Enrollment: Mesothelioma

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	Number of pack years smoked	_____	2955385	Indicate the number of pack years the patient smoked. ***Note: Numeric computed value to represent lifetime tobacco exposure defined as number of cigarettes smoked per day x number of years smoked divided by 20.***
16	Tobacco smoking quit year	_____	2228610	Provide the year the patient quit smoking tobacco.
17	Family history of mesothelioma	☐ Yes ☐ Unknown ☐ No	7614374	Indicate whether the patient has a family history of mesothelioma.
18	Asbestos exposure?	☐ Yes ☐ No ☐ Unknown	1253	Indicate whether the patient has a known past exposure to asbestos. ***Note: If asbestos exposure is yes, proceed to Question 19, otherwise, skip to Question 21.***
19	Age at first asbestos exposure	_____	3629991	Provide the age in whole years at which the patient was first exposed to asbestos.
20	Number of years of asbestos exposure	_____	3629992	Provide the length of time in whole years that the patient was exposed to asbestos.
21	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 22, otherwise, skip to Question 23.***
22	Metastatic site(s) at diagnosis	☐ Contralateral pleura ☐ Lung ☐ Peritoneum ☐ Axillary lymph node(s) ☐ Cervical lymph node(s) ☐ Stomach ☐ Large intestine ☐ Small intestine ☐ Liver ☐ Kidney ☐ Adrenal gland ☐ Spleen ☐ Pericardium ☐ Other (specify)	3029815	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. ***Note: If the anatomic site of tumor tissue is not listed, proceed to Question 22a, otherwise, skip to Question 23.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
22a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
Biospecimen Information				
23	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.
24	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.*
25	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.*
26	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.*
27	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.*
28	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				
29	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.*
30	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
31	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.
32	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.
33	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.
34	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'.*
35	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				
36	ICD-10 code for primary tumor	☐ C45.0 ☐ C45.1 ☐ C45.2 ☐ C45.7 ☐ C45.9 ☐ 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 36a, otherwise, skip to Question 37.*
36a	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.
37	Tumor morphology	☐ 9050/3 ☐ 9051/3 ☐ 9052/3 ☐ 9053/3 ☐ 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 37a, otherwise, skip to Question 38.*
37a	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.
38	Tissue or organ of origin	☐ Mesothelium ☐ 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 38a, otherwise skip to Question 39.*

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
38a	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.
39	Anatomic site of the primary tumor	☐ Right pleura ☐ Peritoneum ☐ Left pleura ☐ Diaphragm ☐ Bilateral pleura ☐ Chest wall ☐ Visceral pleura ☐ Not specified ☐ Parietal pleura ☐ Other (specify)	6161035	Indicate the anatomic site of the primary tumor. *Note: If the anatomic site of the primary tumor is not listed, proceed to Question 39a, otherwise skip to Question 40.*
39a	Other anatomic site	_____	6584268	If not provided in the previous list, provide the anatomic site of the primary tumor.
40	Laterality	☐ Right ☐ Left ☐ Not specified ☐ Bilateral ☐ Not a paired site	2007875	Indicate the laterality of the anatomic site of the primary tumor.
41	Histological type	☐ Mesothelioma ☐ 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 41a, otherwise, skip to Question 42.*
41a	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.
42	Histological subtype	☐ Epithelioid mesothelioma ☐ Sarcomatoid mesothelioma ☐ Biphasic mesothelioma ☐ Desmoplastic mesothelioma ☐ Mesothelioma (NOS) ☐ Other (specify)	3081934	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor. *Note: If the histological subtype is not listed, proceed to Question 42a, otherwise, skip to Question 43.*
42a	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
43	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.
44	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
45	AJCC cancer staging edition	☐ 1st ☐ 4th ☐ 7th ☐ 2nd ☐ 5th ☐ 8th ☐ 3rd ☐ 6th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
46	AJCC clinical stage group	☐ Stage IA ☐ Stage IB ☐ Stage II ☐ Stage IIIA ☐ Stage IIIB ☐ 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), if applicable.
47	AJCC pathologic spread: Primary tumor (pT)	☐ T0 ☐ T1 ☐ T1a ☐ T1b ☐ T2 ☐ T3 ☐ T4 ☐ TX	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).

