Enrollment: Ovarian

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.
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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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. *Note: If the patient was born prior to 1928, insert the date 1928.*
13	Family history of cancer	☐ Same ☐ Different ☐ None ☐ Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?
14	Smoking history	☐ 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	☐ Liver ☐ Pleura ☐ Lung ☐ Lymph nodes ☐ Peritoneum ☐ Other (specify) ☐ Omentum	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 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	Clinical history	☐ BRCA1/2 family history ☐ Hereditary breast/ovarian cancer ☐ Lynch syndrome ☐ Not applicable ☐ Other (specify)	6690684	Indicate patient's prior relevant clinical history. *Note: If no ovarian cancer risk factors have been identified, skip to Question 18. If the clinical history is not listed, proceed to Question 17a, otherwise, skip to Question 18.*
17a	Other clinical history	_____	6690685	If a disease or disorder in the patient's clinical history is not included in the provided list, please specify.
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.
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.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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.
28	Anatomic site of normal tissue	☐ Right ovary ☐ Left ovary ☐ Right fallopian tube ☐ Left fallopian tube ☐ Right tubo-ovarian ☐ Left tubo-ovarian ☐ Omentum ☐ 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.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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 ☐ OCT ☐ FFPE ☐ Snap frozen ☐ 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	☐ C56.1 ☐ C56.2 ☐ C56.9 ☐ 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	☐ 8020/3 ☐ 8620/1 ☐ 9060/3 ☐ 8041/3 ☐ 8622/1 ☐ 9070/3 ☐ 8120/3 ☐ 8634/3 ☐ 9071/3 ☐ 8310/3 ☐ 8805/3 ☐ 9072/3 ☐ 8323/3 ☐ 8931/3 ☐ 9080/3 ☐ 8380/3 ☐ 8933/3 ☐ 9085/3 ☐ 8381/3 ☐ 8950/3 ☐ 9100/3 ☐ 8441/3 ☐ 9000/3 ☐ Other ☐ 8480/3 ☐ 9015/3 (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	☐ Ovary ☐ 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	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Brain ☐ Breast ☐ Colon ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Other ill-defined sites ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Rectum ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.

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		☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system Oropharynx	☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina Vulva		
34	Histological Type	☐ Ovarian 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.
35	Histological subtype	Serous: ☐ Serous tubal intraepithelial carcinoma (STIC) ☐ Serous borderline tumor/atypical proliferative serous tumor ☐ Serous borderline tumor/atypical proliferative serous tumor with microinvasion ☐ Serous borderline tumor-micropapillary variant/noninvasive low-grade serous carcinoma ☐ Low-grade serous carcinoma ☐ High grade serous carcinoma Mucinous: ☐ Mucinous borderline tumor/atypical proliferative serous tumor ☐ Mucinous borderline tumor/atypical proliferative mucinous tumor with intraepithelial carcinoma ☐ Mucinous borderline tumor/atypical proliferative mucinous tumor with microinvasion ☐ Mucinous carcinoma Seromucinous: ☐ Seromucinous borderline tumor/atypical proliferative seromucinous tumor ☐ Seromucinous borderline tumor/atypical proliferative seromucinous tumor with microinvasion ☐ Seromucinous carcinoma Endometrioid: ☐ Endometrioid borderline tumor/atypical proliferative endometrioid tumor	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.*

		Histological subtype checklist		
		☐ Endometrioid borderline tumor/atypical proliferative endometrioid tumor with microinvasion ☐ Endometrioid carcinoma Clear Cell: ☐ Clear cell borderline tumor/atypical proliferative clear cell tumor ☐ Clear cell carcinoma Brenner: ☐ Borderline Brenner tumor/atypical proliferative Brenner tumor ☐ Malignant Brenner tumor ☐ Mixed epithelial borderline tumor Malignant Sex Cord-Stromal: ☐ Granulosa cell tumor, adult type ☐ Granulosa cell tumor, juvenile type ☐ Sertoli-Leydig cell tumor ☐ Other sex cord-stromal tumor Malignant Germ Cell: ☐ Dysgerminoma ☐ Yolk sac tumor ☐ Embryonal carcinoma ☐ Choriocarcinoma, non-gestational ☐ Immature teratoma ☐ Carcinoma arising in a teratoma ☐ Mixed malignant germ cell tumor Other: ☐ Carcinoma, Subtype Cannot Be Determined ☐ Undifferentiated Carcinoma ☐ Carcinosarcoma (malignant mixed Müllerian tumor) ☐ Small cell carcinoma, pulmonary type ☐ Small cell carcinoma, hypercalcemic type ☐ Squamous cell carcinoma ☐ Transitional cell carcinoma ☐ Undifferentiated carcinoma ☐ Other (specify)		
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 ☐ 4th ☐ 7th ☐ 2nd ☐ 5th ☐ 8th ☐ 3rd ☐ 6th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
39	AJCC pathologic spread: Primary tumor (pT)	☐ TX ☐ T0 ☐ T1 ☐ T1a ☐ T1b ☐ T1c ☐ T1c1 ☐ T2b ☐ T1c2 ☐ T3 ☐ T1c3 ☐ T3a ☐ T2 ☐ T3b ☐ T2a ☐ T3c	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).
