	VOLUME !	7 30	( C )	2
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	(A)	64	1	7
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
110a	Hepatocellular	☐ Fibrosis ☐ Steatohepatitis	6423784	Select all other pathologic findings
	carcinoma additional	☐ Cirrhosis ☐ Iron overload		diagnosed in this patient with
	pathologic finding(s)	☐ Low-grade ☐ Chronic hepatitis		hepatocellular carcinoma.
	parameter and an arming (e)	dysplastic nodule		Note: If other additional pathologic
		☐ High-grade		findings were identified, continue to
		dysplastic nodule		Question 110b, otherwise, skip to
		Steatosis		Question 111.
4401-	Constituently on	LI Steatosis	6422705	If any any ordered to the angular control to the
110b	Specify other		6423785	If not provided in the previous list,
	additional pathologic			specify all other pathologic findings
	finding(s)			diagnosed in this patient.
111	Alpha-Fetoprotein		2932074	Provide the numerical laboratory
	level (0-10 million			result for alpha fetoprotein, in
	ng/ml)	ng/mL		ng/mL.
112	Lower normal range		3171861	Provide the lower limit for normal
	for the Alpha-			for alpha fetoprotein at your
	Fetoprotein level	ng/mL		institution, in ng/mL.
113	Upper normal range		2932064	Provide the upper limit for normal
	for the Alpha-			for alpha fetoprotein at your
	Fetoprotein level	ng/mL		institution, in ng/mL.
Metastatic/	Recurrent Intrahepatic Cl	holangiocarcinoma Tumor-specific Questions		
114	Tumor size, largest		64215	Provide the length of the largest
	dimension	(cm)		dimension/diameter of the primary
				tumor.
115	Perineural invasion	☐ Yes	3916344	Indicate if perineural invasion or
113	present?	□ No	3310344	infiltration of tumor or cancer is
	present.	☐ Unavailable		present.
116	Vascular invasion	☐ Yes ☐ Unknown	64358	Indicate whether venous invasion
110	present?		04336	was present in the tumor specimen.
117	'	☐ Yes	6423773	Indicate whether additional
117	Additional pathologic	□ No	0423773	
	finding(s) identified?			pathologic findings were found for
		☐ Unknown		this patient.  Note: If additional pathologic findings
				were found, proceed to Question 117a,
				otherwise, skip to Question 118.
117a	Intrahepatic bile duct	☐ Fibrosis	6423784	Select all other pathologic findings
1174	cancer additional	☐ Primary sclerosing cholangitis	0423704	diagnosed in this patient with
	pathologic finding(s)	☐ Biliary stones		intrahepatic bile duct cancer.
	patriologic illianig(s)	☐ Chronic hepatitis		Note: If other additional pathologic
		☐ Other (specify)		findings were identified, continue to
		Other (specify)		Question 117b, otherwise, skip to
				Question 118.
117b	Specify other		6423785	If not provided in the previous list,
	additional pathologic			specify all other pathologic findings
	finding(s)			diagnosed in this patient.
118	Has the CEA level of	□ Yes	3107563	Indicate whether the level of
	the patient been	□ No		carcinoembryonic antigen was
	determined?	☐ Unknown		determined for this patient.
				Note: If yes, proceed to Question 118a,
				otherwise, skip to Question 119.
118a	CEA value		2752	Provide the laboratory value of CEA
				for the patient.
				Note: Proceed to Question 118b.
118b	CEA level upper limit		2002247	Provide the upper level of normal
	of normal value			for CEA in your institution's
				laboratory.
119	Was tumor marker	☐ Yes	2891778	Indicate whether a test for tumor
	CA-19-9 test	□ No		marker CA-10-9 was performed for
	performed?	☐ Unknown		the patient's tumor. <i>Note: If yes,</i>
				proceed to Question 119a, otherwise,
				skip to Question 120.

Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct			- TT 20	6	
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	<b>1</b>	43	6	3
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
119a	What was the CA-19-9		65302	Provide the numeric result for a test
	value?			sample to evaluate CA 19-9 as an
		<del></del>		indicator of presence or status of tumor or cancer.
