Enrollment: Kidney

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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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. *Note: If metastatic at diagnosis, proceed to Question 16, otherwise, skip to Question 17.*
16	Metastatic site(s) at diagnosis	☐ Adrenal gland, contralateral ☐ Adrenal gland, ipsilateral ☐ Lung ☐ Bone ☐ Lymph node(s) ☐ Brain ☐ Liver ☐ Pancreas ☐ Other (specify)	3108271	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. *Note: If the anatomic site of tumor tissue is not listed, proceed to Question 16a, otherwise, skip to Question 17.*
16a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
17	Inherited cancer susceptibility syndromes	☐ von Hippel-Lindau Syndrome ☐ BAP1 mutant disease ☐ PTEN hamartoma syndrome (Cowden syndrome) ☐ SDH associated renal cancer ☐ Hereditary papillary renal cell carcinoma ☐ Hereditary leiomyoma-renal cell carcinoma ☐ Birt-Hogg-Dube syndrome ☐ Familial renal cancer ☐ Tuberous sclerosis ☐ Hereditary renal oncocytoma	6002201	Select all hereditary cancer predisposition syndromes with which the patient has been diagnosed.
Biospecimen Information				
18	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
19	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.*
20	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.*
21	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.*
22	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.*
23	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				
24	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.*
25	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.
26	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.
27	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
28	Anatomic site of normal tissue	☐ Kidney ☐ Other (specify) ☐ Not applicable	4132152	If non-neoplastic tissue 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 28a, otherwise, skip to Question 29.***
28a	Other anatomic site of normal tissue	_____	3288189	If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, provide the anatomic site of the normal tissue.
29	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'.***
30	Normal tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tumor Biospecimen Information				
31	ICD-10 code for primary tumor	☐ C64.1 ☐ C64.2 ☐ C64.9 ☐ 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 31a, otherwise, skip to Question 32.***
31a	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.
32	Tumor morphology	☐ 8260/3 ☐ 8311/3 ☐ 8312/3 ☐ 8316/3 ☐ 8317/3 ☐ 8319/3 ☐ 8480/3 ☐ 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 32a, otherwise, skip to Question 33.***
32a	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.
33	Tissue or organ of origin	☐ Kidney ☐ 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 33a, otherwise skip to Question 34.***
33a	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.
34	Histological type	☐ Kidney cancer ☐ Other (specify)	3081932	Select the surgical pathology text description of the histological tumor type. ***Note: If the histological tumor type is not listed, proceed to Question 34a, otherwise, skip to Question 35.***
34a	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
35	Histological subtype	☐ Clear cell renal cell carcinoma ☐ Multilocular cystic clear cell renal cell neoplasm of low malignant potential ☐ Papillary renal cell carcinoma ☐ Papillary renal cell carcinoma, Type 1 ☐ Papillary renal cell carcinoma, Type 2 ☐ Chromophobe renal cell carcinoma ☐ Collecting duct carcinoma ☐ Renal medullary carcinoma ☐ MiT family translocation renal cell carcinoma ☐ Xp11 translocation renal cell carcinoma ☐ t(6;11) renal cell carcinoma ☐ Mucinous tubular and spindle renal cell carcinoma ☐ Tubulocystic renal cell carcinoma ☐ Acquired cystic disease associated renal cell carcinoma ☐ Clear cell papillary renal cell carcinoma ☐ Hereditary leiomyomatosis and renal cell carcinoma-associated renal cell carcinoma ☐ Succinate dehydrogenase (SDH) deficient renal cell carcinoma ☐ Renal cell carcinoma, unclassified ☐ Other (specify, CDE ID: 3124492)	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 35a, otherwise, skip to Question 36.*
35a	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
36	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.
37	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
38	AJCC cancer staging edition	☐ 1st ☐ 5th ☐ 2nd ☐ 6th ☐ 3rd ☐ 7th ☐ 4th ☐ 8th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
39	Clinical stage group	☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV	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).
40	AJCC pathologic spread: Primary tumor (pT)	☐ TX ☐ T2b ☐ T0 ☐ T3 ☐ T1 ☐ T3a ☐ T1a ☐ T3b ☐ T1b ☐ T3c ☐ T2 ☐ T4 ☐ T2a	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).
41	AJCC pathologic spread: Lymph nodes (pN)	☐ N0 ☐ N1 ☐ NX	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).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
42	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).
43	Tumor stage (pathological)	☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV	3065862	Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the stage as defined by the American Joint Committee on Cancer (AJCC).
44	Tumor grade	☐ G1 ☐ G4 ☐ G2 ☐ GX ☐ G3	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.
Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment				
45	Sarcomatoid features	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	5334382	Indicate whether histologic features of a sarcomatous component (pattern of dedifferentiation) were present in the primary tumor. ***Note: if the percentage of sarcomatoid features is known, proceed to Question 45a, otherwise, skip to Question 46.***
45a	If sarcomatoid features are present, indicate the percentage	_____%	6790124	Specify the percentage of the sarcomatoid features present in the patient's cancer.
