

Enrollment: Colon/Rectum

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	<input type="checkbox"/> Initial pathologic diagnosis <input type="checkbox"/> Sample procurement <input type="checkbox"/> 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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> 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	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> 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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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	<input type="checkbox"/> Same <input type="checkbox"/> Different <input type="checkbox"/> None <input type="checkbox"/> 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	<input type="checkbox"/> Lifelong non-smoker (<100 cigarettes smoked in a lifetime) <input type="checkbox"/> Current smoker (includes daily and non-daily smokers) <input type="checkbox"/> Current reformed smoker (duration not specified) <input type="checkbox"/> Current reformed smoker for >15 years <input type="checkbox"/> 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	<input type="checkbox"/> Metastatic <input type="checkbox"/> Non-metastatic (confirmed) <input type="checkbox"/> 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	<input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Peritoneum <input type="checkbox"/> 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 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	Did the patient have colorectal cancer risk factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5206897	Indicate whether additional colorectal cancer risk factors are documented in the patient's medical record. Note: If no colorectal cancer risk factors have been identified, skip to Question 19.
18	Colorectal cancer risk factors	<input type="checkbox"/> A diet that is high in red meats and processed meats <input type="checkbox"/> Diagnosis of familial adenomatous polyposis in patient or family member <input type="checkbox"/> Obesity - weight > 20% ideal body weight <input type="checkbox"/> Previous colorectal polyps <input type="checkbox"/> Diagnosis of Lynch syndrome in patient <input type="checkbox"/> Type II diabetes <input type="checkbox"/> Other risk factors (specify)	5206898	Select all of the colorectal cancer risk factors documented in the patient's medical record. Note: If the colorectal cancer risk factor is not listed, proceed to Question 18a, otherwise, skip to Question 19.
18a	Other colorectal cancer risk factor(s)	_____	5206899	If the patient's colorectal cancer risk factors were not included in the previous list, please specify.
19	Does the patient have a history of gastrointestinal disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3521240	Indicate whether the patient has been diagnosed with gastrointestinal disorder(s). Note: If the patient was not diagnosed with gastrointestinal disorder, skip to Question 21.

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20	Gastrointestinal disorder(s) diagnosed	<input type="checkbox"/> Adenomatous polyposis coli <input type="checkbox"/> Hereditary non-polyposis colon cancer <input type="checkbox"/> Peutz-Jeghers disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Crohn disease <input type="checkbox"/> Celiac disease	3211626	Select all the gastrointestinal disorder(s) with which the patient has been diagnosed.
21	History of synchronous colon/rectal tumors at time of tissue collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	2185953	Indicate whether synchronous colon or rectal tumors were present time of tissue collection.
22	History of prior colon polyps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3107197	Indicate if the patient had a previous history of colon polyps as noted in the history/physical or previous endoscopic report(s).
23	Were colon polyps present at time of tissue collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64184	Indicate if polyps were present in the colon surgically or pathologically at the time of tissue collection.
Biospecimen Information				
24	Tissue sample type(s) collected for HCMI for this case	<input type="checkbox"/> Normal tissue <input type="checkbox"/> Recurrent <input type="checkbox"/> Primary tumor <input type="checkbox"/> Other tissue <input type="checkbox"/> Metastatic	2006911	Please select all the tissue sample types submitted for HCMI with this case.
25	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.
26	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.
27	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.
28	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.
29	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Normal Control Information				
30	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.
31	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.
32	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.
33	Type of normal control	<input type="checkbox"/> Whole blood <input type="checkbox"/> Buccal cells <input type="checkbox"/> Buffy coat <input type="checkbox"/> Lymphocytes <input type="checkbox"/> Extracted DNA from blood <input type="checkbox"/> Extracted DNA from saliva <input type="checkbox"/> Extracted DNA from buccal cells <input type="checkbox"/> Extracted DNA from normal tissue <input type="checkbox"/> FFPE non-neoplastic tissue <input type="checkbox"/> Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
34	Anatomic site of normal tissue	<input type="checkbox"/> Ascending colon <input type="checkbox"/> Cecum <input type="checkbox"/> Descending colon <input type="checkbox"/> Hepatic flexure <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Rectum <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Other (specify) <input type="checkbox"/> 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 34a, otherwise, skip to Question 35.
34a	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.
35	Distance from tumor to normal control tissue (if not blood)	<input type="checkbox"/> Adjacent (< or = 2cm) <input type="checkbox"/> Distal (>2cm) <input type="checkbox"/> Unknown <input type="checkbox"/> 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'.
