

**Enrollment: Endometrium**

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. This form should be used for Endometrial Cancers and Uterine Sarcomas.

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.
<b>Patient Information</b>				
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	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. <b>American Indian or Alaska Native:</b> 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. <b>Asian:</b> 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. <b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. <b>Native Hawaiian or other Pacific Islander:</b> A person having origins on any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. <b>White:</b> 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. <b>Hispanic or Latino:</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. <b>Not Hispanic or Latino:</b> 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. <b>Note: If the patient's age is greater than 32,872 days (90 years), please enter 32,872.</b>
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. <b>Note: If metastatic at diagnosis, proceed to Question 16, otherwise, skip to Question 17.</b>
16	Metastatic site(s) at diagnosis	<input type="checkbox"/> Extra-abdominal lymph node(s) <input type="checkbox"/> Pelvic lymph node(s) <input type="checkbox"/> Para-aortic lymph node(s) <input type="checkbox"/> Peritoneum <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Brain <input type="checkbox"/> Bone <input type="checkbox"/> Soft tissue <input type="checkbox"/> Right ovary <input type="checkbox"/> Left ovary <input type="checkbox"/> Right fallopian tube <input type="checkbox"/> Left fallopian tube <input type="checkbox"/> Right tubo-ovarian <input type="checkbox"/> Left tubo-ovarian <input type="checkbox"/> Omentum <input type="checkbox"/> Other (specify)	3029815	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. <b>Note: If the anatomic site of tumor tissue is not listed, proceed to Question 16a, otherwise, skip to Question 17.</b>
16a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
17	Clinical history (select all that apply)	<input type="checkbox"/> Lynch syndrome <input type="checkbox"/> Breast cancer <input type="checkbox"/> Other cancer (specify) <input type="checkbox"/> Polycystic ovarian syndrome (PCOS) <input type="checkbox"/> Endometriosis <input type="checkbox"/> Metabolic syndrome <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (specify)	6690684	Select all relevant prior diseases/disorders in the patient's clinical history. <b>Note: If 'Other cancer' is selected, proceed to Question 17a, otherwise, skip to Question 18. If the clinical history is not listed, proceed to Question 17b, otherwise, skip to Question 18.</b>
17a	Other cancer clinical history	_____	7028280	Specify the other cancer type in the patient's clinical history.
17b	Other clinical history	_____	6690685	If not included in the previous list, specify other relevant prior diseases/disorders in the patient's clinical history.

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18	Has the participant ever received hormone replacement therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5206889	Indicate whether the patient has ever used hormone replacement therapy. <b>Note: If the patient has received hormone replacement therapy, proceed to Question 19, otherwise, skip to Question 20.</b>
19	What type of hormone therapy was administered?	<input type="checkbox"/> Estrogen only <input type="checkbox"/> Progesterone only <input type="checkbox"/> Progesterone and Estrogen <input type="checkbox"/> Unknown	3690502	Indicate the type of hormones the patient mainly used during that time.
20	Has the participant ever used oral contraceptives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7028283	Indicate whether the patient has ever used oral contraceptives. <b>Note: If the patient has used oral contraceptives, proceed to Question 21, otherwise, skip to Question 22.</b>
21	What type of oral contraceptives were used?	<input type="checkbox"/> Progestin only <input type="checkbox"/> Progestin and estrogen <input type="checkbox"/> Unknown	7028284	Indicate the type of oral contraceptive agent used.
<b>Biospecimen Information</b>				
22	Tissue sample type(s) collected for HCMI for this case	<input type="checkbox"/> Normal tissue <input type="checkbox"/> Primary tumor <input type="checkbox"/> Metastatic <input type="checkbox"/> Recurrent <input type="checkbox"/> Other tissue	2006911	Please select all the tissue sample types submitted for HCMI with this case.
23	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. <b>Note: This number is expected to be 1.</b>
24	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. <b>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.</b>
25	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. <b>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.</b>
26	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. <b>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.</b>

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27	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. <b>Note: This number should be the sum of the normal, primary tumor, metastatic/recurrent tumor, and other biospecimen counts above.</b>
<b>Normal Control Information</b>				
28	Normal tissue biospecimen ordinal	_____	6584264	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>
29	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.
30	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.
31	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.
32	Anatomic site of normal tissue	<input type="checkbox"/> Right ovary <input type="checkbox"/> Left ovary <input type="checkbox"/> Right fallopian tube <input type="checkbox"/> Left fallopian tube <input type="checkbox"/> Right tubo-ovarian <input type="checkbox"/> Left tubo-ovarian <input type="checkbox"/> Lower uterine segment <input type="checkbox"/> Skin <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. <b>Note: If the anatomic site of normal tissue is not listed, proceed to Question 32a, otherwise, skip to Question 33.</b>
32a	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.
33	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. <b>Note: If normal tissue was not submitted, select 'Not applicable'.</b>
34	Normal 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 normal tissue sample collected for molecular characterization.
<b>Primary Tumor Biospecimen Information</b>				
35	ICD-10 code for primary tumor	<input type="checkbox"/> C54.0 <input type="checkbox"/> C54.1 <input type="checkbox"/> C54.2 <input type="checkbox"/> C54.3 <input type="checkbox"/> C54.8 <input type="checkbox"/> C54.9 <input type="checkbox"/> Other (specify)	3226287	Provide the ICD-10 code for the primary tumor as used to generate the ID3 for this subject. <b>Note: If the ICD-10 code is not listed, proceed to 35a, otherwise, skip to Question 36.</b>

