

Enrollment: Head and Neck

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



Form Notes: An Enrollment Form should be completed for each HCMI case upon qualification notice from Leidos. All information provided on this form should include activity from the Date of Initial Pathologic Diagnosis to the most recent Date of Last Contact with the patient.

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
1	ID2	_____	2003301	Provide the patient's ID2 (this ID will only be used by IMS for internal quality control).
2	ID3	_____	5845012	Provide the HCMI-specific anonymized ID (ID3).
3	Index date	<input type="checkbox"/> Initial pathologic diagnosis <input type="checkbox"/> Sample procurement <input type="checkbox"/> First patient visit	6154722	Select the reference date used to calculate time intervals (e.g. days to treatment). Date of initial pathologic diagnosis is the HCMI standard and should be used unless it is unavailable. If an alternative index date is used, indicate it here and use it for all interval calculations.
Patient Information				
4	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	2200604	Provide the patient's gender using the defined categories. Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.
5	Height	_____	649	Provide the patient's height, in centimeters.
6	Weight	_____	651	Provide the patient's weight, in kilograms.
7	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
8	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Not reported	2192199	Provide the patient's race using the defined categories. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the peoples of the Far East, Southeast Asia, or in the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or other Pacific Islander: A person having origins on any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
9	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Not reported	2192217	Provide the patient's ethnicity using the defined categories. Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. Not Hispanic or Latino: A person not meeting the definition of Hispanic or Latino.

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10	Number of days from index date to date of last contact	_____	3008273	Provide the number of days from the index date to the date of last contact.
11	Patient age on index date	_____	6379572	Provide the age (in days) of the patient on the index date. Note: If the patient's age is greater than 32,872 days (90 years), please enter 32,872.
12	Year of birth	_____	2896954	Provide the year of the patient's birth. If the patient was born prior to 1928, insert the date 1928.
13	Family history of cancer	<input type="checkbox"/> Same <input type="checkbox"/> Different <input type="checkbox"/> None <input type="checkbox"/> Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?
14	Smoking history	<input type="checkbox"/> Lifelong non-smoker (<100 cigarettes smoked in a lifetime) <input type="checkbox"/> Current smoker (includes daily and non-daily smokers) <input type="checkbox"/> Current reformed smoker (duration not specified) <input type="checkbox"/> Current reformed smoker for >15 years <input type="checkbox"/> Current reformed smoker for ≤15 years	2181650	Indicate the patient's history of tobacco smoking as well as their current smoking status using the defined categories. Note: If the patient has a smoking history, proceed to Question 15, otherwise, skip to Question 17.
15	Number pack years smoked	_____	2955385	Indicate the number of pack years smoked. (Numeric computed value to represent lifetime tobacco exposure defined as number of cigarettes smoked per day x number of years smoked divided by 20.)
16	Tobacco smoking quit year	_____	2228610	Indicate the year in which the participant quit smoking.
17	Alcohol exposure intensity	<input type="checkbox"/> Not evaluated <input type="checkbox"/> Lifetime non-drinker <input type="checkbox"/> Non-drinker <input type="checkbox"/> Daily drinker <input type="checkbox"/> Weekly drinker	3457767	Select the patient's current level of alcohol use as self-reported by the patient. Note: If the patient drinks alcohol, proceed to Question 18, otherwise, skip to Question 21.
18	Alcohol type	<input type="checkbox"/> Beer <input type="checkbox"/> Liquor <input type="checkbox"/> Wine <input type="checkbox"/> Other (specify)	2201970	Select all types of alcohol consumed as self-reported by the patient.
18a	Specify other alcohol type	_____	6788013	If not included in the previous list, provide all types of alcohol consumed as self-reported by the patient.
19	Amount of alcohol consumption per day	_____ drinks per day	3124961	Provide the average number of alcoholic beverages that the patient reports consuming per day.
20	Amount of alcohol consumption per week	_____ drinks per week	3114013	Provide the average number of days each week that the patient consumes an alcoholic beverage.
21	Did the patient ever use smokeless tobacco (including chewing tobacco and snuff) regularly for a period of six weeks or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3624720	Indicate whether or not the patient used smokeless tobacco regularly for a period of six weeks or more. Note: If the patient used smokeless tobacco, proceed to Question 22, otherwise, skip to Question 25.

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22	If the patient used smokeless tobacco (including chewing tobacco and snuff) regularly for at least six weeks, on average how many times per day did they use?	_____	3624721	Indicate how many times per day an individual regularly using smokeless tobacco for at least six weeks chewed or used snuff.
23	If the patient used smokeless tobacco (including chewing tobacco and snuff) regularly for at least six weeks, how old were they when they started using?	_____	3624722	Provide the age (in years) the patient began chewing tobacco and/or using snuff.
24	If the patient used smokeless tobacco (including chewing tobacco and snuff) regularly for at least six weeks, how old were they when they quit using?	_____	3624723	Provide the age (in years) the patient stopped chewing tobacco and/or using snuff.
25	Is the patient currently using marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788017	Indicate whether the patient is currently using marijuana. Note: If the patient used marijuana, proceed to Question 26, otherwise, skip to Question 27.
26	Marijuana usage per week	_____	6788018	Indicate the total number of times the patient used marijuana each week.
27	Did the patient ever use e-cigarettes regularly for a period of six weeks or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788019	Indicate whether the patient has ever used electronic cigarettes regularly for a period of six weeks or more. Note: If the patient used e-cigarettes, proceed to Question 28, otherwise, skip to Question 29.
28	Number of days e-cigarettes were used in the last 30 days	_____	6788020	Indicate the number of days that the patient used electronic cigarettes within the last 30 days.
29	Asbestos exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1253	Specify if the patient has been exposed to asbestos.
30	Is the patient HIV-positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3196353	Indicate whether the patient has been diagnosed with Human Immunodeficiency Virus (HIV). Note: If the patient is HIV-positive, proceed to Question 31, otherwise, skip to Question 32.
31	CD4 count	_____	4182751	Indicate the result of the procedure used to determine the number of CD4+ T-cells in the patient's sample.
32	Metastasis at diagnosis assessment status	<input type="checkbox"/> Metastatic <input type="checkbox"/> Non-metastatic (confirmed) <input type="checkbox"/> Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor. Note: If metastatic at diagnosis, proceed to Question 33, otherwise, skip to Question 34.

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33	Metastatic site(s) at diagnosis	<input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Liver <input type="checkbox"/> Mediastinum <input type="checkbox"/> Bone marrow <input type="checkbox"/> Lymph node(s): non-regional <input type="checkbox"/> Lymph node(s): regional <input type="checkbox"/> Other (specify)	3108271	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. Note: If the anatomic site of tumor tissue is not listed, proceed to Question 33a, otherwise, skip to Question 34.
33a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
Biospecimen Information				
34	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.
35	Number of NORMAL tissues biospecimens collected for HCMI for this case	_____	6584256	Please provide the number of normal tissue specimens obtained for HCMI for this case. Note: This number is expected to be 1.
36	Number of PRIMARY cancer tissue biospecimens collected for HCMI model development for this case	_____	6584257	Please provide the number of primary tumor specimens obtained for HCMI for this case. Note: A single primary tumor biospecimen obtained that is portioned for both sequencing and model generation counts as 1 single primary tumor specimen. This number is expected to be 1.
37	Number of METASTATIC/ RECURRENT cancer tissue biospecimens collected for HCMI model development for this case	_____	6584258	Please provide the number of metastatic and/or recurrent cancer biospecimens collected for HCMI for this case. Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.
38	Number of OTHER tissue biospecimens collected for HCMI model development for this case	_____	6584259	Please provide the number of pre-malignant, non-malignant, or dysplastic tissue biospecimens collected for HCMI for this case. Note: A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen.
39	Total number of tissue biospecimens collected for HCMI for this case	_____	6584271	Please provide the total number of tissue biospecimens collected for HCMI for this case. Note: This number should be the sum of the normal, primary tumor, metastatic/ recurrent tumor, and other biospecimen counts above.
Normal Control Information				
40	Normal tissue biospecimen ordinal	_____	6584264	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
41	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.
42	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.
43	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"/> Adjacent normal tissue (specify) <input type="checkbox"/> Contralateral normal tissue (specify) <input type="checkbox"/> FFPE non-neoplastic tissue (specify) <input type="checkbox"/> Non-neoplastic tissue (specify)	3081936	Indicate the type of normal control submitted for this case.
44	Anatomic site of normal tissue	<input type="checkbox"/> Lip <input type="checkbox"/> Oral tongue, anterior <input type="checkbox"/> Skin <input type="checkbox"/> Oropharynx <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Hypopharynx <input type="checkbox"/> Supraglottis <input type="checkbox"/> Glottis <input type="checkbox"/> Subglottis <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Paranasal sinus(es) <input type="checkbox"/> Parotid gland <input type="checkbox"/> Submandibular gland <input type="checkbox"/> Sublingual gland <input type="checkbox"/> Other (specify) <input type="checkbox"/> Not applicable	4132152	If non-neoplastic tissue was submitted as the normal control, select the anatomic site of the normal tissue. Note: If the anatomic site of normal tissue is not listed, proceed to Question 44a, otherwise, skip to Question 45.
44a	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.
45	Distance from tumor to normal control tissue (if not blood)	<input type="checkbox"/> Adjacent (< or = 2cm) <input type="checkbox"/> Distal (>2cm) <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	3088708	Indicate the distance from the site of normal tumor collection to the primary tumor. Note: If normal tissue was not submitted, select 'Not applicable'.
46	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.
Primary Tumor Biospecimen Information				
47	Head and neck cancer region	<input type="checkbox"/> Lip and Oral cavity <input type="checkbox"/> Pharynx <input type="checkbox"/> Larynx <input type="checkbox"/> Paranasal sinuses and nasal cavity <input type="checkbox"/> Salivary glands	2179718	Select the anatomic site of origin for the head and neck cancer in the patient.
48	ICD-10 code for primary tumor	<input type="checkbox"/> C00.0 <input type="checkbox"/> C03.9 <input type="checkbox"/> C08.9 <input type="checkbox"/> C13.2 <input type="checkbox"/> C00.1 <input type="checkbox"/> C04.0 <input type="checkbox"/> C09.0 <input type="checkbox"/> C13.8 <input type="checkbox"/> C00.2 <input type="checkbox"/> C04.1 <input type="checkbox"/> C09.1 <input type="checkbox"/> C13.9 <input type="checkbox"/> C00.3 <input type="checkbox"/> C04.8 <input type="checkbox"/> C09.8 <input type="checkbox"/> C14.0 <input type="checkbox"/> C00.4 <input type="checkbox"/> C04.9 <input type="checkbox"/> C09.9 <input type="checkbox"/> C30.0 <input type="checkbox"/> C00.5 <input type="checkbox"/> C05.0 <input type="checkbox"/> C10.1 <input type="checkbox"/> C31.0 <input type="checkbox"/> C00.6 <input type="checkbox"/> C05.1 <input type="checkbox"/> C10.2 <input type="checkbox"/> C31.1 <input type="checkbox"/> C00.8 <input type="checkbox"/> C05.2 <input type="checkbox"/> C10.3 <input type="checkbox"/> C31.2	3226287	Provide the ICD-10 code for the primary tumor as used to generate the ID3 for this subject. Note: If the ICD-10 code is not listed, proceed to 48a, otherwise, skip to Question 49.