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Question	Question Text	☐ Data Entry Options	CDE ID	Instruction Text
48	AJCC pathologic spread: Lymph nodes (pN)	☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ 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).
49	AJCC pathologic spread: Distant metastases (pM)	☐ M0 ☐ M1 ☐ MX	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).
50	Tumor stage (pathological)	☐ Stage IA ☐ Stage IB ☐ Stage II ☐ Stage IIIA ☐ Stage IIIB ☐ 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).

Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment

Question	Question Text	☐ Data Entry Options	CDE ID	Instruction Text
51	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
52	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
53	WBC count	_____x10^3/mcL	58312	Provide the patient's absolute peripheral white blood cell count (in x10^3/mcL).
54	Platelet count	_____1000/mcL	58312	Provide the patient's absolute peripheral platelet count (in 1000/mcL).
55	Hemoglobin	_____g/dL	2190	Provide the patient's hemoglobin level (in g/dL).
56	Creatinine	_____mg/dL	2655822	Provide the amount of creatinine in the patient's blood, measured in milligrams per deciliter (mg/dL).
57	Serum mesothelin prior to treatment	_____	7604209	Provide the numerical result of serum mesothelin test prior to treatment.
58	Was other serum and/or effusion marker testing performed?	☐ Yes ☐ No ☐ Unknown	7595973	Indicate whether or not other serum and/or effusion marker testing was performed. ***Note: If other serum and/or effusion marker testing was performed, proceed to Question 59, otherwise, skip to Question 62.***
59	Identify serum and/or effusion markers tested	_____	7604488	Provide the name of the effusion and/or serum tumor marker test performed.
60	Serum and/or effusion marker value	_____	7604489	Provide the numeric result of the effusion and/or serum tumor marker test.
61	Serum and/or effusion marker units	_____	7604490	Provide the unit of measure related to the effusion and/or serum tumor marker test value.
62	Was the presence of circulating endothelial cells (CEC) examined?	☐ Yes ☐ No ☐ Unknown	7595969	Indicate whether or not the presence of circulating endothelial cells was examined. ***Note: If the presence of circulating endothelial cells was examined, proceed to Question 63, otherwise, skip to Question 65.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
63	Circulating endothelial cells	☐ Present ☐ Absent	7604207	Indicate whether or not circulating endothelial cells were present.
64	Number of circulating endothelial cells identified	_____	7604208	Provide the count of circulating endothelial cells in the patient's sample.
65	Blood volume (mL)	_____mL	3219439	Provide the volume of the blood sample used to count circulating endothelial cells, in mL.
66	Additional pathologic findings	☐ None identified ☐ Asbestos bodies ☐ Pleural plaque ☐ Pulmonary interstitial fibrosis ☐ Inflammation (specify) ☐ Other (specify)	7595953	Select all significant pathologic findings present in addition to the mesothelioma. ***Note: If inflammation was identified, proceed to Question 66a. If the pathologic finding is not listed, proceed to Question 66b, otherwise, skip to Question 67.***
66a	Specify inflammation type	_____	7595961	Indicate the predominant cell type or chronicity of inflammation related to mesothelioma.
66b	Specify other additional pathologic findings	_____	7595957	If not included in the previous list, indicate the additional pathologic findings related to mesothelioma.
67	Is necrosis present?	☐ Yes ☐ No ☐ Unknown	64740	Indicate whether there is evidence of localized death of cells associated with the presence of mesothelioma.
68	Treatment effect	☐ No known presurgical therapy ☐ Greater than 50% residual viable tumor ☐ Less than 50% residual viable tumor ☐ Cannot be determined	7595947	Indicate the effect of pre-surgical therapy on the mesothelioma.
69	Margins	☐ Cannot be assessed ☐ Uninvolved by mesothelioma ☐ Involved by mesothelioma, specify margin(s) ☐ Not applicable	7595944	Indicate the margin involvement by mesothelioma.
69a	Specify margins	_____	7595945	Provide the description of the margin involved by mesothelioma.
70	Residual tumor	☐ RX ☐ R0 ☐ R1 ☐ R2 ☐ Not evaluated	2608702	Indicate the status of the tissue margin following surgical resection.
71	Talc pleurodesis	☐ Yes ☐ No ☐ Unknown	7595972	Indicate whether talc pleurodesis was performed.
72	Tumor Size (for localized tumors only)	_____cm	64215	Provide the length of the largest dimension/diameter of a tumor, regardless of anatomical plane, in centimeters.
73	Tumor focality	☐ Unifocal ☐ Multifocal ☐ Unknown ☐ Cannot be determined	3174022	Indicate whether the tumor or cancer first developed in a single or multiple locations.
74	Performance status score: Eastern Cooperative Oncology Group	☐ 0: Asymptomatic ☐ 1: Symptomatic, but fully ambulatory ☐ 2: Symptomatic, in bed less than 50% of the day ☐ 3: Symptomatic, in bed more than 50% of the day, but not bed-ridden ☐ 4: Bed-ridden ☐ Not evaluated ☐ Unknown	88	Indicate the ECOG functional performance status of the patient/participant. ***Note: If performance status was determined, proceed to Question 75, otherwise, skip to Question 76.***