36	Normal tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> OCT <input type="checkbox"/> FFPE <input type="checkbox"/> Snap frozen <input type="checkbox"/> Frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tumor Biospecimen Information				
37	ICD-10 code for primary tumor	<input type="checkbox"/> C18.0 <input type="checkbox"/> C18.6 <input type="checkbox"/> C77.9 <input type="checkbox"/> C18.1 <input type="checkbox"/> C18.7 <input type="checkbox"/> C78.0 <input type="checkbox"/> C18.2 <input type="checkbox"/> C18.8 <input type="checkbox"/> C78.6 <input type="checkbox"/> C18.3 <input type="checkbox"/> C18.9 <input type="checkbox"/> C78.7 <input type="checkbox"/> C18.4 <input type="checkbox"/> C19 <input type="checkbox"/> C79.3 <input type="checkbox"/> C18.5 <input type="checkbox"/> C20 <input type="checkbox"/> 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 37a, otherwise, skip to Question 38.
37a	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.

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41	Histological subtype	<input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Adenosquamous carcinoma <input type="checkbox"/> Large cell neuroendocrine carcinoma <input type="checkbox"/> Medullary carcinoma <input type="checkbox"/> Micropapillary carcinoma <input type="checkbox"/> Mucinous adenocarcinoma <input type="checkbox"/> Neuroendocrine carcinoma (poorly differentiated) <input type="checkbox"/> Serrated adenocarcinoma <input type="checkbox"/> Signet ring cell carcinoma <input type="checkbox"/> Small cell neuroendocrine carcinoma <input type="checkbox"/> Squamous cell carcinoma <input type="checkbox"/> Undifferentiated carcinoma <input type="checkbox"/> Carcinoma; type cannot be determined <input type="checkbox"/> 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 41a, otherwise, skip to Question 42.
41a	Other histological subtype	_____	5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
42	Prior malignancy (of the same cancer type)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
43	Prior malignancy (other cancer type)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
44	AJCC cancer staging edition	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th <input type="checkbox"/> 7 th <input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 6 th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
45	AJCC clinical stage group	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IIC <input type="checkbox"/> Stage IVC <input type="checkbox"/> Stage IIIA	3440332	Using the patient's pathology/laboratory report, select the clinical stage group of the primary tumor as defined by the American Joint Committee on Cancer (AJCC).
46	AJCC pathologic spread: Primary tumor (pT)	<input type="checkbox"/> T0 <input type="checkbox"/> T2 <input type="checkbox"/> T4a <input type="checkbox"/> Tis <input type="checkbox"/> T3 <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T4 <input type="checkbox"/> TX	3045435	Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) as defined by the American Joint Committee on Cancer (AJCC).
47	AJCC pathologic spread: Lymph nodes (pN)	<input type="checkbox"/> N0 <input type="checkbox"/> N1b <input type="checkbox"/> N2a <input type="checkbox"/> N1 <input type="checkbox"/> N1c <input type="checkbox"/> N2b <input type="checkbox"/> N1a <input type="checkbox"/> N2 <input type="checkbox"/> NX	3203106	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) as defined by the American Joint Committee on Cancer (AJCC).
48	AJCC pathologic spread: Distant metastases (pM)	<input type="checkbox"/> M0 <input type="checkbox"/> M1a M1c <input type="checkbox"/> M1 <input type="checkbox"/> M1b	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).
49	AJCC tumor stage (pathological)	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IIC <input type="checkbox"/> Stage IVC <input type="checkbox"/> Stage IIIA	3065862	Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the tumor stage as defined by the American Joint Committee on Cancer (AJCC).
50	Tumor grade	<input type="checkbox"/> G1-Well differentiated <input type="checkbox"/> G2-Moderately differentiated <input type="checkbox"/> G3-Poorly differentiated <input type="checkbox"/> G4-Undifferentiated <input type="checkbox"/> GB-Borderline histologic grade <input type="checkbox"/> GX-Unknown	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.

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51	Venous invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64358	Indicate whether venous invasion was present in the tumor specimen. Note: If venous invasion is not present, skip to Question 53.
52	Venous invasion type	<input type="checkbox"/> Extramural <input type="checkbox"/> Intramural	6036344	Identify the location of vascular involvement for the tumor.
53	Lymphatic invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64171	Indicate if malignant cells are present in small or thin-walled vessels, suggesting lymphatic involvement.
54	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64181	Indicate if perineural invasion or infiltration of tumor or cancer is present.
55	Preoperative CEA level	_____	2752	Provide the carcinoembryonic antigen (CEA) level (ng/ml) prior to resection of the tumor submitted to HCMI.
Primary Tumor Clinical Molecular Characterization				
56	Microsatellite instability identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3123142	Indicate whether microsatellite instability was present in more than 33% of loci tested. Note: If not performed, skip to Question 59.
