Enrollment: Prostate

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	Clinical history (select all that apply)	☐ BRCA1/2 family history ☐ Hereditary prostate cancer ☐ Lynch syndrome ☐ Not applicable ☐ Other (specify)	6690684	Select all relevant prior diseases/disorders in the patient's clinical history. ***Note: If the clinical history is not listed, proceed to Question 15a, otherwise, skip to Question 16.***
15a	Other clinical history	_____	6690685	If not included in the previous list, specify other relevant prior diseases/disorders in the patient's clinical history.
16	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 17, otherwise, skip to Question 18.***
17	Metastatic site(s) at diagnosis	☐ Lung ☐ Bone ☐ Liver ☐ Brain ☐ Lymph node(s): distant ☐ Lymph node(s): regional ☐ 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 17a, otherwise, skip to Question 18.***
17a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
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.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
20	Number of PRIMARY cancer tissue biospecimens collected for HCMI model development for this case	_____	6584257	Please provide the number of primary tumor specimens obtained for HCMI for this case. ***Note: A single primary tumor biospecimen obtained that is portioned for both sequencing and model generation counts as 1 single primary tumor specimen. This number is expected to be 1.***
21	Number of METASTATIC/RECURRENT cancer tissue biospecimens collected for HCMI model development for this case	_____	6584258	Please provide the number of metastatic and/or recurrent cancer biospecimens collected for HCMI for this case. ***Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.***
22	Number of OTHER tissue biospecimens collected for HCMI model development for this case	_____	6584259	Please provide the number of pre-malignant, non-malignant, or dysplastic tissue biospecimens collected for HCMI for this case. ***Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.***
23	Total number of tissue biospecimens collected for HCMI for this case	_____	6584271	Please provide the total number of tissue biospecimens collected for HCMI for this case. ***Note: This number should be the sum of the normal, primary tumor, metastatic/ recurrent tumor, and other biospecimen counts above.***
Normal Control Information				
24	Normal tissue biospecimen ordinal	_____	6584264	Please provide a number to identify which biospecimen this is in the sequence. ***Note: The first biospecimen should be number "1," the second should be number "2," etc.***
25	CMDC sample ID	_____	6586035	Please provide the CMDC sample ID for this biospecimen as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
26	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
27	Type of normal control	☐ Whole blood ☐ Buccal cells ☐ Buffy coat ☐ Lymphocytes ☐ Extracted DNA from blood ☐ Extracted DNA from saliva ☐ Extracted DNA from buccal cells ☐ Extracted DNA from normal tissue ☐ FFPE non-neoplastic tissue ☐ Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
28	Anatomic site of normal tissue	☐ Lymph node(s) ☐ Skin ☐ Other (specify) ☐ Not applicable	4132152	If non-neoplastic tissue was submitted as the normal control, select the anatomic site of the normal tissue. ***Note: If the anatomic site of normal tissue is not listed, proceed to Question 28a, otherwise, skip to Question 29.***
28a	Other anatomic site of normal tissue	_____	3288189	If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, provide the anatomic site of the normal tissue.
29	Distance from tumor to normal control tissue (if not blood)	☐ Adjacent (< or = 2cm) ☐ Distal (>2cm) ☐ Unknown ☐ Not applicable	3088708	Indicate the distance from the site of normal tumor collection to the primary tumor. ***Note: If normal tissue was not submitted, select 'Not applicable'.***
30	Normal tissue sample preservation method	☐ Cryopreserved ☐ FFPE ☐ Frozen ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tumor Biospecimen Information				
31	ICD-10 code for primary tumor	☐ C61 ☐ 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	☐ 8041/3 ☐ 8140/3 ☐ 8500/3 ☐ 8574/3 ☐ Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. ***Note: If the ICD-O-3 histology code of the primary tumor is not listed, proceed to Question 32a, otherwise, skip to Question 33.***
32a	Specify other morphology	_____	3226275	If the ICD-O-3 histology code describing the morphology of the patient's primary tumor is not included on the previous list, provide the ICD-O-3 histology code.
33	Tissue or organ of origin	☐ Prostate ☐ Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. ***Note: If the primary site of the disease is not listed, proceed to Question 33a, otherwise skip to Question 34.***
33a	Other tissue or organ of origin	_____	5946219	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.
34	Histological type	☐ Prostate 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.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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	☐ Acinar adenocarcinoma ☐ Ductal adenocarcinoma ☐ Small-cell neuroendocrine carcinoma ☐ Isolated intraductal carcinoma ☐ Neuroendocrine prostate carcinoma (NEPC) ☐ 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 35a, otherwise, skip to Question 36.***
35a	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
36	Prior malignancy (of the same cancer type)	☐ Yes ☐ No ☐ Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
37	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
38	AJCC cancer staging edition	☐ 1st ☐ 5th ☐ 2nd ☐ 6th ☐ 3rd ☐ 7th ☐ 4th ☐ 8th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
39	AJCC pathologic spread: Primary tumor (pT)	☐ T2 ☐ T3 ☐ T2a ☐ T3a ☐ T2b ☐ T3b ☐ T2c ☐ T4	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 ☐ N0 ☐ N1	3203106	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) as defined by the American Joint Committee on Cancer (AJCC).
41	AJCC pathologic spread: Distant metastases (pM)	☐ M0 ☐ M1b ☐ M1 ☐ M1c ☐ M1a ☐ 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).
