

Enrollment: Neuroendocrine Supplement

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



Form Notes: A Neuroendocrine Supplement Enrollment Form should be completed for each HCMI neuroendocrine tumor case upon qualification notice from Leidos. The Neuroendocrine Supplement Enrollment form should be completed for each tissue sample that is classified as a neuroendocrine tumor.

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	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.
4	Indicate whether Ki-67 staining was performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	5653372	Indicate whether Ki-67 staining was performed. Note: If Ki-67 staining was performed, proceed to Question 5, otherwise, skip to Question 8.
5	Number of Ki-67 nuclear positive stained cells	_____	3235077	Indicate the number of Ki-67 nuclear positive stained cells.
6	Total cells counted	_____	3235081	Indicate the total number of cell counted.
7	Ki-67 percent nuclei	_____ %	2842564	Indicate the percentage Ki-67 nuclear positive stained cells.
8	Number of mitoses?	_____	7069579	Indicate the number of mitoses.
9	Total area	_____	7069580	Indicate the surface area in mm ² where mitoses were counted.
10	Neuroendocrine tumor histopathologic grade	<input type="checkbox"/> Low grade <input type="checkbox"/> Intermediate grade <input type="checkbox"/> High grade	4614617	Indicate the histopathologic grade of the neuroendocrine tissue sample.
11	Chromogranin A value	_____ ng/mL	2500950	Indicate the Chromogranin A tumor marker test result measured in ng/mL.
12	Chromogranin B value	_____ ng/mL	7069581	Indicate the Chromogranin B tumor marker test result measured in ng/mL.
13	Urinary 5HIAA value	_____ mg/24 hour	2501274	Indicate the 5-Hydroxyindoleacetic Acid tumor marker result value in mg per 24 hour.
14	Neuron-specific enolase (NSE) value	_____ mcg/L	2501111	Indicate the Neuron-Specific Enolase Tumor Marker result value in mcg per liter.
15	Neuroendocrine functional tumor status	<input type="checkbox"/> Cannot be assessed <input type="checkbox"/> Functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> Functional status unknown	6941879	Indicate the neuroendocrine functional tumor status.
16	Indicate the functional type of neuroendocrine tumor	<input type="checkbox"/> Insulin-producing (insulinoma) <input type="checkbox"/> Glucagon-producing (glucagonoma) <input type="checkbox"/> Somatostatin-producing (somatostatinoma) <input type="checkbox"/> Gastrin-producing (gastrinoma) <input type="checkbox"/> Vasoactive intestinal polypeptide (VIP)-producing (VIPoma) <input type="checkbox"/> Serotonin-producing (carcinoid) <input type="checkbox"/> Other (specify)	6941881	Indicate the functional type of neuroendocrine tumor. Note: If the functional type is not listed, proceed to Question 16a, otherwise, skip to Question 17.

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16a	Specify the other functional type of neuroendocrine tumor		6941882	If the functional type of neuroendocrine tumor present is not included on the previous list, provide the functional type of neuroendocrine tumor present.
17	Was Chromogranin A IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7069582	Indicate whether Chromogranin A expression was assessed by immunohistochemistry (IHC). Note: If Chromogranin A IHC was performed, proceed to Question 18, otherwise, skip to Question 19.
18	Chromogranin A expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Intermediate <input type="checkbox"/> Not done	7069583	Indicate the status of Chromogranin A protein expression as determined by immunohistochemistry (IHC).
19	Was Synaptophysin IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7069584	Indicate whether Synaptophysin expression was assessed by immunohistochemistry (IHC). Note: If Synaptophysin IHC was performed, proceed to Question 20, otherwise, skip to Question 21.
20	Synaptophysin expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Intermediate <input type="checkbox"/> Not done	5243435	Indicate the status of Synaptophysin protein expression as determined by immunohistochemistry (IHC).
21	Was NCAM/CD56 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7069585	Indicate whether NCAM/CD56 expression was assessed by immunohistochemistry (IHC). Note: If NCAM/CD56 IHC was performed, proceed to Question 22, otherwise, skip to Question 23.
22	NCAM/CD56 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Intermediate <input type="checkbox"/> Not done	7069586	Indicate the status of NCAM/CD56 protein expression as determined by immunohistochemistry (IHC).
23	Was CDX-2 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6690715	Indicate whether CDX-2 expression was assessed by immunohistochemistry (IHC). Note: If CDX-2 IHC was performed, proceed to Question 24, otherwise, skip to Question 25.
24	CDX-2 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Intermediate <input type="checkbox"/> Not done	6690732	Indicate the status of CDX-2 protein expression as determined by immunohistochemistry (IHC).
25	Was TTF-1 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7069588	Indicate whether TTF-1 expression was assessed by immunohistochemistry (IHC). Note: If TTF-1 IHC was performed, proceed to Question 26.
26	TTF-1 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Intermediate <input type="checkbox"/> Not done	7069587	Indicate the status of TTF-1 protein expression as determined by immunohistochemistry (IHC).