

Enrollment: Pancreas

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



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

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

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10	Number of days from index date to date of last contact	_____	3008273	Provide the number of days from the index date to the date of last contact.
11	Patient age on index date	_____	6379572	Provide the age (in days) of the patient on the index date. Note: If the patient's age is greater than 32,872 days (90 years), please enter 32,872.
12	Year of birth	_____	2896954	Provide the year of the patient's birth. If the patient was born prior to 1928, insert the date 1928.
13	Family history of cancer	<input type="checkbox"/> Same <input type="checkbox"/> Different <input type="checkbox"/> None <input type="checkbox"/> Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?
14	Smoking history	<input type="checkbox"/> Lifelong non-smoker (<100 cigarettes smoked in a lifetime) <input type="checkbox"/> Current smoker (includes daily and non-daily smokers) <input type="checkbox"/> Current reformed smoker (duration not specified) <input type="checkbox"/> Current reformed smoker for >15 years <input type="checkbox"/> Current reformed smoker for ≤15 years	2181650	Indicate the patient's history of tobacco smoking as well as their current smoking status using the defined categories.
15	Metastasis at diagnosis assessment status	<input type="checkbox"/> Metastatic <input type="checkbox"/> Non-metastatic (confirmed) <input type="checkbox"/> Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor. Note: If metastatic at diagnosis, proceed to Question 16, otherwise, skip to Question 17.
16	Metastatic site(s) at diagnosis	<input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Peritoneum <input type="checkbox"/> Other (specify)	3029815	Indicate the site(s) of metastasis at the time of diagnosis of the primary tumor. Note: If the anatomic site of tumor tissue is not listed, proceed to Question 16a, otherwise, skip to Question 17.
16a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
17	Alcohol exposure intensity	<input type="checkbox"/> Drinker <input type="checkbox"/> Heavy drinker <input type="checkbox"/> Lifetime non-drinker <input type="checkbox"/> Non-drinker <input type="checkbox"/> Occasional drinker <input type="checkbox"/> Not evaluated	3457767	Select the patient's current level of alcohol use as self-reported by the patient.
18	Amount of alcohol consumption per week	_____	3114013	Provide the average number of days each week that the patient consumes an alcoholic beverage.
19	History of diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3197322	Indicate whether the patient has a diagnosis of diabetes. Note: If the patient does not have a history of diabetes, skip to Question 22.
20	Number of days from the index date to the date of diabetes onset	_____	3457768	Provide the number of days from the index date to the date the patient was diagnosed with diabetes.
21	Diabetes treatment	<input type="checkbox"/> Injected insulin <input type="checkbox"/> Biguanide <input type="checkbox"/> Sulfonylurea <input type="checkbox"/> Thiazolidinedione <input type="checkbox"/> Alpha-glucosidase inhibitor <input type="checkbox"/> Other (specify)	3587247	Select all diabetes mellitus treatments given to the patient. Note: If the diabetes treatment is not listed, proceed to Question 21a, otherwise, skip to Question 22.

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21a	Other diabetes treatment	_____	3587240	If the patient's diabetes treatment is not included on the previous list, provide the name of the other diabetes treatment.
22	Prior clinical history, if known	<input type="checkbox"/> IPMN <input type="checkbox"/> Chronic pancreatitis <input type="checkbox"/> Neuroendocrine tumor <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown	5983086	Provide the patient's clinical history that may increase risk of pancreatic cancer.
23	Basis of diagnosis of prior clinical history	<input type="checkbox"/> Histologic <input type="checkbox"/> Pathologic <input type="checkbox"/> Radiologic <input type="checkbox"/> Not applicable	5946730	Select the method used to determine the diagnosis of prior clinical history.
24	History of clinical chronic pancreatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	3457760	Indicate whether or not the patient has a history of clinical chronic pancreatitis. Note: If the patient does not have a history of chronic pancreatitis, skip to Question 26.
25	Year of chronic pancreatitis diagnosis	_____	3457763	Provide the year that the patient was diagnosed with clinical chronic pancreatitis.
Biospecimen Information				
26	Tissue sample type(s) collected for HCMI for this case	<input type="checkbox"/> Normal tissue <input type="checkbox"/> Recurrent <input type="checkbox"/> Primary tumor <input type="checkbox"/> Other tissue <input type="checkbox"/> Metastatic	2006911	Please select all the tissue sample types submitted for HCMI with this case.
27	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.
28	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.
29	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.
30	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.