57	Number of loci tested	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 7 <input type="checkbox"/> 14	3107127	Provide the number of loci tested to detect microsatellite instability.
58	Number of abnormal loci	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 7 <input type="checkbox"/> 14	3107129	Provide the number of loci found to be abnormal during testing to detect microsatellite instability.
59	Mismatch repair status	<input type="checkbox"/> Evidence of MMR mutation by sequencing <input type="checkbox"/> Evidence of MMR protein loss by IHC <input type="checkbox"/> MMR loss evidence hypermutation phenotype (>10 mutations/Mb) <input type="checkbox"/> No evidence of MMR alteration	6002208	Indicate the mismatch repair (MMR) status and the mechanism by which it was determined.
60	Was MLH1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062411	Indicate whether MLH1 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 62.
61	MLH1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063668	Indicate the status of MLH1 protein expression as determined by immunohistochemistry (IHC).
62	MLH1 promoter methylation status	<input type="checkbox"/> MLH1 promoter hypermethylation present <input type="checkbox"/> MLH1 promoter hypermethylation absent <input type="checkbox"/> MLH1 promoter hypermethylation not assessed <input type="checkbox"/> Cannot be determined	6033150	Indicate the methylation status of the MLH1 promoter.
63	Was MSH2 IHC performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062412	Indicate whether MSH2 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 65.

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64	MSH2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063669	Indicate the status of MSH2 protein expression as determined by immunohistochemistry (IHC).
65	Was PMS2 IHC performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062413	Indicate whether PMS2 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 67.
66	PMS2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063670	Indicate the status of PMS2 protein expression as determined by immunohistochemistry (IHC).
67	Was MSH6 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062414	Indicate whether MSH6 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 69.
68	MSH6 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063671	Indicate the status of MSH6 protein expression as determined by immunohistochemistry (IHC).
69	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If not performed, skip to Question 72.
70	Was a mutation in KRAS identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 72.
71	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13D <input type="checkbox"/> Q61L <input type="checkbox"/> G12D <input type="checkbox"/> G13R <input type="checkbox"/> Q61H <input type="checkbox"/> G12R <input type="checkbox"/> G13C <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13A <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 71a, otherwise, skip to Question 72.
71a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
72	Was BRAF mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061813	Indicate whether BRAF mutation analysis was performed. Note: If not performed, skip to Question 75.
73	Was a mutation in BRAF identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6061809	Indicate whether a mutation in BRAF was identified through mutation analysis. Note: If mutation was not identified, skip to Question 75.
74	If BRAF mutation identified, which one?	<input type="checkbox"/> V600E <input type="checkbox"/> V600R <input type="checkbox"/> V600D <input type="checkbox"/> K601E <input type="checkbox"/> V600K <input type="checkbox"/> Other (specify)	6061810	Indicate the specific BRAF mutation identified. Note: If the BRAF mutation is not listed, proceed to Question 74a, otherwise, skip to Question 75.
74a	Other BRAF mutation	_____	6101687	If the BRAF mutation is not included in the list provided, specify the BRAF mutation identified.
75	Was BRAF IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6161811	Indicate whether BRAF expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 77.
76	BRAF expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6061812	Indicate the status of BRAF protein expression as determined by immunohistochemistry (IHC).
77	Was PIK3CA mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063445	Indicate whether PIK3CA mutation analysis was performed. Note: If not performed, skip to Question 80.
78	Was a mutation in PIK3CA identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063524	Indicate whether a mutation in PIK3CA was identified through mutation analysis. Note: If mutation was not identified, skip to Question 80.

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79	If PIK3CA mutation identified, in what exon?	<input type="checkbox"/> 9 <input type="checkbox"/> 20 <input type="checkbox"/> Other (specify)	6063735	Indicate the specific exon of the PIK3CA gene in which the mutation was identified. Note: If the PIK3CA mutation is not listed, proceed to Question 79a, otherwise, skip to Question 80.
79a	Other PIK3CA mutation	_____	6101688	If the specific exon of the PIK3CA gene mutation abnormality identified was not included in the previous list, please specify the exon.
80	Was PTEN IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062415	Indicate whether PTEN expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 82.
81	PTEN expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063672	Indicate the status of PTEN protein expression as determined by immunohistochemistry (IHC).
82	Was PTEN mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063446	Indicate whether PTEN mutation analysis was performed. Note: If not performed, skip to Question 85.
83	Was a mutation in PTEN identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063529	Indicate whether a mutation in PTEN was identified through mutation analysis.
84	If PTEN mutation identified, which one?	<input type="checkbox"/> Exon 1-9 mutation present <input type="checkbox"/> Cannot be determined <input type="checkbox"/> Other (specify)	6063736	Indicate whether a mutation in exon 1-9 of PTEN was identified. Note: If the PTEN mutation is not listed, proceed to Question 84a, otherwise, skip to Question 85.