40	AJCC pathologic spread: Lymph nodes (pN)	☐ NX ☐ N1 ☐ N0 ☐ N1a ☐ N0(i+) ☐ N1b	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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41	AJCC pathologic spread: Distant metastases (pM)	☐ MX ☐ M1a ☐ M0 ☐ M1b ☐ 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).
42	Tumor stage (pathological)	☐ Stage I ☐ Stage IIIA1 ☐ Stage IA ☐ Stage IIIA2 ☐ Stage IB ☐ Stage IIIB ☐ Stage IC ☐ Stage IIIC ☐ Stage II ☐ Stage IV ☐ Stage IIA ☐ Stage IVA ☐ Stage IIB ☐ Stage IVB	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).
43	FIGO stage	☐ I ☐ II ☐ IIIA1(ii) ☐ IA ☐ IIA ☐ IIIA2 ☐ IB ☐ IIB ☐ IIIB ☐ IC ☐ III ☐ IIIC ☐ IC1 ☐ IIIA ☐ IV ☐ IC2 ☐ IIIA1 ☐ IVA ☐ IC3 ☐ IIIA1(i) ☐ IVB	5326898	Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the stage as defined by the Federation of Gynecology and Obstetrics (FIGO), 2014 edition.
44	Two-tier grade	☐ Low grade ☐ High grade ☐ Not applicable	6690670	Using the patient's pathology/laboratory report, select the grade using the two-tier grading system. ***Note: This question is required for serous carcinomas.***
45	Tumor grade for immature teratomas	☐ G1 ☐ G2 ☐ G3 ☐ GX	2785839	Using the patient's pathology/laboratory report, if the primary tumor is an immature teratoma, select the grade.
46	Specimen integrity	☐ Capsule intact ☐ Capsule ruptured ☐ Fragmented ☐ Other (specify)	6690671	Select the best description of the physical condition of the ovarian cancer tumor. ***Note: If the specimen integrity is not listed, proceed to Question 46a, otherwise, skip to Question 47.***
46a	Specify specimen integrity	_____	6690672	If not included in the previous list, specify the best description of the physical condition of the ovarian cancer tumor.
47	Ovarian surface involvement	☐ Present ☐ Absent ☐ Cannot be determined	6690674	Indicate whether the surface tissue (outer boundary) of the ovary shows evidence of involvement or presence of cancer.
48	Tumor size, largest dimension	_____ cm	64215	Provide the largest dimension of the primary tumor in cm, regardless of anatomical plane.
49	Other tissue/organ involvement (select all that apply)	☐ Right ovary ☐ Left ovary ☐ Ovary (side not specified) ☐ Cervix ☐ Right fallopian ☐ Pelvic peritoneum tube ☐ Abdominal peritoneum ☐ Left fallopian tube ☐ Omentum ☐ Fallopian tube (side not specified) ☐ Not applicable ☐ Not identified ☐ Other (specify) ☐ Uterus	2793699	Select all sites of other tissue/organ involvement. This does not include the primary tumor site. ***Note: If the other tissue/organ involvement is not listed, proceed to Question 49a, otherwise, skip to Question 50.***
49a	Specify other tissue/organ involvement	_____	6690678	If not included in the previous list, specify the other site of other tissue/organ involvement. This does not include the primary tumor site.

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50	Largest extrapelvic peritoneal focus	☐ Microscopic ☐ Macroscopic (2 cm or less) ☐ Macroscopic (greater than 2 cm) ☐ Not applicable ☐ Cannot be determined	6690680	Indicate the diameter of the largest focus originating outside of the pelvic peritoneal region.
51	Peritoneal/Ascitic fluid	☐ Not submitted/unknown ☐ Negative for malignancy (normal/benign) ☐ Atypical and/or suspicious ☐ Malignant (positive for malignancy) ☐ Unsatisfactory/nondiagnostic	6690681	Indicate the outcome of cytological analysis for peritoneal/ascitic fluid.
52	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
53	Number of lymph nodes examined	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
54	Additional pathologic findings	☐ None identified ☐ Serous tubal intraepithelial carcinoma (STIC) ☐ Endometriosis ☐ Endosalpingiosis ☐ Other (specify)	6690682	Indicate additional pathologic findings present in the patient. *Note: If the additional pathologic finding is not listed, proceed to Question 54a, otherwise, skip to Question 55.*
54a	Specify additional pathologic findings	_____	6690683	If not included in the previous list, specify any additional pathologic findings.