Enrollment: Mesothelioma

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
75	Number of days from index date to the date initial score obtained for the ECOG performance status scale	_____days	3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.
76	Was EGP-2 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595965	Indicate whether EGP-2 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If EGP-2 IHC was not performed, skip to Question 78.*
77	EGP-2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601836	Indicate the status of EGP-2 protein expression as determined by immunohistochemistry (IHC).
78	Was TAG-72 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595966	Indicate whether TAG-72 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If TAG-72 IHC was not performed, skip to Question 80.*
79	TAG-72 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601837	Indicate the status of TAG-72 protein expression as determined by immunohistochemistry (IHC).
80	Was PD-L1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6078873	Indicate whether PD-L1 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If PD-L1 IHC was not performed, skip to Question 84.*
81	PD-L1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	4798631	Indicate the status of PD-L1 protein expression as determined by immunohistochemistry (IHC).
82	Which PD-L1 stain was used?	_____	7604210	Provide the name of the stain used to assess PD-L1 expression by IHC.
83	What is the PD-L1 percentage positive cells?	_____%	7604211	Provide the percent of cells positive for PD-L1 as assessed by IHC.
84	Was calretinin IHC performed?	☐ Yes ☐ No ☐ Unknown	7595962	Indicate whether calretinin protein expression by immunohistochemistry (IHC) analysis was performed.
85	Calretinin expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601833	Indicate the status of calretinin protein expression as determined by immunohistochemistry (IHC).
86	Was cytokeratin 5/6 IHC performed?	☐ Yes ☐ No ☐ Unknown	7614375	Indicate whether cytokeratin 5/6 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If cytokeratin 5/6 IHC was not performed, skip to Question 88.*
87	Cytokeratin 5/6 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7614376	Indicate the status of cytokeratin 5/6 protein expression as determined by immunohistochemistry (IHC).
88	Was WT-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690712	Indicate whether WT-1 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If WT-1 IHC was not performed, skip to Question 90.*
89	WT-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690723	Indicate the status of WT-1 protein expression as determined by immunohistochemistry (IHC).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
90	Was D2-40 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595963	Indicate whether D2-40 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If D2-40 IHC was not performed, skip to Question 92.*
91	D2-40 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601834	Indicate the status of D2-40 protein expression as determined by immunohistochemistry (IHC).
92	Was BerEP4 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595964	Indicate whether BerEP4 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If BerEP4 IHC was not performed, skip to Question 94.*
93	BerEP4 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601835	Indicate the status of BerEP4 protein expression as determined by immunohistochemistry (IHC).
94	Was CEA IHC performed?	☐ Yes ☐ No ☐ Unknown	7595967	Indicate whether CEA protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If CEA IHC was not performed, skip to Question 96.*
95	CEA expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601838	Indicate the status of CEA protein expression as determined by immunohistochemistry (IHC).
96	Was BG8 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595968	Indicate whether BG8 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If BG8 IHC was not performed, skip to Question 98.*
97	BG8 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601839	Indicate the status of BG8 protein expression as determined by immunohistochemistry (IHC).
98	Was PTEN IHC performed?	☐ Yes ☐ No ☐ Unknown	6062415	Indicate whether PTEN protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If PTEN IHC was not performed, skip to Question 100.*
99	PTEN expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063672	Indicate the status of PTEN protein expression as determined by immunohistochemistry (IHC).
100	Was aquaporin-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595970	Indicate whether aquaporin-1 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If aquaporin-1 IHC was not performed, skip to Question 102.*
101	Aquaporin-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601840	Indicate the status of aquaporin-1 protein expression as determined by immunohistochemistry (IHC).