84a	Other PTEN mutation	_____	6101689	If the PTEN gene mutation identified is not in exons 1-9, please specify the exon.
Primary Tumor Sample Information				
85	Are you submitting a primary tumor tissue sample for this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, proceed to question 86. If no and submitting a metastatic/recurrent tumor sample, proceed to Question 112.
86	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. Note: This number should be "1".
87	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.
88	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.
89	Sample represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? Note: If no, continue to Question 90, otherwise, skip to Question 91.
90	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
91	Tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected for molecular characterization.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
92	Anatomic Site of tumor from which Model was Derived	<input type="checkbox"/> Ascending colon <input type="checkbox"/> Ascending colon hepatic flexure <input type="checkbox"/> Cecum <input type="checkbox"/> Descending colon <input type="checkbox"/> Ileocecal valve <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Rectum <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Peritoneum <input type="checkbox"/> 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 92a. Otherwise, skip to Question 93.
92a	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.
93	Method of cancer sample procurement	<input type="checkbox"/> Abdomino-perineal resection <input type="checkbox"/> Anterior resection of rectum <input type="checkbox"/> Endo-rectal tumor resection <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Pan-proto colectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Sigmoid colectomy <input type="checkbox"/> Total colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> 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 93a, otherwise, skip to Question 94.
93a	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.
94	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.
95	Tumor tissue type	<input type="checkbox"/> Primary <input type="checkbox"/> Additional Primary <input type="checkbox"/> NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
96	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".
97	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.
98	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.
99	Model represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
100	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.
101	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Treatment Information				
102	History of neoadjuvant treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes; radiation prior to resection <input type="checkbox"/> Yes; pharmaceutical treatment prior to resection <input type="checkbox"/> Yes; both radiation and pharmaceutical treatment prior to resection <input type="checkbox"/> Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. Note: Radiation therapy is addressed in Questions 110-111. Pharmaceutical therapy is addressed in Questions 103-109.
103	Neoadjuvant chemotherapy type	<input type="checkbox"/> Cytotoxic chemotherapy <input type="checkbox"/> Immunotherapy (cellular and immune checkpoint) <input type="checkbox"/> Targeted therapy (small molecule inhibitors and targeted antibodies) <input type="checkbox"/> Not applicable	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. Note: Cytotoxic chemotherapy is addressed in Questions 104-105. Immunotherapy is addressed in Questions 106-107. Targeted therapy is addressed in Questions 108-109.
104	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> 5-fluorouracil <input type="checkbox"/> 5-FU and Leucovorin <input type="checkbox"/> Capecitabine <input type="checkbox"/> FOLFIRI <input type="checkbox"/> FOLFOX <input type="checkbox"/> Irinotecan <input type="checkbox"/> Leucovorin <input type="checkbox"/> Oxaliplatin <input type="checkbox"/> Trifluridine <input type="checkbox"/> Trifluridine and tipiracil <input type="checkbox"/> Other (specify) <input type="checkbox"/> Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. Note: If neoadjuvant chemotherapy was not given, skip to Question 106. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 104a, otherwise, skip to Question 105.
104a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
105	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.
106	Immunotherapy name, specify	_____	2953828	Provide the name of the immunotherapy administered to the patient. Note: If immunotherapy was not administered, skip to Question 108.
107	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
108	Targeted Therapy	<input type="checkbox"/> Bevacizumab <input type="checkbox"/> Cetuximab <input type="checkbox"/> Panitumumab <input type="checkbox"/> PD-1 inhibitor <input type="checkbox"/> Ramucirumab <input type="checkbox"/> Regorafenib <input type="checkbox"/> Ziv-aflibercept <input type="checkbox"/> Other (specify)	6033149	Select the targeted molecular therapy administered to the patient. Note: If targeted therapy was not given, proceed to Question 110. If the targeted therapy is not listed, proceed to Question 108a, otherwise, skip to Question 109.
108a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
109	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.
110	Radiation therapy administered type	<input type="checkbox"/> 2D conventional <input type="checkbox"/> 3D conformal <input type="checkbox"/> Brachytherapy HDR <input type="checkbox"/> Brachytherapy LDR <input type="checkbox"/> IMRT <input type="checkbox"/> Proton Beam <input type="checkbox"/> Stereotactic Body RT <input type="checkbox"/> Stereotactic Radiosurgery <input type="checkbox"/> WBRT <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unspecified <input type="checkbox"/> 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 112. If the radiation therapy is not listed, proceed to Question 110a, otherwise, skip to Question 111.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
110a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
111	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				
112	Are you submitting a metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate whether a metastatic/recurrent tumor biospecimen was collected for this ID3 case. Note: If yes, proceed to Question 113. If submitting an OTHER tissue sample, proceed to Question 219.