Additional I	 Metastatic/Recurrent Tun	nor Biospecimen Information		tumor or cancer.
120	Are you submitting a	☐ Yes		Note: A biospecimen obtained from a
	second	□ No		single site at a single timepoint in
	metastatic/recurrent			progression that is portioned for both sequencing and model generation
	tumor tissue sample?			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. If yes, proceed to Question 121, otherwise, skip to Question 151.
121	Metastatic tissue		6584266	Please provide a number to identify
	biospecimen ordinal			which biospecimen this is in the
				sequence.
				Note: The first biospecimen should be number "1", the second should be
				number "2", etc.
122	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.
123	BPC submitter ID (if		6584919	Please provide the BPC-generated
	available)			ID for this sample as it will appear
				on the Sample Submission Form
124	Metastatic/recurrent		5432521	transmitted to the BPC.  Provide the method used to
124	tumor tissue sample	☐ Cryopreserved ☐ FFPE	3432321	preserve the metastatic/recurrent
	preservation method	☐ Frozen		tumor tissue sample collected for
		ОСТ		molecular characterization.
		☐ Snap frozen		
125	Number of days from	*	6132218	Provide the number of days from
	index date to date of		0101110	the index date to the date of
	diagnosis of			diagnosis of metastatic/recurrent
	metastasis/recurrence			disease.
126	Method of metastatic/	☐ Wedge resection	6587389	Indicate the procedure performed
	recurrent cancer sample procurement	☐ Partial hepatectomy-major		to obtain the metastatic/recurrent tumor tissue.
	Sample production	☐ Partial hepatectomy-minor ☐ Total hepatectomy		Note: If the method of procurement is
		☐ Needle biopsy		not listed, proceed to Question 126a,
		☐ Other Method (specify)		otherwise, skip to Question 127.
126a	Other method of		6587390	If the procedure performed to
	cancer sample			obtain the tumor tissue is not
	procurement			included in the provided list, specify
127	Number of days from		2200405	the procedure.
127	Number of days from index date to date of		3288495	Provide the number of days from the index date to the date of the
	metastatic/recurrent			procedure that produced the
	sample procurement			metastatic/recurrent tumor tissue
				submitted for HCMI.
			l	

Enrollment: Hepatocellul	ar Carcinoma and Intrahepatic Bile Duct	NO DE LA	1 20	Contract of the second	14
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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
128	Metastatic/recurrent site	☐ Bone ☐ Brain ☐ Intrahepatic bile duct	☐ Liver☐ Lung☐ 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 128a, otherwise, skip to Question 129.
128a	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.
129	Site of relapse	☐ Local ☐ Regional	<ul><li>□ Distant</li><li>□ Not applicable</li></ul>	2002506	If the primary tumor relapsed, provide the site of relapse.
130	ICD-10 code			3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
131	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.
132	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.
133	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.

Enrollment: Hepatocellul	ar Carcinoma and Intranepatic Bile Duct	A COLUMN	TT &		( - P	1,
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	CO SE	44	A CONTRACTOR		75
Completed By:	Completion Date (MM/DD/YYYY):	and the	3	3	1	

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
134	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.
135	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
136	Disease status	<ul><li>□ No evidence of disease</li><li>□ Progressive disease</li><li>□ Stable disease</li><li>□ Unknown</li></ul>	2188290	Provide the disease status following maintenance and/or consolidation therapy.
137	Histological type	<ul> <li>☐ Hepatocellular carcinoma</li> <li>☐ Intrahepatic cholangiocarcinoma</li> <li>☐ Other (specify)</li> </ul>	3081932	Provide the traditional surgical pathology text description of the histological tumor type.  If the histological type is not listed, proceed to Question 137a, otherwise, skip to Question 138.
137a	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.