42	Tumor stage (pathological)	☐ Stage I ☐ Stage IIIA ☐ Stage II ☐ Stage IIIB ☐ Stage IIA ☐ Stage IIIC ☐ Stage IIB ☐ Stage IV ☐ Stage IIC ☐ Stage IVA ☐ Stage III ☐ 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	Histologic Grade Group: Gleason Grade Group	☐ Grade group 1 ☐ Grade group 2 ☐ Grade group 3 ☐ Grade group 4 ☐ Grade Group 5 ☐ Not applicable ☐ Cannot be assessed	5918370	Select the Gleason score group category.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
44	Gleason Score	☐ 2 ☐ 7 ☐ 3 ☐ 8 ☐ 4 ☐ 9 ☐ 5 ☐ 10 ☐ 6 ☐ Unknown	2433	Select the combined Gleason pattern score, which provides a reproducible description of the glandular architecture of prostate tissue depending primarily on the microscopic patterns of cancerous glands and cell morphology.
45	Primary Gleason grade	☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ Unknown	5936800	Select the Primary Gleason score as defined by the most prevalent Gleason pattern in a prostate biopsy or prostatectomy specimen.
46	Secondary Gleason grade	☐ 1 ☐ 4 ☐ 2 ☐ 5 ☐ 3 ☐ Unknown	5936802	Select the Secondary Gleason score as defined by the second most prevalent Gleason pattern in a prostate biopsy or prostatectomy specimen.
47	Was a tertiary pattern identified?	☐ Yes ☐ No ☐ Unknown	6819525	Indicate whether a tertiary Gleason score was identified. ***Note: If a tertiary Gleason score was identified, proceed to Question 48, otherwise, skip to Question 49.***
48	What tertiary pattern was identified?	☐ Gleason pattern 4 ☐ Gleason pattern 5	6826926	Select the pattern of the Gleason Tertiary Grade.
49	Percentage Gleason Patterns 4 and 5 (applicable to Gleason score greater than 7)	_____%	6826927	Provide the numeric value for the percent of Gleason pattern 4 or 5 when the Gleason Score is greater than 7.
Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment				
50	Lymphovascular invasion present?	☐ Yes ☐ No ☐ Indeterminate ☐ Unknown	64727	Indicate whether large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in the primary tumor.
51	Perineural invasion present?	☐ Yes ☐ No ☐ Unknown	64181	Indicate whether perineural invasion or infiltration of tumor or cancer is present.
52	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
53	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
54	Additional pathologic findings	☐ None identified ☐ High-grade prostatic intraepithelial neoplasia (PIN) ☐ Adenosis (Atypical adenomatous hyperplasia) ☐ Inflammation (specify type) ☐ Nodular prostatic hyperplasia ☐ Other (specify)	2431605	Select all significant pathologic findings present in addition to the invasive prostate carcinoma. ***Note: if inflammation was identified, proceed to Question 54a. If the pathologic finding is not listed, proceed to Question 54b, otherwise, skip to Question 55.***
54a	Specify inflammation type	_____	2431606	Indicate the predominant cell type or chronicity of inflammation in the prostate gland.
54b	Specify other additional pathologic findings	_____	6819520	If not included in previous list, specify all significant pathologic findings present in addition to the invasive prostate carcinoma.
55	Extraprostatic extension	☐ Not identified ☐ Cannot be determined ☐ Present, focal ☐ Present, nonfocal ☐ Unknown	6819521	Indicate the extraprostatic disease extension.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
56	Urinary bladder neck invasion	☐ Yes ☐ No ☐ Unknown	6819522	Indicate whether the urinary bladder neck has been invaded by tumor cells.
57	Seminal vesicle invasion	☐ Yes ☐ Unknown ☐ No	65074	Indicate whether invasion of the seminal vesicles by cancer is present.
58	Tumor margin	☐ Cannot be assessed ☐ Uninvolved by invasive carcinoma ☐ Involved by invasive carcinoma	6819523	Indicate the margin involvement by invasive carcinoma. ***Note: If the tumor margin is involved by invasive carcinoma, proceed to Question 58a, otherwise, skip to Question 59.***
58a	If tumor margin involved by invasive carcinoma, indicate the type	☐ Limited (≤3mm) ☐ Non-limited (>3mm)	6819524	Indicate the extent of a tumor border that is invading the adjacent tissue.
59	Treatment effect	☐ No known presurgical therapy ☐ Not identified ☐ Radiation therapy effect present ☐ Hormonal therapy effect present ☐ Other therapy effect(s) present (specify) ☐ Cannot be determined	6819618	Indicate the effect of treatment for prostate cancer. ***Note: If other therapy effect(s) are present, proceed to Question 59a, otherwise, skip to Question 60.***
59a	Specify other treatment effect	_____	6819619	Specify other therapy effect(s) present.
60	PSA value (ng/mL) at diagnosis	_____ng/mL	1806	Provide the patient's measured laboratory value of PSA (prostate specific antigen) in ng/mL at the time of prostate cancer diagnosis.
61	PSA value (ng/mL) at progression	_____ng/mL	1817	Provide the patient's measured laboratory value of PSA (prostate specific antigen) in ng/mL at the time of prostate cancer progression.
62	Intraductal carcinoma (IDC)	☐ Not identified ☐ Present ☐ Cannot be determined	6819526	Indicate whether intraductal prostate carcinoma is present.
63	Residual tumor/margins	☐ RX ☐ R1 ☐ R0 ☐ R2	2608702	Indicate the status of the tissue margin following surgical resection.