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		<input type="checkbox"/> C00.9 <input type="checkbox"/> C05.8 <input type="checkbox"/> C10.8 <input type="checkbox"/> C31.3 <input type="checkbox"/> C01 <input type="checkbox"/> C05.9 <input type="checkbox"/> C10.9 <input type="checkbox"/> C31.8 <input type="checkbox"/> C02.0 <input type="checkbox"/> C06.0 <input type="checkbox"/> C11.0 <input type="checkbox"/> C31.9 <input type="checkbox"/> C02.1 <input type="checkbox"/> C06.1 <input type="checkbox"/> C11.1 <input type="checkbox"/> C32.0 <input type="checkbox"/> C02.2 <input type="checkbox"/> C06.2 <input type="checkbox"/> C11.2 <input type="checkbox"/> C32.1 <input type="checkbox"/> C02.3 <input type="checkbox"/> C06.8 <input type="checkbox"/> C11.3 <input type="checkbox"/> C32.2 <input type="checkbox"/> C02.4 <input type="checkbox"/> C06.9 <input type="checkbox"/> C11.8 <input type="checkbox"/> C32.3 <input type="checkbox"/> C02.8 <input type="checkbox"/> C07 <input type="checkbox"/> C11.9 <input type="checkbox"/> C32.8 <input type="checkbox"/> C02.9 <input type="checkbox"/> C08.0 <input type="checkbox"/> C12 <input type="checkbox"/> C32.9 <input type="checkbox"/> C03.0 <input type="checkbox"/> C08.1 <input type="checkbox"/> C13.0 <input type="checkbox"/> Other <input type="checkbox"/> C03.1 <input type="checkbox"/> C08.8 <input type="checkbox"/> C13.1 (specify)		
48a	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.
49	Tumor morphology	<input type="checkbox"/> 8070/3 <input type="checkbox"/> 8083/3 <input type="checkbox"/> 8525/3 <input type="checkbox"/> 8041/3 <input type="checkbox"/> 8147/3 <input type="checkbox"/> 8550/3 <input type="checkbox"/> 8051/3 <input type="checkbox"/> 8200/3 <input type="checkbox"/> 8560/3 <input type="checkbox"/> 8052/3 <input type="checkbox"/> 8310/3 <input type="checkbox"/> 8562/3 <input type="checkbox"/> 8073/3 <input type="checkbox"/> 8340/4 <input type="checkbox"/> 8720/3 <input type="checkbox"/> 8074/3 <input type="checkbox"/> 8430/3 <input type="checkbox"/> 8982/3 <input type="checkbox"/> 8075/3 <input type="checkbox"/> 8500/3 <input type="checkbox"/> Other <input type="checkbox"/> 8082/3 <input type="checkbox"/> 8523/3 (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. Note: If the ICD-O-3 histology code of the primary tumor is not listed, proceed to Question 49a, otherwise, skip to Question 50.
49a	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.
50	Tissue or organ of origin	<input type="checkbox"/> Lip <input type="checkbox"/> Paranasal sinuses <input type="checkbox"/> Oral cavity <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Pharynx <input type="checkbox"/> Salivary gland <input type="checkbox"/> Larynx <input type="checkbox"/> Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. Note: If the primary site of the disease is not listed, proceed to Question 50a, otherwise skip to Question 51.
50a	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.
51	Histological type	<input type="checkbox"/> Head and neck cancer <input type="checkbox"/> Other (specify)	3081932	Select the surgical pathology text description of the histological tumor type. Note: If the histological tumor type is not listed, proceed to Question 51a, otherwise, skip to Question 52.
51a	Other histological type	_____	3294805	If the traditional surgical pathology text description of the histological tumor type is not included on the previous list, specify the histological type.
52	Histological subtype	<input type="checkbox"/> Acantholytic squamous cell carcinoma <input type="checkbox"/> Acinic cell carcinoma <input type="checkbox"/> Adenocarcinoma, non-salivary gland type <input type="checkbox"/> Adenocarcinoma, NOS (specify low, intermediate, or high grade) <input type="checkbox"/> Adenoid cystic carcinoma (specify tubular, cribriform, or solid pattern) <input type="checkbox"/> Adenosquamous carcinoma <input type="checkbox"/> Basal cell adenocarcinoma <input type="checkbox"/> Basaloid squamous cell carcinoma <input type="checkbox"/> Biphenotypic sinonasal sarcoma	3081934	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor. Note: If the histological subtype is not listed, proceed to Question 52a, otherwise, skip to Question 53.

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		<ul style="list-style-type: none"> <input type="checkbox"/> Carcinoma cuniculatum <input type="checkbox"/> Carcinosarcoma <input type="checkbox"/> Clear cell carcinoma <input type="checkbox"/> Epithelial-myoepithelial carcinoma <input type="checkbox"/> HPV-mediated squamous cell carcinoma <input type="checkbox"/> HPV-unrelated squamous cell carcinoma <input type="checkbox"/> Hypopharyngeal squamous cell carcinoma <input type="checkbox"/> Intestinal adenocarcinoma, colonic pattern <input type="checkbox"/> Intestinal adenocarcinoma, mixed pattern <input type="checkbox"/> Intestinal adenocarcinoma, mucinous pattern <input type="checkbox"/> Intestinal adenocarcinoma, papillary pattern <input type="checkbox"/> Intestinal adenocarcinoma, solid pattern <input type="checkbox"/> Intraductal carcinoma, (specify low, intermediate, or high grade) <input type="checkbox"/> Large cell neuroendocrine carcinoma, HPV - <input type="checkbox"/> Large cell neuroendocrine carcinoma, HPV + <input type="checkbox"/> Lymphoepithelial carcinoma <input type="checkbox"/> Moderately differentiated neuroendocrine carcinoma <input type="checkbox"/> Mucoepidermoid carcinoma (specify low, intermediate, or high grade) <input type="checkbox"/> Mucosal melanoma <input type="checkbox"/> Myoepithelial carcinoma <input type="checkbox"/> Nasopharyngeal papillary adenocarcinoma <input type="checkbox"/> Non-intestinal adenocarcinoma, (specify low, intermediate, or high grade) <input type="checkbox"/> NUT carcinoma <input type="checkbox"/> Oncocytic carcinoma <input type="checkbox"/> Oropharyngeal squamous cell carcinoma, HPV status unknown <input type="checkbox"/> Papillary squamous cell carcinoma <input type="checkbox"/> Polymorphous adenocarcinoma, classic (specify low, intermediate, or high grade) <input type="checkbox"/> Polymorphous adenocarcinoma, classic, (specify low, intermediate, or high grade) <input type="checkbox"/> Polymorphous adenocarcinoma, cribriform (specify low, intermediate, or high grade) <input type="checkbox"/> Poorly differentiated carcinoma, large cell neuroendocrine <input type="checkbox"/> Poorly differentiated carcinoma, small cell neuroendocrine <input type="checkbox"/> Poorly differentiated carcinoma, undifferentiated <input type="checkbox"/> Poorly differentiated neuroendocrine carcinoma, large cell <input type="checkbox"/> Poorly differentiated neuroendocrine carcinoma, small cell <input type="checkbox"/> Salivary duct carcinoma <input type="checkbox"/> Sebaceous adenocarcinoma <input type="checkbox"/> Secretory carcinoma <input type="checkbox"/> Sinonasal undifferentiated carcinoma <input type="checkbox"/> Small cell neuroendocrine carcinoma, HPV - <input type="checkbox"/> Small cell neuroendocrine carcinoma, HPV + <input type="checkbox"/> Spindle cell squamous cell carcinoma <input type="checkbox"/> Squamous cell carcinoma, keratinizing <input type="checkbox"/> Squamous cell carcinoma, nonkeratinizing <input type="checkbox"/> Squamous cell carcinoma, primary <input type="checkbox"/> Verrucous squamous cell carcinoma <input type="checkbox"/> Well differentiated neuroendocrine carcinoma <input type="checkbox"/> Well-differentiated neuroendocrine carcinoma 	
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		<input type="checkbox"/> Other (specify) _____		
52a	Other histological subtype		3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
53	For mucoepidermoid carcinoma, indicate the grade	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Unknown	6788058	Indicate the histologic grade of the Mucoepidermoid carcinoma.
54	For adenoid cystic carcinoma, indicate the pattern type	<input type="checkbox"/> Tubular <input type="checkbox"/> Cribriform <input type="checkbox"/> Solid	6788063	Indicate the morphological pattern of tumor growth for Adenoid cystic carcinoma.
55	For polymorphous adenocarcinoma, indicate the grade	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Unknown	6788059	Indicate the histologic grade of the polymorphous adenocarcinoma.
56	For adenocarcinoma, NOS, indicate the grade	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Unknown	6788060	Indicate the histologic grade of the adenocarcinoma, NOS.
57	For intraductal carcinoma, indicate the grade	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Unknown	6788061	Indicate the histologic grade of the intraductal carcinoma.
58	For non-intestinal adenocarcinoma, indicate the grade	<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Unknown	6788062	Indicate the histologic grade of the non-intestinal adenocarcinoma.
59	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.
60	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.
61	AJCC cancer staging edition	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 2 nd <input type="checkbox"/> 6 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 7 th <input type="checkbox"/> 4 th <input type="checkbox"/> 8 th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
62	Clinical stage group	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IVC <input type="checkbox"/> Stage III	3440332	Using the patient's pathology/laboratory report, select the clinical stage group of the primary tumor as defined by the American Joint Committee on Cancer (AJCC).
63	AJCC pathologic spread: Primary tumor (pT)	<input type="checkbox"/> Tx <input type="checkbox"/> T1 <input type="checkbox"/> T4 <input type="checkbox"/> Tis <input type="checkbox"/> T2 <input type="checkbox"/> T4a <input type="checkbox"/> T0 <input type="checkbox"/> T3 <input type="checkbox"/> T4b	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).
64	AJCC pathologic spread: Lymph nodes (pN)	<input type="checkbox"/> NX <input type="checkbox"/> N2a <input type="checkbox"/> N3 <input type="checkbox"/> N0 <input type="checkbox"/> N2b <input type="checkbox"/> N3a <input type="checkbox"/> N1 <input type="checkbox"/> N2c <input type="checkbox"/> N3b <input type="checkbox"/> N2	3203106	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) as defined by the American Joint Committee on Cancer (AJCC).