55	Treatment effect	☐ CRS 1 ☐ CRS 2 ☐ CRS 3 ☐ No known presurgical therapy ☐ Cannot be determined	6692843	Select the original Chemotherapy Response Score that indicates the histopathologic response and prognosis of patients with tubo-ovarian high-grade serous carcinoma (HGSC) receiving neoadjuvant chemotherapy.
56	Was upper GI-endoscopy performed with negative results to exclude a gastrointestinal primary malignancy?	☐ Yes ☐ No ☐ Unknown	6690696	Indicate whether an upper gastrointestinal endoscopy was performed that excluded a gastrointestinal primary malignancy.
57	Was colonoscopy performed with negative results to exclude a gastrointestinal primary malignancy?	☐ Yes ☐ No ☐ Unknown	6690697	Indicate whether a colonoscopy was performed that excluded a gastrointestinal primary malignancy.
58	Residual tumor following surgical debulking	☐ No grossly visible tumor ☐ Residual tumor <= 1 cm ☐ Residual tumor > 1 cm	6690699	Indicate the status of a residual neoplasm following tumor debulking.
59	Was serum CA-125 measured?	☐ Yes ☐ No ☐ Unknown	6692833	Indicate whether a test of serum levels of CA-125 was performed. *Note: If serum CA-125 was measured, proceed to Question 60, otherwise, skip to Question 64.*
60	Baseline CA-125 (at diagnosis, before neoadjuvant chemotherapy or surgery)	_____	6690700	Provide the numeric value of CA-125 at baseline.
61	CA-125 at the end of neoadjuvant chemotherapy	_____	6690702	Provide the numeric value of CA-125 at the end of neoadjuvant chemotherapy.

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62	CA-125 after debulking surgery	_____	6690704	Provide the numeric value of CA-125 following tumor debulking surgery.
63	CA-125 during follow-up/ at the time of recurrence	_____	3008730	Provide the numeric value of CA-125 at the time of follow-up or initial disease recurrence.
Primary Tumor Clinical Molecular Characterization				
64	Was BRCA1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6690686	Indicate whether mutation analysis of BRCA1 was performed. *Note: If BRCA1 mutation analysis was performed, proceed to Question 65, otherwise, skip to Question 69.*
65	BRCA1 mutational analysis result	☐ No variant ☐ Benign variant ☐ Pathogenic variant (specify) ☐ Variant of uncertain significance (VUS) (specify)	6690687	Indicate the type of BRCA1 variant identified as a result of mutational analysis. *Note: If a pathogenic variant or variant of uncertain significance was identified, proceed to Question 65a, otherwise, skip to Question 66.*
65a	Specify the BRCA1 variant	_____	6690688	Specify the pathogenic BRCA1 variant or BRCA1 variant of unknown significance identified as a result of mutational analysis.
66	Method used to identify BRCA1 mutation	☐ Next-generation targeted sequencing ☐ Whole exome sequencing ☐ Cancer hotspot panel (specify) ☐ Other (specify)	6003729	Indicate the method used in BRCA1 mutation analysis. *Note: If a cancer hotspot panel was used, proceed to Question 67. If the method is not listed, proceed to Question 68, otherwise skip to Question 69.*
67	Specify the panel sequencing test used to identify the BRCA1 mutation	_____	6690689	Specify the cancer hotspot panel used in BRCA1 mutation analysis.
68	Other method used to identify BRCA1 mutation	_____	6002204	If not included in the previous list, specify the method used in BRCA1 mutation analysis.
69	Was BRCA2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6690690	Indicate whether mutation analysis of BRCA2 was performed. *Note: If BRCA2 mutation analysis was performed, proceed to Question 70, otherwise, skip to Question 74.*
70	BRCA2 mutational analysis result	☐ No variant ☐ Benign variant ☐ Pathogenic variant (specify) ☐ Variant of uncertain significance (VUS) (specify)	6690691	Indicate the type of BRCA2 variant identified as a result of mutational analysis. *Note: If a pathogenic variant or variant of uncertain significance was identified, proceed to Question 70a, otherwise, skip to Question 71.*
70a	Specify the BRCA2 variant	_____	6690693	Specify the pathogenic BRCA2 variant or BRCA2 variant of unknown significance identified as a result of mutational analysis.
71	Method used to identify BRCA2 mutation	☐ Next-generation targeted sequencing ☐ Whole exome sequencing ☐ Cancer hotspot panel (specify) ☐ Other (specify)	6003729	Indicate the method used in BRCA2 mutation analysis. *Note: If a cancer hotspot panel was used, proceed to Question 72. If the method is not listed, proceed to Question 73, otherwise, skip to Question 74.*
72	Specify the panel sequencing test used to identify the BRCA2 mutation	_____	6690736	Specify the cancer hotspot panel used in BRCA2 mutation analysis.
73	Other method used to identify BRCA2 mutation	_____	6002204	If not included in the previous list, specify the method used in BRCA2 mutation analysis.