113	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.
114	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.
115	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
116	Metastatic/ recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> OCT <input type="checkbox"/> FFPE <input type="checkbox"/> Snap frozen <input type="checkbox"/> Frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
117	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.
118	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Abdomino-perineal resection <input type="checkbox"/> Anterior resection of rectum <input type="checkbox"/> Endo-rectal tumor resection <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Pan-proto colectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Sigmoid colectomy <input type="checkbox"/> Total colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> 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 118a, otherwise, skip to Question 119.
118a	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.
119	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.
120	Metastatic/ recurrent site	<input type="checkbox"/> Cecum <input type="checkbox"/> Transverse colon <input type="checkbox"/> Ileocecal valve <input type="checkbox"/> Rectum <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Liver <input type="checkbox"/> Ascending colon <input type="checkbox"/> Brain <input type="checkbox"/> Ascending colon hepatic flexure <input type="checkbox"/> Lung <input type="checkbox"/> Descending colon <input type="checkbox"/> Peritoneum <input type="checkbox"/> <input type="checkbox"/> Lymph node <input type="checkbox"/> <input type="checkbox"/> 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 120a, otherwise, skip to Question 121.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
120a	Other metastatic/ recurrent site	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Bone <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Esophagus <input type="checkbox"/> Eye <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Male genital organs <input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <input type="checkbox"/> Pharynx <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Prostate gland <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Skin <input type="checkbox"/> Small intestine <input type="checkbox"/> Spinal cord <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Thymus <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue <input type="checkbox"/> Tonsil <input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
121	Site of relapse	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant <input type="checkbox"/> Not applicable	2002506	If the primary tumor relapsed, provide the site of relapse.
122	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
123	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.
124	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.
125	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
126	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.
127	Is the patient still receiving treatment?	_____	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
128	Disease status	<input type="checkbox"/> No evidence of disease <input type="checkbox"/> Progressive disease <input type="checkbox"/> Stable disease <input type="checkbox"/> Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
129	Venous invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64358	Indicate whether venous invasion was present in the tumor specimen. Note: If venous invasion is not present, skip to Question 131.
130	Venous invasion type	<input type="checkbox"/> Extramural <input type="checkbox"/> Intramural	6036344	Identify the location of vascular involvement for the tumor.
131	Lymphatic invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64171	Indicate if malignant cells are present in small or thin-walled vessels, suggesting lymphatic involvement.
132	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64181	Indicate if perineural invasion or infiltration of tumor or cancer is present.
133	Preoperative CEA level	_____	2752	Provide the carcinoembryonic antigen (CEA) level (ng/ml) prior to resection of the tumor submitted to HCMI.
Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses				
134	Microsatellite instability identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3123142	Indicate whether microsatellite instability was present in more than 33% of loci tested. Note: If not performed, skip to Question 137.
135	Number of loci tested	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 7 <input type="checkbox"/> 14	3107127	Provide the number of loci tested to detect microsatellite instability.
136	Number of abnormal loci	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 7 <input type="checkbox"/> 14	3107129	Provide the number of loci found to be abnormal during testing to detect microsatellite instability.
137	Mismatch repair status	<input type="checkbox"/> Evidence of MMR mutation by sequencing <input type="checkbox"/> Evidence of MMR protein loss by IHC <input type="checkbox"/> MMR loss evidence hypermutation phenotype (>10 mutations/Mb) <input type="checkbox"/> No evidence of MMR alteration	6002208	Indicate the mismatch repair (MMR) status and the mechanism by which it was determined.
138	Was MLH1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062411	Indicate whether MLH1 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 140.
139	MLH1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063668	Indicate the status of MLH1 protein expression as determined by immunohistochemistry (IHC).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
140	MLH1 promoter methylation status	<input type="checkbox"/> MLH1 promoter hypermethylation present <input type="checkbox"/> MLH1 promoter hypermethylation absent <input type="checkbox"/> MLH1 promoter hypermethylation not assessed <input type="checkbox"/> Cannot be determined	6033150	Indicate the methylation status of the MLH1 promoter.
141	Was MSH2 IHC performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062412	Indicate whether MSH2 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 143.
142	MSH2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063669	Indicate the status of MSH2 protein expression as determined by immunohistochemistry (IHC).
143	Was PMS2 IHC performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062413	Indicate whether PMS2 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 145.
144	PMS2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063670	Indicate the status of PMS2 protein expression as determined by immunohistochemistry (IHC).
145	Was MSH6 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062414	Indicate whether MSH6 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 147.