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65	AJCC pathologic spread: Distant metastases (pM)	<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> MX	3045439	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).
66	Tumor stage (pathological)	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IVC	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).
67	For squamous cell carcinomas, tumor grade	<input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> GX	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.
68	For salivary gland head and neck cancers, select the grade	<input type="checkbox"/> Low grade <input type="checkbox"/> Intermediate grade <input type="checkbox"/> High grade	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.
Prognostic/Predictive/Lifestyle Features for Primary Tumor Prognosis or Responsiveness to Treatment				
69	Tumor laterality	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Midline <input type="checkbox"/> Not specified <input type="checkbox"/> Not a paired site	827	For a tumor in a paired organ, designate the side of the body on which the tumor or cancer developed.
70	Tumor focality	<input type="checkbox"/> Unifocal <input type="checkbox"/> Multifocal <input type="checkbox"/> Cannot be determined	3174022	Indicate whether the tumor or cancer first developed in a single or multiple locations.
71	Tumor size (greatest dimension, cm)	_____ cm	64215	Provide the length of the largest dimension/diameter of a tumor, in cm, regardless of anatomical plane.
72	Tumor depth of invasion (mm)	_____ mm	2182144	Provide the measurement in mm of the depth of invasion of the tumor.
73	Lymphovascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown	64727	Indicate whether large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in the primary tumor.
74	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64181	Indicate whether perineural invasion or infiltration of tumor or cancer is present.
75	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
76	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
77	Extranodal extension	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown	65043	Indicate whether extranodal extension of the cancer is present.
78	Residual tumor/margins	<input type="checkbox"/> RX (Presence of residual tumor cannot be addressed) <input type="checkbox"/> R0 (No residual tumor) <input type="checkbox"/> R1 (Microscopic residual tumor) <input type="checkbox"/> R2 (Macroscopic residual tumor)	2608702	Indicate the status of the tissue margin following surgical resection.
79	Margin distance (mm)	_____ mm	3915853	Provide the distance between the malignant neoplasm and the surgical margin in mm.
80	High-grade dysplasia in mucosal resection margins	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown	6788003	Indicate whether high-grade dysplasia was detected within the mucosal resection margins.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
81	Growth pattern of primary tumor	<input type="checkbox"/> Cohesive <input type="checkbox"/> Non-adhesive	6788004	Indicate the type of growth pattern exhibited by the primary tumor.
82	Epstein-Barr virus infection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3626299	Indicate whether or not an Epstein-Barr virus infection occurred in the patient.
83	Was Epstein-Barr Virus (EBV) early mRNA ISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788005	Indicate whether Epstein-Barr Virus early mRNA status was assessed using an in situ hybridization (ISH) assay.
84	Epstein-Barr Virus (EBV) early mRNA status by ISH	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	6788006	Indicate the Epstein-Barr Virus early mRNA status detected by an in situ hybridization staining method.
85	Was p16 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690713	Indicate whether or not immunohistochemical analysis for a p16/CDKN2A mutation was performed. Note: If p16 IHC was performed, proceed to Question 86, otherwise, skip to Question 87.
86	p16 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6690724	Indicate the status of the p16/CDKN2A protein expression using immunohistochemistry.
87	Was HPV-DNA ISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788007	Indicate whether Human Papillomavirus DNA status was assessed using an in situ hybridization (ISH) assay. Note: If HPV-DNA ISH was performed, proceed to Question 88, otherwise, skip to Question 89.
88	HPV-DNA status by ISH	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	6788008	Indicate the Human Papillomavirus DNA status as detected by an in situ hybridization staining method.
89	Was HPV-E6/E7 mRNA ISH performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788009	Indicate whether Human Papillomavirus E6/E7 status was assessed using an in situ hybridization (ISH) assay. Note: If HPV-E6/E7 mRNA ISH was performed, proceed to Question 90, otherwise, skip to Question 91.
90	HPV-E6/E7 mRNA status by ISH	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	6788010	Indicate the Human Papillomavirus E6/E7 mRNA status as detected by an in situ hybridization staining method.
91	Was HPV-DNA PCR performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788011	Indicate whether or not Human Papillomavirus DNA status was assessed by polymerase chain reaction. Note: If HPV-DNA PCR was performed, proceed to Question 92, otherwise, skip to Question 93.
92	HPV-DNA status by PCR	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	6788015	Indicate the Human Papillomavirus DNA status detected by reverse transcriptase-polymerase chain reaction method.
93	Was HPV-E6/E7 mRNA RT-PCR performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788012	Indicate whether Human Papillomavirus E6/E7 mRNA status was assessed using a polymerase chain reaction assay. Note: If HPV-E6/E7 mRNA RT-PCR was performed, proceed to Question 94, otherwise, skip to Question 95.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
94	HPV-E6/E7 mRNA status by RT-PCR	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	6788016	Indicate the Human Papillomavirus E6/E7 mRNA status detected by reverse transcriptase-polymerase chain reaction method.
95	Additional pathologic findings	<input type="checkbox"/> Carcinoma in situ <input type="checkbox"/> Colonization, bacterial <input type="checkbox"/> Colonization, fungal <input type="checkbox"/> Dysplasia, high grade <input type="checkbox"/> Dysplasia, low grade <input type="checkbox"/> Epithelial dysplasia <input type="checkbox"/> Epithelial hyperplasia <input type="checkbox"/> Hyperkeratosis <input type="checkbox"/> Inflammation <input type="checkbox"/> Keratinizing dysplasia, mild <input type="checkbox"/> Keratinizing dysplasia, moderate <input type="checkbox"/> Keratinizing dysplasia, severe (carcinoma in situ) <input type="checkbox"/> None identified <input type="checkbox"/> Nonkeratinizing dysplasia, mild <input type="checkbox"/> Nonkeratinizing dysplasia, moderate <input type="checkbox"/> Nonkeratinizing dysplasia, severe (carcinoma in situ) <input type="checkbox"/> Sialadenitis <input type="checkbox"/> Sinonasal papilloma <input type="checkbox"/> Squamous metaplasia <input type="checkbox"/> Squamous papilloma, solitary <input type="checkbox"/> Squamous papillomatosis <input type="checkbox"/> Tumor associated lymphoid proliferation <input type="checkbox"/> Other (specify)	6790126	Indicate all additional pathologic findings present in the patient. Note: If the pathologic finding is not listed, proceed to Question 95a, otherwise, skip to Question 96.
95a	Specify other additional pathologic findings		6788022	If not included in the previous list, specify any additional pathologic findings.
Pharynx Cancer-specific Questions				
96	If tumor is in the pharynx, in which subregion?	<input type="checkbox"/> Nasopharynx <input type="checkbox"/> Hypopharynx <input type="checkbox"/> Oropharynx <input type="checkbox"/> Not applicable	3380090	Indicate the subregion of the pharynx in which the patient's tumor is found.
97	Occupational exposure to wood dust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4193912	Indicate whether the patient was exposed to wood dust in the workplace.
Larynx Cancer-specific Questions				
98	Transglottic extension	<input type="checkbox"/> Present <input type="checkbox"/> Not identified	6788023	Indicate whether a transglottic extension of the patient's laryngeal tumor was present.
Paranasal Sinuses and Nasal Cavity Cancer-specific Questions				
NUT Carcinoma-specific Questions				
99	Was NUT IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788024	Indicate whether NUTM1 protein expression by immunohistochemistry (IHC) analysis was performed. Note: If NUT IHC was performed, proceed to Question 100, otherwise, skip to Question 101.
100	NUT expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788028	Indicate the status of the NUTM1 protein expression using immunohistochemistry.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
101	Was NUT translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788032	Indicate whether an analysis for translocation in the NUTM1 gene was performed. Note: If NUT translocation analysis was performed, proceed to Question 102, otherwise, skip to Question 104.
102	Was a NUT translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788038	Indicate whether a NUTM1 chromosomal translocation was identified. Note: If a NUT translocation was identified, proceed to Question 103, otherwise, skip to Question 104.
103	If translocation identified with NUT, which one?	<input type="checkbox"/> NUT-BRD4 <input type="checkbox"/> Other translocation (specify)	6788044	Select the translocation identified with the NUTM1 gene. Note: If the NUT translocation is not listed, proceed to Question 103a, otherwise, skip to Question 104.
103a	Specify other NUT translocation	_____	6788055	If not included in the previous list, provide the translocation identified with the NUTM1 gene.
Sinonasal Undifferentiated Carcinoma-specific Questions				
104	Was INI-1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788025	Indicate whether INI-1 (SMARCB1) protein expression by immunohistochemistry (IHC) analysis was performed. Note: If INI-1 IHC was performed, proceed to Question 105, otherwise, skip to Question 106.
105	INI-1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788029	Indicate the status of the INI-1 (SMARCB1) protein expression using immunohistochemistry.
Biphenotypic Sinonasal Sarcoma-specific Questions				
106	Was PAX3 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788033	Indicate whether an analysis for translocation in the PAX3 gene was performed. Note: If PAX3 translocation analysis was performed, proceed to Question 107, otherwise skip to question 109.
107	Was a PAX3 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788039	Indicate whether a PAX3 chromosomal translocation was identified. Note: If a PAX3 translocation was identified, proceed to Question 108, otherwise, skip to Question 109.
108	If translocation identified with PAX3, which one?	<input type="checkbox"/> PAX3-MAML3 <input type="checkbox"/> Other translocation (specify)	6788045	Select the translocation identified with the PAX3 gene. Note: If the PAX3 translocation is not listed, proceed to Question 108a, otherwise skip to Question 109.
108a	Specify other PAX3 translocation	_____	6788050	If not included in the previous list, provide the translocation identified with the PAX3 gene.
Salivary Gland Cancer-specific Questions				
109	High grade transformation	<input type="checkbox"/> Present <input type="checkbox"/> Not identified <input type="checkbox"/> Not applicable	6788056	Indicate the high grade transformation status of the salivary gland tumor.
Clear Cell Carcinoma-specific Questions				
110	Was EWSR1 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788034	Indicate whether an analysis for translocation in the EWSR1 gene was performed. Note: If EWSR1 translocation analysis was performed, proceed to Question 111, otherwise, skip to Question 113.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
111	Was an EWSR1 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788040	Indicate whether an EWSR1 chromosomal translocation was identified. Note: If an EWSR1 translocation was identified, proceed to Question 112, otherwise, skip to Question 113.
112	If translocation identified with EWSR1, which one?	<input type="checkbox"/> EWSR1-ATF1 <input type="checkbox"/> Other translocation	6788046	Select the translocation identified with the EWSR1 gene. Note: If the EWSR1 translocation is not listed, proceed to Question 112a, otherwise skip to Question 113.
112a	Specify other EWSR1 translocation	_____	6788051	If not included in the previous list, provide the translocation identified with the EWSR1 gene.
Secretary Carcinoma-specific Questions				
113	Was ETV6 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788035	Indicate whether an analysis for translocation in the ETV6 gene was performed. Note: If ETV6 translocation analysis was performed, proceed to Question 114, otherwise, skip to Question 116.
114	Was an ETV6 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788041	Indicate whether an ETV6 chromosomal translocation was identified. Note: If an ETV6 translocation was identified, proceed to Question 115, otherwise, skip to Question 116.
115	If translocation identified with ETV6, which one?	<input type="checkbox"/> ETV6-NTRK3 <input type="checkbox"/> Other translocation (specify)	6788047	Select the translocation identified with the ETV6 gene. Note: If the ETV6 translocation is not listed, proceed to Question 115a, otherwise skip to Question 116.
115a	Specify other ETV6 translocation	_____	6788052	If not included in the previous list, provide the translocation identified with the ETV6 gene.
Mucoepidermoid Carcinoma-specific Questions				
116	Was MAML2 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788036	Indicate whether an analysis for translocation in the MAML2 gene was performed. Note: If MAML2 translocation analysis was performed, proceed to Question 117, otherwise, skip to Question 119.
117	Was a MAML2 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788042	Indicate whether a MAML2 chromosomal translocation was identified. Note: If a MAML2 translocation was identified, proceed to Question 118, otherwise, skip to Question 119.
118	If translocation identified with MAML2, which one?	<input type="checkbox"/> MAML2-CRTC1 <input type="checkbox"/> MAML2-CRTC3 <input type="checkbox"/> Other translocation (specify)	6788048	Select the translocation identified with the MAML2 gene. Note: If the MAML2 translocation is not listed, proceed to Question 118a, otherwise, skip to Question 119.
118a	Specify other MAML2 translocation	_____	6788053	If not included in the previous list, provide the translocation identified with the MAML2 gene.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Adenoid Cystic Carcinoma-specific Questions				
119	Was MYB IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788026	Indicate whether MYB protein expression by immunohistochemistry (IHC) analysis was performed. Note: If MYB IHC was performed, proceed to Question 120, otherwise, skip to Question 121.
120	MYB expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788030	Indicate the status of the MYB protein expression using immunohistochemistry.
121	Was MYB translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788037	Indicate whether an analysis for translocation in the MYB gene was performed. Note: If MYB translocation analysis was performed, proceed to Question 122, otherwise, skip to Question 124.
122	Was a MYB translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788043	Indicate whether a MYB chromosomal translocation was identified. Note: If a MYB translocation was identified, proceed to Question 123, otherwise, skip to Question 124.
123	If translocation identified with MYB, which one?	<input type="checkbox"/> MYB-NFIB <input type="checkbox"/> Other translocation (specify)	6788049	Select the translocation identified with the MYB gene. Note: If the MYB translocation is not listed, proceed to Question 123a, otherwise, skip to Question 124.
123a	Specify other MYB translocation	_____	6788054	If not included in the previous list, provide the translocation identified with the MYB gene.
Salivary Duct Carcinoma-specific Questions				
124	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). Note: If HER2 IHC was performed, proceed to Question 125, otherwise, skip to Question 126.
125	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).
126	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). Note: If HER2 FISH/CISH was performed, proceed to Question 127, otherwise, skip to Question 132.
127	HER2 status by FISH/CISH	<input type="checkbox"/> Amplified <input type="checkbox"/> Equivocal <input type="checkbox"/> Not amplified	2854089	Select the HER2 status as assessed by FISH/CISH. Note: If HER2 is amplified, proceed to Question 128, otherwise, skip to Question 132.
128	HER2 copy number	_____	3133738	If HER2 copy number testing was performed, provide the average number of HER2 fluorescence in situ hybridization (FISH) signals for the patient's primary tumor.
129	Centromere 17 copy number	_____	3104295	If Centromere 17 copy number testing was performed, provide the average number of Centromere 17 fluorescence in situ hybridization (FISH) signals for the patient's primary tumor.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
130	Number of cells counted for HER2 and centromere 17 copy numbers	_____	3087902	Provide the total number of cells counted to assess HER2 and Centromere 17 copy numbers.
131	HER2/neu chromosome 17 signal ratio	_____	2497552	If HER2 and Centromere 17 copy number analyses were performed by FISH, provide the ratio of the outcomes of these tests.
132	Was Androgen Receptor IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788027	Indicate whether Androgen Receptor expression was assessed by immunohistochemistry (IHC). Note: If androgen receptor IHC was performed, proceed to Question 133, otherwise, skip to Question 134.
133	Androgen Receptor expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788031	Indicate the expression of Androgen Receptor as assessed by immunohistochemistry (IHC).
Primary Tumor Sample Information				
134	Are you submitting a primary tumor tissue sample for this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, proceed to question 135. If submitting a metastatic/recurrent tumor biospecimen, proceed to Question 167.
135	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. Note: This number should be "1".
136	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.
137	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
138	Sample represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this primary tumor specimen represent the PRIMARY DIAGNOSIS for this Case ID3? Note: If no, continue to Question 139, otherwise, skip to Question 140.
139	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
140	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.
141	Anatomic site from which the tumor was obtained: Lip and oral cavity	<input type="checkbox"/> External upper lip <input type="checkbox"/> External lower lip <input type="checkbox"/> Mucosa of upper lip <input type="checkbox"/> Mucosa of lower lip <input type="checkbox"/> Commissure of lip <input type="checkbox"/> Lateral border of tongue <input type="checkbox"/> Ventral surface of tongue <input type="checkbox"/> Dorsal surface of tongue <input type="checkbox"/> Anterior two-thirds of tongue <input type="checkbox"/> Upper gingiva <input type="checkbox"/> Lower gingiva <input type="checkbox"/> Anterior floor of mouth	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ not listed, proceed to Question 141a. Otherwise, skip to Question 142.