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35a	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.
36	Tumor morphology	<input type="checkbox"/> 8263/3 <input type="checkbox"/> 8933/3 <input type="checkbox"/> 8441/3 <input type="checkbox"/> 8380/3 <input type="checkbox"/> 8890/3 <input type="checkbox"/> 8980/3 <input type="checkbox"/> 8382/3 <input type="checkbox"/> 8891/3 <input type="checkbox"/> 8480/3 <input type="checkbox"/> 8383/3 <input type="checkbox"/> 8896/3 <input type="checkbox"/> 8013/3 <input type="checkbox"/> 8570/3 <input type="checkbox"/> 8900/3 <input type="checkbox"/> 8041/3 <input type="checkbox"/> 8930/3 <input type="checkbox"/> 8714/3 <input type="checkbox"/> 8020/3 <input type="checkbox"/> 8931/3 <input type="checkbox"/> 8805/3 <input type="checkbox"/> Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. <b>Note: If the ICD-O-3 histology code of the primary tumor is not listed, proceed to Question 36a, otherwise, skip to Question 37.</b>
36a	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.
37	Tissue or organ of origin	<input type="checkbox"/> Endometrium <input type="checkbox"/> Uterus <input type="checkbox"/> Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. <b>Note: If the primary site of the disease is not listed, proceed to Question 37a, otherwise skip to Question 38.</b>
37a	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.
38	Histological type	<input type="checkbox"/> Endometrial cancer <input type="checkbox"/> Uterine cancer <input type="checkbox"/> Other (specify)	3081932	Select the surgical pathology text description of the histological tumor type. <b>Note: If the histological tumor type is not listed, proceed to Question 38a, otherwise, skip to Question 39.</b>
38a	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.
39	Histological subtype: endometrial carcinomas	<input type="checkbox"/> Endometrioid carcinoma, NOS <input type="checkbox"/> Endometrioid carcinoma with squamous differentiation <input type="checkbox"/> Endometrioid carcinoma, villoglandular variant <input type="checkbox"/> Endometrioid carcinoma with secretory differentiation <input type="checkbox"/> Endometrioid carcinoma, other variant (specify) <input type="checkbox"/> Serous endometrial intraepithelial carcinoma <input type="checkbox"/> Serous carcinoma <input type="checkbox"/> Carcinosarcoma (malignant mixed Müllerian tumor) <input type="checkbox"/> Mucinous carcinoma <input type="checkbox"/> Clear cell carcinoma <input type="checkbox"/> Small cell neuroendocrine carcinoma <input type="checkbox"/> Large cell neuroendocrine carcinoma <input type="checkbox"/> Mixed cell carcinoma (specify types and percentages) <input type="checkbox"/> Undifferentiated carcinoma	3081934	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor. <b>Note: If "Endometrioid carcinoma, other variant" is selected, proceed to Question 39a. If "Mixed cell carcinoma" is selected, proceed to Question 39b-c. If the histological subtype is not listed, proceed to Question 39d, otherwise, skip to Question 40.</b>

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		<input type="checkbox"/> De-differentiated carcinoma <input type="checkbox"/> Other (specify) _____		
39a	Specify the other endometrioid carcinoma variant	_____	7029865	If not provided in the previous list, specify the endometrioid adenocarcinoma variant histologic subtypes present.
39b	Specify mixed cell carcinoma types	_____	7029863	Specify the endometrial mixed cell adenocarcinoma histologic subtypes present.
39c	Specify mixed cell carcinoma percentages	_____	7029864	Specify the percentages present of the endometrial mixed cell adenocarcinoma histologic subtypes.
39d	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
40	Histological subtype: uterine sarcomas	<input type="checkbox"/> Leiomyosarcoma <input type="checkbox"/> Leiomyosarcoma, epithelioid type <input type="checkbox"/> Leiomyosarcoma, myxoid type <input type="checkbox"/> Endometrial stromal sarcoma <input type="checkbox"/> Endometrial stromal sarcoma with smooth muscle differentiation <input type="checkbox"/> Endometrial stromal sarcoma with sex cord elements <input type="checkbox"/> Endometrial stromal sarcoma with glandular elements <input type="checkbox"/> Undifferentiated uterine/endometrial sarcoma <input type="checkbox"/> Adenosarcoma <input type="checkbox"/> Adenosarcoma with rhabdomyoblastic differentiation <input type="checkbox"/> Adenosarcoma with cartilaginous differentiation <input type="checkbox"/> Adenosarcoma with osseous differentiation <input type="checkbox"/> Adenosarcoma with other heterologous element (specify) <input type="checkbox"/> Adenosarcoma with sarcomatous overgrowth <input type="checkbox"/> Endometrial rhabdomyosarcoma <input type="checkbox"/> Malignant perivascular epithelioid cell tumor <input type="checkbox"/> Other (specify) _____	3081934	Provide the traditional surgical pathology text description of the histological tumor subtype. <b>Note: If "Adenosarcoma with other heterologous element" is selected, proceed to Question 40a. If the histological subtype is not listed, proceed to Question 40b, otherwise, skip to Question 41.</b>
40a	Specify the other heterologous element	_____	7029866	Specify the other heterologous elements present in the endometrioid adenocarcinoma histologic subtype.
40b	Other histological subtype: uterine sarcomas	_____	3124492	If not provided in the previous list, specify the traditional surgical pathology text description of the histological tumor subtype.
41	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.
42	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
43	AJCC cancer staging edition	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 6 <sup>th</sup>	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
44	AJCC pathologic spread: Primary tumor (pT)	<input type="checkbox"/> TX <input type="checkbox"/> T1b <input type="checkbox"/> T2a <input type="checkbox"/> T3a <input type="checkbox"/> T0 <input type="checkbox"/> T1c <input type="checkbox"/> T2b <input type="checkbox"/> T3b <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> T1a	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).
45	AJCC pathologic spread: Lymph nodes (pN)	<input type="checkbox"/> NX <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N0 <input type="checkbox"/> N1mi <input type="checkbox"/> N2mi <input type="checkbox"/> N0(i+) <input type="checkbox"/> N1a <input type="checkbox"/> N2a	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).
46	AJCC pathologic spread: Distant metastases (pM)	<input type="checkbox"/> MX <input type="checkbox"/> M1	3045439	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).
47	Tumor stage (pathological)	<input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIIC1 <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IIIC2 <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IIIA <input type="checkbox"/> 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).
48	FIGO Stage	<input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIIC1 <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IIIC2 <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IIIA	5326898	Using the patient's pathology /laboratory report, in conjunction with the patient's medical record, select the stage as defined by the Federation of Gynecology and Obstetrics (FIGO), 2014 edition.
49	FIGO grade (applies to endometrioid and mucinous carcinomas only)	<input type="checkbox"/> Grade 1 <input type="checkbox"/> Other (specify) <input type="checkbox"/> Grade 2 <input type="checkbox"/> Cannot be assessed <input type="checkbox"/> Grade 3 <input type="checkbox"/> Not applicable	7028262	Select the grade representing the extent of endometrial cancer in the body, based on staging criteria from the Federation of Gynecology and Obstetrics (FIGO). <b>Note: If the FIGO grade is not listed, proceed to Question 49a, otherwise, skip to Question 50.</b>
49a	Specify other FIGO grade	_____	7028262	If not included in the previous list, provide the grade representing the extent of endometrial cancer in the body, based on staging criteria from the Federation of Gynecology and Obstetrics (FIGO).
50	Histologic grade (applies to sarcomas only)	<input type="checkbox"/> Low grade <input type="checkbox"/> Cannot be assessed <input type="checkbox"/> High grade <input type="checkbox"/> Not applicable <input type="checkbox"/> With sarcomatous overgrowth	7028298	Select the grade representing the extent of endometrioid stroma sarcoma in the body.
<b>Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment</b>				
51	Specimen integrity	<input type="checkbox"/> Intact <input type="checkbox"/> Opened <input type="checkbox"/> Mucellated <input type="checkbox"/> Other (specify)	2783662	Indicate the physical status of the specimen. <b>Note: If the specimen integrity is not listed, proceed to Question 51a, otherwise, skip to Question 52.</b>
51a	Specify specimen integrity	_____	7028264	If not included in the previous list, specify the physical condition of the specimen.