74	Was MLH1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062411	Indicate whether MLH1 expression was assessed by immunohistochemistry (IHC). *Note: If MLH1 IHC was performed, proceed to Question 75, otherwise, skip to Question 76.*

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75	MLH1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063668	Indicate the status of MLH1 protein expression as determined by immunohistochemistry (IHC).
76	MLH1 promoter methylation status	☐ Absent ☐ Present ☐ Not assessed ☐ Indeterminate	6033150	Indicate the methylation status of the MLH1 promoter.
77	Was MSH2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062412	Indicate whether MSH2 expression was assessed by immunohistochemistry (IHC). *Note: If MSH2 IHC was performed, proceed to Question 78, otherwise, skip to Question 79.*
78	MSH2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063669	Indicate the status of MSH2 protein expression as determined by immunohistochemistry (IHC).
79	Was PMS2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062413	Indicate whether PMS2 expression was assessed by immunohistochemistry (IHC). *Note: If PMS2 IHC was performed, proceed to Question 80, otherwise, skip to Question 81.*
80	PMS2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063670	Indicate the status of PMS2 protein expression as determined by immunohistochemistry (IHC).
81	Was MSH6 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062414	Indicate whether MSH6 expression was assessed by immunohistochemistry (IHC). *Note: If MSH6 IHC was performed, proceed to Question 82, otherwise, skip to Question 83.*
82	MSH6 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063671	Indicate the status of MSH6 protein expression as determined by immunohistochemistry (IHC).
83	Was p53 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690705	Indicate whether p53 expression was assessed by immunohistochemistry (IHC). *Note: If p53 IHC was performed, proceed to Question 84, otherwise, skip to Question 85.*
84	p53 expression by IHC	☐ Normal ☐ Abnormal strong diffuse overexpression (>90%) ☐ Abnormal null expression (complete loss of expression) ☐ Cannot be determined	6690719	Indicate the status of p53 protein expression as determined by immunohistochemistry (IHC).
85	Was ER IHC performed?	☐ Yes ☐ No ☐ Unknown	6062416	Indicate whether estrogen receptor (ER) expression was assessed by immunohistochemistry (IHC). *Note: If ER IHC was performed, proceed to Question 86, otherwise, skip to Question 87.*
86	ER expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690720	Indicate the status of estrogen receptor (ER) protein expression as determined by immunohistochemistry (IHC).
87	Was PR IHC performed?	☐ Yes ☐ No ☐ Unknown	6062504	Indicate whether progesterone receptor (PR) expression was assessed by immunohistochemistry (IHC). *Note: If PR IHC was performed, proceed to Question 88, otherwise, skip to Question 89.*
88	PR expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063673	Indicate the status of progesterone receptor (PR) protein expression as determined by immunohistochemistry (IHC).
89	Was PAX-8 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690706	Indicate whether PAX-8 expression was assessed by immunohistochemistry (IHC). *Note: If PAX-8 IHC was performed, proceed to Question 90, otherwise, skip to Question 91.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
90	PAX-8 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690721	Indicate the status of PAX-8 protein expression as determined by immunohistochemistry (IHC).
91	Was WT-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690712	Indicate whether WT-1 expression was assessed by immunohistochemistry (IHC). *Note: If WT-1 IHC was performed, proceed to Question 92, otherwise, skip to Question 93.*
92	WT-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690723	Indicate the status of WT-1 protein expression as determined by immunohistochemistry (IHC).
93	Was p16 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690713	Indicate whether p16 expression was assessed by immunohistochemistry (IHC). *Note: If p16 IHC was performed, proceed to Question 94, otherwise, skip to Question 95.*
94	p16 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690724	Indicate the status of p16 protein expression as determined by immunohistochemistry (IHC).
95	Was HNF-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690714	Indicate whether HNF-1 expression was assessed by immunohistochemistry (IHC). *Note: If HNF-1 IHC was performed, proceed to Question 96, otherwise, skip to Question 97.*
96	HNF-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690731	Indicate the status of HNF-1 protein expression as determined by immunohistochemistry (IHC).
97	Was CDX-2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690715	Indicate whether CDX-2 expression was assessed by immunohistochemistry (IHC). *Note: If CDX-2 IHC was performed, proceed to Question 98, otherwise, skip to Question 99.*
98	CDX-2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690732	Indicate the status of CDX-2 protein expression as determined by immunohistochemistry (IHC).
99	Was CK-7 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690716	Indicate whether CK-7 expression was assessed by immunohistochemistry (IHC). *Note: If CK-7 IHC was performed, proceed to Question 100, otherwise, skip to Question 101.*
100	CK-7 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690733	Indicate the status of CK-7 protein expression as determined by immunohistochemistry (IHC).
101	Was CK-20 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690717	Indicate whether CK-20 expression was assessed by immunohistochemistry (IHC). *Note: If CK-20 IHC was performed, proceed to Question 102, otherwise, skip to Question 103.*
102	CK-20 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690717	Indicate whether CK-20 expression was assessed by immunohistochemistry (IHC).