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31	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				
32	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.
33	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.
34	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.
35	Type of normal control	<input type="checkbox"/> Whole blood <input type="checkbox"/> Buccal cells <input type="checkbox"/> Buffy coat <input type="checkbox"/> Lymphocytes <input type="checkbox"/> Extracted DNA from blood <input type="checkbox"/> Extracted DNA from saliva <input type="checkbox"/> Extracted DNA from buccal cells <input type="checkbox"/> Extracted DNA from normal tissue <input type="checkbox"/> FFPE non-neoplastic tissue <input type="checkbox"/> Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
36	Anatomic site of normal tissue	<input type="checkbox"/> Duodenum <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Pancreas <input type="checkbox"/> Skin <input type="checkbox"/> Spleen <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 36a, otherwise, skip to Question 37.
36a	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.
37	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'.
38	Normal tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> OCT <input type="checkbox"/> FFPE <input type="checkbox"/> Snap frozen <input type="checkbox"/> Frozen	5432521	Provide the method used to preserve the normal tissue sample collected for molecular characterization.
Primary Tumor Biospecimen Information				
39	ICD-10 code for primary tumor	<input type="checkbox"/> C25.0 <input type="checkbox"/> C25.7 <input type="checkbox"/> C25.1 <input type="checkbox"/> C25.8 <input type="checkbox"/> C25.2 <input type="checkbox"/> C25.9 <input type="checkbox"/> C25.3 <input type="checkbox"/> Other (specify) <input type="checkbox"/> C25.4	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 39a, otherwise, skip to Question 40.

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39a	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.
40	Tumor Morphology	<input type="checkbox"/> 8013/3 <input type="checkbox"/> 8453/3 <input type="checkbox"/> 8550/3 <input type="checkbox"/> 8020/3 <input type="checkbox"/> 8470/3 <input type="checkbox"/> 8551/3 <input type="checkbox"/> 8035/3 <input type="checkbox"/> 8480/3 <input type="checkbox"/> 8560/3 <input type="checkbox"/> 8041/3 <input type="checkbox"/> 8490/3 <input type="checkbox"/> 8576/3 <input type="checkbox"/> 8246/3 <input type="checkbox"/> 8500/3 <input type="checkbox"/> 8971/3 <input type="checkbox"/> 8441/3 <input type="checkbox"/> 8510/3 <input type="checkbox"/> Other <input type="checkbox"/> 8452/3 <input type="checkbox"/> 8510/3 (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 40a, otherwise, skip to Question 41.
40a	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.
41	Tissue or organ of origin	<input type="checkbox"/> Pancreas <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 41a, otherwise skip to Question 42.
41a	Other tissue or organ of origin	<input type="checkbox"/> Abdomen <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Ovary <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Palate <input type="checkbox"/> Anus <input type="checkbox"/> Pancreas <input type="checkbox"/> Appendix <input type="checkbox"/> Penis <input type="checkbox"/> Bladder <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Bone <input type="checkbox"/> Peritoneum <input type="checkbox"/> Breast <input type="checkbox"/> Pharynx <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Esophagus <input type="checkbox"/> Prostate gland <input type="checkbox"/> Eye <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Gallbladder <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Gum <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Skin <input type="checkbox"/> Heart <input type="checkbox"/> Small intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Spinal cord <input type="checkbox"/> Larynx <input type="checkbox"/> Spleen <input type="checkbox"/> Lip <input type="checkbox"/> Stomach <input type="checkbox"/> Liver <input type="checkbox"/> Testis <input type="checkbox"/> Lung <input type="checkbox"/> Thymus <input type="checkbox"/> Lymph node <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Male genital organs <input type="checkbox"/> Tongue <input type="checkbox"/> Mediastinum <input type="checkbox"/> Tonsil <input type="checkbox"/> Meninges <input type="checkbox"/> Trachea <input type="checkbox"/> Mouth <input type="checkbox"/> Unknown primary <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Urinary system <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Uterus <input type="checkbox"/> Nervous system <input type="checkbox"/> Vagina <input type="checkbox"/> Oropharynx <input type="checkbox"/> Vulva	3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.