64	Was the patient ever treated for benign prostatic hyperplasia (BPH)?	☐ Yes ☐ No ☐ Unknown	6819528	Indicate whether the patient was treated for benign prostatic hyperplasia. ***Note: If the patient was treated for BPH, proceed to Question 65, otherwise, skip to Question 66.***
65	If the patient was treated for BPH, which treatments were administered?	☐ Finasteride ☐ Dutasteride ☐ TURP ☐ Unknown ☐ Other (specify)	6819529	Indicate the kind of treatment administered for benign prostatic hyperplasia. ***Note: If the BPH treatment is not listed, proceed to Question 65a, otherwise, skip to Question 66.***
65a	Specify other BPH treatment administered	_____	6819530	Specify another kind of treatment for benign prostatic hyperplasia not previously listed.
66	Was imaging (beyond ultrasound) used in diagnosis of the primary tumor?	☐ Yes ☐ No ☐ Unknown	6819569	Indicate whether imaging (beyond ultrasound) was used in diagnosis of the primary tumor. ***Note: If imaging beyond ultrasound was used, proceed to Question 67, otherwise, skip to Question 69.***
67	Indicate the imaging method(s) used in diagnosis of the primary tumor	☐ MRI ☐ PET (specify) ☐ CT scan ☐ 99mTc bone scintiscanning ☐ Other (specify)	6819588	Indicate the kind of imaging used to diagnose the primary tumor. ***Note: If PET scan was used, proceed to Question 68. If the imaging method is not listed, proceed to Question 67a, otherwise, skip to Question 69.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
67a	Other imaging method(s) used in diagnosis of the primary tumor	_____	6819607	If not included in the previous list, specify the kind of imaging used to diagnose the primary tumor.
68	For PET scans, indicate the tracer used	☐ Axumin ☐ PSMA ☐ Choline ☐ Sodium fluoride ☐ Acetate ☐ Other (specify)	6819581	Indicate the kind of tracer used in Positron Emission Tomography (PET) imaging. ***Note: If the tracer is not listed, proceed to Question 68a, otherwise, skip to Question 69.***
68a	Other PET scan tracer used	_____	6819582	If not included in the previous list, specify the kind of tracer used in Positron Emission Tomography (PET) imaging.
69	Was the primary tumor identified in subsequent imaging evaluation?	☐ Yes ☐ No ☐ Unknown	6819575	Indicate whether the primary tumor was identified in a subsequent imaging evaluation.
70	Indicate the imaging method(s) in subsequent evaluation that identified the primary tumor	☐ MRI ☐ PET (specify) ☐ CT scan ☐ 99mTc bone scintiscanning ☐ Other (specify)	6819576	Indicate the kind of subsequent imaging the identified the primary tumor. ***Note: If PET scan was used, proceed to Question 71. If the imaging method is not listed, proceed to Question 70a, otherwise, skip to Question 72.***
70a	Specify the imaging method(s) in subsequent evaluation that identified the primary tumor	_____	6832443	If not included in the previous list, specify the kind of subsequent imaging that identified the primary tumor.
71	For PET scans, indicate the tracer used	☐ Axumin ☐ PSMA ☐ Choline ☐ Sodium fluoride ☐ Acetate ☐ Other (specify)	6819581	Indicate the kind of tracer used in Positron Emission Tomography (PET) imaging. ***Note: If the tracer is not listed, proceed to Question 71a, otherwise, skip to Question 72.***
71a	Other PET scan tracer used	_____	6819582	If not included in the previous list, specify the kind of tracer used in Positron Emission Tomography (PET) imaging.
72	Was the presence of circulating tumor cells (CTCs) tested?	☐ Yes ☐ No ☐ Unknown	6829555	Indicate whether a test for circulating tumor cells was performed. ***Note: If CTC presence was examined, proceed to Question 73, otherwise, skip to Question 78.***
73	Circulating tumor cell test result	☐ Absent ☐ Present	6819986	Indicate whether circulating tumor cells are present or absent. ***Note: If CTCs are present, proceed to Question 74, otherwise, skip to Question 78.***
74	Number of circulating tumor cells (CTCs)	_____	3145287	Provide the numeric count of circulating tumor cells found in a specimen of the patient's peripheral blood.
75	Blood sample volume used to analyze number of CTC cells	_____	3219439	Provide the volume of the blood sample used to detect circulating tumor cells.
76	Was AR-V7 tested in circulating tumor cells?	☐ Yes ☐ Unknown ☐ No	6821457	Indicate whether or not AR-V7 was tested in circulating tumor cells.
77	Circulating tumor cell AR-V7 result	☐ Present ☐ Absent	6821463	Indicate the result of the test for AR-V7 in circulating tumor cells.
78	Genomic test performed?	☐ Yes ☐ No ☐ Unknown	6069581	Indicate whether a genomic biomarker test was performed. ***Note: If genomic testing was performed, proceed to Question 79, otherwise, skip to Question 85.***

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79	What genomic test was performed?	☐ Decipher ☐ Oncotype Dx Prostate ☐ Prolaris ☐ ProMark ☐ Other (specify)	6069582	Select the genomic biomarker test that was performed. ***Note: If Decipher was used, proceed to Question 81. If Oncotype Dx Prostate was used, proceed to Question 82. If Prolaris was used, proceed to Question 83. If ProMark was used, proceed to Question 84. If the genomic test is not listed, proceed to Question 79a, otherwise, skip to Question 85.***
79a	Other genomic test performed	_____	6069583	If not included in the previous list, provide the genomic biomarker test that was performed. ***Note: If an other genomic test was used, proceed to Question 80.***
80	If other genomic test was performed, provide the risk group	_____	6070422	Specify the risk group for prostate cancer as determined by assessment of an other genomic test.