Primary Tumor Sample Information				
103	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No		*If yes, proceed to Question 104.* *If no and submitting a metastatic/recurrent tumor sample, proceed to Question 132.*
104	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. *Note: This number should be "1".*
105	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
106	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.
107	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 108, otherwise, skip to Question 109.*
108	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
109	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.
110	Anatomic site of tumor from which Model was Derived	☐ Right ovary ☐ Left ovary ☐ Right fallopian tube ☐ Left fallopian tube ☐ Right tubo-ovarian ☐ Left tubo-ovarian ☐ Other (specify)	6033148	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. *Note: If the tissue or organ of origin is not listed, proceed to Question 110a, otherwise, skip to Question 111.*
110a	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.
111	Method of cancer sample procurement	☐ Total hysterectomy and bilateral salpingo-oophorectomy ☐ Radical hysterectomy ☐ Simple hysterectomy ☐ Supracervical hysterectomy ☐ Bilateral salpingo-oophorectomy ☐ Right salpingo-oophorectomy ☐ Left salpingo-oophorectomy ☐ Salpingo-oophorectomy, side not specified ☐ Bilateral salpingectomy ☐ Right salpingectomy ☐ Left salpingectomy ☐ Salpingectomy, side not specified ☐ Omentectomy ☐ Peritoneal biopsies ☐ Peritoneal tumor debulking ☐ Peritoneal washing ☐ Morcellated cystectomy ☐ Oophorectomy ☐ Ascites drainage ☐ Pleurocentesis (pleural fluid) ☐ 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 111a, otherwise, skip to Question 112.*
111a	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.
112	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
113	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
114	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".***
115	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.
116	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.
117	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
118	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.
119	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
120	History of neoadjuvant treatment	☐ No ☐ Yes; radiation prior to resection ☐ Yes; pharmaceutical treatment prior to resection ☐ Yes; both radiation and pharmaceutical treatment prior to resection ☐ Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. ***Note: Radiation therapy is addressed in Questions 130-131. Pharmaceutical therapy is addressed in Questions 121-129.***
121	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 122-123. Hormone therapy is addressed in Questions 124-125. Immunotherapy is addressed in Questions 126-127. Targeted therapy is addressed in Questions 128-129.***
122	Neoadjuvant chemotherapeutic regimen	☐ Albumin-bound paclitaxel ☐ Altretamine ☐ Capecitabine ☐ Carboplatin ☐ Cisplatin ☐ Cyclophosphamide ☐ Docetaxel ☐ Etoposide ☐ Gemcitabine ☐ Ifosfamide ☐ Irinotecan ☐ Liposomal doxorubicin ☐ Melphalan ☐ Paclitaxel ☐ Pemetrexed ☐ Topotecan ☐ Vinorelbine ☐ Other (specify) ☐ Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. ***Note: If neoadjuvant chemotherapy was not administered, skip to Question 124. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 122a, otherwise, skip to Question 123.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
122a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
123	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.
124	Hormone therapy	☐ Anastrozole ☐ Exemestane ☐ Goserelin ☐ Letrozole ☐ Leuprolide ☐ Tamoxifen ☐ Other (specify)	2582817	Select the hormone therapy administered to the patient. *Note: If hormone therapy was not administered, skip to Question 126. If the hormone therapy is not listed, proceed to Question 124a, otherwise, skip to Question 125.*
124a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.
125	Days to hormone therapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with hormone therapy.
126	Immunotherapy	☐ Pembrolizumab ☐ Other (specify)	6690669	Select the immunotherapy administered to the patient. *Note: If immunotherapy was not administered, skip to Question 128. If the immunotherapy is not listed, proceed to Question 126a, otherwise, skip to Question 127.*
126a	Other immunotherapy name	_____	2185614	If not provided in the previous list, specify the name of the immunotherapy administered to the patient.
127	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
128	Targeted Therapy	☐ Bevacizumab ☐ Niraparib ☐ Olaparib ☐ Rucaparib ☐ Other (specify)	6690668	Select the targeted molecular therapy administered to the patient. *Note: If targeted therapy was not given, proceed to Question 130. If the targeted therapy is not listed, proceed to Question 128a, otherwise, skip to Question 129.*
128a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
129	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.
130	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ 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 132. If the radiation therapy is not listed, proceed to Question 130a, otherwise, skip to Question 131.*
130a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
131	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Metastatic/Recurrent Tumor Biospecimen Information				
132	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 133. If submitting an OTHER tissue sample, proceed to Question 205. For multiple metastatic/recurrent tissues collected for model generation, Questions 132-195 can be repeated, as needed.*
133	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.*
134	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.
135	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.
136	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.
137	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.