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42	Histological Type	<input type="checkbox"/> Pancreatic 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 42a, otherwise, skip to Question 43.
42a	Other histological type	_____	3294805	If the traditional surgical pathology text description of the histological tumor type is not included on the previous list, please specify the histological type.
43	Histological subtype	<input type="checkbox"/> Acinar cell carcinoma <input type="checkbox"/> Acinar cell cystadenocarcinoma <input type="checkbox"/> Adenocarcinoma ductal type <input type="checkbox"/> Hepatoid carcinoma <input type="checkbox"/> High-grade neuroendocrine carcinoma (large cell type) <input type="checkbox"/> High-grade neuroendocrine carcinoma (small cell type) <input type="checkbox"/> Inflammatory myofibroblastic tumor <input type="checkbox"/> Intraductal papillary mucinous neoplasm (IPMN, main duct/mixed) <input type="checkbox"/> Intraductal papillary mucinous neoplasm (IPMN, side duct) <input type="checkbox"/> Invasive adenocarcinoma arising from IPMN <input type="checkbox"/> Invasive carcinoma arising in MCN <input type="checkbox"/> Medullary carcinoma <input type="checkbox"/> Mixed acinar-ductal carcinomas <input type="checkbox"/> Mixed acinar-neuroendocrine carcinoma <input type="checkbox"/> Mixed ductal-neuroendocrine carcinoma <input type="checkbox"/> Mucinous cystic neoplasms (MCN) <input type="checkbox"/> Pancreas colloid (mucinous non-cystic) carcinoma <input type="checkbox"/> Pancreatoblastoma <input type="checkbox"/> Serous cystic adenoma (SCA) <input type="checkbox"/> Signet ring cell carcinoma <input type="checkbox"/> Solid pseudopapillary neoplasm <input type="checkbox"/> Undifferentiated (anaplastic) carcinoma <input type="checkbox"/> Undifferentiated carcinoma with osteoclast-like giant cells <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)	3081934	Using the patient's pathology/laboratory report, select the histological subtype of the primary tumor. Note: If the histological subtype is not listed, proceed to Question 43a, otherwise, skip to Question 44.
43a	Other histological subtype	_____	5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
44	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.
45	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.
46	AJCC cancer staging edition	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th <input type="checkbox"/> 7 th <input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 3 rd <input type="checkbox"/> 6 th	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
47	AJCC clinical stage group	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IV	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).