102	Was COX-2 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595971	Indicate whether COX-2 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If COX-2 IHC was not performed, skip to Question 104.*
103	COX-2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601841	Indicate the status of COX-2 protein expression as determined by immunohistochemistry (IHC).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Primary Tumor Sample Information				
104	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No		*If yes, proceed to question 105. If submitting a metastatic/recurrent tumor biospecimen, proceed to Question 134.*
105	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. *Note: This number should be "1".*
106	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.
107	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.
108	Sample represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? *Note: If no, proceed to Question 109, otherwise, skip to Question 110.*
109	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
110	Tumor tissue sample preservation method	☐ Cryopreserved ☐ OCT ☐ FFPE ☐ Snap frozen ☐ Frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.
111	Anatomic site from which the primary tumor was obtained	☐ Right pleura ☐ Peritoneum ☐ Left pleura ☐ Diaphragm ☐ Bilateral pleura ☐ Chest wall ☐ Visceral pleura ☐ Not specified ☐ Parietal pleura ☐ 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 111a. Otherwise, skip to Question 112.*
111a	Other anatomic site from which the primary 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.
112	Specimen laterality	☐ Right ☐ Left ☐ Not specified ☐ Bilateral ☐ Not a paired site	2007875	Indicate the laterality of the anatomic site of the tumor tissue used to generate the model for the HCMI.
113	Method of cancer sample procurement	☐ Extrapleural pneumonectomy ☐ Extended pleurectomy/decortication ☐ Pleurectomy/decortication ☐ Partial pleurectomy ☐ Video-assisted thoracoscopic biopsy ☐ Local anaesthetic thoracoscopic biopsy ☐ CT guided biopsy ☐ Not specified ☐ Other (specify)	3103514	Provide the procedure performed to obtain the primary tumor tissue. *Note: If the method of procurement is not listed, proceed to Question 113a, otherwise, skip to Question 114.*
113a	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.
114	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
115	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
116	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".***
117	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.
118	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.
119	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this model represent the primary diagnosis for this Case ID3?
120	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.
121	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
122	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 123-131. Radiation therapy is addressed in Questions 132-133.***
123	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 124-125. Hormone therapy is addressed in Questions 126-127. Immunotherapy is addressed in Questions 128-129. Targeted therapy is addressed in Questions 130-131.***
124	Neoadjuvant chemotherapeutic regimen	☐ Cisplatin and pemetrexed ☐ Gemcitabine ☐ Pemetrexed ☐ Cisplatin ☐ Carboplatin ☐ Vinorelbine ☐ Doxorubicin ☐ Navelbine ☐ Raltitrexed ☐ Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. ***Note: If neoadjuvant chemotherapy was not given, skip to Question 126. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 124a, otherwise, skip to Question 125.***
124a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
125	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.
126	Hormone therapy	_____	2405358	Specify hormone therapy administered to patient.

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Tissue Source Site (TSS) Name: _____   HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
127	Days to hormone therapy treatment from index date	_____	5102411	Provide the number of days from index date to the date of treatment with hormone therapy.
128	Immunotherapy	_____	2185614	Provide the name of the immunotherapy administered to the patient.
129	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
130	Targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
131	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.
132	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 134. If the radiation therapy is not listed, proceed to Question 132a, otherwise, skip to Question 133.*
132a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
133	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				
134	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 135. If submitting an OTHER tissue sample, proceed to Question 216.*
135	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.*
136	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.
137	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.
138	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.
139	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.