81	What is the patient's Decipher score?	_____	6819987	Provide the numeric score for the Decipher prostate cancer test.
82	What is the patient's risk group according to the Oncotype Genomic Prostate Score?	☐ Very low ☐ Low ☐ Favorable intermediate ☐ Intermediate ☐ High	6819988	Indicate the risk group based on the Oncotype DX Genomic Prostate test score.
83	What is the patient's Prolaris molecular score?	_____	6819989	Provide the numeric score for the Prolaris prostate cancer test.
84	What is the patient's ProMark risk score?	_____	6820003	Provide the numeric score for the ProMark prostate cancer test.
85	Was mutational analysis performed on any of the following genes? (select all that apply)	☐ BRCA1 ☐ BRCA2 ☐ ATM ☐ CHEK2 ☐ HOXB1 ☐ FANCA ☐ PALB2 ☐ Unknown	6820040	Select all genes for which mutational analysis was performed.
86	Was a mutation in BRCA1 identified?	☐ Yes ☐ No ☐ Unknown	2437532	Indicate whether a mutation in BRCA1 was identified. ***Note: If a mutation was identified, proceed to Question 86a, otherwise, skip to Question 87.***
86a	Specify BRCA1 mutation	_____	6690688	Specify the BRCA1 variant identified as the result of mutational analysis.
86b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 86c, otherwise, skip to Question 87.***
86c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
87	Was a mutation in BRCA2 identified?	☐ Yes ☐ No ☐ Unknown	2437543	Indicate whether a mutation in BRCA2 was identified. ***Note: If a mutation was identified, proceed to Question 87a, otherwise, skip to Question 88.***
87a	Specify BRCA2 mutation	_____	6690693	Specify the BRCA2 variant identified as the result of mutational analysis.
87b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 87c, otherwise, skip to Question 88.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
87c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
88	Was a mutation in HOXB1 identified?	☐ Yes ☐ No ☐ Unknown	6840947	Indicate whether a mutation in HOXB1 was identified. ***Note: If a mutation was identified, proceed to Question 88a, otherwise, skip to Question 89.***
88a	Specify HOXB1 mutation	_____	6840948	Specify the HOXB1 variant identified as the result of mutational analysis.
88b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 88c, otherwise, skip to Question 89.***
88c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
89	Was a mutation in ATM identified?	☐ Yes ☐ No ☐ Unknown	6005210	Indicate whether a mutation in ATM was identified. ***Note: If a mutation was identified, proceed to Question 89a, otherwise, skip to Question 90.***
89a	Specify ATM mutation	_____	6820015	Specify the ATM variant identified as the result of mutational analysis.
89b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 89c, otherwise, skip to Question 90.***
89c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
90	Was a mutation in PALB2 identified?	☐ Yes ☐ No ☐ Unknown	6820021	Indicate whether a mutation in PALB2 was identified. ***Note: If a mutation was identified, proceed to Question 90a, otherwise, skip to Question 91.***
90a	Specify PALB2 mutation	_____	6820016	Specify the PALB2 variant identified as the result of mutational analysis.
90b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 90c, otherwise, skip to Question 91.***
90c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
91	Was a mutation in FANCA identified?	☐ Yes ☐ No ☐ Unknown	6820022	Indicate whether a mutation in FANCA was identified. ***Note: If a mutation was identified, proceed to Question 91a, otherwise, skip to Question 92.***
91a	Specify FANCA mutation	_____	6820017	Specify the FANCA variant identified as the result of mutational analysis.
91b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 91c, otherwise, skip to Question 92.***
91c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
92	Was a mutation in CHEK2 identified?	☐ Yes ☐ No ☐ Unknown	6005214	Indicate whether a mutation in CHEK2 was identified. ***Note: If a mutation was identified, proceed to Question 92a, otherwise, skip to Question 93.***
92a	Specify CHEK2 mutation	_____	6832296	Specify the type of CHEK2 variant identified as the result of mutational analysis.
92b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 92c, otherwise, skip to Question 93.***
92c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
93	Was AR-V7 RNA ISH (RISH) performed?	☐ Yes ☐ No ☐ Unknown	6821464	Indicate whether or not in situ hybridization for AR-V7 RNA (RISH) was performed. ***Note: If AR-V7 RNA ISH was performed, proceed to Question 94, otherwise, skip to Question 95.***
94	AR-V7 RNA ISH result	☐ Positive ☐ Negative ☐ Equivocal	6821465	Indicate the result of AR-V7 RNA testing by in situ hybridization.
95	Was AR-V7 RT-PCR performed?	☐ Yes ☐ No ☐ Unknown	6821476	Indicate whether AR-V7 messenger RNA Reverse Transcriptase-Polymerase Chain Reaction was performed. ***Note: If AR-V7 RT-PCR was performed, proceed to Question 96, otherwise, skip to Question 97.***
96	AR-V7 RT-PCR result	☐ Positive ☐ Negative ☐ Equivocal	6821477	Indicate the result of the AR-V7 messenger RNA Reverse Transcriptase-Polymerase Chain Reaction test.
97	Was IHC performed for any of the following proteins? (select all that apply)	☐ AR ☐ PMS2 ☐ AR-V7 ☐ MSH6 ☐ MLH1 ☐ PTEN ☐ MSH2 ☐ Unknown	6820057	Select all the proteins for which immunohistochemistry (IHC) was performed.
98	AR expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6788031	Indicate the status of the Androgen Receptor protein expression using immunohistochemistry.
99	AR-V7 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6821495	Indicate the status of the AR-V7 protein expression using immunohistochemistry.
100	MLH1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063668	Indicate the status of the MLH1 protein expression using immunohistochemistry.
101	MSH2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063669	Indicate the status of the MSH2 protein expression using immunohistochemistry.