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48	AJCC pathologic spread: Primary tumor (pT)	<input type="checkbox"/> T0 <input type="checkbox"/> T1b <input type="checkbox"/> T3 <input type="checkbox"/> Tis <input type="checkbox"/> T1c <input type="checkbox"/> T4 <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> TX <input type="checkbox"/> T1a	3045435	Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) as defined by the American Joint Committee on Cancer (AJCC).
49	AJCC pathologic spread: Lymph nodes (pN)	<input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> NX	3203106	Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) as defined by the American Joint Committee on Cancer (AJCC).
50	AJCC pathologic spread: Distant metastases (pM)	<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	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).
51	AJCC tumor stage (pathological)	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage 1A <input type="checkbox"/> Stage III <input type="checkbox"/> Stage 1B <input type="checkbox"/> Stage IV	3065862	Using the patient's pathology/laboratory report, in conjunction with the patient's medical record, select the tumor stage as defined by the American Joint Committee on Cancer (AJCC).
52	Tumor grade	<input type="checkbox"/> G1-Well differentiated <input type="checkbox"/> G2-Moderately differentiated <input type="checkbox"/> G3-Poorly differentiated <input type="checkbox"/> GX-Unknown	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.
53	Number of peripancreatic lymph nodes tested at surgery	_____	6050944	Provide the total number of peripancreatic lymph nodes tested for the presence of pancreatic cancer cells.
54	Number of positive peripancreatic lymph nodes	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> ≥4 <input type="checkbox"/> Unknown	5983082	Select the numeric range of the number of peripancreatic lymph nodes that tested positive for the presence of pancreatic cancer cells.
55	Has the CEA level of the patient been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3107563	Indicate whether the Carcinoembryonic antigen (CEA) level of the patient has been determined. Note: If the patient's CEA level has not been determined, skip to Question 58.
56	CEA level	_____	2752	Provide the patient's carcinoembryonic (CEA) level (ng/ml).
57	CEA level upper limit of normal value	_____	2002247	Provide the numeric laboratory value (ng/ml) representing the upper level of the normal range of values for carcinoembryonic antigen (CEA) in blood used to comparatively reference the patient's lab result.
58	Was tumor marker CA-19-9 test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2891778	Indicate whether the patient's tumor marker CA-19-9 value was assessed. Note: If the CA-19-9 test was not performed, skip to Question 60.
59	What was the CA-19-9 value?	_____	65302	Provide the patient's CA-19-9 level.
Primary Tumor Clinical Molecular Characterization				
60	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If not performed, skip to Question 61.
61	Was a mutation in KRAS identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 63.

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62	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13D <input type="checkbox"/> Q61L <input type="checkbox"/> G12D <input type="checkbox"/> G13R <input type="checkbox"/> Q61H <input type="checkbox"/> G12R <input type="checkbox"/> G13C <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13A <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 62a, otherwise, skip to Question 63.
62a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
63	Was TP53 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063448	Indicate whether TP53 mutation analysis was performed. Note: If not performed, skip to Question 65.
64	If TP53 mutation identified, which one?	<input type="checkbox"/> R175H <input type="checkbox"/> R248Q <input type="checkbox"/> R273H <input type="checkbox"/> R213L <input type="checkbox"/> R248W <input type="checkbox"/> R273L <input type="checkbox"/> Y220C <input type="checkbox"/> G266E <input type="checkbox"/> R282G <input type="checkbox"/> C238Y <input type="checkbox"/> G266V <input type="checkbox"/> R282W <input type="checkbox"/> G245D <input type="checkbox"/> V272M <input type="checkbox"/> Other <input type="checkbox"/> G245S <input type="checkbox"/> R273C (specify)	6063731	Indicate the specific TP53 mutation identified. Note: If the TP53 mutation is not listed, proceed to Question 64a, otherwise, skip to Question 65
64a	Other TP53 mutation(s)	_____	6101683	If the TP53 mutation identified is not provided in the previous list, specify the TP53 mutation.
65	Was CDKN2A mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063449	Indicate whether CDKN2A mutation analysis was performed. Note: If not performed, skip to Question 68.
66	Was a mutation in CDKN2A identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063534	Indicate whether a mutation in CDKN2A was identified through mutation analysis. Note: If mutation was not identified, skip to Question 68.
67	If CDKN2A mutation identified, which one?	<input type="checkbox"/> A30V <input type="checkbox"/> H83Y <input type="checkbox"/> A147T <input type="checkbox"/> V51D <input type="checkbox"/> D108H <input type="checkbox"/> A148T <input type="checkbox"/> V51I <input type="checkbox"/> D108Y <input type="checkbox"/> Other <input type="checkbox"/> H83P <input type="checkbox"/> L130Q (specify)	6063732	Indicate the specific CDKN2A mutation identified. Note: If the CDKN2A mutation is not listed, proceed to Question 67a, otherwise, skip to Question 68.
67a	Other CDKN2A mutation(s)	_____	6101684	If the CDKN2A mutation identified is not provided in the previous list, specify the CDKN2A mutation.
68	Was GNAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063450	Indicate whether GNAS mutation analysis was performed. Note: If not performed, skip to Question 71.
69	Was a mutation in GNAS identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5983161	Indicate whether a mutation in GNAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 71.
70	If GNAS mutation identified, which one?	<input type="checkbox"/> Q125R <input type="checkbox"/> R201S <input type="checkbox"/> Q227P <input type="checkbox"/> R160C <input type="checkbox"/> Q227E <input type="checkbox"/> Q227R <input type="checkbox"/> R201C <input type="checkbox"/> Q227L <input type="checkbox"/> Other <input type="checkbox"/> R201H (specify)	6063733	Indicate the specific GNAS mutation identified. Note: If the GNAS mutation is not listed, proceed to Question 70a, otherwise, skip to Question 71.
70a	Other GNAS mutation(s)	<input type="checkbox"/> _____	6101685	If the GNAS mutation identified is not provided in the previous list, specify the GNAS mutation.
71	Was RNF43 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063451	Indicate whether RNF43 mutation analysis was performed. Note: If not performed, skip to Question 72.
72	Was a mutation in RNF43 identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5983286	Indicate whether a mutation in RNF43 was identified through mutation analysis. Note: If mutation was not identified, skip to Question 74.