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52	Is there myometrial invasion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3440922	Indicate whether tumor cells have invaded the myometrium. <b>Note: If myometrial invasion is present, proceed to Question 53, otherwise, skip to Question 56.</b>
53	Myometrial invasion depth (mm)	_____ mm	7028265	Indicate the depth (in mm) of invasion of the myometrium by cancer.
54	Myometrial thickness (mm)	_____ mm	3440923	Provide the greatest depth of the myometrial invasion as a percentage of the thickness of the involved wall.
55	Percentage of myometrial invasion	_____ %	3440923	Provide the greatest depth of the myometrial invasion as a percentage of the thickness of the involved wall.
56	Tumor size, largest dimension	_____ cm	64215	Provide the largest dimension of the primary tumor in cm, regardless of anatomical plane.
57	Adenomyosis	<input type="checkbox"/> Not identified <input type="checkbox"/> Present, uninvolved by carcinoma <input type="checkbox"/> Present, involved by carcinoma <input type="checkbox"/> Cannot be determined	7028267	Indicate whether or not the growth of endometrial tissue inside the muscular wall of the uterine corpus is involved with endometrial cancer.
58	Uterine serosa involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined	7024271	Indicate whether or not the uterine serosa (perimetrium) is involved in the disease.
59	Lower uterine segment involvement	<input type="checkbox"/> Not identified <input type="checkbox"/> Present, superficial (non-myoinvasive) <input type="checkbox"/> Present, myoinvasive <input type="checkbox"/> Cannot be determined	7028268	Indicate whether the isthmus uteri has been involved with endometrial cancer.
60	Cervical stromal involvement	<input type="checkbox"/> Present <input type="checkbox"/> Not identified <input type="checkbox"/> Cannot be determined	7028269	Indicate whether or not the cervix uteri stromal cells are involved with endometrial cancer.
61	Other tissue/organ involvement	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not identified <input type="checkbox"/> Right ovary <input type="checkbox"/> Left ovary <input type="checkbox"/> Ovary (side not specified) <input type="checkbox"/> Right fallopian tube <input type="checkbox"/> Left fallopian tube <input type="checkbox"/> Fallopian tube (side not specified) <input type="checkbox"/> Vagina <input type="checkbox"/> Right parametrium <input type="checkbox"/> Left parametrium <input type="checkbox"/> Parametrium (side not specified) <input type="checkbox"/> Pelvic wall <input type="checkbox"/> Bladder wall <input type="checkbox"/> Bladder mucosa <input type="checkbox"/> Rectal wall <input type="checkbox"/> Bowel mucosa <input type="checkbox"/> Omentum <input type="checkbox"/> Pelvic lymph node(s) <input type="checkbox"/> Peri-aortic lymph node(s) <input type="checkbox"/> Other organ/tissue (specify) <input type="checkbox"/> Cannot be determined	2793699	Select all sites of other tissue/organ involvement. This does not include the primary tumor site. <b>Note: If the other tissue/organ involved is not listed, proceed to Question 61a, otherwise, skip to Question 62.</b>
61a	Specify other tissue/organ involvement	_____	7029867	If not included in the previous list, specify the other site of other tissue/organ involvement. This does not include the primary tumor site.