Additional I	Metastatic/Recurrent Hep	atocellular Carcinoma Tumor-specific Questions		
138	Tumor size, largest dimension	(cm)	64215	Provide the length of the largest dimension/diameter of the primary tumor.
139	Perineural invasion present?	☐ Yes ☐ No ☐ Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
140	Vascular invasion present?	☐ Yes ☐ Unknown ☐ No	64358	Indicate whether venous invasion was present in the tumor specimen.
141	Additional pathologic finding(s) identified?	☐ Yes ☐ No ☐ Unknown	6423773	Indicate whether additional pathologic findings were found for this patient.  Note: If additional pathologic findings were found, proceed to Question 141a, otherwise, skip to Question 142.
141a	Hepatocellular carcinoma additional pathologic finding(s)	☐ Fibrosis ☐ Steatohepatitis ☐ Cirrhosis ☐ Iron overload ☐ Low-grade ☐ Chronic hepatitis ☐ dysplastic nodule ☐ Other (specify) ☐ High-grade ☐ dysplastic nodule ☐ Steatosis	6423784	Select all other pathologic findings diagnosed in this patient with hepatocellular carcinoma.  Note: If other additional pathologic findings were identified, continue to Question 141b, otherwise, skip to Question 142.
141b	Specify other additional pathologic finding(s)		6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
142	Alpha-Fetoprotein level (0-10 million ng/ml)	ng/mL	2932074	Provide the numerical laboratory result for alpha fetoprotein, in ng/mL.
143	Lower normal range for the Alpha- Fetoprotein level	ng/mL	3171861	Provide the lower limit for normal for alpha fetoprotein at your institution, in ng/mL.
144	Upper normal range for the Alpha- Fetoprotein level	ng/mL	2932064	Provide the upper limit for normal for alpha fetoprotein at your institution, in ng/mL.

Enrollment: He	epatocellular Carcinoma and Intrahepatic Bile Duct	1/4
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional I	Metastatic/Recurrent Intr	ahepatic Cholangiocarcinoma Tumor-specific Questi	ons	
145	Tumor size, largest dimension	(cm)	64215	Provide the length of the largest dimension/diameter of the primary tumor.
146	Perineural invasion present?	☐ Yes ☐ No ☐ Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
147	Vascular invasion present?	☐ Yes ☐ Unknown ☐ No	64358	Indicate whether venous invasion was present in the tumor specimen.
148	Additional pathologic finding(s) identified?	☐ Yes ☐ No ☐ Unknown	6423773	Indicate whether additional pathologic findings were found for this patient.  Note: If additional pathologic findings were found, proceed to Question 148a, otherwise, skip to Question 149.
148a	Intrahepatic bile duct cancer additional pathologic finding(s)	☐ Fibrosis ☐ Primary sclerosing cholangitis ☐ Biliary stones ☐ Chronic hepatitis ☐ Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with intrahepatic bile duct cancer.  Note: If other additional pathologic findings were identified, continue to Question 148b, otherwise, skip to Question 149.
148b	Specify other additional pathologic finding(s)		6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
149	Has the CEA level of the patient been determined?	☐ Yes☐ No☐ Unknown	3107563	Indicate whether the level of carcinoembryonic antigen was determined for this patient.  Note: If yes, proceed to Question 149a, otherwise, skip to Question 150.
149a	CEA value		2752	Provide the laboratory value of CEA for the patient.  Note: Proceed to Question 149b.
149b	CEA level upper limit of normal value		2002247	Provide the upper level of normal for CEA in your institution's laboratory.
150	Was tumor marker CA-19-9 test performed?	☐ Yes☐ No☐ Unknown	2891778	Indicate whether a test for tumor marker CA-10-9 was performed for the patient's tumor. Note: If yes, proceed to Question 150a, otherwise, skip to Question 151.
150a	What was the CA-19-9 value?		65302	Provide the numeric result for a test sample to evaluate CA 19-9 as an indicator of presence or status of tumor or cancer.
-	Recurrent Tumor Model I	Information	T	<u> </u>
151	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.
152	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.
153	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.