102	PMS2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063670	Indicate the status of the PMS2 protein expression using immunohistochemistry.
103	MSH6 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063671	Indicate the status of the MSH6 protein expression using immunohistochemistry.
104	PTEN expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063672	Indicate the status of the PTEN protein expression using immunohistochemistry.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
105	MLH1 promoter methylation status	☐ Present ☐ Absent ☐ Indeterminate ☐ Not assessed	6033150	Indicate the methylation status of the MLH1 promoter.
106	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10 mutations/Mb) ☐ No evidence of MMR alteration ☐ Not performed	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Primary Tumor Sample Information				
107	Are you submitting a primary tumor tissue sample for this case?	☐ Yes ☐ No		***If yes, proceed to question 108. If submitting a metastatic/recurrent tumor biospecimen, proceed to Question 142.***
108	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. ***Note: This number should be "1".***
109	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.
110	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.
111	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 112, otherwise, skip to Question 113.***
112	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
113	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.
114	Other anatomic site from which the tumor was obtained	☐ Prostate ☐ 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 114a. Otherwise, skip to Question 115.***
114a	Other anatomic site from which the tumor was obtained: Lip and oral cavity	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
115	Method of cancer sample procurement	☐ Needle biopsy ☐ TURP including all forms of enucleation ☐ Subtotal prostatectomy ☐ Radical prostatectomy ☐ 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 115a, otherwise, skip to Question 116. If TURP is selected, proceed to Question 116, otherwise, skip to Question 122.***
115a	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
116	For TURP specimens, number of positive chips	_____	2431688	Provide the number of chips involved by invasive prostate carcinoma, in a transurethral resection specimen.
117	For TURP specimens, number of total chips	_____	2431624	Provide the total number of chips in a specimen of prostate removed by transurethral resection.
118	For TURP specimens, estimated percentage of prostatic tissue involved by tumor	_____%	2431904	Provide the percentage of prostatic tissue which is involved by invasive prostate carcinoma, in a transurethral resection specimen.
119	For enucleation specimens, estimated percentage of prostatic tissue involved by tumor	_____%	6831339	Provide the percentage of prostatic tissue which is involved by tumor.
120	For enucleation specimens, tumor size (dominant nodule, if present)	_____mm	6831608	Provide the numeric value in mm for the size of the dominant (if present) tumor nodule.
121	For enucleation specimens, additional dimensions (millimeters)	_____mm	6831609	Provide the numeric value in mm for an additional dimension of the tumor.
122	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.
123	Tumor tissue type	☐ Primary ☐ Additional Primary ☐ NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
124	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".***
125	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.
126	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.
127	Model represents primary diagnosis?	☐ Yes ☐ No	6584730	Does this model represent the primary diagnosis for this Case ID3?
128	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.
129	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
130	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 131-139. Radiation therapy is addressed in Questions 140-141.***

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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
131	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 132-133. Hormone therapy is addressed in Questions 134-135. Immunotherapy is addressed in Questions 136-137. Targeted therapy is addressed in Questions 138-139.***
132	Neoadjuvant chemotherapeutic regimen	☐ Etoposide with cisplatin ☐ Etoposide with carboplatin ☐ Docetaxel ☐ Cabazitaxel ☐ Prednisone ☐ Decadron (dexamethasone) ☐ Androgen deprivation therapy (ADT) ☐ Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. ***Note: If neoadjuvant chemotherapy was not given, skip to Question 134. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 132a, otherwise, skip to Question 133.***
132a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
133	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.
134	Hormone therapy	☐ Leuprolide ☐ Goserelin ☐ Triptorelin ☐ Histrelin ☐ Degarelix ☐ Orteranel ☐ Abiraterone ☐ Flutamide ☐ Bicalutamide ☐ Nilutamide ☐ Enzalutamide ☐ Apalutamide ☐ Darolutamide ☐ Itraconazole ☐ Ketoconazole ☐ Other (specify)	6819511	Select the hormone therapy administered to the patient. ***Note: If hormone therapy was not administered, skip to Question 136. If the hormone therapy is not listed, proceed to Question 134a, otherwise, skip to Question 135.***
134a	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.
135	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.
136	Immunotherapy	☐ Provenge ☐ Pembrolizumab ☐ Nivolumab ☐ Ipilimumab ☐ Other (specify)	6819519	Select the immunotherapy administered to the patient. ***Note: If immunotherapy was not administered, skip to Question 138. If the immunotherapy is not listed, proceed to Question 136a, otherwise, skip to Question 137.***
136a	Specify other immunotherapy	_____	2953828	Provide the name of the immunotherapy administered to the patient.
137	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
138	Targeted Therapy	☐ Bevacizumab ☐ AZD5363 ☐ MK2206 ☐ Olaparib ☐ Rucaparib ☐ Niraparib ☐ Other (specify)	6819512	Select the targeted therapy administered to the patient. ***Note: If targeted therapy was not administered, skip to Question 140. If the targeted therapy regimen is not listed, proceed to Question 138a, otherwise, skip to Question 139.***
138a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
139	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.
140	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 142. If the radiation therapy is not listed, proceed to Question 140a, otherwise, skip to Question 141.***
140a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
141	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				
142	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 143. If submitting an OTHER tissue sample, proceed to Question 234.***
143	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.***
144	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.
145	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.
146	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.
147	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.
148	Method of metastatic/ recurrent cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ TURP including all forms of enucleation ☐ Salvaged radical prostatectomy ☐ Salvaged lymph node dissection ☐ Metastasectomy ☐ 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 148a, otherwise, skip to Question 149.***
148a	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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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
149	For TURP specimens, number of positive chips	_____	2431688	Provide the number of chips involved by invasive prostate carcinoma, in a transurethral resection specimen.