146	MSH6 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063671	Indicate the status of MSH6 protein expression as determined by immunohistochemistry (IHC).
147	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If not performed, skip to Question 150.
148	Was a mutation in KRAS identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 150.
149	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13D <input type="checkbox"/> Q61L <input type="checkbox"/> G12D <input type="checkbox"/> G13R <input type="checkbox"/> Q61H <input type="checkbox"/> G12R <input type="checkbox"/> G13C <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13A <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 149a, otherwise, skip to Question 150.
149a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
150	Was BRAF mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061813	Indicate whether BRAF mutation analysis was performed. Note: If not performed, skip to Question 153.
151	Was a mutation in BRAF identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6061809	Indicate whether a mutation in BRAF was identified through mutation analysis. Note: If mutation was not identified, skip to Question 153.
152	If BRAF mutation identified, which one?	<input type="checkbox"/> V600E <input type="checkbox"/> V600R <input type="checkbox"/> V600D <input type="checkbox"/> K601E <input type="checkbox"/> V600K <input type="checkbox"/> Other (specify)	6061810	Indicate the specific BRAF mutation identified. Note: If the BRAF mutation is not listed, proceed to Question 152a, otherwise, skip to Question 153.
152a	Other BRAF mutation	_____	6101687	If the BRAF mutation is not included in the list provided, specify the BRAF mutation identified.
153	Was BRAF IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6161811	Indicate whether BRAF expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 155.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
154	BRAF expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6061812	Indicate the status of BRAF protein expression as determined by immunohistochemistry (IHC).
155	Was PIK3CA mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063445	Indicate whether PIK3CA mutation analysis was performed. Note: If not performed, skip to Question 158.
156	Was a mutation in PIK3CA identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063524	Indicate whether a mutation in PIK3CA was identified through mutation analysis. Note: If mutation was not identified, skip to Question 158.
157	If PIK3CA mutation identified, in what exon?	<input type="checkbox"/> 9 <input type="checkbox"/> 20 <input type="checkbox"/> Other (specify)	6063735	Indicate the specific exon of the PIK3CA gene in which the mutation was identified. Note: If the PIK3CA mutation is not listed, proceed to Question 157a, otherwise, skip to Question 158.
157a	Other PIK3CA mutation	_____	6101688	If the specific exon of the PIK3CA gene mutation abnormality identified was not included in the previous list, please specify the exon.
158	Was PTEN IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062415	Indicate whether PTEN expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 160.
159	PTEN expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063672	Indicate the status of PTEN protein expression as determined by immunohistochemistry (IHC).
160	Was PTEN mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063446	Indicate whether PTEN mutation analysis was performed. Note: If not performed, skip to Question 163.
161	Was a mutation in PTEN identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063529	Indicate whether a mutation in PTEN was identified through mutation analysis.
162	If PTEN mutation identified, which one?	<input type="checkbox"/> Exon 1-9 mutation present <input type="checkbox"/> Cannot be determined <input type="checkbox"/> Other (specify)	6063736	Indicate whether a mutation in exon 1-9 of PTEN was identified.
162a	Other PTEN mutation	_____	6101689	If the PTEN gene mutation identified is not in exons 1-9, please specify the exon.
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
163	Are you submitting an additional metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 164, otherwise, skip to Question 209.
164	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.
165	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.
166	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
167	Metastatic/ recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
168	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.
169	Method of metastatic/ recurrent cancer sample procurement	<input type="checkbox"/> Abdomino-perineal resection <input type="checkbox"/> Anterior resection of rectum <input type="checkbox"/> Endo-rectal tumor resection <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Pan-proto colectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Sigmoid colectomy <input type="checkbox"/> Total colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> 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 169a, otherwise, skip to Question 170.
169a	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.
170	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 HCM.
171	Metastatic/ recurrent site	<input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Brain <input type="checkbox"/> Peritoneum <input type="checkbox"/> Lymph nodes <input type="checkbox"/> 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 171a, otherwise, skip to Question 172.
171a	Other metastatic/ recurrent site	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Bone <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Esophagus <input type="checkbox"/> Eye <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Male genital organs <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <input type="checkbox"/> Pharynx <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Prostate gland <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Skin <input type="checkbox"/> Small intestine <input type="checkbox"/> Spinal cord <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Thymus <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue <input type="checkbox"/> Tonsil	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.

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		<input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx	<input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva		
172	Site of relapse	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant <input type="checkbox"/> Not applicable		2002506	If the primary tumor relapsed, provide the site of relapse.
173	ICD-10 code	_____		3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
174	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.
175	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.
176	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.
177	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.