Enrollment: Hepatocellul	ar Carcinoma and Intrahepatic Bile Duct	Vol.	720	Car T.
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
154	Model's METASTATIC/		6586035	Enter the CMDC Sample ID of the
13.	RECURRENT tumor		0300033	METASTATIC/RECURRENT tissue
	tissue CMDC sample			from which this model is derived.
	ID			Trom when this moder is derived.
155	Model's METASTATIC/		6584266	Enter the biospecimen ordinal of
155	RECURRENT tumor		0304200	the METASTATIC/RECURRENT tissue
	tissue biospecimen	<del></del>		from which this model is derived.
	ordinal			Trom which this moder is derived.
Additional	Metastatic/Recurrent Tun	nor Model Information		L
156	METASTATIC/	,	6594587	Please provide a number to identify
	RECURRENT model		000 1007	which biospecimen this is in the
	biospecimen ordinal			sequence.
	a.copcomen orama.			Note: The first biospecimen should be
				number "1," the second should be
457	CMADC del ID		CE0C02C	number "2," etc.
157	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.
158	BPC submitter ID (if		6584919	Please provide the BPC-generated
150	available)		0304313	ID for this sample as it will appear
	available)			on the Sample Submission Form
				transmitted to the BPC.
159	Model's METASTATIC/		6586035	Enter the CMDC Sample ID of the
100	RECURRENT tumor		000000	METASTATIC/RECURRENT tissue
	tissue CMDC sample			from which this model is derived.
	ID			
160	Model's METASTATIC/		6584266	Enter the biospecimen ordinal of
	RECURRENT tumor			the METASTATIC/RECURRENT tissue
	tissue biospecimen			from which this model is derived.
	ordinal			
Other Biosp	ecimen Information			
161	Are you submitting an			Indicate whether an OTHER tissue
	OTHER tissue sample?			sample (e.g. pre-malignant, non-
		Yes		malignant, or dysplastic tissue, etc.)
		□ No		was collected for HCMI for this
				case.
100	07:150.1			Note: If yes, proceed to Question 162.
162	OTHER tissue		6584267	Please provide a number to identify
	biospecimen ordinal			which biospecimen this is in the
				sequence.
				Note: The first biospecimen should be number "1," the second should be
				number "2," etc.
				·
163	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.
164	BPC submitter ID (if		6584919	Please provide the BPC-generated
	available)			ID for this sample as it will appear
				on the Sample Submission Form
				transmitted to the BPC.
165	OTHER tissue sample	☐ Cryopreserved	5432521	Provide the procedure performed
	preservation method	□ FFPE		to obtain the OTHER tissue.
		☐ Frozen		
		□ ост		
		☐ Snap frozen		
·				·

Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct			(A)	2	1	1,
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	TO SE	-	8	1	74
Completed By:	Completion Date (MM/DD/YYYY):	and l	3	6.5		

Method of DTHER	Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Partial hepatectomy-minor   Total hepatectomy-minor   Total hepatectomy   Needle biopsy   Needle biopsy   Needle biopsy	166	Method of OTHER		6587398	Provide the procedure performed
Partial hepatectomy-minor   Total hepatectomy-minor   Total hepatectomy   Needle biopsy   Needle biopsy		tissue sample	☐ Partial hepatectomy-major		to obtain the OTHER tissue.
Total hepatectomy   near listed, proceed to Question 1660, otherwise, sign to Question 1670. Otherwise, sign to Question 1670. Otherwise, sign to Question 1670. ICD-10 code   Specify anatomic site of OTHER tissue   Information   Informati		•	· · · · · · · · · · · · · · · · · · ·		Note: If the method of procurement is
Needle biopsy   Other method of cancer sample   Other Method (specify)		·			not listed, proceed to Question 166a,
Other method of cancer sample procurement					otherwise, skip to Question 167.