46	Rhabdoid features	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	6790118	Indicate whether histologic features of a rhabdoid component were present in the primary tumor. ***Note: if the percentage of rhabdoid features is known, proceed to Question 46a, otherwise, skip to Question 47.***
46a	If rhabdoid features are present, indicate the percentage	_____%	6790119	Specify the percentage of the rhabdoid features present in the patient's cancer.
47	Tumor necrosis	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	6790121	Indicate whether histologic features of necrosis were present in the primary tumor. ***Note: if the percentage of necrotic features is known, proceed to Question 47a, otherwise, skip to Question 48.***
47a	If tumor necrosis is present, indicate the percentage	_____%	6790122	Specify the percentage of necrosis present in the patient's cancer.
48	Lymphovascular invasion	☐ Present ☐ Absent ☐ Cannot be determined	64727	Indicate if large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in a tumor specimen.
49	Number of positive lymph nodes		89	Provide the number of lymph nodes with disease involvement.
50	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
51	Additional pathologic findings	☐ Cyst(s) (specify type) ☐ Tubular (papillary) adenoma(s) ☐ Other (specify)	6790126	Indicate all additional pathologic findings present in the patient. ***Note: if cyst(s) were identified, proceed to Question 51a. If the pathologic finding is not listed, proceed to Question 51b, otherwise, skip to Question 52.***
51a	Specify type of cyst(s)	_____	6790127	Identify additional pathologic findings of a cyst identified in a patient.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
51b	Specify other additional pathologic findings	_____	6790128	If not included in the previous list, specify any additional pathologic findings.
52	Tumor size, largest dimension	_____cm	64215	Provide the largest dimension of the primary tumor in cm, regardless of anatomical plane.
53	Tumor focality	☐ Unifocal ☐ Multifocal ☐ Unknown	3174022	Indicate whether the tumor or cancer first developed in a single or multiple locations.
54	Tumor site	☐ Upper pole ☐ Middle ☐ Lower pole ☐ Not specified ☐ Other (specify)	6790129	Indicate the primary site of cancer in the kidney. *Note: If the tumor site is not listed, proceed to Question 54a, otherwise, skip to Question 55.*
54a	Specify other tumor site	_____	6790130	If not included in the previous list, specify the primary site of cancer in the kidney.
55	Tumor extension	☐ No evidence of primary tumor ☐ Tumor limited to kidney ☐ Tumor extension into perinephric tissue (beyond renal capsule) ☐ Tumor extension into renal sinus ☐ Tumor extension beyond Gerota's fascia ☐ Tumor extension into major vein (renal vein or its segmental branches, inferior vena cava) ☐ Tumor extension into pelvicalyceal system ☐ Tumor extension into adrenal gland, direct invasion ☐ Tumor extension into adrenal gland, noncontiguous ☐ Tumor extension into other organ(s)/structure(s) (specify) ☐ Cannot be assessed	6790131	Identify the extent to which a kidney tumor has invaded through the wall of an organ into surrounding organs and/or adjacent tissues. *Note: If tumor extension is into other organ(s)/structure(s), proceed to Question 55a, otherwise, skip to Question 56.*
55a	Specify other organ(s)/structure(s)	_____	6790132	If not included in the previous list, specify the name of other organs to which the kidney tumor has invaded.
56	Margins	☐ Cannot be assessed ☐ Uninvolved by invasive carcinoma ☐ Involved by invasive carcinoma	2199871	Indicate the status of the circumferential margin of surgical resection. *Note: If the margin is involved by invasive carcinoma, proceed to Question 57, otherwise, skip to Question 58.*
57	If margins involved by invasive carcinoma, specify margin	☐ Renal parenchymal margin (partial nephrectomy only) ☐ Renal capsular martin (partial nephrectomy only) ☐ Perinephric fat margin ☐ Renal sinus soft tissue margin ☐ Gerota's fascial margin ☐ Renal vein margin ☐ Ureteral margin ☐ Other (specify)	6790133	Indicate the margin type that has been involved by invasive carcinoma. *Note: If the margin is not listed, proceed to Question 57a, otherwise, skip to Question 58.*
57a	Specify other margin	_____	6790134	If not included in the previous list, specify the margin type.
58	Residual tumor	☐ RX ☐ R1 ☐ R0 ☐ R2	2608702	Indicate the status of the tissue margin following surgical resection.

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59	Pathologic findings in nonneoplastic kidney	☐ Insufficient tissue ☐ None identified ☐ Glomerular disease (specify) ☐ Tubulointerstitial disease (specify) ☐ Vascular disease (specify) ☐ Other (specify)	6790135	Indicate pathologic findings identified in the patient's non-neoplastic kidney. *Note: If pathologic findings in nonneoplastic kidney were identified, proceed to Question 59a, otherwise, skip to Question 60.*
59a	Specify pathologic findings in nonneoplastic kidney	_____	6790136	Specify the additional pathologic findings identified in the patient's non-neoplastic kidney.