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

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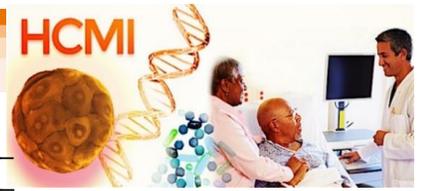| Question	Question Text	Data Entry Options	CDE ID	Instruction Text
140	Method of metastatic/ recurrent cancer sample procurement	☐ Extrapleural pneumonectomy ☐ Extended pleurectomy/decortication ☐ Pleurectomy/decortication ☐ Partial pleurectomy ☐ Video-assisted thoracoscopic biopsy ☐ Local anaesthetic thoracoscopic biopsy ☐ CT guided biopsy ☐ Not specified ☐ 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 140a, otherwise, skip to Question 141.*
140a	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.
141	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.
142	Metastatic/recurrent site	☐ Right pleura ☐ Left pleura ☐ Bilateral pleura ☐ Parietal pleura ☐ Visceral pleura ☐ Diaphragm ☐ Chest wall ☐ Contralateral pleura ☐ Lung ☐ Peritoneum ☐ Axillary lymph nodes ☐ Cervical lymph nodes ☐ Stomach ☐ Large intestine ☐ Small intestine ☐ Liver ☐ Kidney ☐ Adrenal gland ☐ Spleen ☐ Pericardium ☐ Not specified ☐ 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 142a, otherwise, skip to Question 143.*
142a	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.
143	Specimen laterality	☐ Right ☐ Left ☐ Bilateral ☐ Not specified ☐ Not a paired site	2007875	Indicate the laterality of the anatomic site of the tumor tissue used to generate the model for the HCMI.
144	Site of relapse	☐ Local ☐ Distant ☐ Regional ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
145	ICD-10 code	☐ C45.0 ☐ C78.0 ☐ C78.7 ☐ C45.1 ☐ C77.3 ☐ C79.0 ☐ C45.2 ☐ C77.0 ☐ C79.7 ☐ C45.7 ☐ C78.8 ☐ C79.8 ☐ C45.9 ☐ C78.4 ☐ Other ☐ C78.2 ☐ C78.5 (specify)	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI. *Note: If the ICD-10 code is not listed, proceed to Question 145a, otherwise, skip to Question 146.*
145a	Specify other ICD-10 code	_____	3226287	If not included in the previous list, provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
146	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.

Enrollment: Mesothelioma

Tissue Source Site (TSS) Name: _____   HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
147	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.
148	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.
149	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.
150	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
151	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				
152	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
153	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
154	Was the presence of circulating endothelial cells (CEC) examined?	☐ Yes ☐ No ☐ Unknown	7595969	Indicate whether or not the presence of circulating endothelial cells was examined. *Note: If the presence of circulating endothelial cells was examined, proceed to Question 155, otherwise, skip to Question 158.*
155	Circulating endothelial cells	☐ Present ☐ Absent	7604207	Indicate whether or not circulating endothelial cells were present.
156	Number of circulating endothelial cells identified	_____	7604208	Provide the count of circulating endothelial cells in the patient's sample.
157	Blood volume (mL)	_____mL	3219439	Provide the volume of the blood sample used to count circulating endothelial cells, in mL.
158	Residual tumor	☐ RX ☐ R2 ☐ R0 ☐ Not evaluated ☐ R1	2608702	Indicate the status of the tissue margin following surgical resection.
159	Performance status score: Eastern Cooperative Oncology Group	☐ 0: Asymptomatic ☐ 1: Symptomatic, but fully ambulatory ☐ 2: Symptomatic, in bed less than 50% of the day ☐ 3: Symptomatic, in bed more than 50% of the day, but not bed-ridden ☐ 4: Bed-ridden ☐ Not evaluated ☐ Unknown	88	Indicate the ECOG functional performance status of the patient/participant. *Note: If performance status was determined, proceed to Question 160, otherwise, skip to Question 161.*
160	Number of days from index date to the date initial score obtained for the ECOG performance status scale	_____days	3479270	Provide the number of days from the index date to the date that the ECOG performance status assessment was performed.