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62	Peritoneal/Ascitic fluid	<input type="checkbox"/> Not submitted/unknown <input type="checkbox"/> Negative for malignancy (normal/benign) <input type="checkbox"/> Atypical and/or suspicious <input type="checkbox"/> Malignant (positive for malignancy) <input type="checkbox"/> Unsatisfactory/nondiagnostic	6690681	Indicate the outcome of cytological analysis for peritoneal/ascitic fluid.
63	Lymphovascular invasion	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Cannot be determined	64727	Indicate whether large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in the tumor specimen.
64	Lymph nodes	<input type="checkbox"/> No lymph nodes submitted or found <input type="checkbox"/> All lymph nodes negative for tumor cells <input type="checkbox"/> Positive lymph nodes	7028287	Indicate whether the lymph nodes are involved with endometrial cancer as determined by pathologic assessment. <b>Note: If lymph nodes are positive, proceed to Question 65, otherwise, skip to Question 75.</b>
65	Number of pelvic nodes with micrometastases	_____	7028289	Indicate the number of pelvic lymph nodes that have micrometastases present.
66	Number of pelvic nodes with macrometastases	_____	7028288	Indicate the number of pelvic lymph nodes that have macrometastases present.
67	Number of pelvic nodes with isolated tumor cells	_____	7028290	Indicate the number of pelvic lymph nodes that have isolated tumor cells present.
68	Total number of pelvic nodes examined	_____	7028294	Indicate the total number of pelvic lymph nodes assessed for the presence of metastases and/or tumor cells.
69	Number of pelvic sentinel nodes examined	_____	7028295	Indicate the total number of pelvic sentinel lymph nodes assessed for the presence of metastases and/or tumor cells.
70	Number of para-aortic nodes with micrometastases	_____	7028292	Indicate the number of para-aortic lymph nodes that have micrometastases present.
71	Number of para-aortic nodes with macrometastases	_____	7028291	Indicate the number of para-aortic lymph nodes that have macrometastases present.
72	Number of para-aortic nodes with isolated tumor cells	_____	7028293	Indicate the total number of para-aortic lymph nodes that have isolated tumor cells present.
73	Total number of para-aortic nodes examined	_____	7028296	Indicate the total number of para-aortic lymph nodes assessed for the presence of metastases and/or tumor cells.
74	Number of para-aortic sentinel nodes examined	_____	7028297	Indicate the total number of para-aortic sentinel lymph nodes assessed for the presence of metastases and/or tumor cells.
75	Additional pathologic findings	<input type="checkbox"/> None identified <input type="checkbox"/> Atypical hyperplasia/endometrial intraepithelial neoplasia (EIN) <input type="checkbox"/> Other (specify)	7028278	Indicate additional pathologic findings present in the patient. <b>Note: If the additional pathologic finding is not listed, proceed to Question 75a, otherwise, skip to Question 76.</b>
75a	Specify additional pathologic findings	_____	7028279	If not included in the previous list, specify any additional pathologic findings.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
76	Residual tumor	<input type="checkbox"/> R0 <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> RX <input type="checkbox"/> Not evaluated	2608702	Indicate the status of a tissue margin following surgical resection.
77	Was ER IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062416	Indicate whether estrogen receptor (ER) expression was assessed by immunohistochemistry (IHC). <b>Note: If ER IHC was performed, proceed to Question 78, otherwise, skip to Question 79.</b>
78	ER expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6690720	Indicate the status of estrogen receptor (ER) protein expression as determined by immunohistochemistry (IHC).
79	Was PR IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062504	Indicate whether progesterone receptor (PR) expression was assessed by immunohistochemistry (IHC). <b>Note: If PR IHC was performed, proceed to Question 80, otherwise, skip to Question 81.</b>
80	PR expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063673	Indicate the status of progesterone receptor (PR) protein expression as determined by immunohistochemistry (IHC).
81	Was HER2 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). <b>Note: If HER2 IHC was performed, proceed to Question 82, otherwise, skip to Question 83.</b>
82	HER2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
83	Was HER2 FISH/CISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063447	Indicate whether HER2 was assessed by fluorescence in situ hybridization (FISH) or chromogenic in situ hybridization (CISH). <b>Note: If HER2 FISH/CISH was performed, proceed to Question 84, otherwise, skip to Question 85.</b>
84	HER2 status by FISH/CISH	<input type="checkbox"/> Amplified <input type="checkbox"/> Not amplified <input type="checkbox"/> Equivocal	2854089	Select the HER2 status as assessed by FISH/CISH.
85	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). <b>Note: If MLH1 IHC was performed, proceed to Question 86, otherwise, skip to Question 87.</b>
86	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).
87	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.
88	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). <b>Note: If MSH2 IHC was performed, proceed to Question 89, otherwise, skip to Question 90.</b>

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
89	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).
90	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). <b>Note: If PMS2 IHC was performed, proceed to Question 91, otherwise, skip to Question 92.</b>
91	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).
92	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). <b>Note: If MSH6 IHC was performed, proceed to Question 93, otherwise, skip to Question 94.</b>
93	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).
94	Microsatellite instability	<input type="checkbox"/> Stable <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Equivocal	6032776	Indicate the status of the tumor for microsatellite instability. (High at $\geq 30\%$ loci tested, low at 1%-29% loci tested.)
95	Was p53 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690705	Indicate whether p53 expression was assessed by immunohistochemistry (IHC). <b>Note: If p53 IHC was performed, proceed to Question 96, otherwise, skip to Question 97.</b>
96	p53 expression by IHC	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal strong diffuse overexpression (>90%) <input type="checkbox"/> Abnormal null expression (complete loss of expression) <input type="checkbox"/> Cannot be determined	6690719	Indicate the status of p53 protein expression as determined by immunohistochemistry (IHC).
97	Was p16 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690713	Indicate whether p16 expression was assessed by immunohistochemistry (IHC). <b>Note: If p16 IHC was performed, proceed to Question 98, otherwise, skip to Question 99.</b>
98	p16 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6690724	Indicate the status of p16 protein expression as determined by immunohistochemistry (IHC).
99	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 gene status.
100	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).
101	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).
102	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. <b>Note: If PTEN mutation analysis was performed, proceed to Question 103, otherwise, skip to Question 105.</b>

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
103	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. <b>Note: If a PTEN mutation was identified, proceed to Question 104, otherwise, skip to Question 105.</b>
104	If PTEN mutation identified, which one?	<input type="checkbox"/> R130G <input type="checkbox"/> R130Q <input type="checkbox"/> R130L <input type="checkbox"/> R130P <input type="checkbox"/> Other (specify)	6063736	Indicate the mutation identified for the PTEN gene. <b>Note: If the PTEN mutation is not listed, proceed to Question 104a, otherwise, skip to Question 105.</b>
104a	Other PTEN mutation	_____	6816076	If the specific mutation of the PTEN gene identified was not included in the previous list, please specify the mutation
105	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. <b>Note: If PIK3CA mutation analysis was performed, proceed to Question 106, otherwise, skip to Question 108.</b>
106	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. <b>Note: If a PIK3CA mutation was identified, proceed to Question 107, otherwise, skip to Question 108.</b>
107	If PIK3CA mutation identified, which one?	<input type="checkbox"/> R88Q <input type="checkbox"/> E545K <input type="checkbox"/> H1047R <input type="checkbox"/> E542K <input type="checkbox"/> E545D <input type="checkbox"/> H1047L <input type="checkbox"/> E542A <input type="checkbox"/> E545A <input type="checkbox"/> H1047Y <input type="checkbox"/> E542Q <input type="checkbox"/> E545G <input type="checkbox"/> H1047Q <input type="checkbox"/> E542V <input type="checkbox"/> E545Q <input type="checkbox"/> Other (specify)	7028281	Indicate the mutation identified for the PIK3CA gene. <b>Note: If the PIK3CA mutation is not listed, proceed to Question 107a, otherwise, skip to Question 108.</b>
107a	Other PIK3CA mutation	_____	7028282	If the specific mutation of the PIK3CA gene identified was not included in the previous list, please specify the mutation.
108	Was TP53 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063448	Indicate whether TP53 mutation analysis was performed. <b>Note: If TP53 mutation analysis was performed, proceed to Question 109, otherwise, skip to Question 111.</b>
109	Was a mutation in TP53 identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063523	Indicate whether a mutation in TP53 was identified through mutation analysis. <b>Note: If a TP53 mutation was identified, proceed to Question 110, otherwise, skip to Question 111.</b>
110	If TP53 mutation identified, which one?	<input type="checkbox"/> R273H <input type="checkbox"/> R248W <input type="checkbox"/> R273C <input type="checkbox"/> R175H <input type="checkbox"/> R273S <input type="checkbox"/> R175C <input type="checkbox"/> R273L <input type="checkbox"/> Other (specify) <input type="checkbox"/> R248Q	7028281	Indicate the mutation identified for the TP53 gene. <b>Note: If the TP53 mutation is not listed, proceed to Question 110a, otherwise, skip to Question 111.</b>
110a	Other TP53 mutation	_____	6101683	If the specific mutation of the TP53 gene identified was not included in the previous list, please specify the mutation.
<b>Primary Tumor Sample Information</b>				
111	Are you submitting a primary tumor tissue sample for this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, proceed to question 112. If submitting a metastatic/recurrent tumor biospecimen, proceed to Question 140.</b>