Primary Tumor Clinical Molecular Characterization				
60	Was VHL mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790137	Indicate whether or not an analysis for mutation in the VHL gene was performed. *Note: If VHL mutation analysis was performed, proceed to Question 61, otherwise, skip to Question 65.*
61	Was a germline mutation in VHL identified?	☐ Yes ☐ No	6790146	Indicate whether or not a mutation in the VHL gene was identified. *Note: If a mutation was identified, proceed to Question 62, otherwise, skip to Question 65.*
62	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing VHL gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 62a, otherwise, skip to Question 63.*
62a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing VHL gene mutation analysis.
63	Specify the VHL mutation	_____	6790147	Specify the germline mutation that was identified while performing the VHL gene mutation analysis.
64	Mutation identification method	☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Indicate the method that was used to perform VHL gene mutation analysis. *Note: If the mutation identification method is not listed, proceed to Question 64a, otherwise, skip to Question 65.*
64a	Specify other mutation identification method	_____	6002204	If not provided in the previous list, specify the method that was used to perform VHL gene mutation analysis.
65	Was FH mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790138	Indicate whether or not an analysis for mutation in the FH gene was performed. *Note: If FH mutation analysis was performed, proceed to Question 66, otherwise, skip to Question 69.*
66	Was a mutation in FH identified?	☐ Yes ☐ No	6790148	Indicate whether or not a mutation in the FH gene was identified. *Note: If a mutation was identified, proceed to Question 67, otherwise, skip to Question 69.*
67	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing FH gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 67a, otherwise, skip to Question 68.*

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67a	Specify the other type of mutation	_____	6790245	Specify the type of mutation identified while performing FH gene mutation analysis.
68	Specify the FH mutation	_____	6820020	Specify the mutation that was identified while performing the FH gene mutation analysis.
69	Was FLCN mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790139	Indicate whether or not an analysis for mutation in the FLCN gene was performed. *Note: If FLCN mutation analysis was performed, proceed to Question 70, otherwise, skip to Question 73.*
70	Was a mutation in FLCN identified?	☐ Yes ☐ No	6790155	Indicate whether or not a mutation in the FLCN gene was identified. *Note: If a mutation was identified, proceed to Question 71, otherwise, skip to Question 73.*
71	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing FLCN gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 71a, otherwise, skip to Question 72.*
71a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing FLCN gene mutation analysis.
72	Specify the FLCN mutation	_____	6815970	Specify the mutation that was identified while performing the FLCN gene mutation analysis.
73	Was TSC1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790140	Indicate whether or not an analysis for mutation in the TSC1 gene was performed. *Note: If TSC1 mutation analysis was performed, proceed to Question 74, otherwise, skip to Question 77.*
74	Was a mutation in TSC1 identified?	☐ Yes ☐ No	6790156	Indicate whether or not a mutation in the TSC1 gene was identified. *Note: If a mutation was identified, proceed to Question 75, otherwise, skip to Question 77.*
75	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing TSC1 gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 75a, otherwise, skip to Question 76.*
75a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing TSC1 gene mutation analysis.
76	Specify the TSC1 mutation	_____	6815971	Specify the mutation that was identified while performing the TSC1 gene mutation analysis.
77	Was TSC2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790141	Indicate whether or not an analysis for mutation in the TSC2 gene was performed. *Note: If TSC2 mutation analysis was performed, proceed to Question 78, otherwise, skip to Question 81.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
78	Was a mutation in TSC2 identified?	☐ Yes ☐ No	6790157	Indicate whether or not a mutation in the TSC2 gene was identified. *Note: If a mutation was identified, proceed to Question 79, otherwise, skip to Question 81.*
79	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing TSC2 gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 79a, otherwise, skip to Question 80.*
79a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing TSC2 gene mutation analysis.
80	Specify the TSC2 mutation	_____	6816066	Specify the germline mutation that was identified while performing the TSC2 gene mutation analysis.
81	Was PTEN mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6063446	Indicate whether or not an analysis for mutation in the PTEN gene was performed. *Note: If PTEN mutation analysis was performed, proceed to Question 82, otherwise, skip to Question 85.*
82	Was a mutation in PTEN identified?	☐ Yes ☐ No	6063529	Indicate whether or not a mutation in the PTEN gene was identified. *Note: If a mutation was identified, proceed to Question 83, otherwise, skip to Question 85.*
83	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing PTEN gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 83a, otherwise, skip to Question 84.*
83a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing PTEN gene mutation analysis.
84	Specify the PTEN mutation	_____	6816076	Specify the mutation that was identified while performing the PTEN gene mutation analysis.