138	Method of metastatic/ recurrent cancer sample procurement	☐ Total hysterectomy and bilateral salpingo-oophorectomy ☐ Radical hysterectomy ☐ Simple hysterectomy ☐ Supracervical hysterectomy ☐ Bilateral salpingo-oophorectomy ☐ Right salpingo-oophorectomy ☐ Left salpingo-oophorectomy ☐ Salpingo-oophorectomy, side not specified ☐ Bilateral salpingectomy ☐ Right salpingectomy ☐ Left salpingectomy ☐ Salpingectomy, side not specified ☐ Omentectomy ☐ Peritoneal biopsies ☐ Peritoneal tumor debulking ☐ Peritoneal washing ☐ Morcellated cystectomy ☐ Oophorectomy ☐ Ascites drainage ☐ Pleurocentesis (pleural fluid) ☐ 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 138a, otherwise, skip to Question 139.*
138a	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.

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Question	Question Text	Data Entry Options		CDE ID	Instruction Text
139	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.
140	Metastatic/ recurrent site	☐ Liver ☐ Lung ☐ Peritoneum ☐ Omentum ☐ Pleura ☐ Lymph nodes ☐ Right ovary	☐ Left ovary ☐ Right fallopian tube ☐ Left fallopian tube ☐ Right tubo-ovarian ☐ Left tubo-ovarian ☐ Ascites ☐ 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 140a, otherwise, skip to Question 141.***
140a	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.
141	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable		2002506	If the primary tumor relapsed, provide the site of relapse.
142	ICD-10 code	_____		3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
143	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.
144	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.
145	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.
146	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.
147	Is the patient still receiving treatment?	_____		6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
148	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
149	Tumor size, largest dimension	_____ cm	64215	Provide the largest dimension of the primary tumor in cm, regardless of anatomical plane.
150	Other tissue/organ involvement (select all that apply)	☐ Right ovary ☐ Left ovary ☐ Ovary (side not specified) ☐ Right fallopian tube ☐ Left fallopian tube ☐ Fallopain tube (side not specified) ☐ Uterus ☐ Cervix ☐ Pelvic peritoneum ☐ Abdominal peritoneum ☐ Omentum ☐ Not applicable ☐ Not identified ☐ Other (specify)	2793699	Select all sites of other tissue/organ involvement. This does not include the primary tumor site. ***Note: If the other tissue/organ is not listed, proceed to Question 150a, otherwise, skip to Question 151.***
150a	Specify other tissue/organ involvement	_____	6690678	If not included in the previous list, specify the other site of other tissue/organ involvement. This does not include the primary tumor site.
151	Peritoneal/Ascitic fluid	☐ Not submitted/unknown ☐ Negative for malignancy (normal/benign) ☐ Atypical and/or suspicious ☐ Malignant (positive for malignancy) ☐ Unsatisfactory/nondiagnostic	6690681	Indicate the outcome of cytological analysis for peritoneal/ascitic fluid.
152	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
153	Number of lymph nodes examined	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
154	Additional pathologic findings	☐ None identified ☐ Serous tubal intraepithelial carcinoma (STIC) ☐ Endometriosis ☐ Endosalpingiosis ☐ Other (specify)	6690682	Indicate additional pathologic findings present in the patient. ***Note: If the additional pathologic finding is not listed, proceed to Question 154a, otherwise, skip to Question 155.***
154a	Specify additional pathologic findings	_____	6690683	If not included in the previous list, specify any additional pathologic findings.
155	CA-125 during follow-up/ at the time of recurrence	_____	3008730	Provide the numeric value of CA-125 at the time of follow-up or initial disease recurrence.
Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses				
156	Was BRCA1 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6690686	Indicate whether mutation analysis of BRCA1 was performed.
157	BRCA1 mutational analysis result	☐ No variant ☐ Benign variant ☐ Pathogenic variant (specify) ☐ Variant of uncertain significance (VUS) (specify)	6690687	Indicate the type of BRCA1 variant identified as a result of mutational analysis. ***Note: If a pathogenic variant or variant of uncertain significance was identified, proceed to Question 157a, otherwise, skip to Question 158.***
157a	Specify BRCA1 variant	_____	6690688	Specify the pathogenic BRCA1 variant or BRCA1 variant of unknown significance identified as a result of mutational analysis.
158	Method used to identify BRCA1 mutation	☐ Next-generation targeted sequencing ☐ Whole exome sequencing ☐ Cancer hotspot panel (specify) ☐ Other (specify)	6003729	Indicate the method used in BRCA1 mutation analysis. ***Note: If a cancer hotspot panel was used, proceed to Question 159. If the method is not listed, proceed to Question 160, otherwise, skip to Question 161.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
159	Specify the panel sequencing test used to identify the BRCA1 mutation _____		6690689	Specify the cancer hotspot panel used in BRCA1 mutation analysis.
160	Other method used to identify BRCA1 mutation _____		6002204	If not included in the previous list, specify the method used in BRCA1 mutation analysis.