150	For TURP specimens, number of total chips	_____	2431624	Provide the total number of chips in a specimen of prostate removed by transurethral resection.
151	For TURP specimens, estimated percentage of prostatic tissue involved by tumor	_____%	2431904	Provide the percentage of prostatic tissue which is involved by invasive prostate carcinoma, in a transurethral resection specimen.
152	For enucleation specimens, estimated percentage of prostatic tissue involved by tumor	_____%	6831339	Provide the percentage of prostatic tissue which is involved by tumor.
153	For enucleation specimens, tumor size (dominant nodule, if present)	_____mm	6831608	Provide the numeric value in mm for the size of the dominant (if present) tumor nodule.
154	For enucleation specimens, additional dimensions (millimeters)	_____mm	6831609	Provide the numeric value in mm for an additional dimension of the tumor.
155	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.
156	Metastatic/recurrent site	☐ Prostate ☐ Lymph node(s) ☐ Bone ☐ Lung ☐ Liver ☐ Brain ☐ 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 156a, otherwise, skip to Question 157.***
156a	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.
157	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
158	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
159	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.
160	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.
161	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
162	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.
163	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
164	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				
165	Lymphovascular invasion present?	☐ Yes ☐ No ☐ Indeterminate ☐ Unknown	64727	Indicate whether large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in the primary tumor.
166	Perineural invasion present?	☐ Yes ☐ No ☐ Unknown	64181	Indicate whether perineural invasion or infiltration of tumor or cancer is present.
167	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
168	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
169	PSA value (ng/mL) at progression	_____ng/mL	1817	Provide the patient's measured laboratory value of PSA (prostate specific antigen) in ng/mL at the time when progression or biochemical failure is reported.
170	For metastatic tumor biopsies, was the site positive by imaging prior to biopsy?	☐ Yes ☐ No ☐ Unknown	6819981	Indicate whether the metastatic tumor site was positive by imaging prior to biopsy. ***Note: If imaging identified the metastatic lesion, proceed to Question 171, otherwise, skip to Question 173.***
171	If yes, indicate the imaging method used to identify the metastatic site biopsied	☐ MRI ☐ PET (specify) ☐ CT scan ☐ 99mTc bone scintiscanning ☐ Other (specify)	6819586	Indicate the imaging method(s) used to identify the metastatic site biopsied. ***Note: If the imaging method is not listed, proceed to Question 171a, otherwise, skip to Question 173. If PET scan was used, proceed to Question 172, otherwise, skip to Question 173.***
171a	Other imaging method(s) used to identify the metastatic site biopsied	_____	6819611	If not included in the previous list, specify the kind of subsequent imaging that identified the metastatic site biopsied.
172	For PET scans, indicate the tracer used	☐ Axumin ☐ Choline ☐ Acetate ☐ PSMA ☐ Sodium fluoride ☐ Other (specify)	6819581	Indicate the kind of tracer used in Positron Emission Tomography (PET) imaging. ***Note: If the tracer is not listed, proceed to Question 172a, otherwise, skip to Question 173.***
172a	Other PET scan tracer used	_____	6819582	If not included in the previous list, specify the kind of tracer used in Positron Emission Tomography (PET) imaging.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
173	Was the presence of circulating tumor cells (CTCs) tested?	☐ Yes ☐ No ☐ Unknown	6829555	Indicate whether a test for circulating tumor cells was performed. ***Note: If CTCs are present, proceed to Question 174, otherwise, skip to Question 179.***
174	Circulating tumor cell test result	☐ Present ☐ Absent	6819986	Indicate whether circulating tumor cells are present or absent. ***Note: If CTCs were present, proceed to Question 175, otherwise, skip to Question 179.***
175	Number of circulating tumor cells (CTCs)	_____	3145287	Provide the numeric count of circulating tumor cells found in a specimen of the patient's peripheral blood.
176	Blood sample volume used to analyze number of CTC cells	_____	3219439	Provide the volume of the blood sample used to detect circulating tumor cells.
177	Was AR-V7 tested in circulating tumor cells?	☐ Yes ☐ No ☐ Unknown	6821457	Indicate whether or not AR-V7 was tested in circulating tumor cells. ***Note: If AR-V7 was tested in CTCs, proceed to Question 178, otherwise, skip to Question 179.***
178	Circulating tumor cell AR-V7 result	☐ Present ☐ Absent	6821463	Indicate the result of the test for AR-V7 in circulating tumor cells.
179	Was mutational analysis performed on any of the following genes? (select all that apply)	☐ BRCA1 ☐ CHEK2 ☐ PALB2 ☐ BRCA2 ☐ HOXB1 ☐ Unknown ☐ ATM ☐ FANCA	6820040	Select all genes for which mutational analysis was performed.
180	Was a mutation in BRCA1 identified?	☐ Yes ☐ No ☐ Unknown	2437532	Indicate whether a mutation in BRCA1 was identified. ***Note: If a mutation was identified, proceed to Question 180a, otherwise, skip to Question 181.***
180a	Specify BRCA1 mutation	_____	6690688	Specify the BRCA1 variant identified as the result of mutational analysis.
180b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 180c, otherwise, skip to Question 181.***
180c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
181	Was a mutation in BRCA2 identified?	☐ Yes ☐ No ☐ Unknown	2437543	Indicate whether a mutation in BRCA2 was identified. ***Note: If a mutation was identified, proceed to Question 181a, otherwise, skip to Question 182.***
181a	Specify BRCA2 mutation	_____	6690693	Specify the BRCA2 variant identified as the result of mutational analysis.