85	Was BAP-1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790142	Indicate whether or not an analysis for mutation in the BAP-1 gene was performed. *Note: If BAP-1 mutation analysis was performed, proceed to Question 86, otherwise, skip to Question 89.*
86	Was a mutation in BAP-1 identified?	☐ Yes ☐ No	6790158	Indicate whether or not a mutation in the BAP-1 gene was identified. *Note: If a mutation was identified, proceed to Question 87, otherwise, skip to Question 89.*
87	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing BAP-1 gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 87a, otherwise, skip to Question 88.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
87a	Specify the other type of mutation	_____	6790245	Specify the type of mutation identified while performing BAP-1 gene mutation analysis.
88	Specify the BAP-1 mutation	_____	6816067	Specify the mutation that was identified while performing the BAP-1 gene mutation analysis.
89	Was SETD2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790143	Indicate whether or not an analysis for mutation in the SETD2 gene was performed. ***Note: If SETD2 mutation analysis was performed, proceed to Question 90, otherwise, skip to Question 93.***
90	Was a mutation in SETD2 identified?	☐ Yes ☐ No	6790159	Indicate whether or not a mutation in the SETD2 gene was identified. ***Note: If a mutation was identified, proceed to Question 91, otherwise, skip to Question 93.***
91	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SETD2 gene mutation analysis. ***Note: If the mutation type is not listed, proceed to Question 91a, otherwise, skip to Question 92.***
91a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SETD2 gene mutation analysis.
92	Specify the SETD2 mutation	_____	6816068	Specify the mutation that was identified while performing the SETD2 gene mutation analysis.
93	Was PBRM1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790144	Indicate whether or not an analysis for mutation in the PBRM1 gene was performed. ***Note: If PBRM1 mutation analysis was performed, proceed to Question 94, otherwise, skip to Question 97.***
94	Was a mutation in PBRM1 identified?	☐ Yes ☐ No	6790160	Indicate whether or not a mutation in the PBRM1 gene was identified. ***Note: If a mutation was identified, proceed to Question 95, otherwise, skip to Question 97.***
95	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing PBRM1 gene mutation analysis. ***Note: If the mutation type is not listed, proceed to Question 95a, otherwise, skip to Question 96.***
95a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing PBRM1 gene mutation analysis.
96	Specify the PBRM1 mutation	_____	6816069	Specify the mutation that was identified while performing the PBRM1 gene mutation analysis.
97	Was SDHB/C/D mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790145	Indicate whether or not an analysis for mutation in the SDHB/C/D gene was performed. ***Note: If SDHB/C/D mutation analysis was performed, proceed to Question 98, otherwise, skip to Question 101.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
98	Was a mutation in SDHB identified?	☐ Yes ☐ No	6790161	Indicate whether or not a mutation in the SDHB gene was identified. *Note: If a mutation was identified, proceed to Question 99, otherwise, skip to Question 101.*
99	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SDHB gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 99a, otherwise, skip to Question 100.*
99a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SDHB gene mutation analysis.
100	Specify the SDHB mutation	_____	6816070	Specify the mutation that was identified while performing the SDHB gene mutation analysis.
101	Was a mutation in SDHC identified?	☐ Yes ☐ No	6790162	Indicate whether or not a mutation in the SDHC gene was identified. *Note: If a mutation was identified, proceed to Question 102, otherwise, skip to Question 104.*
102	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SDHC gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 102a, otherwise, skip to Question 103.*
102a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SDHC gene mutation analysis.
103	Specify the SDHC mutation	_____	6816074	Specify the mutation that was identified while performing the SDHC gene mutation analysis.
104	Was a mutation in SDHD identified?	☐ Yes ☐ No	6790163	Indicate whether or not a mutation in the SDHD gene was identified. *Note: If a mutation was identified, proceed to Question 105, otherwise, skip to Question 107.*
105	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SDHD gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 105a, otherwise, skip to Question 106.*
105a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SDHD gene mutation analysis.

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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
106	Specify the SDHD mutation	_____		6816075	Specify the mutation that was identified while performing the SDHD gene mutation analysis.
107	Was MET mutation analysis performed?	☐ Yes ☐ No ☐ Unknown		6078874	Indicate whether or not an analysis for mutation in the MET gene was performed.
108	Was a mutation in MET identified?	☐ Yes ☐ No		6078886	Indicate whether or not a mutation in the MET gene was identified.
109	If MET mutation identified, which one?	☐ M1250T ☐ L1205V ☐ S1236R ☐ F1200I ☐ Y1230H ☐ H1094Y ☐ Y1230C ☐ V1092I ☐ D1228N ☐ V1070M	☐ V1070G ☐ V1070E ☐ V504L ☐ I639L ☐ Other (specify)	6078901	Select the mutation identified while performing MET gene mutation analysis.
109a	Specify the MET mutation	_____		6230525	If not provided in the previous list, specify the mutation identified while performing MET gene mutation analysis.
110	Was PD-L1 IHC performed?	☐ Yes ☐ No ☐ Unknown		6078873	Indicate whether immunohistochemical staining for PD-L1 was performed.
111	PD-L1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal		4798631	Indicate the results of immunohistochemical staining for PD-L1.