178	Is the patient still receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.
178	Disease status	<input type="checkbox"/> No evidence of disease <input type="checkbox"/> Progressive disease <input type="checkbox"/> Stable disease <input type="checkbox"/> Unknown		2188290	Provide the disease status following maintenance and/or consolidation therapy.
Additional Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses					
179	Microsatellite instability identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		3123142	Indicate whether microsatellite instability was present in more than 33% of loci tested. Note: If not performed, skip to Question 182.
180	Number of loci tested	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 7 <input type="checkbox"/> 14		3107127	Provide the number of loci tested to detect microsatellite instability.
181	Number of abnormal loci	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 7 <input type="checkbox"/> 14		3107129	Provide the number of loci found to be abnormal during testing to detect microsatellite instability.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
182	Mismatch repair status	<input type="checkbox"/> Evidence of MMR mutation by sequencing <input type="checkbox"/> Evidence of MMR protein loss by IHC <input type="checkbox"/> MMR loss evidence hypermutation phenotype (>10 mutations/Mb) <input type="checkbox"/> No evidence of MMR alteration	6002208	Indicate the mismatch repair (MMR) status and the mechanism by which it was determined.
183	Was MLH1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062411	Indicate whether MLH1 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 185.
184	MLH1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063668	Indicate the status of MLH1 protein expression as determined by immunohistochemistry (IHC).
185	MLH1 promoter methylation status	<input type="checkbox"/> MLH1 promoter hypermethylation present <input type="checkbox"/> MLH1 promoter hypermethylation absent <input type="checkbox"/> MLH1 promoter hypermethylation not assessed <input type="checkbox"/> Cannot be determined	6033150	Indicate the methylation status of the MLH1 promoter.
186	Was MSH2 IHC performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062412	Indicate whether MSH2 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 188.
187	MSH2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063669	Indicate the status of MSH2 protein expression as determined by immunohistochemistry (IHC).
188	Was PMS2 IHC performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062413	Indicate whether PMS2 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 190.
189	PMS2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063670	Indicate the status of PMS2 protein expression as determined by immunohistochemistry (IHC).
190	Was MSH6 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062414	Indicate whether MSH6 expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 192.
191	MSH6 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063671	Indicate the status of MSH6 protein expression as determined by immunohistochemistry (IHC).
192	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If not performed, skip to Question 195.
193	Was a mutation in KRAS identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 195.
194	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G13C <input type="checkbox"/> G12C <input type="checkbox"/> G13A <input type="checkbox"/> G12D <input type="checkbox"/> G13V <input type="checkbox"/> G12R <input type="checkbox"/> Q61L <input type="checkbox"/> G12S <input type="checkbox"/> Q61H <input type="checkbox"/> G12V <input type="checkbox"/> A146T <input type="checkbox"/> G13D <input type="checkbox"/> Other (specify) <input type="checkbox"/> G13R	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 194a, otherwise, skip to Question 195.
194a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
195	Was BRAF mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6061813	Indicate whether BRAF mutation analysis was performed. Note: If not performed, skip to Question 198.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
196	Was a mutation in BRAF identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6061809	Indicate whether a mutation in BRAF was identified through mutation analysis. Note: If mutation was not identified, skip to Question 198.
197	If BRAF mutation identified, which one?	<input type="checkbox"/> V600E <input type="checkbox"/> V600R <input type="checkbox"/> V600D <input type="checkbox"/> K601E <input type="checkbox"/> V600K <input type="checkbox"/> Other (specify)	6061810	Indicate the specific BRAF mutation identified. Note: If the BRAF mutation is not listed, proceed to Question 197a, otherwise, skip to Question 198.
197a	Other BRAF mutation	_____	6101687	If the BRAF mutation is not included in the list provided, specify the BRAF mutation identified.
198	Was BRAF IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6161811	Indicate whether BRAF expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 200.
199	BRAF expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6061812	Indicate the status of BRAF protein expression as determined by immunohistochemistry (IHC).
200	Was PIK3CA mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063445	Indicate whether PIK3CA mutation analysis was performed. Note: If not performed, skip to Question 203.
201	Was a mutation in PIK3CA identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063524	Indicate whether a mutation in PIK3CA was identified through mutation analysis. Note: If mutation was not identified, skip to Question 203.
202	If PIK3CA mutation identified, in what exon?	<input type="checkbox"/> 9 <input type="checkbox"/> 20 <input type="checkbox"/> Other (specify)	6063735	Indicate the specific exon of the PIK3CA gene in which the mutation was identified. Note: If the PIK3CA mutation is not listed, proceed to Question 202a, otherwise, skip to Question 203.
202a	Other PIK3CA mutation	_____	6101688	If the specific exon of the PIK3CA gene mutation abnormality identified was not included in the previous list, please specify the exon.