181b	Tissue submitted for mutational analysis	☐ Blood ☐ Tumor ☐ Normal tissue ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 181c, otherwise, skip to Question 182.***
181c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
182	Was a mutation in HOXB1 identified?	☐ Yes ☐ No ☐ Unknown	6840947	Indicate whether a mutation in HOXB1 was identified. ***Note: If a mutation was identified, proceed to Question 182a, otherwise, skip to Question 183.***

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
182a	Specify HOXB1 mutation	_____	6840948	Specify the HOXB1 variant identified as the result of mutational analysis.
182b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 182c, otherwise, skip to Question 183.***
182c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
183	Was a mutation in ATM identified?	☐ Yes ☐ No ☐ Unknown	6005210	Indicate whether a mutation in ATM was identified. ***Note: If a mutation was identified, proceed to Question 183a, otherwise, skip to Question 184.***
183a	Specify ATM mutation	_____	6820015	Specify the ATM variant identified as the result of mutational analysis.
183b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 183c, otherwise, skip to Question 184.***
183c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
184	Was a mutation in PALB2 identified?	☐ Yes ☐ No ☐ Unknown	6820021	Indicate whether a mutation in PALB2 was identified. ***Note: If a mutation was identified, proceed to Question 184a, otherwise, skip to Question 185.***
184a	Specify PALB2 mutation	_____	6820016	Specify the PALB2 variant identified as the result of mutational analysis.
184b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 184c, otherwise, skip to Question 185.***
184c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
185	Was a mutation in FANCA identified?	☐ Yes ☐ No ☐ Unknown	6820022	Indicate whether a mutation in FANCA was identified. ***Note: If a mutation was identified, proceed to Question 185a, otherwise, skip to Question 186.***
185a	Specify FANCA mutation	_____	6820017	Specify the FANCA variant identified as the result of mutational analysis.
185b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 185c, otherwise, skip to Question 186.***
185c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
186	Was a mutation in CHEK2 identified?	☐ Yes ☐ No ☐ Unknown	6005214	Indicate whether a mutation in CHEK2 was identified. ***Note: If a mutation was identified, proceed to Question 186a, otherwise, skip to Question 187.***

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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
186a	Specify CHEK2 mutation	_____	6832296	Specify the type of CHEK2 variant identified as the result of mutational analysis.
186b	Tissue submitted for mutational analysis	☐ Blood ☐ Normal tissue ☐ Tumor ☐ Other (specify)	6820004	Indicate the kind of tissue submitted for mutational analysis. ***Note: If the tissue is not listed, proceed to Question 186c, otherwise, skip to Question 187.***
186c	Other tissue submitted for mutational analysis	_____	6820011	If not included in the previous list, provide the kind of tissue submitted for mutational analysis.
187	Was AR-V7 RNA ISH (RISH) performed?	☐ Yes ☐ No ☐ Unknown	6821464	Indicate whether or not in situ hybridization for AR-V7 RNA (RISH) was performed. ***Note: If AR-V7 RNA ISH was performed, proceed to Question 188, otherwise, skip to Question 189.***
188	AR-V7 RNA ISH result	☐ Positive ☐ Negative ☐ Equivocal	6821465	Indicate the result of AR-V7 RNA testing by in situ hybridization.
189	Was AR-V7 RT-PCR performed?	☐ Yes ☐ No ☐ Unknown	6821476	Indicate whether AR-V7 messenger RNA Reverse Transcriptase-Polymerase Chain Reaction was performed. ***Note: If AR-V7 RT-PCR was performed, proceed to Question 190, otherwise, skip to Question 191.***
190	AR-V7 RT-PCR result	☐ Positive ☐ Negative ☐ Equivocal	6821477	Indicate the result of the AR-V7 messenger RNA Reverse Transcriptase-Polymerase Chain Reaction test.
191	Was IHC performed for any of the following proteins? (select all that apply)	☐ AR ☐ AR-V7 ☐ MLH1 ☐ MSH2 ☐ PMS2 ☐ MSH6 ☐ PTEN ☐ Unknown	6820057	Select all the proteins for which immunohistochemistry (IHC) was performed.
192	AR expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6788031	Indicate the status of the Androgen Receptor protein expression using immunohistochemistry.
193	AR-V7 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6821495	Indicate the status of the AR-V7 protein expression using immunohistochemistry.
194	MLH1 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063668	Indicate the status of the MLH1 protein expression using immunohistochemistry.
195	MSH2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063669	Indicate the status of the MSH2 protein expression using immunohistochemistry.
196	PMS2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063670	Indicate the status of the PMS2 protein expression using immunohistochemistry.
197	MSH6 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063671	Indicate the status of the MSH6 protein expression using immunohistochemistry.
198	PTEN expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	6063672	Indicate the status of the PTEN protein expression using immunohistochemistry.
199	MLH1 promoter methylation status	☐ Present ☐ Absent ☐ Indeterminate ☐ Not assessed	6033150	Indicate the methylation status of the MLH1 promoter.

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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
200	MMR status	☐ Evidence of MMR mutation by sequencing ☐ Evidence of MMR protein loss by IHC ☐ MMR loss evidence hypermutation phenotype (>10 mutations/Mb) ☐ No evidence of MMR alteration ☐ Not performed	6002208	Indicate the patient's Mismatch Repair (MMR) gene mutation status.
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
201	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 202, otherwise, skip to Question 224.***
202	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.
203	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.
204	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.
205	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.
206	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.