Primary Tumor Sample Information					
112	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No			*If yes, proceed to question 113.* *If submitting a metastatic/recurrent tumor biospecimen, proceed to Question 139.*
113	Primary tumor biospecimen ordinal	_____		6584265	Please provide a number to identify which biospecimen this is in the sequence. *Note: This number should be "1".*
114	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.
115	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.
116	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 117, otherwise, skip to Question 118.*
117	Specify the ICD-10 code	_____		3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
118	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.
119	Anatomic site of tumor from which Model was Derived	☐ Kidney ☐ Lymph node ☐ Tumor thrombus ☐ Adrenal gland ☐ Other (specify)		4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. *Note: If the tissue or organ not listed, proceed to Question 119a. Otherwise, skip to Question 120.*
119a	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
120	Method of cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ Incisional biopsy, wedge ☐ Partial nephrectomy ☐ Radical nephrectomy ☐ Total nephrectomy ☐ 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 120a, otherwise, skip to Question 121.*
120a	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.
121	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.
122	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
123	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".*
124	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.
125	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.
126	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
127	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.
128	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
129	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: Pharmaceutical therapy is addressed in Questions 130-136. Radiation therapy is addressed in Questions 137-138.*
130	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 131-132. Immunotherapy is addressed in Questions 133-134. Targeted therapy is addressed in Questions 135-136.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
131	Neoadjuvant chemotherapeutic regimen	☐ Sunitinib ☐ Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. *Note: If neoadjuvant chemotherapy was not given, skip to Question 133. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 131a, otherwise, skip to Question 132.*
131a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
132	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.
133	Immunotherapy	☐ Nivolumab/Ipilimumab ☐ Nivolumab ☐ Pembrolizumab and Axitinib ☐ Pembrolizumab ☐ Bevacizumab and interferon ☐ Interferon ☐ IL-2 ☐ Other (specify)	6790106	Select the immunotherapy administered to the patient. *Note: If immunotherapy was not administered, skip to Question 135. If the immunotherapy is not listed, proceed to Question 133a, otherwise, skip to Question 134.*
133a	Specify other immunotherapy	_____	2185614	If not provided in the previous list, specify the name of the immunotherapy administered to the patient.
134	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
135	Targeted Therapy	☐ Sunitinib ☐ Pazopanib ☐ Cabozantinib ☐ Temsirolimus ☐ Sorafenib ☐ Everolimus ☐ Axitinib ☐ Lenvatinib and ☐ Bevacizumab Everolimus ☐ Other (specify) ☐ Lenvatinib	6790102	Select the targeted therapy administered to the patient. *Note: If targeted therapy was not administered, skip to Question 137. If the targeted therapy regimen is not listed, proceed to Question 135a, otherwise, skip to Question 136.*
135a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
136	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.
137	Radiation therapy administered type	☐ 2D conventional ☐ Stereotactic Body RT ☐ 3D conformal ☐ Stereotactic Radiosurgery ☐ Brachytherapy HDR ☐ 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 139. If the radiation therapy is not listed, proceed to Question 137a, otherwise, skip to Question 138.*
137a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
138	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				
139	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 140. If submitting an OTHER tissue sample, proceed to Question 243.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
140	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.*
141	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.
142	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.
143	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.
144	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.
145	Method of metastatic/ recurrent cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ Metastasectomy ☐ Lymph node dissection ☐ Incisional biopsy, wedge ☐ Other method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. *Note: If the method of procurement is not listed, proceed to Question 145a, otherwise, skip to Question 146.*
145a	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.
146	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.
147	Metastatic/recurrent site	☐ Kidney ☐ Pelvis ☐ Pancreas ☐ Ureter ☐ Lymph node(s) ☐ Adrenal gland, contralateral ☐ Brain ☐ Liver ☐ Adrenal gland, ipsilateral ☐ 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 147a, otherwise, skip to Question 148.*
147a	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.
148	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
149	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
150	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
151	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.
152	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.
153	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.
154	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
155	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Prognostic/Predictive/Lifestyle Features for Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
156	Sarcomatoid features	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	5334382	Indicate whether histologic features of a sarcomatous component (pattern of dedifferentiation) were present in the primary tumor. *Note: if the percentage of sarcomatoid features is known, proceed to Question 156a, otherwise, skip to Question 157.*
156a	If sarcomatoid features are present, indicate the percentage	_____%	6790124	Specify the percentage of the sarcomatoid features present in the patient's cancer.
157	Rhabdoid features	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	6790118	Indicate whether histologic features of a rhabdoid component were present in the primary tumor. *Note: if the percentage of rhabdoid features is known, proceed to Question 157a, otherwise, skip to Question 158.*
157a	If rhabdoid features are present, indicate the percentage	_____%	6790119	Specify the percentage of the rhabdoid features present in the patient's cancer.
158	Tumor necrosis	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	6790121	Indicate whether histologic features of necrosis were present in the primary tumor. *Note: if the percentage of necrotic features is known, proceed to Question 158a, otherwise, skip to Question 159.*
158a	If tumor necrosis is present, indicate the percentage	_____%	6790122	Specify the percentage of necrosis present in the patient's cancer.