Enrollment: Mesothelioma

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
161	Was EGP-2 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595965	Indicate whether EGP-2 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If EGP-2 IHC was not performed, skip to Question 163.*
162	EGP-2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601836	Indicate the status of EGP-2 protein expression as determined by immunohistochemistry (IHC).
163	Was TAG-72 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595966	Indicate whether TAG-72 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If TAG-72 IHC was not performed, skip to Question 165.*
164	TAG-72 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601837	Indicate the status of TAG-72 protein expression as determined by immunohistochemistry (IHC).
165	Was PD-L1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6078873	Indicate whether PD-L1 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If PD-L1 IHC was not performed, skip to Question 169.*
166	PD-L1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	4798631	Indicate the status of PD-L1 protein expression as determined by immunohistochemistry (IHC).
167	Which PD-L1 stain was used?	_____	7604210	Provide the name of the stain used to assess PD-L1 expression by IHC.
168	What is the PD-L1 percentage positive cells?	_____%	7604211	Provide the percent of cells positive for PD-L1 as assessed by IHC.
169	Was calretinin IHC performed?	☐ Yes ☐ No ☐ Unknown	7595962	Indicate whether calretinin protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If calretinin IHC was not performed, skip to Question 171.*
170	Calretinin expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601833	Indicate the status of calretinin protein expression as determined by immunohistochemistry (IHC).
171	Was cytokeratin 5/6 IHC performed?	☐ Yes ☐ No ☐ Unknown	7614375	Indicate whether cytokeratin 5/6 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If cytokeratin 5/6 IHC was not performed, skip to Question 173.*
172	Cytokeratin 5/6 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7614376	Indicate the status of cytokeratin 5/6 protein expression as determined by immunohistochemistry (IHC).
173	Was WT-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690712	Indicate whether WT-1 protein expression by immunohistochemistry (IHC) analysis was performed. *Note: If WT-1 IHC was not performed, skip to Question 175.*
174	WT-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690723	Indicate the status of WT-1 protein expression as determined by immunohistochemistry (IHC).

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
175	Was D2-40 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595963	Indicate whether D2-40 protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If D2-40 IHC was not performed, skip to Question 177.***
176	D2-40 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601834	Indicate the status of D2-40 protein expression as determined by immunohistochemistry (IHC).
177	Was BerEP4 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595964	Indicate whether BerEP4 protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If BerEP4 IHC was not performed, skip to Question 179.***
178	BerEP4 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601835	Indicate the status of BerEP4 protein expression as determined by immunohistochemistry (IHC).
179	Was CEA IHC performed?	☐ Yes ☐ No ☐ Unknown	7595967	Indicate whether CEA protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If CEA IHC was not performed, skip to Question 181.***
180	CEA expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601838	Indicate the status of CEA protein expression as determined by immunohistochemistry (IHC).
181	Was BG8 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595968	Indicate whether BG8 protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If BG8 IHC was not performed, skip to Question 183.***
182	BG8 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601839	Indicate the status of BG8 protein expression as determined by immunohistochemistry (IHC).
183	Was PTEN IHC performed?	☐ Yes ☐ No ☐ Unknown	6062415	Indicate whether PTEN protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If PTEN IHC was not performed, skip to Question 185.***
184	PTEN expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063672	Indicate the status of PTEN protein expression as determined by immunohistochemistry (IHC).
185	Was aquaporin-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595970	Indicate whether aquaporin-1 protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If aquaporin-1 IHC was not performed, skip to Question 187.***
186	Aquaporin-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601840	Indicate the status of aquaporin-1 protein expression as determined by immunohistochemistry (IHC).
187	Was COX-2 IHC performed?	☐ Yes ☐ No ☐ Unknown	7595971	Indicate whether COX-2 protein expression by immunohistochemistry (IHC) analysis was performed. ***Note: If COX-2 IHC was not performed, skip to Question 189.***
188	COX-2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	7601841	Indicate the status of COX-2 protein expression as determined by immunohistochemistry (IHC).