Cancer sample procurement					
procurement	166a	Other method of		6587399	Specify the procedure performed to
167   Number of days from index date to date of metastatic/ recurrent sample procurement		cancer sample			obtain the OTHER tissue.
index date to date of metastatic/ recurrent sample procurement sample procurement sample procurement in the index date to the date of the metastatic/recurrent tamp roduced the metastatic/recurrent tumor tissue submitted for HCMI.    168		procurement			
metastatic/ recurrent sample procurement    168	167	Number of days from		3288495	Provide the number of days from
sample procurement    Sample procurement   Indicate the OTHER tissue type		index date to date of			the index date to the date of the
Submitted for HCMI.   Indicate the OTHER tissue type   Non-malignant   Other (specify)   Other (specify)   Indicate the OTHER tissue type is not listed, proceed to Question 1880, otherwise, skip to Question 1880, otherwise, skip to Question 1890, otherwise, skip to Question 1		metastatic/ recurrent			procedure that produced the
Submitted for HCMI.		sample procurement			metastatic/recurrent tumor tissue
Non-malignant   Other (specify)   Specify the OTHER tissue type is not listed, proceed to Question 188a, otherwise, skip to Question 169.    169		, ,			submitted for HCMI.
Non-malignant   Other (specify)   Specify tissue type   Other (specify)   Other (specify)   Specify tissue type   Other (specify)   Specify tissue type   Other (specify)   Specify the OTHER tissue type if not in the provided list.   Specify the OTHER tissue type if not in the provided list.   Other (specify)   Specify anatomic site of OTHER tissue used to develop the model was derived.   Note: if the OTHER tissue used to develop the model was derived.   Note: if the OTHER tissue site is not listed, proceed to Question 1700.   Other (specify)   Specify anatomic site of OTHER tissue   Specify the site from which the OTHER tissue used to develop the model was derived.   OTHER tissue used to develop the model was derived.   OTHER tissue used to develop the model was derived.   OTHER tissue used to generate the model submitted to HCMI.   Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.   Provide the ICD-0-3 histology code describing the morphology of the OTHER tissue submitting an additional OTHER tissue Biospecimen Information   Indicate whether an OTHER tissue sample?   Yes   Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, or dysplastic tissue, etc.)   was collected for HCMI for this case.   Note: The first biospecimen should be number 12, "the second should be number 12," the second should be number 12," the second should be number 12," the second should be number 2," etc.   Note: The first biospecimen as it will appear on tubes and the Sample   Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submission Form transmitted to the Sample Submissi	168	Tissue type		64784	Indicate the OTHER tissue type.
Non-Haighant   Other (specify)		/	□ Nas well-west		· · ·
168a   Specify tissue type					
169			U Other (specify)		otherwise, skip to Question 169.
169					
Anatomic site of OTHER tissue   Lung   Bone   Bone   Brain   Other (specify)   Oth	168a	Specify tissue type		64785	Specify the OTHER tissue type if not
OTHER tissue   Lung   Bone   Brain   OTHER tissue used to develop the model was derived. Note: If the OTHER tissue size is not listed, proceed to Question 159, otherwise, skip to Question 170.  169a   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.  170   ICD-10 code   3226287   Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.  171   ICD-0-3 histology code   3226275   Provide the ICD-0-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.  Additional OTHER Tissue Biospecimen Information  172   Are you submitting an additional OTHER tissue sample?   Yes   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 173, otherwise, skip to Question 183.  173   OTHER tissue   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.  174   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					i :
Bone   Brain   Other (specify)   Other (specif	169			6696813	
Brain   Other (specify)   Note: If the OTHER tissue site is not listed, proceed to Question 169a, otherwise, skip to Question 170.		OTHER tissue	_		OTHER tissue used to develop the
Other (specify)					
Indicate whether an OTHER tissue   Sample   Yes   No   No   No   No   No   No   No   N					1
Specify anatomic site of OTHER tissue			☐ Other (specify)		1
of OTHER tissue specify the site from which the OTHER tissue used to develop the model was derived.  170 ICD-10 code 3226287 Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.  171 ICD-0-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.  Additional OTHER Tissue Biospecimen Information  172 Are you submitting an additional OTHER tissue sample? Yes Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, ord sysplastic tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  173 OTHER tissue biospecimen ordinal Source of the other in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.  174 CMDC sample ID G586035 Please provide the CMDC sample ID for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the the sequence. Submission Form transmitted to the					
OTHER tissue used to develop the model was derived.	169a			6584916	• • •
model was derived.		of OTHER tissue			
170   ICD-10 code   3226287   Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.					OTHER tissue used to develop the
OTHER tissue used to generate the model submitted to HCMI.  171 ICD-O-3 histology code 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 Tissue Biospecimen Information  172 Are you submitting an additional 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 173, otherwise, skip to Question 183.  173 OTHER tissue biospecimen ordinal biospecimen ordinal biospecimen ordinal Sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.  174 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					model was derived.