159	Lymphovascular invasion	☐ Present ☐ Absent ☐ Cannot be determined	64727	Indicate if large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in a tumor specimen.
Metastatic/Recurrent Tumor Clinical Molecular Characterization (Note: Questions 160-211 may be repeated for additional metastatic/recurrent biospecimens.)				
160	Was VHL mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790137	Indicate whether or not an analysis for mutation in the VHL gene was performed. *Note: If VHL mutation analysis was performed, proceed to Question 161, otherwise, skip to Question 165.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
161	Was a germline mutation in VHL identified?	☐ Yes ☐ No	6790146	Indicate whether or not a mutation in the VHL gene was identified. *Note: If a mutation was identified, proceed to Question 162, otherwise, skip to Question 165.*
162	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing VHL gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 162a, otherwise, skip to Question 163.*
162a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing VHL gene mutation analysis.
163	Specify the VHL mutation	_____	6790147	Specify the germline mutation that was identified while performing the VHL gene mutation analysis.
164	Mutation identification method	☐ Next generation targeted sequencing ☐ Whole exome sequencing ☐ Not performed ☐ Other (specify)	6003729	Indicate the method that was used to perform VHL gene mutation analysis. *Note: If the mutation identification method is not listed, proceed to Question 164a, otherwise, skip to Question 165.*
164a	Specify other mutation identification method	_____	6002204	If not provided in the previous list, specify the method that was used to perform VHL gene mutation analysis.
165	Was FH mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790138	Indicate whether or not an analysis for mutation in the FH gene was performed. *Note: If FH mutation analysis was performed, proceed to Question 166, otherwise, skip to Question 169.*
166	Was a mutation in FH identified?	☐ Yes ☐ No	6790148	Indicate whether or not a mutation in the FH gene was identified. *Note: If a mutation was identified, proceed to Question 167, otherwise, skip to Question 169.*
167	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing FH gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 167a, otherwise, skip to Question 168.*
167a	Specify the other type of mutation	_____	6790245	Specify the type of mutation identified while performing VHL gene mutation analysis.
168	Specify the FH mutation	_____	6820020	Specify the mutation that was identified while performing the FH gene mutation analysis.
169	Was FLCN mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790139	Indicate whether or not an analysis for mutation in the FLCN gene was performed. *Note: If FLCN mutation analysis was performed, proceed to Question 170, otherwise, skip to Question 173.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
170	Was a mutation in FLCN identified?	☐ Yes ☐ No	6790155	Indicate whether or not a mutation in the FLCN gene was identified. *Note: If a mutation was identified, proceed to Question 171, otherwise, skip to Question 173.*
171	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing FLCN gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 171a, otherwise, skip to Question 172.*
171a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing FLCN gene mutation analysis.
172	Specify the FLCN mutation	_____	6815970	Specify the mutation that was identified while performing the FLCN gene mutation analysis.
173	Was TSC1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790140	Indicate whether or not an analysis for mutation in the TSC1 gene was performed. *Note: If TSC1 mutation analysis was performed, proceed to Question 174, otherwise, skip to Question 177.*
174	Was a mutation in TSC1 identified?	☐ Yes ☐ No	6790156	Indicate whether or not a mutation in the TSC1 gene was identified. *Note: If a mutation was identified, proceed to Question 175, otherwise, skip to Question 177.*
175	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing TSC1 gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 175a, otherwise, skip to Question 176.*
175a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing TSC1 gene mutation analysis.
176	Specify the TSC1 mutation	_____	6815971	Specify the mutation that was identified while performing the TSC1 gene mutation analysis.
177	Was TSC2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790141	Indicate whether or not an analysis for mutation in the TSC2 gene was performed. *Note: If TSC2 mutation analysis was performed, proceed to Question 178, otherwise, skip to Question 181.*
178	Was a mutation in TSC2 identified?	☐ Yes ☐ No	6790157	Indicate whether or not a mutation in the TSC2 gene was identified. *Note: If a mutation was identified, proceed to Question 179, otherwise, skip to Question 181.*
179	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify)	6790236	Indicate the type of mutation identified while performing TSC2 gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 179a, otherwise, skip to Question 180.*

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		☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)		
179a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing TSC2 gene mutation analysis.
180	Specify the TSC2 mutation	_____	6816066	Specify the germline mutation that was identified while performing the TSC2 gene mutation analysis.
181	Was PTEN mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6063446	Indicate whether or not an analysis for mutation in the PTEN gene was performed. ***Note: If PTEN mutation analysis was performed, proceed to Question 182, otherwise, skip to Question 185.***
182	Was a mutation in PTEN identified?	☐ Yes ☐ No	6063529	Indicate whether or not a mutation in the PTEN gene was identified. ***Note: If a mutation was identified, proceed to Question 183, otherwise, skip to Question 185.***
183	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing PTEN gene mutation analysis. ***Note: If the mutation type is not listed, proceed to Question 183a, otherwise, skip to Question 184.***
183a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing PTEN gene mutation analysis.