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
112	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: This number should be "1".</b>
113	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.
114	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.
115	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? <b>Note: If no, proceed to Question 116, otherwise, skip to Question 117.</b>
116	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
117	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.
118	Anatomic site from which the tumor was obtained	<input type="checkbox"/> Endometrium <input type="checkbox"/> Lower uterine segment <input type="checkbox"/> Endometrial polyp <input type="checkbox"/> Adenomyosis <input type="checkbox"/> Other (specify)	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. <b>Note: If the tissue or organ not listed, proceed to Question 118a. Otherwise, skip to Question 119.</b>
118a	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.
119	Method of cancer sample procurement	<input type="checkbox"/> Total hysterectomy and bilateral salpingo-oophorectomy <input type="checkbox"/> Radical hysterectomy <input type="checkbox"/> Simple hysterectomy <input type="checkbox"/> Supracervical hysterectomy <input type="checkbox"/> Endometrial biopsy <input type="checkbox"/> Hysteroscopy <input type="checkbox"/> Dilatation and curettage (D&C) <input type="checkbox"/> Other (specify)	3103514	Provide the procedure performed to obtain the primary tumor tissue. <b>Note: If the method of procurement is not listed, proceed to Question 119a, otherwise, skip to Question 120.</b>
119a	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.
120	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.
121	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.
<b>Primary Tumor Model Information</b>				
122	Primary model biospecimen ordinal	_____	6594596	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: This number is expected to be "1".</b>

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
123	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.
124	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.
125	Model represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this model represent the primary diagnosis for this Case ID3?
126	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.
127	Model's primary tumor biospecimen ordinal		6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
<b>Treatment Information</b>				
128	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. <b>Note: Pharmaceutical therapy is addressed in Questions 129-137. Radiation therapy is addressed in Questions 138-139.</b>
129	Neoadjuvant chemotherapy type	<input type="checkbox"/> Cytotoxic chemotherapy <input type="checkbox"/> Hormonal <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. <b>Note: Cytotoxic chemotherapy is addressed in Questions 130-131. Hormone therapy is addressed in Questions 132-133. Immunotherapy is addressed in Questions 134-135. Targeted therapy is addressed in Questions 136-137.</b>
130	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> Doxorubicin <input type="checkbox"/> Liposomal doxorubicin <input type="checkbox"/> Cisplatin <input type="checkbox"/> Paclitaxel <input type="checkbox"/> Carboplatin <input type="checkbox"/> Ifosfamide <input type="checkbox"/> Etoposide <input type="checkbox"/> Gemcitabine <input type="checkbox"/> Docetaxel <input type="checkbox"/> Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. <b>Note: If neoadjuvant chemotherapy was not given, skip to Question 132. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 130a, otherwise, skip to Question 131.</b>
130a	Other neoadjuvant chemotherapeutic regimen		62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
131	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.
132	Hormone therapy	<input type="checkbox"/> Medroxyprogesterone acetate <input type="checkbox"/> Megestrol acetate <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Goserelin <input type="checkbox"/> Leuprolide <input type="checkbox"/> Letrozole <input type="checkbox"/> Anastrozole <input type="checkbox"/> Exemestane <input type="checkbox"/> Progestational IUD <input type="checkbox"/> Other (specify)	7028259	Select the hormone therapy administered to the patient. <b>Note: If hormone therapy was not administered, skip to Question 134. If the hormone therapy is not listed, proceed to Question 132a, otherwise, skip to Question 133.</b>
132a	Other hormone therapy		2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.
133	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
134	Immunotherapy	<input type="checkbox"/> Filgrastim <input type="checkbox"/> Other (specify) _____	7028261	Select the immunotherapy administered to the patient. <b>Note: If immunotherapy was not administered, skip to Question 136. If the immunotherapy is not listed, proceed to Question 134a, otherwise, skip to Question 135.</b>
134a	Specify other immunotherapy	_____	2953828	Provide the name of the immunotherapy administered to the patient.
135	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
136	Targeted Therapy	<input type="checkbox"/> Bevacizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Ridaforolimus <input type="checkbox"/> Other (specify) _____	7028260	Select the targeted therapy administered to the patient. <b>Note: If targeted therapy was not administered, skip to Question 138. If the targeted therapy regimen is not listed, proceed to Question 136a, otherwise, skip to Question 137.</b>
136a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
137	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.
138	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. <b>Note: If radiation therapy was not administered, proceed to Question 140. If the radiation therapy is not listed, proceed to Question 138a, otherwise, skip to Question 139.</b>
138a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
139	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.
<b>Metastatic/Recurrent Tumor Biospecimen Information</b>				
140	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. <b>Note: If yes, proceed to Question 141. If submitting an OTHER tissue sample, proceed to Question 232.</b>
141	Metastatic/recurrent tissue biospecimen ordinal	_____	6584266	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1", the second should be number "2", etc.</b>
142	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.
143	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
144	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.
145	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.
146	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Total hysterectomy and bilateral salpingo-oophorectomy <input type="checkbox"/> Radical hysterectomy <input type="checkbox"/> Simple hysterectomy <input type="checkbox"/> Supracervical hysterectomy <input type="checkbox"/> Bilateral salpingo-oophorectomy <input type="checkbox"/> Right salpingo-oophorectomy <input type="checkbox"/> Left salpingo-oophorectomy <input type="checkbox"/> Salpingo-oophorectomy, side not specified <input type="checkbox"/> Right oophorectomy <input type="checkbox"/> Left oophorectomy <input type="checkbox"/> Bilateral salpingectomy <input type="checkbox"/> Right salpingectomy <input type="checkbox"/> Left salpingectomy <input type="checkbox"/> Salpingectomy, side not specified <input type="checkbox"/> Vaginal cuff resection <input type="checkbox"/> Omentectomy <input type="checkbox"/> Peritoneal biopsies <input type="checkbox"/> Peritoneal washing <input type="checkbox"/> Lymphadenectomy <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Fine needle aspirate <input type="checkbox"/> Other Method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. <b>Note: If the method of procurement is not listed, proceed to Question 146a, otherwise, skip to Question 147.</b>
146a	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.
147	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 I.
148	Metastatic/recurrent site	<input type="checkbox"/> Endometrium <input type="checkbox"/> Lower uterine segment <input type="checkbox"/> Pelvic recurrence <input type="checkbox"/> Extra-abdominal lymph node(s) <input type="checkbox"/> Peritoneum <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Brain <input type="checkbox"/> Bone <input type="checkbox"/> Soft tissue <input type="checkbox"/> Right ovary <input type="checkbox"/> Left ovary <input type="checkbox"/> Right fallopian tube <input type="checkbox"/> Left fallopian tube <input type="checkbox"/> Right tubo-ovarian <input type="checkbox"/> Left tubo-ovarian <input type="checkbox"/> Pelvic lymph node(s) <input type="checkbox"/> Para-aortic lymph node(s) <input type="checkbox"/> Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. <b>Note: If the metastatic/recurrent site is not listed, proceed to Question 148a, otherwise, skip to Question 149.</b>
148a	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.



