



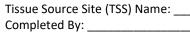


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Form Notes: A Follow-Up Form should be completed for each HCMI case upon notice of model establishment and molecular characterization success from Leidos. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

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.
Follow-Up I	Patient Status		-	1
4	Number of days from index date to date of last follow-up		3008273	Provide the number of days from the index date to the last date of follow-up with the patient or last contact with the medical record.
5	Vital status	 Alive Dead Lost to follow-up 	5	Indicate whether the patient is alive, dead, or lost to follow-up at the date of last contact. Note: If the patient is deceased, continue to Question 6, otherwise skip to Question 8.
6	Number of days from index date to date of death		3165475	Provide the number of days from the index date to the date of death.
7	Cause of death	 Related to this cancer Non-cancer related Related to another cancer Other (specify) Unknown 	2554674	Indicate the patient's cause of death.
7a	Other cause of death		4783275	If the cause of death is not included in the provided list, specify the cause of death.
8	Disease status at follow-up	 No evidence of disease Stable disease Progressive disease Unknown 	2188290	Provide the last known state of the patient's tumor up to the point of current follow-up data submission.
Treatment	Information			l .
9	Was surgery performed as part of the primary disease treatment plan?	□ Yes □ No □ Unknown	2978013	Indicate whether surgery was performed to treat the primary tumor. Note: If the patient did not receive surgical treatment, skip to Question 11.
10	Number of days from index date to date of surgical treatment		3008335	Provide the number of days from the index date to the date of surgical treatment.
11	Was systemic adjuvant therapy administered?	□ Yes □ No □ Unknown	3397567	Indicate whether the patient received systemic adjuvant pharmaceutical therapy. Note: If the patient did have systemic adjuvant therapy, the <u>Pharmaceutical Supplemental Form</u> should be completed.
12	Was adjuvant radiation therapy administered?	□ Yes □ No □ Unknown	2005312	Indicate whether the patient had adjuvant radiation therapy. Note: If the patient had adjuvant radiation therapy, the <u>Radiation Supplemental Form</u> should be completed.





_____HCMI Identifier (ID3): ___ Completion Date (MM/DD/YYYY): ___



Pharmaceutical Supplemental Form

Form Notes: A Pharmaceutical Supplemental Form should be completed for each HCMI case for which the patient received adjuvant pharmaceutical therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

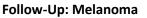
Question	Question Text	Data Entry Options		CDE ID	Instruction Text
	1	1		•	1
1	Was cytotoxic chemotherapy administered?	□ Yes □ No □ Unknown		5628399	Indicate whether the patient received cytotoxic chemotherapy. Note: If cytotoxic chemotherapy was administered, proceed to the "Cytotoxic Chemotherapy" section, Questions 4-7.
2	Was immunotherapy (cellular and immune checkpoint) administered?	□ Yes □ No □ Unknown		3057655	Indicate whether the patient received immunotherapy. Note: If immunotherapy was administered, proceed to the "Immunotherapy" section, Questions 8-11.
3	Was targeted therapy (small molecule inhibitors and targeted antibodies) administered?	□ Yes □ No □ Unknown		2785850	Indicate whether the patient received targeted therapy. Note: If targeted therapy was administered, proceed to the "Targeted Therapy" section, Questions 12-15.
Cytotoxic C	hemotherapy				
4	Chemotherapeutic administered	 Nivolumab Pembrolizumab Vemurafenib and Cobimetinib Dabrafenib and Trametinib 	 Encorafenib and Binimetinib Ipilimumab Ipilimumab and Nivolumab Other (specify) 	2853873	Select the chemotherapeutic(s) used for therapy. Note: Questions 4-7 are repeatable as needed to capture each individual chemotherapeutic administered. If the chemotherapeutic is not included in the provided list, proceed to Question 4a, otherwise, skip to Question 5.
4a	Other chemotherapeutic			2514640	If the adjuvant therapy is not included in the provided list, specify adjuvant therapy.
5	Days from index date to start of pharmaceutical treatment			5102411	Provide the number of days from the index date to the date of initiation of treatment with adjuvant pharmaceutical therapy.
6	Days from index date to last known date of pharmaceutical treatment			65167	Provide the number of days from the index date to the last known date of pharmaceutical treatment.
7	Is the patient still receiving treatment?	□ Yes □ No □ Unknown		6379568	Indicate whether the patient is still undergoing treatment.
Immunothe	erapy			-	·
8	Immunotherapy administered	 Bacille Calmette- Guerin vaccine Imiquimod Interferon-alpha Interleukin-2 	 Ipilimumab Nivolumab Pembrolizumab Talimogene laherparepvec Other (specify) 	6428120	Select the immunotherapeutic(s) administered. Note: Questions 8-11 are repeatable as needed to capture each individual immunotherapy administered. If the immunotherapy is not included in the provided list, proceed to Question 8a, otherwise, skip to Question 9.
8a	Other Immunotherapy administered			2953828	If the immunotherapeutic is not included in the provided list, specify the immunotherapy.