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		<input type="checkbox"/> Floor of mouth <input type="checkbox"/> Hard palate <input type="checkbox"/> Buccal mucosa <input type="checkbox"/> Vestibule of mouth, maxillary <input type="checkbox"/> Vestibule of mouth, mandibular <input type="checkbox"/> Alveolar process, maxillary <input type="checkbox"/> Alveolar process, mandibular <input type="checkbox"/> Retromolar area <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Other (specify)		
141a	Other anatomic site from which the tumor was obtained: Lip and oral cavity	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
142	Anatomic site from which the tumor was obtained: Pharynx	<input type="checkbox"/> Palatine tonsil <input type="checkbox"/> Base of tongue, including lingual tonsil <input type="checkbox"/> Soft palate <input type="checkbox"/> Uvula <input type="checkbox"/> Pharyngeal wall (posterior) <input type="checkbox"/> Nasopharyngeal tonsils (adenoids) <input type="checkbox"/> Piriform sinus <input type="checkbox"/> Postcricoid <input type="checkbox"/> Pharyngeal wall (posterior and/or lateral) <input type="checkbox"/> Other (specify)	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ not listed, proceed to Question 142a. Otherwise, skip to Question 143.
142a	Other anatomic site from which the tumor was obtained: Pharynx	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
143	Anatomic site from which the tumor was obtained: Larynx	<input type="checkbox"/> Epiglottis, lingual aspect <input type="checkbox"/> Epiglottis, laryngeal aspect <input type="checkbox"/> Aryepiglottic folds <input type="checkbox"/> Arytenoid(s) <input type="checkbox"/> False vocal cord <input type="checkbox"/> Larynx ventricle <input type="checkbox"/> True vocal cord <input type="checkbox"/> Anterior commissure of glottis <input type="checkbox"/> Posterior commissure of glottis <input type="checkbox"/> Glottis, with subglottic extension <input type="checkbox"/> Subglottis <input type="checkbox"/> Other (specify)	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ not listed, proceed to Question 143a. Otherwise, skip to Question 144.
143a	Other anatomic site from which the tumor was obtained: Larynx	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
144	Anatomic site from which the tumor was obtained: Paranasal sinuses and nasal cavity	<input type="checkbox"/> Nasal septum <input type="checkbox"/> Nasal floor <input type="checkbox"/> Nasal lateral wall <input type="checkbox"/> Nasal vestibule <input type="checkbox"/> Nasal cavity, NOS <input type="checkbox"/> Paranasal sinus(es), maxillary <input type="checkbox"/> Paranasal sinus(es), ethmoid <input type="checkbox"/> Paranasal sinus(es), frontal <input type="checkbox"/> Paranasal sinus(es), sphenoid <input type="checkbox"/> Other (specify)	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ not listed, proceed to Question 144a. Otherwise, skip to Question 145.
144a	Other anatomic site from which the tumor was obtained: Paranasal sinuses and nasal cavity	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.