model submitted to HCMI.	170	ICD-10 code		3226287	Provide the ICD-10 code for the
171   ICD-O-3 histology code					OTHER tissue used to generate the
Code					model submitted to HCMI.
Code	171	ICD-O-3 histology		3226275	Provide the ICD-O-3 histology code
Additional OTHER Tissue Biospecimen Information  172 Are you submitting an additional OTHER tissue sample? Yes Indicate whether an OTHER tissue sample? Yes Indicate whether an OTHER tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  173 OTHER tissue biospecimen ordinal Bi					describing the morphology of the
## Additional OTHER Tissue Biospecimen Information    172					
Additional OTHER Tissue Biospecimen Information  172					_
Are you submitting an additional OTHER tissue sample?  Yes  No  No  No  Indicate whether an OTHER tissue sample (e.g. pre-malignant, nonmalignant, or dysplastic tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  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.  Note: The first biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the	Additional	OTHER Tissue Biospecimei	n Information	1	
additional OTHER tissue sample?  Yes No No No Sample (e.g. pre-malignant, non-malignant, or dysplastic tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  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.  CMDC sample ID  G586035 Please provide the CMDC sample ID for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the					Indicate whether an OTHER tissue
tissue sample?  Yes No		-			
was collected for HCMI for this case.  Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  173 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.  174 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					
case. Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  173 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.  174 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		tissue sumple:			
Note: If yes, proceed to Question 173, otherwise, skip to Question 183.  173 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.  174 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			□ No		
OTHER tissue biospecimen ordinal  The sequence of the second should be number "1," the second should be number "2," etc.  The sequence of the second should be 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.  The sequence of the second should be 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.  The sequence of the second should be number to identify which biospecimen this is in the sequence.  Note: The first biospecimen should be number "1," the second should be number "1," the second should be number "2," etc.  Sequence of the sequence of					
173 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.  174 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					
biospecimen ordinal  which biospecimen this is in the sequence.  Note: The first biospecimen should be number "1," the second should be number "2," etc.  174 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	173	OTHER tissue		6584267	
sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.  174 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				230.207	
Note: The first biospecimen should be number "1," the second should be number "2," etc.  174 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		2.33pcomicii orumui		1	1
number "1," the second should be number "2," etc.  174 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				1	•
number "2," etc.  174 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					
for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the					<u> </u>
for this specimen as it will appear on tubes and the Sample Submission Form transmitted to the					
on tubes and the Sample Submission Form transmitted to the	174	CMDC sample ID		6586035	Please provide the CMDC sample ID
Submission Form transmitted to the				1	
				1	on tubes and the Sample
BPC.					Submission Form transmitted to the
					BPC.

Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct			20	Car T.
Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	The state of the s	38	
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
175	BPC submitter ID (if	Data Entry Options	6584919	Please provide the BPC-generated
1/3	available)		0384313	ID for this sample as it will appear
	available)			on the Sample Submission Form
				transmitted to the BPC.
176	OTHER tissue sample	☐ Cryopreserved	5432521	Provide the procedure performed
	preservation method	□ FFPE		to obtain the OTHER tissue.