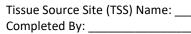
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Tissue Source Site (TSS) Name: _	
Completed By:	

Follow-Up: Melanoma HCMI Identifier (ID3): _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
9	Days from index		5102411	Provide the number of days from the index date
	date to start of			to the date of the initiation of treatment with
	immunotherapy			immunotherapy.
	treatment			
10	Days from index		65167	Provide the number of days from the index date
	date to last known			to the last known date of immunotherapy
	date of			treatment.
	immunotherapy			
	treatment			
11	Is the patient still	□ Yes	6379568	Indicate whether the patient is still undergoing
	receiving	□ No		treatment.
	treatment?	Unknown		
Targeted Th				
12	Targeted therapy	□ Cobimetinib _	6428117	Select the targeted therapeutic(s) administered.
		Dabrafenib		Note: Questions 12-15 are repeatable as needed to capture each individual targeted therapy
		□ Imatinih □ Vemurafen		administered. If the targeted therapy is not included in
		□ Nilotinib □ Other (spe	cify)	the provided list, proceed to Question 12a, otherwise,
				skip to Question 13.
12a	Other targeted		4308476	If the targeted therapy is not included in the
	therapy			provided list, specify targeted therapy.
13	Days from index		5102411	Provide the number of days from the index date
	date to start of			to the date of initiation of treatment with
	targeted therapy			targeted therapy.
	treatment			
14	Days from index		65167	Provide the number of days from the index date
	date to last known			to the last known date of targeted therapy
	date of targeted			treatment.
	therapy treatment			
15	Is the patient still	□ Yes	6379568	Indicate whether the patient is still undergoing
	receiving	□ No		treatment.
	treatment?	Unknown		





_____ HCMI Identifier (ID3): ____ Completion Date (MM/DD/YYYY): ____



Radiation Supplemental Form

Form Notes: A Radiation Supplemental Form should be completed for each HCMI case for which the patient received adjuvant radiation therapy. All information provided on this form should include activity from the "Date of Last Contact" provided on the HCMI Enrollment Form to the most recent date of contact with the patient or the patient's medical record.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	Radiation therapy	2D conventional	3028890	Provide the type of adjuvant radiation therapy
	administered type	3D conformal		that was administered to the patient, if not
		Brachytherapy HDR		collected on the enrollment form for this patient.
		Brachytherapy LDR		Note: If the radiation therapy type is not included in
				the provided list, proceed to Question 1a, otherwise,
		Proton Beam		skip to Question 2.
		Stereotactic Body RT		
		Stereotactic Radiosurgery		
		Other (specify)		
		Unspecified		
1a	Other radiation		3028890	If the radiation therapy type is not included in the
	therapy			provided list, specify the type.
2	Days from index		5102411	Provide the number of days from the index date
	date to start of			to the date of treatment with adjuvant post-
	adjuvant radiation			operative radiation therapy.
	therapy treatment			
3	Days from index		65167	Provide the number of days from the index date
	date to last known			to the last known date of radiation therapy
	date of adjuvant			treatment.
	radiation therapy			
	treatment	_		
4	Is the patient still	□ Yes	6379568	Indicate whether the patient is still undergoing
	receiving			treatment.
	treatment?	Unknown		