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145	Anatomic site from which the tumor was obtained: Salivary glands	<input type="checkbox"/> Parotid gland, superficial lobe <input type="checkbox"/> Parotid gland, deep lobe <input type="checkbox"/> Parotid gland, total <input type="checkbox"/> Submandibular gland <input type="checkbox"/> Sublingual gland <input type="checkbox"/> Minor gland(s) <input type="checkbox"/> Other (specify)	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ not listed, proceed to Question 145a. Otherwise, skip to Question 146.
145a	Other anatomic site from which the tumor was obtained: Salivary glands	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
146	Method of cancer sample procurement	<input type="checkbox"/> Buccal mucosal resection <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Endolaryngeal excision <input type="checkbox"/> Excision <input type="checkbox"/> Fine needle aspirate <input type="checkbox"/> Glossectomy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Laryngopharyngectomy <input type="checkbox"/> Mandibulectomy <input type="checkbox"/> Maxillectomy <input type="checkbox"/> Neck (lymph node) dissection <input type="checkbox"/> Palatectomy <input type="checkbox"/> Parotidectomy, deep <input type="checkbox"/> Parotidectomy, not specified <input type="checkbox"/> Parotidectomy, superficial <input type="checkbox"/> Parotidectomy, total <input type="checkbox"/> Partial laryngectomy <input type="checkbox"/> Partial maxillectomy <input type="checkbox"/> Radical maxillectomy <input type="checkbox"/> Resection, sublingual gland <input type="checkbox"/> Resection, submandibular gland <input type="checkbox"/> Supracricoid laryngectomy <input type="checkbox"/> Supraglottic laryngectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Total laryngectomy <input type="checkbox"/> Transoral laser excision (glottis) <input type="checkbox"/> Vertical hemilaryngectomy <input type="checkbox"/> Other (specify)	3103514	Provide the procedure performed to obtain the primary tumor tissue. Note: If the method of procurement is not listed, proceed to Question 146a, otherwise, skip to Question 147.
146a	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.
147	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.
148	Tumor tissue type	<input type="checkbox"/> Primary <input type="checkbox"/> Additional Primary <input type="checkbox"/> NOS	3288124	Provide the primary tumor tissue type for this sample.
Primary Tumor Model Information				
149	Primary model biospecimen ordinal	_____	6594596	Please provide a number to identify which biospecimen this is in the sequence. Note: This number is expected to be "1".
150	CMDC model ID	_____	6586036	Please provide the CMDC model ID for this sample as it will appear on tubes and the Sample Submission Form transmitted to the BPC.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
151	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.
152	Model represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
153	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.
154	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
155	History of neoadjuvant treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes; radiation prior to resection <input type="checkbox"/> Yes; pharmaceutical treatment prior to resection <input type="checkbox"/> Yes; both radiation and pharmaceutical treatment prior to resection <input type="checkbox"/> Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. Note: Pharmaceutical therapy is addressed in Questions 156-164. Radiation therapy is addressed in Questions 165-166.
156	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. Note: Cytotoxic chemotherapy is addressed in Questions 157-158. Hormone therapy is addressed in Questions 159-160. Immunotherapy is addressed in Questions 161-162. Targeted therapy is addressed in Questions 163-164.
157	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> Cisplatin <input type="checkbox"/> Carboplatin and Paclitaxel <input type="checkbox"/> Docetaxel, Carboplatin, and Fluorouracil <input type="checkbox"/> Carboplatin, Paclitaxel, and Cetuximab <input type="checkbox"/> Carboplatin (Cisplatin), Fluorouracil, and Pembrolizumab <input type="checkbox"/> Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. Note: If neoadjuvant chemotherapy was not given, skip to Question 159. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 157a, otherwise, skip to Question 158.
157a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
158	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.
159	Hormone therapy	<input type="checkbox"/> Herceptin <input type="checkbox"/> Androgen deprivation (specify) <input type="checkbox"/> Other (specify)	2582817	Select the hormone therapy administered to the patient. Note: If hormone therapy was not given, skip to Question 161. If the androgen deprivation was given, proceed to Question 159a. If the hormone therapy is not listed, proceed to Question 159b, otherwise, skip to Question 160.
159a	Specify the androgen deprivation therapy	_____	6942918	Specify the androgen deprivation therapies administered.
159b	Other hormone therapy	_____	2405358	If the hormone therapy is not included in the provided list, specify hormone therapy.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
160	Days to hormone therapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with hormone therapy.
161	Immunotherapy	<input type="checkbox"/> Pembrolizumab <input type="checkbox"/> Nivolumab <input type="checkbox"/> Cemiplimab <input type="checkbox"/> Durvalumab <input type="checkbox"/> Ipilimumab <input type="checkbox"/> Tremelimumab <input type="checkbox"/> Pembrolizumab plus Ipilimumab <input type="checkbox"/> Durvalumab plus Tremelimumab <input type="checkbox"/> Other (specify)	6788001	Select the immunotherapy administered to the patient. Note: If immunotherapy was not administered, skip to Question 163. If the immunotherapy is not listed, proceed to Question 161a, otherwise, skip to Question 162.
161a	Specify other immunotherapy	_____	2953828	Provide the name of the immunotherapy administered to the patient.
162	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
163	Targeted Therapy	<input type="checkbox"/> Cetuximab <input type="checkbox"/> Cetuximab, Carboplatin (Cisplatin), Fluorouracil <input type="checkbox"/> Cetuximab, Carboplatin, and Paclitaxel <input type="checkbox"/> Bevacizumab <input type="checkbox"/> Panitumumab <input type="checkbox"/> Lenvatinib <input type="checkbox"/> Afatinib <input type="checkbox"/> Other (specify)	6788000	Select the targeted therapy administered to the patient. Note: If targeted therapy was not administered, skip to Question 165. If the targeted therapy regimen is not listed, proceed to Question 163a, otherwise, skip to Question 164.
163a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
164	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.
165	Radiation therapy administered type	<input type="checkbox"/> 2D conventional <input type="checkbox"/> 3D conformal <input type="checkbox"/> Brachytherapy HDR <input type="checkbox"/> Brachytherapy LDR <input type="checkbox"/> IMRT <input type="checkbox"/> Proton Beam <input type="checkbox"/> Stereotactic Body RT <input type="checkbox"/> Stereotactic Radiosurgery <input type="checkbox"/> WBRT <input type="checkbox"/> Other (specify) <input type="checkbox"/> Unspecified <input type="checkbox"/> Not applicable	3028890	Provide the type of radiation therapy that was administered to the patient. Note: If radiation therapy was not administered, proceed to Question 167. If the radiation therapy is not listed, proceed to Question 165a, otherwise, skip to Question 166.
165a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
166	Days to radiation treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with radiation therapy.
Metastatic/Recurrent Tumor Biospecimen Information				
167	Are you submitting a metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate whether a metastatic/recurrent tumor biospecimen was collected for this ID3 case. Note: If yes, proceed to Question 168. If submitting an OTHER tissue sample, proceed to Question 256.
168	Metastatic/recurrent tissue biospecimen ordinal	_____	6584266	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1", the second should be number "2", etc.