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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
149	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.
150	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
151	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.
152	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.
153	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.
154	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.
155	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.
156	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.
<b>Prognostic/Predictive/Lifestyle Features for Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment</b>				
157	Other tissue/organ involvement	<input type="checkbox"/> Not applicable <input type="checkbox"/> Not identified <input type="checkbox"/> Right ovary <input type="checkbox"/> Left ovary <input type="checkbox"/> Ovary (side not specified) <input type="checkbox"/> Right fallopian tube <input type="checkbox"/> Left fallopian tube <input type="checkbox"/> Fallopian tube (side not specified) <input type="checkbox"/> Vagina <input type="checkbox"/> Right parametrium <input type="checkbox"/> Left parametrium <input type="checkbox"/> Parametrium (side not specified) <input type="checkbox"/> Pelvic wall <input type="checkbox"/> Bladder wall <input type="checkbox"/> Bladder mucosa <input type="checkbox"/> Rectal wall <input type="checkbox"/> Bowel mucosa <input type="checkbox"/> Omentum <input type="checkbox"/> Pelvic lymph node(s) <input type="checkbox"/> Peri-aortic lymph node(s) <input type="checkbox"/> Other organ/tissue (specify) <input type="checkbox"/> Cannot be determined	2793699	Select all sites of other tissue/organ involvement. This does not include the primary tumor site.

## Enrollment: Endometrium

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
157a	Specify other tissue/organ involvement	_____	7029867	If not included in the previous list, specify the other site of other tissue/organ involvement. This does not include the primary tumor site.
158	Peritoneal/Ascitic fluid	<input type="checkbox"/> Not submitted/unknown <input type="checkbox"/> Negative for malignancy (normal/benign) <input type="checkbox"/> Atypical and/or suspicious <input type="checkbox"/> Malignant (positive for malignancy) <input type="checkbox"/> Unsatisfactory/nondiagnostic	6690681	Indicate the outcome of cytological analysis for peritoneal/ascitic fluid.
159	Lymph nodes	<input type="checkbox"/> No lymph nodes submitted or found <input type="checkbox"/> All lymph nodes negative for tumor cells <input type="checkbox"/> Positive lymph nodes	7028287	Indicate whether the lymph nodes are involved with endometrial cancer as determined by pathologic assessment. <b>Note: If lymph nodes are positive, proceed to Question 160, otherwise, skip to Question 170.</b>
160	Number of pelvic nodes with micrometastases	_____	7028289	Indicate the number of pelvic lymph nodes that have micrometastases present.
161	Number of pelvic nodes with macrometastases	_____	7028288	Indicate the number of pelvic lymph nodes that have macrometastases present.
162	Number of pelvic nodes with isolated tumor cells	_____	7028290	Indicate the number of pelvic lymph nodes that have isolated tumor cells present.
163	Total number of pelvic nodes examined	_____	7028294	Indicate the total number of pelvic lymph nodes assessed for the presence of metastases and/or tumor cells.
164	Number of pelvic sentinel nodes examined	_____	7028295	Indicate the total number of pelvic sentinel lymph nodes assessed for the presence of metastases and/or tumor cells.
165	Number of para-aortic nodes with micrometastases	_____	7028292	Indicate the number of para-aortic lymph nodes that have micrometastases present.
166	Number of para-aortic nodes with macrometastases	_____	7028291	Indicate the number of para-aortic lymph nodes that have macrometastases present.
167	Number of para-aortic nodes with isolated tumor cells	_____	7028293	Indicate the total number of para-aortic lymph nodes that have isolated tumor cells present.
168	Total number of para-aortic nodes examined	_____	7028296	Indicate the total number of para-aortic lymph nodes assessed for the presence of metastases and/or tumor cells.
169	Number of para-aortic sentinel nodes examined	_____	7028297	Indicate the total number of para-aortic sentinel lymph nodes assessed for the presence of metastases and/or tumor cells.
170	Residual tumor	<input type="checkbox"/> R0 <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> RX <input type="checkbox"/> Not evaluated	2608702	Indicate the status of a tissue margin following surgical resection.
171	Was ER IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062416	Indicate whether estrogen receptor (ER) expression was assessed by immunohistochemistry (IHC). <b>Note: If ER IHC was performed, proceed to Question 172, otherwise, skip to Question 173.</b>