	,	☐ Frozen		
		□ OCT		
		☐ Snap frozen		
177	Method of OTHER	☐ Wedge resection	6587398	Provide the procedure performed
1,,	tissue sample	☐ Partial hepatectomy-major	0307330	to obtain the OTHER tissue.
	procurement	☐ Partial hepatectomy-minor		Note: If the method of procurement is
	<b>,</b>	☐ Total hepatectomy		not listed, proceed to Question 177a,
		☐ Needle biopsy		otherwise, skip to Question 178.
		☐ Other Method (specify)		
177a	Other method of		6587399	Specify the procedure performed to
	cancer sample			obtain the OTHER tissue.
	procurement			
178	Number of days from		3288495	Provide the number of days from
	index date to date of			the index date to the date of the
	metastatic/ recurrent			procedure that produced the
	sample procurement			metastatic/recurrent tumor tissue
				submitted for HCMI.
179	Tissue type		64784	Indicate the OTHER tissue type.
		☐ Non-malignant		Note: If the OTHER tissue type is not
		☐ Other (specify)		listed, proceed to Question 179a, otherwise, skip to Question 180.
				otherwise, skip to question 100.
179a	Specify tissue type		64785	Specify the OTHER tissue type if not
	-,,,			in the provided list.
180	Anatomic site of		6696813	Select the site from which the
	OTHER tissue	☐ Lung		OTHER tissue used to develop the
		☐ Bone		model was derived.
		Brain		Note: If the OTHER tissue site is not
		☐ Other (specify)		listed, proceed to Question 180a,
100-	Cassificanstantiasita		CE0401C	otherwise, skip to Question 181.
180a	Specify anatomic site of OTHER tissue		6584916	If not included in the previous list, specify the site from which the
	of Other tissue			OTHER tissue used to develop the
				model was derived.
181	ICD-10 code		3226287	Provide the ICD-10 code for the
101	.55 10 0000		3220207	OTHER tissue used to generate the
				model submitted to HCMI.
182	ICD-O-3 histology		3226275	Provide the ICD-O-3 histology code
	code			describing the morphology of the
				OTHER tissue used to generate the
				model submitted to HCMI.
Other Tissu	e Model Information			
183	OTHER tissue model		6594590	Please provide a number to identify
	biospecimen ordinal			which biospecimen this is in the
				sequence.
				Note: The first biospecimen should be
				number "1," the second should be
184	CMDC model ID		6586036	number "2," etc.  Please provide the CMDC model ID
104	CIVIDE HIDUELID		0500030	for this sample as it will appear on
				tubes and the Sample Submission
				Form transmitted to the BPC.
				. S transmitted to the bi c.
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Tissue Source Site (TSS) Name:	HCMI Identifier (ID3):	( ) S	43	T
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
185	BPC submitter ID (if		6584919	Please provide the BPC-generated
	available)			ID for this sample as it will appear
				on the Sample Submission Form
				transmitted to the BPC.
186	Model's OTHER tissue		6586035	Enter the CMDC Sample ID of the
	CMDC sample ID			OTHER tissue from which this
187	Model's OTHER tissue		6584267	model is derived.  Enter the biospecimen ordinal of
187	biospecimen ordinal		0584207	the OTHER tissue from which this
	biospecimen ordinar			model is derived.
Additional	⊥ Other Tissue Model Inform	l nation (if annlicable)		moder is derived.
188	OTHER tissue model	in the second se	6594590	Please provide a number to identify
200	biospecimen ordinal			which biospecimen this is in the
	'			sequence.
				Note: The first biospecimen should be
				number "1," the second should be
100	CNADO LLID		6506006	number "2," etc.
189	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.
190	BPC submitter ID (if		6584919	Please provide the BPC-generated
130	available)		0304313	ID for this sample as it will appear
				on the Sample Submission Form
				transmitted to the BPC.
191	Model's OTHER tissue		6586035	Enter the CMDC Sample ID of the
	CMDC sample ID			OTHER tissue from which this
				model is derived.
192	Model's OTHER tissue		6584267	Enter the biospecimen ordinal of
	biospecimen ordinal			the OTHER tissue from which this
				model is derived.