161	Was BRCA2 mutation analysis performed?	☐ Yes ☐ No ☐ Unknown	6690690	Indicate whether mutation analysis of BRCA2 was performed.
162	BRCA2 mutational analysis result	☐ No variant ☐ Benign variant ☐ Pathogenic variant (specify) ☐ Variant of uncertain significance (VUS) (specify)	6690691	Indicate the type of BRCA2 variant identified as a result of mutational analysis. *Note: If a pathogenic variant or variant of uncertain significance was identified, proceed to Question 162a, otherwise, skip to Question 163.*
162a	Specify BRCA2 variant _____		6690693	Specify the pathogenic BRCA2 variant or BRCA2 variant of unknown significance identified as a result of mutational analysis.
163	Method used to identify BRCA2 mutation	☐ Next-generation targeted sequencing ☐ Whole exome sequencing ☐ Cancer hotspot panel (specify) ☐ Other (specify)	6003729	Indicate the method used in BRCA2 mutation analysis. *Note: If a cancer hotspot panel was used, proceed to Question 164. If the method is not listed, proceed to Question 165, otherwise, skip to Question 166.*
164	Specify the panel sequencing test used to identify the BRCA2 mutation _____		6690736	Specify the cancer hotspot panel used in BRCA2 mutation analysis.
165	Other method used to identify BRCA2 mutation _____		6002204	If not included in the previous list, specify the method used in BRCA2 mutation analysis.
166	Was MLH1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062411	Indicate whether MLH1 expression was assessed by immunohistochemistry (IHC). *Note: If MLH1 IHC was performed, proceed to Question 167, otherwise, skip to Question 168.*
167	MLH1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063668	Indicate the status of MLH1 protein expression as determined by immunohistochemistry (IHC).
168	MLH1 promoter methylation status	☐ Absent ☐ Present ☐ Not assessed ☐ Indeterminate	6033150	Indicate the methylation status of the MLH1 promoter.
169	Was MSH2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062412	Indicate whether MSH2 expression was assessed by immunohistochemistry (IHC). *Note: If MSH2 IHC was performed, proceed to Question 170, otherwise, skip to Question 171.*
170	MSH2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063669	Indicate the status of MSH2 protein expression as determined by immunohistochemistry (IHC).
171	Was PMS2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062413	Indicate whether PMS2 expression was assessed by immunohistochemistry (IHC). *Note: If PSM2 IHC was performed, proceed to Question 172, otherwise, skip to Question 173.*
172	PMS2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063670	Indicate the status of PMS2 protein expression as determined by immunohistochemistry (IHC).
173	Was MSH6 IHC performed?	☐ Yes ☐ No ☐ Unknown	6062414	Indicate whether MSH6 expression was assessed by immunohistochemistry (IHC). *Note: If MSH6 IHC was performed, proceed to Question 174, otherwise, skip to Question 175.*

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
174	MSH6 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063671	Indicate the status of MSH6 protein expression as determined by immunohistochemistry (IHC).
175	Was p53 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690705	Indicate whether p53 expression was assessed by immunohistochemistry (IHC). *Note: If p53 IHC was performed, proceed to Question 176, otherwise, skip to Question 177.*
176	p53 expression by IHC	☐ Normal ☐ Abnormal strong diffuse overexpression (>90%) ☐ Abnormal null expression (complete loss of expression) ☐ Cannot be determined	6690719	Indicate the status of p53 protein expression as determined by immunohistochemistry (IHC).
177	Was ER IHC performed?	☐ Yes ☐ No ☐ Unknown	6062416	Indicate whether estrogen receptor (ER) expression was assessed by immunohistochemistry (IHC). *Note: If ER IHC was performed, proceed to Question 178, otherwise, skip to Question 179.*
178	ER expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690720	Indicate the status of estrogen receptor (ER) protein expression as determined by immunohistochemistry (IHC).
179	Was PR IHC performed?	☐ Yes ☐ No ☐ Unknown	6062504	Indicate whether progesterone receptor (PR) expression was assessed by immunohistochemistry (IHC). *Note: If PR IHC was performed, proceed to Question 180, otherwise, skip to Question 181.*
180	PR expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063673	Indicate the status of progesterone receptor (PR) protein expression as determined by immunohistochemistry (IHC).
181	Was PAX-8 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690706	Indicate whether PAX-8 expression was assessed by immunohistochemistry (IHC). *Note: If PAX-8 IHC was performed, proceed to Question 182, otherwise, skip to Question 183.*
182	PAX-8 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690721	Indicate the status of PAX-8 protein expression as determined by immunohistochemistry (IHC).
183	Was WT-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690712	Indicate whether WT-1 expression was assessed by immunohistochemistry (IHC). *Note: If WT-1 IHC was performed, proceed to Question 184, otherwise, skip to Question 185.*
184	WT-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690723	Indicate the status of WT-1 protein expression as determined by immunohistochemistry (IHC).