## Enrollment: Endometrium

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
172	ER expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6690720	Indicate the status of estrogen receptor (ER) protein expression as determined by immunohistochemistry (IHC).
173	Was PR IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6062504	Indicate whether progesterone receptor (PR) expression was assessed by immunohistochemistry (IHC). <b>Note: If PR IHC was performed, proceed to Question 174, otherwise, skip to Question 175.</b>
174	PR expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063673	Indicate the status of progesterone receptor (PR) protein expression as determined by immunohistochemistry (IHC).
175	Was HER2 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). <b>Note: If HER2 IHC was performed, proceed to Question 176, otherwise, skip to Question 177.</b>
176	HER2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
177	Was HER2 FISH/CISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063447	Indicate whether HER2 was assessed by fluorescence in situ hybridization (FISH) or chromogenic in situ hybridization (CISH). <b>Note: If HER2 FISH/CISH was performed, proceed to Question 178, otherwise, skip to Question 179.</b>
178	HER2 status by FISH/CISH	<input type="checkbox"/> Amplified <input type="checkbox"/> Not amplified <input type="checkbox"/> Equivocal	2854089	Select the HER2 status as assessed by FISH/CISH.
179	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). <b>Note: If MLH1 IHC was performed, proceed to Question 180, otherwise, skip to Question 181.</b>
180	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).
181	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.
182	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). <b>Note: If MSH2 IHC was performed, proceed to Question 183, otherwise, skip to Question 184.</b>
183	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).
184	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). <b>Note: If PMS2 IHC was performed, proceed to Question 185, otherwise, skip to Question 186.</b>

## Enrollment: Endometrium

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
185	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).
186	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). <b>Note: If MSH6 IHC was performed, proceed to Question 187, otherwise, skip to Question 188.</b>
187	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).
188	Microsatellite instability	<input type="checkbox"/> Stable <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Equivocal	6032776	Indicate the status of the tumor for microsatellite instability. (High at $\geq 30\%$ loci tested, low at 1%-29% loci tested.)
189	Was p53 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690705	Indicate whether p53 expression was assessed by immunohistochemistry (IHC). <b>Note: If p53 IHC was performed, proceed to Question 190, otherwise, skip to Question 191.</b>
190	p53 expression by IHC	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal strong diffuse overexpression (>90%) <input type="checkbox"/> Abnormal null expression (complete loss of expression) <input type="checkbox"/> Cannot be determined	6690719	Indicate the status of p53 protein expression as determined by immunohistochemistry (IHC).
191	Was p16 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690713	Indicate whether p16 expression was assessed by immunohistochemistry (IHC). <b>Note: If p16 IHC was performed, proceed to Question 192, otherwise, skip to Question 193.</b>
192	p16 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6690724	Indicate the status of p16 protein expression as determined by immunohistochemistry (IHC).
193	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 gene status.
194	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).
195	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).
196	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. <b>Note: If PTEN mutation analysis was performed, proceed to Question 197, otherwise, skip to Question 199.</b>
197	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. <b>Note: if a PTEN mutation was identified, proceed to Question 198, otherwise, skip to Question 199.</b>
198	If PTEN mutation identified, which one?	<input type="checkbox"/> R130G <input type="checkbox"/> R130P <input type="checkbox"/> R130Q <input type="checkbox"/> Other (specify) <input type="checkbox"/> R130L	6063736	Indicate the mutation identified for the PTEN gene. <b>Note: If the PTEN mutation is not listed, proceed to Question 198a, otherwise, skip to Question 199.</b>

## Enrollment: Endometrium

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
198a	Other PTEN mutation	_____	6816076	If the specific mutation of the PTEN gene identified was not included in the previous list, please specify the mutation.
199	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. <b>Note: If PIK3CA mutation analysis was performed, proceed to Question 200, otherwise, skip to Question 202.</b>
200	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. <b>Note: If a PIK3CA mutation was identified, proceed to Question 201, otherwise, skip to Question 202.</b>
201	If PIK3CA mutation identified, which one?	<input type="checkbox"/> R88Q <input type="checkbox"/> E545K <input type="checkbox"/> H1047R <input type="checkbox"/> E542K <input type="checkbox"/> E545D <input type="checkbox"/> H1047L <input type="checkbox"/> E542A <input type="checkbox"/> E545A <input type="checkbox"/> H1047Y <input type="checkbox"/> E542Q <input type="checkbox"/> E545G <input type="checkbox"/> H1047Q <input type="checkbox"/> E542V <input type="checkbox"/> E545Q <input type="checkbox"/> Other (specify)	7028281	Indicate the mutation identified for the PIK3CA gene. <b>Note: If the PIK3CA mutation is not listed, proceed to Question 201a, otherwise, skip to Question 202.</b>
201a	Other PIK3CA mutation	_____	7028282	If the specific mutation of the PIK3CA gene identified was not included in the previous list, please specify the mutation.
202	Was TP53 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063448	Indicate whether TP53 mutation analysis was performed. <b>Note: If TP53 mutation analysis was performed, proceed to Question 203, otherwise, skip to Question 205.</b>
203	Was a mutation in TP53 identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063523	Indicate whether a mutation in TP53 was identified through mutation analysis. <b>Note: If a TP53 mutation was identified, proceed to Question 204, otherwise, skip to Question 205.</b>
204	If TP53 mutation identified, which one?	<input type="checkbox"/> R273H <input type="checkbox"/> R248W <input type="checkbox"/> R273C <input type="checkbox"/> R175H <input type="checkbox"/> R273S <input type="checkbox"/> R175C <input type="checkbox"/> R273L <input type="checkbox"/> Other (specify) <input type="checkbox"/> R248Q	7028281	Indicate the mutation identified for the TP53 gene. <b>Note: If the TP53 mutation is not listed, proceed to Question 204a, otherwise, skip to Question 205.</b>
204a	Other TP53 mutation	_____	6101683	If the specific mutation of the TP53 gene identified was not included in the previous list, please specify the mutation.
<b>Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)</b>				
205	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. <b>Note: If yes, proceed to Question 206, otherwise, skip to Question 222.</b>