Enrollment: Head and Neck

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
169	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.
170	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.
171	Head and neck cancer region	<input type="checkbox"/> Lip and oral cavity <input type="checkbox"/> Pharynx <input type="checkbox"/> Larynx <input type="checkbox"/> Paranasal sinuses and nasal cavity <input type="checkbox"/> Salivary glands	2179718	Select the anatomic site of origin for the head and neck cancer in the patient.
172	Metastatic/recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> OCT <input type="checkbox"/> FFPE <input type="checkbox"/> Snap frozen <input type="checkbox"/> Frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
173	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.
174	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Buccal mucosal resection <input type="checkbox"/> Endolaryngeal excision <input type="checkbox"/> Excision <input type="checkbox"/> Glossectomy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Laryngopharyngectomy <input type="checkbox"/> Mandibulectomy <input type="checkbox"/> Maxillectomy <input type="checkbox"/> Metastasectomy <input type="checkbox"/> Neck (lymph node) dissection <input type="checkbox"/> Palatotomy <input type="checkbox"/> Parotidectomy, deep <input type="checkbox"/> Parotidectomy, not specified <input type="checkbox"/> Parotidectomy, superficial <input type="checkbox"/> Parotidectomy, total <input type="checkbox"/> Partial laryngectomy <input type="checkbox"/> Partial maxillectomy <input type="checkbox"/> Radical maxillectomy <input type="checkbox"/> Resection, sublingual gland <input type="checkbox"/> Resection, submandibular gland <input type="checkbox"/> Supracricoid laryngectomy <input type="checkbox"/> Supraglottic laryngectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Total laryngectomy <input type="checkbox"/> Transoral laser excision (glottis) <input type="checkbox"/> Vertical hemilaryngectomy <input type="checkbox"/> Other Method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 174a, otherwise, skip to Question 175.
174a	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.
175	Number of days from index date to date of metastatic/recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
176	Metastatic/recurrent site	<input type="checkbox"/> Alveolar process, mandibular <input type="checkbox"/> Alveolar process, maxillary <input type="checkbox"/> Anterior commissure of glottis <input type="checkbox"/> Anterior floor of mouth <input type="checkbox"/> Anterior two-thirds of tongue <input type="checkbox"/> Aryepiglottic folds <input type="checkbox"/> Arytenoid(s) <input type="checkbox"/> Base of tongue, including lingual tonsil <input type="checkbox"/> Bone <input type="checkbox"/> Bone marrow <input type="checkbox"/> Buccal mucosa <input type="checkbox"/> Commissure of lip <input type="checkbox"/> Dorsal surface of tongue <input type="checkbox"/> Epiglottis, laryngeal aspect <input type="checkbox"/> Epiglottis, lingual aspect <input type="checkbox"/> External lower lip <input type="checkbox"/> External upper lip <input type="checkbox"/> False vocal cord <input type="checkbox"/> Floor of mouth <input type="checkbox"/> Glottis, with subglottic extension <input type="checkbox"/> Hard palate <input type="checkbox"/> Larynx ventricle <input type="checkbox"/> Lateral border of tongue <input type="checkbox"/> Liver <input type="checkbox"/> Lower gingiva <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s), non-regional <input type="checkbox"/> Lymph node(s), regional <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Mediastinum <input type="checkbox"/> Minor gland(s) <input type="checkbox"/> Mucosa of lower lip <input type="checkbox"/> Mucosa of upper lip <input type="checkbox"/> Nasal cavity, NOS <input type="checkbox"/> Nasal floor <input type="checkbox"/> Nasal lateral wall <input type="checkbox"/> Nasal septum <input type="checkbox"/> Nasal vestibule <input type="checkbox"/> Nasopharyngeal tonsils (adenoids) <input type="checkbox"/> Palatine tonsil <input type="checkbox"/> Paranasal sinus(es), ethmoid <input type="checkbox"/> Paranasal sinus(es), frontal <input type="checkbox"/> Paranasal sinus(es), maxillary <input type="checkbox"/> Paranasal sinus(es), sphenoid <input type="checkbox"/> Parotid gland, deep lobe <input type="checkbox"/> Parotid gland, superficial lobe <input type="checkbox"/> Parotid gland, total <input type="checkbox"/> Pharyngeal wall (posterior and/or lateral) <input type="checkbox"/> Pharyngeal wall (posterior) <input type="checkbox"/> Piriform sinus <input type="checkbox"/> Postcricoid <input type="checkbox"/> Posterior commissure of glottis <input type="checkbox"/> Retromolar area <input type="checkbox"/> Skin <input type="checkbox"/> Soft palate <input type="checkbox"/> Subglottis <input type="checkbox"/> Sublingual gland <input type="checkbox"/> Submandibular gland	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. Note: If the metastatic/recurrent site is not listed, proceed to Question 176a, otherwise, skip to Question 177.

Enrollment: Head and Neck

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		<input type="checkbox"/> True vocal cord <input type="checkbox"/> Upper gingiva <input type="checkbox"/> Uvula <input type="checkbox"/> Ventral surface of tongue <input type="checkbox"/> Vestibule of mouth, mandibular <input type="checkbox"/> Vestibule of mouth, maxillary <input type="checkbox"/> Other (specify) _____		
176a	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.
177	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.
178	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
179	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.
180	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.
181	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.
182	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.
183	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.
184	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.
Prognostic/Predictive/Lifestyle Features for Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment				
185	Tumor laterality	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Midline <input type="checkbox"/> Not specified <input type="checkbox"/> Not a paired site	827	For a tumor in a paired organ, designate the side of the body on which the tumor or cancer developed.
186	Lymphovascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown	64727	Indicate whether large vessel (vascular) invasion or small, thin-walled (lymphatic) invasion was detected in the primary tumor.
187	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64181	Indicate whether perineural invasion or infiltration of tumor or cancer is present.