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
189	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 190, otherwise, skip to Question 206.***
190	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.
191	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.
192	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.
193	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.
194	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.
195	Method of metastatic/ recurrent cancer sample procurement	☐ Extrapleural pneumonectomy ☐ Extended pleurectomy/decortication ☐ Pleurectomy/decortication ☐ Partial pleurectomy ☐ Video-assisted thoracoscopic biopsy ☐ Local anaesthetic thoracoscopic biopsy ☐ CT guided biopsy ☐ Not specified ☐ 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 195a, otherwise, skip to Question 196.***
195a	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.
196	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.

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
197	Metastatic/ recurrent site	☐ Right pleura ☐ Left pleura ☐ Bilateral pleura ☐ Parietal pleura ☐ Visceral pleura ☐ Diaphragm ☐ Chest wall ☐ Contralateral pleura ☐ Lung ☐ Peritoneum ☐ Axillary lymph nodes ☐ Cervical lymph nodes ☐ Stomach ☐ Large intestine ☐ Small intestine ☐ Liver ☐ Kidney ☐ Adrenal gland ☐ Spleen ☐ Pericardium ☐ Not specified ☐ 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 197a, otherwise, skip to Question 198.*
197a	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.
198	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
199	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
200	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.
201	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.
202	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.
203	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.
204	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.

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

Completed By: _____   Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
205	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Additional Metastatic/Recurrent Tumor Prognostic/Predictive/Lifestyle Features for Additional Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment (Note: Questions 151-187 may be repeated to capture clinical molecular characterization information for additional metastatic/recurrent biospecimens.)				
Metastatic/Recurrent Tumor Model Information				
206	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.*
207	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.
208	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.
209	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.
210	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Additional Metastatic/Recurrent Biospecimen Tumor Model Information (if applicable)				
211	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.*
212	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.
213	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.
214	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.
215	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				
216	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 217.*
217	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.*

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Tissue Source Site (TSS) Name: _____   HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
218	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.
219	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.
220	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.
221	Other method of cancer sample procurement	☐ Extrapleural pneumonectomy ☐ Extended pleurectomy/decortication ☐ Pleurectomy/decortication ☐ Partial pleurectomy ☐ Video-assisted thoracoscopic biopsy ☐ Local anaesthetic thoracoscopic biopsy ☐ CT guided biopsy ☐ Not specified ☐ Other Method (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 221a, otherwise, skip to Question 222.*
221a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
222	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.
223	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 223a, otherwise, skip to Question 224.*
223a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
224	Anatomic site of OTHER tissue	☐ Right pleura ☐ Peritoneum ☐ Left pleura ☐ Diaphragm ☐ Bilateral pleura ☐ Chest wall ☐ Visceral pleura ☐ Not specified ☐ Parietal pleura ☐ 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 224a, otherwise, skip to Question 225.*
224a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
225	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
226	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)				
227	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 228, otherwise, skip to Question 238.*

Enrollment: Mesothelioma

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
228	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.*
229	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.
230	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.
231	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.
232	Other method of cancer sample procurement	☐ Extrapleural pneumonectomy ☐ Extended pleurectomy/decortication ☐ Pleurectomy/decortication ☐ Partial pleurectomy ☐ Video-assisted thoracoscopic biopsy ☐ Local anaesthetic thoracoscopic biopsy ☐ CT guided biopsy ☐ Not specified ☐ Other Method (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. *Note: If the method of procurement is not listed, proceed to Question 232a, otherwise, skip to Question 233.*
232a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
233	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.
234	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 234a, otherwise, skip to Question 235.*
234a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
235	Anatomic site of OTHER tissue	☐ Right pleura ☐ Left pleura ☐ Bilateral pleura ☐ Visceral pleura ☐ Parietal pleura ☐ Peritoneum ☐ Diaphragm ☐ Chest wall ☐ Not specified ☐ 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 235a, otherwise, skip to Question 236.*
235a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
236	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
237	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.

Enrollment: Mesothelioma

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Other Tissue Model Information				
238	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.*
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 OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
242	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)				
243	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.*
244	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.
245	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.
246	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
247	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.