## Enrollment: Endometrium

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
206	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.
207	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.
208	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
209	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.
210	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.
211	Method of metastatic/ recurrent cancer sample procurement	<input type="checkbox"/> Total hysterectomy and bilateral salpingo-oophorectomy <input type="checkbox"/> Radical hysterectomy <input type="checkbox"/> Simple hysterectomy <input type="checkbox"/> Supracervical hysterectomy <input type="checkbox"/> Bilateral salpingo-oophorectomy <input type="checkbox"/> Right salpingo-oophorectomy <input type="checkbox"/> Left salpingo-oophorectomy <input type="checkbox"/> Salpingo-oophorectomy, side not specified <input type="checkbox"/> Right oophorectomy <input type="checkbox"/> Left oophorectomy <input type="checkbox"/> Bilateral salpingectomy <input type="checkbox"/> Right salpingectomy <input type="checkbox"/> Left salpingectomy <input type="checkbox"/> Salpingectomy, side not specified <input type="checkbox"/> Vaginal cuff resection <input type="checkbox"/> Omentectomy <input type="checkbox"/> Peritoneal biopsies <input type="checkbox"/> Peritoneal washing <input type="checkbox"/> Lymphadenectomy <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Fine needle aspirate <input type="checkbox"/> Other Method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. <b>Note: If the method of procurement is not listed, proceed to Question 211a, otherwise, skip to Question 212.</b>
211a	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.
212	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.
213	Metastatic/ recurrent site	<input type="checkbox"/> Endometrium <input type="checkbox"/> Lower uterine segment <input type="checkbox"/> Pelvic recurrence <input type="checkbox"/> Soft tissue <input type="checkbox"/> Right ovary <input type="checkbox"/> Left ovary <input type="checkbox"/> Right fallopian tube	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. <b>Note: If the metastatic/recurrent site is not listed, proceed to Question 213a, otherwise, skip to Question 214.</b>

## Enrollment: Endometrium

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



		<input type="checkbox"/> Extra-abdominal lymph node(s) <input type="checkbox"/> Peritoneum <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Brain <input type="checkbox"/> Bone	<input type="checkbox"/> Left fallopian tube <input type="checkbox"/> Right tubo-ovarian <input type="checkbox"/> Left tubo-ovarian <input type="checkbox"/> Pelvic lymph node(s) <input type="checkbox"/> Para-aortic lymph node(s) <input type="checkbox"/> Other (specify)		
213a	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.
214	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.
215	ICD-10 code	_____		3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
216	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.
217	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.
218	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.
219	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.
220	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.
221	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.
<b>Additional Metastatic/Recurrent Tumor Prognostic/Predictive/Lifestyle Features for Additional Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment (Note: Questions 157-204 may be repeated to capture clinical molecular characterization information for additional metastatic/recurrent biospecimens.)</b>					
<b>Metastatic/Recurrent Tumor Model Information</b>					
222	METASTATIC/RECURRENT model biospecimen ordinal	_____		6594587	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>

## Enrollment: Endometrium

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
223	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.
224	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.
225	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.
226	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
<b>Additional Metastatic/Recurrent Biospecimen Tumor Model Information (if applicable)</b>				
227	METASTATIC/ RECURRENT model biospecimen ordinal	_____	6594587	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>
228	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.
229	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
230	Model's METASTATIC/ RECURRENT tumor tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the METASTATIC/RECURRENT tissue from which this model is derived.
231	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
<b>Other Biospecimen Information</b>				
232	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. <b>Note: If yes, proceed to Question 233.</b>
233	OTHER tissue biospecimen ordinal	_____	6584267	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>
234	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.
235	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.
236	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.



## Enrollment: Endometrium

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
237	Other method of cancer sample procurement	<input type="checkbox"/> Endometrial biopsy <input type="checkbox"/> Hysteroscopy <input type="checkbox"/> Dilation and curettage (D&C) <input type="checkbox"/> Fine needle aspirate <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Other Method (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. <b>Note: If the method of procurement is not listed, proceed to Question 237a, otherwise, skip to Question 238.</b>
237a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
238	Tissue type	<input type="checkbox"/> Pre-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. <b>Note: If the OTHER tissue type is not listed, proceed to Question 238a, otherwise, skip to Question 239.</b>
238a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
239	Anatomic site of OTHER tissue	<input type="checkbox"/> Endometrium <input type="checkbox"/> Lower uterine segment <input type="checkbox"/> Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. <b>Note: If the OTHER tissue site is not listed, proceed to Question 239a, otherwise, skip to Question 240.</b>
239a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
240	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
241	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.
<b>Additional OTHER biospecimen Information (if applicable)</b>				
242	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. <b>Note: If yes, proceed to Question 243, otherwise, skip to Question 253.</b>
243	OTHER tissue biospecimen ordinal	_____	6584267	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>
244	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.
245	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
246	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.
247	Other method of cancer sample procurement	<input type="checkbox"/> Endometrial biopsy <input type="checkbox"/> Hysteroscopy <input type="checkbox"/> Dilation and curettage (D&C) <input type="checkbox"/> Fine needle aspirate	6587398	Provide the procedure performed to obtain the OTHER tissue. <b>Note: If the method of procurement is not listed, proceed to Question 247a, otherwise, skip to Question 248.</b>

## Enrollment: Endometrium

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



		<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Other Method (specify) _____		
247a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
248	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.
249	Tissue type	<input type="checkbox"/> Pre-malignant <input type="checkbox"/> Other (specify) _____	64784	Indicate the OTHER tissue type. <b>Note: If the OTHER tissue type is not listed, proceed to Question 249a, otherwise, skip to Question 250.</b>
249a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
250	Anatomic site of OTHER tissue	<input type="checkbox"/> Endometrium <input type="checkbox"/> Lower uterine segment <input type="checkbox"/> Other (specify) _____	6696813	Select the site from which the OTHER tissue used to develop the model was derived. <b>Note: If the OTHER tissue site is not listed, proceed to Question 250a, otherwise, skip to Question 251.</b>
250a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
251	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
252	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.
<b>Other Tissue Model Information</b>				
253	OTHER tissue model biospecimen ordinal	_____	6594590	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>
254	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.
255	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.
256	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
257	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.
<b>Additional Other Tissue Model Information (if applicable)</b>				
258	OTHER tissue model biospecimen ordinal	_____	6594590	Please provide a number to identify which biospecimen this is in the sequence. <b>Note: The first biospecimen should be number "1," the second should be number "2," etc.</b>

**Enrollment: Endometrium**

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	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.
260	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.
261	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
262	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.