203	Was PTEN IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062415	Indicate whether PTEN expression was assessed by immunohistochemistry (IHC). Note: If not performed, skip to Question 205.
204	PTEN expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063672	Indicate the status of PTEN protein expression as determined by immunohistochemistry (IHC).
205	Was PTEN mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063446	Indicate whether PTEN mutation analysis was performed. Note: If not performed, skip to Question 209.
206	Was a mutation in PTEN identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063529	Indicate whether a mutation in PTEN was identified through mutation analysis.
207	If PTEN mutation identified, which one?	<input type="checkbox"/> Exon 1-9 mutation present <input type="checkbox"/> Cannot be determined <input type="checkbox"/> Other (specify)	6063736	Indicate whether a mutation in exon 1-9 of PTEN was identified. Note: If the PTEN mutation is not listed, proceed to Question 207a, otherwise, skip to Question 208.
207a	Other PTEN mutation	_____	6101689	If the PTEN gene mutation identified is not in exons 1-9, please specify the exon.
Metastatic/Recurrent Tumor Model Information				
208	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.
209	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
210	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.
211	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.
212	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)				
213	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.
214	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.
215	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
216	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.
217	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				
218	Are you submitting an OTHER tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 219.
219	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.
220	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.
221	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.
222	OTHER tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
223	Other method of cancer sample procurement	<input type="checkbox"/> Abdomino-perineal resection <input type="checkbox"/> Anterior resection of rectum <input type="checkbox"/> Endo-rectal tumor resection <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Pan-proto colectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Sigmoid colectomy <input type="checkbox"/> Total colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 223a, otherwise, skip to Question 224.
223a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
224	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.
225	Tissue type	<input type="checkbox"/> Non-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 225a, otherwise, skip to Question 226.
225a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
226	Anatomic site of OTHER tissue	<input type="checkbox"/> Ascending colon <input type="checkbox"/> Ascending colon hepatic flexure <input type="checkbox"/> Cecum <input type="checkbox"/> Descending colon <input type="checkbox"/> Ileocecal valve <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Rectum <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Peritoneum <input type="checkbox"/> 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 226a, otherwise, skip to Question 227.
226a	Specify anatomic site of OTHER tissue	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Bone <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Esophagus <input type="checkbox"/> Eye <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <input type="checkbox"/> Pharynx <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Prostate gland <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Skin <input type="checkbox"/> Small intestine <input type="checkbox"/> Spinal cord <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Thymus	6584916	Specify the site of OTHER tissue, if not in the previous list.

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		<input type="checkbox"/> Lymph node <input type="checkbox"/> Male genital organs <input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx	<input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue <input type="checkbox"/> Tonsil <input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva		
227	ICD-10 code	_____		3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
228	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)					
229	Are you submitting an additional OTHER tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 230. If no, proceed to Question 240.
230	OTHER tissue biospecimen ordinal	_____		6584267	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.
231	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.
232	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.
233	OTHER tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen	<input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
234	Other method of cancer sample procurement	<input type="checkbox"/> Abdomino-perineal resection <input type="checkbox"/> Anterior resection of rectum <input type="checkbox"/> Endo-rectal tumor resection <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Pan-proto colectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Sigmoid colectomy <input type="checkbox"/> Total colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> Other (specify)		6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 234a, otherwise, skip to Question 235.
234a	Specify method of OTHER tissue sample procurement	_____		6587399	Specify the procedure performed to obtain the OTHER tissue.
235	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.
236	Tissue type	<input type="checkbox"/> Non-malignant <input type="checkbox"/> Other (specify)		64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 236a, otherwise, skip to Question 237.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
236a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
237	Anatomic site of OTHER tissue	<input type="checkbox"/> Ascending colon <input type="checkbox"/> Ascending colon hepatic flexure <input type="checkbox"/> Cecum <input type="checkbox"/> Descending colon <input type="checkbox"/> Ileocecal valve <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Rectum <input type="checkbox"/> Sigmoid colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Peritoneum <input type="checkbox"/> 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 237a, otherwise, skip to Question 238.
237a	Specify anatomic site of OTHER tissue	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Bone <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Esophagus <input type="checkbox"/> Eye <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Male genital organs <input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <input type="checkbox"/> Pharynx <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Prostate gland <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Skin <input type="checkbox"/> Small intestine <input type="checkbox"/> Spinal cord <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Thymus <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue <input type="checkbox"/> Tonsil <input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva	6584916	Specify the site of OTHER tissue, if not in the previous list.
238	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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Question	Question Text	Data Entry Options	CDE ID	Question Text
239	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				
240	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.
241	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.
242	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.
243	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
244	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)				
245	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.
246	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.
247	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.
248	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
249	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.