Enrollment: Head and Neck

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
188	Number of positive lymph nodes	_____	89	Provide the number of lymph nodes with disease involvement.
189	Number of lymph nodes tested	_____	3	Provide the total number of lymph nodes tested for the presence of cancer cells.
190	Extranodal extension	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown	65043	Indicate whether extranodal extension of the cancer is present.
191	Was p16 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690713	Indicate whether or not immunohistochemical analysis for a p16/CDKN2A mutation was performed. Note: If p16 IHC was performed, proceed to Question 192, otherwise, skip to Question 193.
192	p16 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6690724	Indicate the status of the p16/CDKN2A protein expression using immunohistochemistry.
Larynx Cancer-specific Questions				
193	Transglottic extension	<input type="checkbox"/> Present <input type="checkbox"/> Not identified	6788023	Indicate whether a transglottic extension of the patient's laryngeal tumor was present.
Paranasal Sinuses and Nasal Cavity Cancer-specific Questions				
194	Was NUT IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788024	Indicate whether NUTM1 protein expression by immunohistochemistry (IHC) analysis was performed. Note: If NUT IHC was performed, proceed to Question 195, otherwise, skip to Question 196.
195	NUT expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788028	Indicate the status of the NUTM1 protein expression using immunohistochemistry.
196	Was NUT translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788032	Indicate whether an analysis for translocation in the NUTM1 gene was performed. Note: If NUT translocation analysis was performed, proceed to Question 197, otherwise, skip to Question 199.
197	Was a NUT translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788038	Indicate whether a NUTM1 chromosomal translocation was identified. Note: If a NUT translocation was identified, proceed to Question 198, otherwise, skip to Question 199.
198	If translocation identified with NUT, which one?	<input type="checkbox"/> NUT-BRD4 <input type="checkbox"/> Other translocation (specify)	6788044	Select the translocation identified with the NUTM1 gene. Note: If the NUT translocation is not listed, proceed to Question 198a, otherwise, skip to Question 199.
198a	Specify other NUT translocation	_____	6788055	If not included in the previous list, provide the translocation identified with the NUTM1 gene.
199	Was INI-1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788025	Indicate whether INI-1 (SMARCB1) protein expression by immunohistochemistry (IHC) analysis was performed. Note: If INI-1 IHC was performed, proceed to Question 200, otherwise, skip to Question 201.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
200	INI-1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788029	Indicate the status of the INI-1 (SMARCB1) protein expression using immunohistochemistry.
201	Was PAX3 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788033	Indicate whether an analysis for translocation in the PAX3 gene was performed. Note: If PAX3 translocation analysis was performed, proceed to Question 202, otherwise skip to question 204.
202	Was a PAX3 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788039	Indicate whether a PAX3 chromosomal translocation was identified. Note: If a PAX3 translocation was identified, proceed to Question 203, otherwise, skip to Question 204.
203	If translocation identified with PAX3, which one?	<input type="checkbox"/> PAX3-MAML3 <input type="checkbox"/> Other translocation (specify)	6788045	Select the translocation identified with the PAX3 gene. Note: If the PAX3 translocation is not listed, proceed to Question 203a, otherwise skip to Question 204.
203a	Specify other PAX3 translocation	_____	6788050	If not included in the previous list, provide the translocation identified with the PAX3 gene.
204	Was EWSR1 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788034	Indicate whether an analysis for translocation in the EWSR1 gene was performed. Note: If EWSR1 translocation analysis was performed, proceed to Question 205, otherwise, skip to Question 207.
205	Was an EWSR1 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788040	Indicate whether an EWSR1 chromosomal translocation was identified. Note: If an EWSR1 translocation was identified, proceed to Question 206, otherwise, skip to Question 207.
206	If translocation identified with EWSR1, which one?	<input type="checkbox"/> EWSR1-ATF1 <input type="checkbox"/> Other translocation	6788046	Select the translocation identified with the EWSR1 gene. Note: If the EWSR1 translocation is not listed, proceed to Question 206a, otherwise skip to Question 207.
206a	Specify other EWSR1 translocation	_____	6788051	If not included in the previous list, provide the translocation identified with the EWSR1 gene.
207	Was ETV6 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788035	Indicate whether an analysis for translocation in the ETV6 gene was performed. Note: If ETV6 translocation analysis was performed, proceed to Question 208, otherwise, skip to Question 210.
208	Was an ETV6 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788041	Indicate whether an ETV6 chromosomal translocation was identified. Note: If an ETV6 translocation was identified, proceed to Question 209, otherwise, skip to Question 210.
209	If translocation identified with ETV6, which one?	<input type="checkbox"/> ETV6-NTRK3 <input type="checkbox"/> Other translocation (specify)	6788047	Select the translocation identified with the ETV6 gene. Note: If the ETV6 translocation is not listed, proceed to Question 209a, otherwise skip to Question 210.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
209a	Specify other ETV6 translocation	_____	6788052	If not included in the previous list, provide the translocation identified with the ETV6 gene.
210	Was MAML2 translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788036	Indicate whether an analysis for translocation in the MAML2 gene was performed. Note: If MAML2 translocation analysis was performed, proceed to Question 211, otherwise, skip to Question 213.
211	Was a MAML2 translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788042	Indicate whether a MAML2 chromosomal translocation was identified. Note: If a MAML2 translocation was identified, proceed to Question 212, otherwise, skip to Question 213.
212	If translocation identified with MAML2, which one?	<input type="checkbox"/> MAML2-CRTC1 <input type="checkbox"/> MAML2-CRTC3 <input type="checkbox"/> Other translocation (specify)	6788048	Select the translocation identified with the MAML2 gene. Note: If the MAML2 translocation is not listed, proceed to Question 212a, otherwise, skip to Question 213.
212a	Specify other MAML2 translocation	_____	6788053	If not included in the previous list, provide the translocation identified with the MAML2 gene.
213	Was MYB IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788026	Indicate whether MYB protein expression by immunohistochemistry (IHC) analysis was performed. Note: If MYB IHC was performed, proceed to Question 214, otherwise, skip to Question 215.
214	MYB expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788030	Indicate the status of the MYB protein expression using immunohistochemistry.
215	Was MYB translocation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788037	Indicate whether an analysis for translocation in the MYB gene was performed. Note: If MYB translocation analysis was performed, proceed to Question 216, otherwise, skip to Question 218.
216	Was a MYB translocation identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6788043	Indicate whether a MYB chromosomal translocation was identified. Note: If a MYB translocation was identified, proceed to Question 217, otherwise, skip to Question 218.
217	If translocation identified with MYB, which one?	<input type="checkbox"/> MYB-NFIB <input type="checkbox"/> Other translocation (specify)	6788049	Select the translocation identified with the MYB gene. Note: If the MYB translocation is not listed, proceed to Question 217a, otherwise, skip to Question 218.
217a	Specify other MYB translocation	_____	6788054	If not included in the previous list, provide the translocation identified with the MYB gene.
218	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). Note: If HER2 IHC was performed, proceed to Question 219, otherwise, skip to Question 220.
219	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).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
220	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). Note: If HER2 FISH/CISH was performed, proceed to Question 221, otherwise, skip to Question 226.
221	HER2 status by FISH/CISH	<input type="checkbox"/> Amplified <input type="checkbox"/> Equivocal <input type="checkbox"/> Not amplified	2854089	Select the HER2 status as assessed by FISH/CISH.
222	HER2 copy number	_____	3133738	If HER2 copy number testing was performed, provide the average number of HER2 fluorescence in situ hybridization (FISH) signals for the patient's primary tumor.
223	Centromere 17 copy number	_____	3104295	If Centromere 17 copy number testing was performed, provide the average number of Centromere 17 fluorescence in situ hybridization (FISH) signals for the patient's primary tumor.
224	Number of cells counted for HER2 and centromere 17 copy numbers	_____	3087902	Provide the total number of cells counted to assess HER2 and Centromere 17 copy numbers.
225	HER2/neu chromosome 17 signal ratio	_____	2497552	If HER2 and Centromere 17 copy number analyses were performed by FISH, provide the ratio of the outcomes of these tests.
226	Was Androgen Receptor IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6788027	Indicate whether Androgen Receptor expression was assessed by immunohistochemistry (IHC). Note: If androgen receptor IHC was performed, proceed to Question 227, otherwise, skip to Question 228.
227	Androgen Receptor expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6788031	Indicate the expression of Androgen Receptor as assessed by immunohistochemistry (IHC).
Additional Metastatic/Recurrent Tumor Biospecimen Information (if applicable)				
228	Are you submitting an additional metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. Note: If yes, proceed to Question 229, otherwise, skip to Question 246.
229	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.
230	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
231	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
232	Head and neck cancer region	<input type="checkbox"/> Lip and oral cavity <input type="checkbox"/> Pharynx <input type="checkbox"/> Larynx <input type="checkbox"/> Paranasal sinuses and nasal cavity <input type="checkbox"/> Salivary glands	2179718	Select the anatomic site of origin for the head and neck cancer in the patient.
233	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.
234	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.
235	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Buccal mucosal resection <input type="checkbox"/> Endolaryngeal excision <input type="checkbox"/> Excision <input type="checkbox"/> Glossectomy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Laryngopharyngectomy <input type="checkbox"/> Mandibulectomy <input type="checkbox"/> Maxillectomy <input type="checkbox"/> Metastectomy <input type="checkbox"/> Neck (lymph node) dissection <input type="checkbox"/> Palatotomy <input type="checkbox"/> Parotidectomy, deep <input type="checkbox"/> Parotidectomy, not specified <input type="checkbox"/> Parotidectomy, superficial <input type="checkbox"/> Parotidectomy, total <input type="checkbox"/> Partial laryngectomy <input type="checkbox"/> Partial maxillectomy <input type="checkbox"/> Radical maxillectomy <input type="checkbox"/> Resection, sublingual gland <input type="checkbox"/> Resection, submandibular gland <input type="checkbox"/> Supracricoid laryngectomy <input type="checkbox"/> Supraglottic laryngectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Total laryngectomy <input type="checkbox"/> Transoral laser excision (glottis) <input type="checkbox"/> Vertical hemilaryngectomy <input type="checkbox"/> Other Method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 235a, otherwise, skip to Question 236.
235a	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.
236	Number of days from index date to date of metastatic/recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
237	Metastatic/recurrent site	<input type="checkbox"/> Alveolar process, mandibular <input type="checkbox"/> Alveolar process, maxillary <input type="checkbox"/> Anterior commissure of glottis <input type="checkbox"/> Anterior floor of mouth <input type="checkbox"/> Anterior two-thirds of tongue <input type="checkbox"/> Aryepiglottic folds <input type="checkbox"/> Arytenoid(s) <input type="checkbox"/> Base of tongue, including lingual tonsil <input type="checkbox"/> Bone <input type="checkbox"/> Bone marrow <input type="checkbox"/> Buccal mucosa <input type="checkbox"/> Commissure of lip <input type="checkbox"/> Dorsal surface of tongue <input type="checkbox"/> Epiglottis, laryngeal aspect <input type="checkbox"/> Epiglottis, lingual aspect <input type="checkbox"/> External lower lip <input type="checkbox"/> External upper lip <input type="checkbox"/> False vocal cord <input type="checkbox"/> Floor of mouth <input type="checkbox"/> Glottis, with subglottic extension <input type="checkbox"/> Hard palate <input type="checkbox"/> Larynx ventricle <input type="checkbox"/> Lateral border of tongue <input type="checkbox"/> Liver <input type="checkbox"/> Lower gingiva <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s), non-regional <input type="checkbox"/> Lymph node(s), regional <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Mediastinum <input type="checkbox"/> Minor gland(s) <input type="checkbox"/> Mucosa of lower lip <input type="checkbox"/> Mucosa of upper lip <input type="checkbox"/> Nasal cavity, NOS <input type="checkbox"/> Nasal floor <input type="checkbox"/> Nasal lateral wall <input type="checkbox"/> Nasal septum <input type="checkbox"/> Nasal vestibule <input type="checkbox"/> Nasopharyngeal tonsils (adenoids) <input type="checkbox"/> Palatine tonsil <input type="checkbox"/> Paranasal sinus(es), ethmoid <input type="checkbox"/> Paranasal sinus(es), frontal <input type="checkbox"/> Paranasal sinus(es), maxillary <input type="checkbox"/> Paranasal sinus(es), sphenoid <input type="checkbox"/> Parotid gland, deep lobe <input type="checkbox"/> Parotid gland, superficial lobe <input type="checkbox"/> Parotid gland, total <input type="checkbox"/> Pharyngeal wall (posterior and/or lateral) <input type="checkbox"/> Pharyngeal wall (posterior) <input type="checkbox"/> Piriform sinus <input type="checkbox"/> Postcricoid <input type="checkbox"/> Posterior commissure of glottis <input type="checkbox"/> Retromolar area <input type="checkbox"/> Skin <input type="checkbox"/> Soft palate <input type="checkbox"/> Subglottis <input type="checkbox"/> Sublingual gland <input type="checkbox"/> Submandibular gland	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. Note: If the metastatic/recurrent site is not listed, proceed to Question 237a, otherwise, skip to Question 238.

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		<input type="checkbox"/> True vocal cord <input type="checkbox"/> Upper gingiva <input type="checkbox"/> Uvula <input type="checkbox"/> Ventral surface of tongue <input type="checkbox"/> Vestibule of mouth, mandibular <input type="checkbox"/> Vestibule of mouth, maxillary <input type="checkbox"/> Other (specify)		
237a	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.
238	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.
239	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
240	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.
241	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.
242	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.
243	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.
244	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.
245	Disease status	<input type="checkbox"/> No evidence of disease <input type="checkbox"/> Progressive disease <input type="checkbox"/> Stable disease <input type="checkbox"/> Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Additional Metastatic/Recurrent Tumor Prognostic/Predictive/Lifestyle Features for Additional Metastatic/Recurrent Tumor Prognosis or Responsiveness to Treatment (Note: Questions 185-227 may be repeated to capture clinical molecular characterization information for additional metastatic/recurrent biospecimens.)				
Metastatic/Recurrent Tumor Model Information				
246	METASTATIC/ RECURRENT model biospecimen ordinal	_____	6594587	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
247	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.
248	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.
249	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.
250	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Additional Metastatic/Recurrent Biospecimen Tumor Model Information (if applicable)				
251	METASTATIC/ RECURRENT model biospecimen ordinal	_____	6594587	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
252	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.
253	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.
254	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.
255	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Other Biospecimen Information				
256	Are you submitting an OTHER tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate whether an OTHER tissue sample (e.g. pre-malignant, non-malignant, or dysplastic tissue, etc.) was collected for HCMI for this case. Note: If yes, proceed to Question 257.
257	OTHER tissue biospecimen ordinal	_____	6584267	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
258	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.
259	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.
260	OTHER tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen	<input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521 Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
261	Other method of cancer sample procurement	<input type="checkbox"/> Buccal mucosal resection <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Endolaryngeal excision <input type="checkbox"/> Excision <input type="checkbox"/> Fine needle aspirate <input type="checkbox"/> Glossectomy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Laryngopharyngectomy <input type="checkbox"/> Mandibulectomy <input type="checkbox"/> Maxillectomy <input type="checkbox"/> Neck (lymph node) dissection <input type="checkbox"/> Palatotomy <input type="checkbox"/> Parotidectomy, deep <input type="checkbox"/> Parotidectomy, not specified <input type="checkbox"/> Parotidectomy, superficial <input type="checkbox"/> Parotidectomy, total <input type="checkbox"/> Partial laryngectomy <input type="checkbox"/> Partial maxillectomy <input type="checkbox"/> Radical maxillectomy <input type="checkbox"/> Resection, sublingual gland <input type="checkbox"/> Resection, submandibular gland <input type="checkbox"/> Supracricoid laryngectomy <input type="checkbox"/> Supraglottic laryngectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Total laryngectomy <input type="checkbox"/> Transoral laser excision (glottis) <input type="checkbox"/> Vertical hemilaryngectomy <input type="checkbox"/> Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 261a, otherwise, skip to Question 262.
261a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
262	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.
263	Tissue type	<input type="checkbox"/> Pre-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 263a, otherwise, skip to Question 264.
263a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
264	Anatomic site of OTHER tissue	<input type="checkbox"/> Alveolar process, mandibular <input type="checkbox"/> Alveolar process, maxillary <input type="checkbox"/> Anterior commissure <input type="checkbox"/> Anterior floor of mouth <input type="checkbox"/> Anterior two-thirds of tongue <input type="checkbox"/> Aryepiglottic folds <input type="checkbox"/> Arytenoid(s) <input type="checkbox"/> Base of tongue, including lingual tonsil <input type="checkbox"/> Buccal mucosa <input type="checkbox"/> Commissure of lip <input type="checkbox"/> Dorsal surface of tongue <input type="checkbox"/> Epiglottis, laryngeal aspect <input type="checkbox"/> Epiglottis, lingual aspect <input type="checkbox"/> External lower lip <input type="checkbox"/> External upper lip <input type="checkbox"/> False vocal cord	6696813	Select the site from which the OTHER tissue used to develop the model was derived. Note: If the OTHER tissue site is not listed, proceed to Question 264a, otherwise, skip to Question 265.