185	Was p16 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690713	Indicate whether p16 expression was assessed by immunohistochemistry (IHC). *Note: If p16 IHC was performed, proceed to Question 186, otherwise, skip to Question 187*
186	p16 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690724	Indicate the status of p16 protein expression as determined by immunohistochemistry (IHC).
187	Was HNF-1 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690714	Indicate whether HNF-1 expression was assessed by immunohistochemistry (IHC). *Note: If HNF-1 IHC was performed, proceed to Question 188, otherwise, skip to Question 189.*
188	HNF-1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690731	Indicate the status of HNF-1 protein expression as determined by immunohistochemistry (IHC).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
189	Was CDX-2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690715	Indicate whether CDX-2 expression was assessed by immunohistochemistry (IHC). *Note: If CDX-2 IHC was performed, proceed to Question 190, otherwise, skip to Question 191.*
190	CDX-2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690732	Indicate the status of CDX-2 protein expression as determined by immunohistochemistry (IHC).
191	Was CK-7 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690716	Indicate whether CK-7 expression was assessed by immunohistochemistry (IHC). *Note: If CK-7 IHC was performed, proceed to Question 192, otherwise, skip to Question 193.*
192	CK-7 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690733	Indicate the status of CK-7 protein expression as determined by immunohistochemistry (IHC).
193	Was CK-20 IHC performed?	☐ Yes ☐ No ☐ Unknown	6690717	Indicate whether CK-20 expression was assessed by immunohistochemistry (IHC). *Note: If CK-20 IHC was performed, proceed to Question 194, otherwise, skip to Question 195.*
194	CK-20 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6690735	Indicate the status of CK-20 protein expression as determined by immunohistochemistry (IHC).
Metastatic/Recurrent Tumor Model Information				
195	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.*
196	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.
197	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.
198	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.
199	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)				
200	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.*
201	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.
202	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
203	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.
204	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				
205	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 206.***
206	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.***
207	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.
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	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.
210	Other method of cancer sample procurement	☐ Total hysterectomy and bilateral salpingo-oophorectomy ☐ Radical hysterectomy ☐ Simple hysterectomy ☐ Supracervical hysterectomy ☐ Bilateral salpingo-oophorectomy ☐ Right salpingo-oophorectomy ☐ Left salpingo-oophorectomy ☐ Salpingo-oophorectomy, side not specified ☐ Bilateral salpingectomy ☐ Right salpingectomy ☐ Left salpingectomy ☐ Salpingectomy, side not specified ☐ Omentectomy ☐ Peritoneal biopsies ☐ Peritoneal tumor debulking ☐ Peritoneal washing ☐ Morcellated cystectomy ☐ Oophorectomy ☐ Ascites drainage ☐ Pleurocentesis (pleural fluid) ☐ Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. ***Note: If the method of procurement is not listed, proceed to Question 210a, otherwise, skip to Question 211.***
210a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.

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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
211	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.
212	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. *Note: If the OTHER tissue type is not listed, proceed to Question 212a, otherwise, skip to Question 213.*
212a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
213	Anatomic site of OTHER tissue	☐ Liver ☐ Lung ☐ Peritoneum ☐ Omentum ☐ Pleura ☐ Lymph nodes ☐ Right ovary ☐ Left ovary ☐ Right fallopian tube ☐ Left fallopian tube ☐ Right tubo-ovarian ☐ Left tubo-ovarian ☐ Ascites ☐ 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 213a, otherwise, skip to Question 214.*
213a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
214	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
215	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)				
216	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 217. If no, proceed to Question 227.*
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.*
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 ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.

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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
221	Other method of cancer sample procurement	☐ Total hysterectomy and bilateral salpingo-oophorectomy ☐ Radical hysterectomy ☐ Simple hysterectomy ☐ Supracervical hysterectomy ☐ Bilateral salpingo-oophorectomy ☐ Right salpingo-oophorectomy ☐ Left salpingo-oophorectomy ☐ Salpingo-oophorectomy, side not specified ☐ Bilateral salpingectomy ☐ Right salpingectomy ☐ Left salpingectomy ☐ Salpingectomy, side not specified ☐ Omentectomy ☐ Peritoneal biopsies ☐ Peritoneal tumor debulking ☐ Peritoneal washing ☐ Morcellated cystectomy ☐ Oophorectomy ☐ Ascites drainage ☐ Pleurocentesis (pleural fluid) ☐ Other (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	☐ Liver ☐ Lung ☐ Peritoneum ☐ Omentum ☐ Pleura ☐ Lymph nodes ☐ Right ovary ☐ Left ovary ☐ Right fallopian tube ☐ Left fallopian tube ☐ Right tubo-ovarian ☐ Left tubo-ovarian ☐ Ascites ☐ 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.

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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
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.
Other Tissue Model Information				
227	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.*
228	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.
229	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.
230	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
231	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)				
232	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.*
233	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.
234	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.
235	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
236	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.