207	Method of metastatic/ recurrent cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ TURP including all forms of enucleation ☐ Salvaged radical prostatectomy ☐ Salvaged lymph node dissection ☐ Metastasectomy ☐ 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 207a, otherwise, skip to Question 208. For TURP samples, proceed to Question 208, otherwise, skip to Question 214.***
207a	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.
208	For TURP specimens, number of positive chips	_____	2431688	Provide the number of chips involved by invasive prostate carcinoma, in a transurethral resection specimen.
209	For TURP specimens, number of total chips	_____	2431624	Provide the total number of chips in a specimen of prostate removed by transurethral resection.

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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
210	For TURP specimens, estimated percentage of prostatic tissue involved by tumor	_____%	2431904	Provide the percentage of prostatic tissue which is involved by invasive prostate carcinoma, in a transurethral resection specimen.
211	For enucleation specimens, estimated percentage of prostatic tissue involved by tumor	_____%	6831339	Provide the percentage of prostatic tissue which is involved by tumor.
212	For enucleation specimens, tumor size (dominant nodule, if present)	_____mm	6831608	Provide the numeric value in mm for the size of the dominant (if present) tumor nodule.
213	For enucleation specimens, additional dimensions (millimeters)	_____mm	6831609	Provide the numeric value in mm for an additional dimension of the tumor.
214	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.
215	Metastatic/ recurrent site	☐ Prostate ☐ Lymph node(s) ☐ Bone ☐ Lung ☐ Liver ☐ Brain ☐ 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 215a, otherwise, skip to Question 216.***
215a	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.
216	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
217	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
218	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.
219	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.
220	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.
221	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.

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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
222	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
223	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 165-200 may be repeated to capture clinical molecular characterization information for additional metastatic/recurrent biospecimens.)***				
Metastatic/Recurrent Tumor Model Information				
224	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.***
225	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.
226	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.
227	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.
228	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)				
229	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.***
230	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.
231	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.
232	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.
233	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				
234	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 235.***

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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
235	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.***
236	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.
237	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.
238	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.
239	Other method of cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ TURP including all forms of enucleation ☐ Salvaged radical prostatectomy ☐ 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 239a, otherwise, skip to Question 240. If TURP was performed, proceed to Question 240, otherwise, skip to Question 246.***
239a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
240	For TURP specimens, number of positive chips	_____	2431688	Provide the number of chips involved by invasive prostate carcinoma, in a transurethral resection specimen.
241	For TURP specimens, number of total chips	_____	2431624	Provide the total number of chips in a specimen of prostate removed by transurethral resection.
242	For TURP specimens, estimated percentage of prostatic tissue involved by tumor	_____%	2431904	Provide the percentage of prostatic tissue which is involved by invasive prostate carcinoma, in a transurethral resection specimen.
243	For enucleation specimens, estimated percentage of prostatic tissue involved by tumor	_____%	6831339	Provide the percentage of prostatic tissue which is involved by tumor.
244	For enucleation specimens, tumor size (dominant nodule, if present)	_____mm	6831608	Provide the numeric value in mm for the size of the dominant (if present) tumor nodule.
245	For enucleation specimens, additional dimensions (millimeters)	_____mm	6831609	Provide the numeric value in mm for an additional dimension of the tumor.
246	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.
247	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. ***Note: If the OTHER tissue type is not listed, proceed to Question 247a, otherwise, skip to Question 248.***
247a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.

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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
248	Anatomic site of OTHER tissue	☐ Prostate ☐ 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 248a, otherwise, skip to Question 249.***
248a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
249	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
250	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)				
251	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 252, otherwise, skip to Question 268.***
252	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.***
253	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.
254	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.
255	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.
256	Other method of cancer sample procurement	☐ Core needle biopsy ☐ Fine needle aspirate ☐ TURP including all forms of enucleation ☐ Salvaged radical prostatectomy ☐ Other Method (specify, CDE ID: 6587399)	6587398	Provide the procedure performed to obtain the OTHER tissue. ***Note: If the method of procurement is not listed, proceed to Question 256a, otherwise, skip to Question 263. If TURP was performed, proceed to Question 257, otherwise, skip to Question 263.***
256a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
257	For TURP specimens, number of positive chips	_____	2431688	Provide the number of chips involved by invasive prostate carcinoma, in a transurethral resection specimen.
258	For TURP specimens, number of total chips	_____	2431624	Provide the total number of chips in a specimen of prostate removed by transurethral resection.

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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
259	For TURP specimens, estimated percentage of prostatic tissue involved by tumor	_____%	2431904	Provide the percentage of prostatic tissue which is involved by invasive prostate carcinoma, in a transurethral resection specimen.
260	For enucleation specimens, estimated percentage of prostatic tissue involved by tumor	_____%	6831339	Provide the percentage of prostatic tissue which is involved by tumor.
261	For enucleation specimens, tumor size (dominant nodule, if present)	_____mm	6831608	Provide the numeric value in mm for the size of the dominant (if present) tumor nodule.
262	For enucleation specimens, additional dimensions (millimeters)	_____mm	6831609	Provide the numeric value in mm for an additional dimension of the tumor.
263	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.
264	Tissue type	☐ Pre-malignant ☐ Other (specify)	64784	Indicate the OTHER tissue type. ***Note: If the OTHER tissue type is not listed, proceed to Question 264a, otherwise, skip to Question 265.***
264a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
265	Anatomic site of OTHER tissue	☐ Prostate ☐ 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 265a, otherwise, skip to Question 266.***
265a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
266	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
267	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				
268	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.***
269	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.
270	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.
271	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.

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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
272	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)				
273	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.***
274	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.
275	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.
276	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
277	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.