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

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		<input type="checkbox"/> Floor of mouth <input type="checkbox"/> Glottis, with subglottic extension <input type="checkbox"/> Hard palate <input type="checkbox"/> Larynx ventricle <input type="checkbox"/> Lateral border of tongue <input type="checkbox"/> Lower gingiva <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Mucosa of lower lip <input type="checkbox"/> Mucosa of upper lip <input type="checkbox"/> Nasal cavity, NOS <input type="checkbox"/> Nasal floor <input type="checkbox"/> Nasal lateral wall <input type="checkbox"/> Nasal septum <input type="checkbox"/> Nasal vestibule <input type="checkbox"/> Nasopharyngeal tonsils (adenoids) <input type="checkbox"/> Palatine tonsil <input type="checkbox"/> Paranasal sinus(es), ethmoid <input type="checkbox"/> Paranasal sinus(es), frontal <input type="checkbox"/> Paranasal sinus(es), maxillary <input type="checkbox"/> Paranasal sinus(es), sphenoid <input type="checkbox"/> Parotid gland, deep lobe <input type="checkbox"/> Parotid gland, superficial lobe <input type="checkbox"/> Parotid gland, total <input type="checkbox"/> Pharyngeal wall (posterior and/or lateral) <input type="checkbox"/> Pharyngeal wall (posterior) <input type="checkbox"/> Piriform sinus <input type="checkbox"/> Postcricoid <input type="checkbox"/> Posterior commissure <input type="checkbox"/> Retromolar area <input type="checkbox"/> Soft palate <input type="checkbox"/> Subglottis <input type="checkbox"/> Sublingual gland <input type="checkbox"/> Submandibular gland <input type="checkbox"/> True vocal cord <input type="checkbox"/> Upper gingiva <input type="checkbox"/> Uvula <input type="checkbox"/> Ventral surface of tongue <input type="checkbox"/> Vestibule of mouth, mandibular <input type="checkbox"/> Vestibule of mouth, maxillary <input type="checkbox"/> Other (specify)		
264a	Specify anatomic site of OTHER tissue	_____	6584916	Specify the site of OTHER tissue, if not in the previous list.
265	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
266	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.
Additional OTHER biospecimen Information (if applicable)				
267	Are you submitting an additional OTHER tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate whether an additional OTHER tissue sample (pre-malignant, non-malignant, or dysplastic tissue, etc.) is being submitted for HCMI for this case. Note: If yes, proceed to Question 268, otherwise, skip to Question 278.

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
268	OTHER tissue biospecimen ordinal	_____	6584267	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
269	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.
270	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.
271	OTHER tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> OCT <input type="checkbox"/> FFPE <input type="checkbox"/> Snap frozen <input type="checkbox"/> Frozen	5432521	Provide the method used to preserve the OTHER tissue sample collected for molecular characterization.
272	Other method of cancer sample procurement	<input type="checkbox"/> Buccal mucosal resection <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Endolaryngeal excision <input type="checkbox"/> Excision <input type="checkbox"/> Fine needle aspirate <input type="checkbox"/> Glossectomy <input type="checkbox"/> Incisional biopsy <input type="checkbox"/> Laryngopharyngectomy <input type="checkbox"/> Mandibulectomy <input type="checkbox"/> Maxillectomy <input type="checkbox"/> Neck (lymph node) dissection <input type="checkbox"/> Palatotomy <input type="checkbox"/> Parotidectomy, deep <input type="checkbox"/> Parotidectomy, not specified <input type="checkbox"/> Parotidectomy, superficial <input type="checkbox"/> Parotidectomy, total <input type="checkbox"/> Partial laryngectomy <input type="checkbox"/> Partial maxillectomy <input type="checkbox"/> Radical maxillectomy <input type="checkbox"/> Resection, sublingual gland <input type="checkbox"/> Resection, submandibular gland <input type="checkbox"/> Supracricoid laryngectomy <input type="checkbox"/> Supraglottic laryngectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> Total laryngectomy <input type="checkbox"/> Transoral laser excision (glottis) <input type="checkbox"/> Vertical hemilaryngectomy <input type="checkbox"/> Other (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 272a, otherwise, skip to Question 273.
272a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
273	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.
274	Tissue type	<input type="checkbox"/> Pre-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 274a, otherwise, skip to Question 275.
274a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.

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Tissue Source Site (TSS) Name: _____ HCMI Identifier (ID3): _____
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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
275	Anatomic site of OTHER tissue	<input type="checkbox"/> Alveolar process, mandibular <input type="checkbox"/> Alveolar process, maxillary <input type="checkbox"/> Anterior commissure <input type="checkbox"/> Anterior floor of mouth <input type="checkbox"/> Anterior two-thirds of tongue <input type="checkbox"/> Aryepiglottic folds <input type="checkbox"/> Arytenoid(s) <input type="checkbox"/> Base of tongue, including lingual tonsil <input type="checkbox"/> Buccal mucosa <input type="checkbox"/> Commissure of lip <input type="checkbox"/> Dorsal surface of tongue <input type="checkbox"/> Epiglottis, laryngeal aspect <input type="checkbox"/> Epiglottis, lingual aspect <input type="checkbox"/> External lower lip <input type="checkbox"/> External upper lip <input type="checkbox"/> False vocal cord <input type="checkbox"/> Floor of mouth <input type="checkbox"/> Glottis, with subglottic extension <input type="checkbox"/> Hard palate <input type="checkbox"/> Larynx ventricle <input type="checkbox"/> Lateral border of tongue <input type="checkbox"/> Lower gingiva <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Mucosa of lower lip <input type="checkbox"/> Mucosa of upper lip <input type="checkbox"/> Nasal cavity, NOS <input type="checkbox"/> Nasal floor <input type="checkbox"/> Nasal lateral wall <input type="checkbox"/> Nasal septum <input type="checkbox"/> Nasal vestibule <input type="checkbox"/> Nasopharyngeal tonsils (adenoids) <input type="checkbox"/> Palatine tonsil <input type="checkbox"/> Paranasal sinus(es), ethmoid <input type="checkbox"/> Paranasal sinus(es), frontal <input type="checkbox"/> Paranasal sinus(es), maxillary <input type="checkbox"/> Paranasal sinus(es), sphenoid <input type="checkbox"/> Parotid gland, deep lobe <input type="checkbox"/> Parotid gland, superficial lobe <input type="checkbox"/> Parotid gland, total <input type="checkbox"/> Pharyngeal wall (posterior and/or lateral) <input type="checkbox"/> Pharyngeal wall (posterior) <input type="checkbox"/> Piriform sinus <input type="checkbox"/> Postcricoid <input type="checkbox"/> Posterior commissure <input type="checkbox"/> Retromolar area <input type="checkbox"/> Soft palate <input type="checkbox"/> Subglottis <input type="checkbox"/> Sublingual gland <input type="checkbox"/> Submandibular gland <input type="checkbox"/> True vocal cord <input type="checkbox"/> Upper gingiva <input type="checkbox"/> Uvula <input type="checkbox"/> Ventral surface of tongue <input type="checkbox"/> Vestibule of mouth, mandibular <input type="checkbox"/> Vestibule of mouth, maxillary <input type="checkbox"/> Other (specify)	6696813	Select the site from which the OTHER tissue used to develop the model was derived. Note: If the OTHER tissue site is not listed, proceed to Question 275a, otherwise, skip to Question 276.
275a	Specify anatomic site of OTHER tissue		6584916	Specify the site of OTHER tissue, if not in the previous list.

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

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
276	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
277	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.
Other Tissue Model Information				
278	OTHER tissue model biospecimen ordinal	_____	6594590	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
279	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.
280	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.
281	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
282	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.
Additional Other Tissue Model Information (if applicable)				
283	OTHER tissue model biospecimen ordinal	_____	6594590	Please provide a number to identify which biospecimen this is in the sequence. Note: The first biospecimen should be number "1," the second should be number "2," etc.
284	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.
285	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.
286	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
287	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.