184	Specify the PTEN mutation	_____	6816076	Specify the mutation that was identified while performing the PTEN gene mutation analysis.
185	Was BAP-1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790142	Indicate whether or not an analysis for mutation in the BAP-1 gene was performed. ***Note: If BAP-1 mutation analysis was performed, proceed to Question 186, otherwise, skip to Question 189.***
186	Was a mutation in BAP-1 identified?	☐ Yes ☐ No	6790158	Indicate whether or not a mutation in the BAP-1 gene was identified. ***Note: If a mutation was identified, proceed to Question 187, otherwise, skip to Question 189.***
187	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing BAP-1 gene mutation analysis. ***Note: If the mutation type is not listed, proceed to Question 187a, otherwise, skip to Question 188.***
187a	Specify the other type of mutation	_____	6790245	Specify the type of mutation identified while performing BAP-1 gene mutation analysis.
188	Specify the BAP-1 mutation	_____	6816067	Specify the mutation that was identified while performing the BAP-1 gene mutation analysis.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
189	Was SETD2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790143	Indicate whether or not an analysis for mutation in the SETD2 gene was performed. ***Note: If SETD2 mutation analysis was performed, proceed to Question 190, otherwise, skip to Question 193.***
190	Was a mutation in SETD2 identified?	☐ Yes ☐ No	6790159	Indicate whether or not a mutation in the SETD2 gene was identified. ***Note: If a mutation was identified, proceed to Question 191, otherwise, skip to Question 193.***
191	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SETD2 gene mutation analysis. ***Note: If the mutation type is not listed, proceed to Question 191a, otherwise, skip to Question 192.***
191a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SETD2 gene mutation analysis.
192	Specify the SETD2 mutation	_____	6816068	Specify the mutation that was identified while performing the SETD2 gene mutation analysis.
193	Was PBRM1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790144	Indicate whether or not an analysis for mutation in the PBRM1 gene was performed. ***Note: If PBRM1 mutation analysis was performed, proceed to Question 194, otherwise, skip to Question 197.***
194	Was a mutation in PBRM1 identified?	☐ Yes ☐ No	6790160	Indicate whether or not a mutation in the PBRM1 gene was identified. ***Note: If a mutation was identified, proceed to Question 195, otherwise, skip to Question 197.***
195	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing PBRM1 gene mutation analysis. ***Note: If the mutation type is not listed, proceed to Question 195a, otherwise, skip to Question 196.***
195a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing PBRM1 gene mutation analysis.
196	Specify the PBRM1 mutation	_____	6816069	Specify the mutation that was identified while performing the PBRM1 gene mutation analysis.
197	Was SDHB/C/D mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6790145	Indicate whether or not an analysis for mutation in the SDHB/C/D gene was performed. ***Note: If SDHB/C/D mutation analysis was performed, proceed to Question 198, otherwise, skip to Question 201.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
198	Was a mutation in SDHB identified?	☐ Yes ☐ No	6790161	Indicate whether or not a mutation in the SDHB gene was identified. *Note: If a mutation was identified, proceed to Question 199, otherwise, skip to Question 201.*
199	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SDHB gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 199a, otherwise, skip to Question 200.*
199a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SDHB gene mutation analysis.
200	Specify the SDHB mutation	_____	6816070	Specify the mutation that was identified while performing the SDHB gene mutation analysis.
201	Was a mutation in SDHC identified?	☐ Yes ☐ No	6790162	Indicate whether or not a mutation in the SDHC gene was identified. *Note: If a mutation was identified, proceed to Question 202, otherwise, skip to Question 204.*
202	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SDHC gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 202a, otherwise, skip to Question 203.*
202a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SDHC gene mutation analysis.
203	Specify the SDHC mutation	_____	6816074	Specify the mutation that was identified while performing the SDHC gene mutation analysis.
204	Was a mutation in SDHD identified?	☐ Yes ☐ No	6790163	Indicate whether or not a mutation in the SDHD gene was identified. *Note: If a mutation was identified, proceed to Question 205, otherwise, skip to Question 207.*
205	If a mutation was identified, indicate the type of mutation	☐ Frameshift insertion (specify) ☐ Frameshift deletion (specify) ☐ In-frame insertion (specify) ☐ In-frame deletion (specify) ☐ Nonsense (specify) ☐ Missense (specify) ☐ Splicing mutation (specify) ☐ Other (specify)	6790236	Indicate the type of mutation identified while performing SDHD gene mutation analysis. *Note: If the mutation type is not listed, proceed to Question 205a, otherwise, skip to Question 206.*
205a	Specify the other type of mutation	_____	6790245	If not provided in the previous list, specify the type of mutation identified while performing SDHD gene mutation analysis.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
206	Specify the SDHD mutation	_____	6816075	Specify the mutation that was identified while performing the SDHD gene mutation analysis.
207	Was MET mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6078874	Indicate whether or not an analysis for mutation in the MET gene was performed.
208	Was a mutation in MET identified?	☐ Yes ☐ No	6078886	Indicate whether or not a mutation in the MET gene was identified.
209	If MET mutation identified, which one?	☐ M1250T ☐ L1205V ☐ V1070G ☐ S1236R ☐ F1200I ☐ V1070E ☐ Y1230H ☐ H1094Y ☐ V504L ☐ Y1230C ☐ V1092I ☐ I639L ☐ D1228N ☐ V1070M ☐ Other (specify)	6078901	Select the mutation identified while performing MET gene mutation analysis.
209a	Specify the MET mutation	_____	6230525	If not provided in the previous list, specify the mutation identified while performing MET gene mutation analysis.
210	Was PD-L1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6078873	Indicate whether immunohistochemical staining for PD-L1 was performed.
211	PD-L1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	4798631	Indicate the results of immunohistochemical staining for PD-L1.
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
212	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 213, otherwise, skip to Question 233.***
213	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.
214	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.
215	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.
216	Metastatic/ recurrent tumor tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
217	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
218	Method of metastatic/ recurrent cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ Metastasectomy ☐ Lymph node dissection ☐ Incisional biopsy, wedge ☐ 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 218a, otherwise, skip to Question 219.*
218a	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.
219	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.
220	Metastatic/ recurrent site	☐ Kidney ☐ Pelvis ☐ Pancreas ☐ Ureter ☐ Lymph node(s) ☐ Adrenal gland, contralateral ☐ Brain ☐ Liver ☐ Adrenal gland, ipsilateral ☐ 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 220a, otherwise, skip to Question 221.*
220a	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.
221	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
222	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
223	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.
224	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.
225	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.
226	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.
227	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
228	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Prognostic/Predictive/Lifestyle Features for Additional Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
229	Sarcomatoid features	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	5334382	Indicate whether histologic features of a sarcomatous component (pattern of dedifferentiation) were present in the primary tumor. *Note: if the percentage of sarcomatoid features is known, proceed to Question 229a, otherwise, skip to Question 230.*
229a	If sarcomatoid features are present, indicate the percentage	_____%	6790124	Specify the percentage of the sarcomatoid features present in the patient's cancer.
230	Rhabdoid features	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	6790118	Indicate whether histologic features of a rhabdoid component were present in the primary tumor. *Note: if the percentage of rhabdoid features is known, proceed to Question 230a, otherwise, skip to Question 231.*
230a	If rhabdoid features are present, indicate the percentage	_____%	6790119	Specify the percentage of the rhabdoid features present in the patient's cancer.
231	Tumor necrosis	☐ Yes, value available (specify) ☐ Yes, value not specified ☐ Not identified	6790121	Indicate whether histologic features of necrosis were present in the primary tumor. *Note: if the percentage of necrotic features is known, proceed to Question 231a, otherwise, skip to Question 232.*
231a	If tumor necrosis is present, indicate the percentage	_____%	6790122	Specify the percentage of necrosis present in the patient's cancer.
232	Lymphovascular invasion	☐ Present ☐ Absent ☐ Cannot be determined	64727	Indicate if large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in a tumor specimen.
Additional Metastatic/Recurrent Tumor Clinical Molecular Characterization (Note: Questions 160-211 may be repeated to capture clinical molecular characterization information for additional metastatic/recurrent biospecimens.)				
Metastatic/Recurrent Tumor Model Information				
233	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.*
234	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.
235	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.
236	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.
237	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional Metastatic/Recurrent Biospecimen Tumor Model Information (if applicable)				
238	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.***
239	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.
240	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.
241	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.
242	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				
243	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 244.***
244	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.***
245	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.
246	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.
247	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.
248	Other method of cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ Lymph node dissection ☐ Incisional biopsy, wedge ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. ***Note: If the method of procurement is not listed, proceed to Question 248a, otherwise, skip to Question 249.***
248a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
249	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.
250	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. ***Note: If the OTHER tissue type is not listed, proceed to Question 250a, otherwise, skip to Question 251.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
250a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
251	Anatomic site of OTHER tissue	☐ Kidney ☐ Ureter ☐ Adrenal gland ☐ Pelvis ☐ 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 251a, otherwise, skip to Question 252.*
251a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
252	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
253	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)				
254	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 255, otherwise, skip to Question 265.*
255	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.*
256	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.
257	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.
258	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.
259	Other method of cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ Lymph node dissection ☐ Incisional biopsy, wedge ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 259a, otherwise, skip to Question 260.*
259a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
260	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.
261	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 261a, otherwise, skip to Question 262.*
261a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
262	Anatomic site of OTHER tissue	☐ Kidney ☐ Ureter ☐ Adrenal gland ☐ Pelvis ☐ 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 262a, otherwise, skip to Question 263.***
262a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
263	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
264	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				
265	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.***
266	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.
267	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.
268	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
269	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)				
270	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.***
271	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.
272	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.
273	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
274	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.