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73	If RNF43 mutation identified, which one?	<input type="checkbox"/> R127P <input type="checkbox"/> A169T <input type="checkbox"/> D140E <input type="checkbox"/> E318D <input type="checkbox"/> P154L <input type="checkbox"/> Other (specify)	6063734	Indicate the specific RNF43 mutation identified. Note: If the RNF43 mutation is not listed, proceed to Question 73a, otherwise, skip to Question 74.
73a	Other RNF43 mutation(s)	_____	6101686	If the RNF43 mutation identified is not provided in the previous list, specify the RNF43 mutation.
74	Was SMAD4 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063646	Indicate whether SMAD4 protein expression by immunohistochemistry (IHC) analysis was performed. Note: If not performed, skip to Question 76.
75	SMAD4 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063676	Indicate the status of SMAD4 protein expression as determined by immunohistochemistry (IHC).
Primary Tumor Sample Information				
76	Are you submitting a primary tumor tissue sample for this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, proceed to question 77, otherwise, skip to Question 93.
77	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. Note: This number should be "1".
78	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.
79	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.
80	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 81, otherwise, skip to Question 82.
81	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
82	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.
83	Anatomic site of tumor from which model was derived	<input type="checkbox"/> Pancreatic head <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic body <input type="checkbox"/> Lymph node <input type="checkbox"/> Pancreatic tail <input type="checkbox"/> Peritoneum <input type="checkbox"/> Liver <input type="checkbox"/> Other (specify)	6033148	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ of origin is not listed, proceed to Question 83a. Otherwise, skip to Question 84.
83a	Other anatomic site from which the tumor was obtained	_____	5946219	If not provided in the previous list, provide the anatomic site of the tumor tissue sample used to generate the model for HCMI.
84	Method of cancer sample procurement	<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Distal partial pancreatectomy <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Paracentesis <input type="checkbox"/> Whipple procedure <input type="checkbox"/> Other method (specify)	3103514	Provide the procedure performed to obtain the primary tumor tissue. Note: If the method of procurement is not listed, proceed to Question 84a, otherwise, skip to Question 85.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
84a	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.
85	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.
86	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				
87	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".
88	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.
89	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.
90	Model represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?
91	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.
92	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
93	History of neoadjuvant treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes; radiation prior to resection <input type="checkbox"/> Yes; pharmaceutical treatment prior to resection <input type="checkbox"/> Yes; both radiation and pharmaceutical treatment prior to resection <input type="checkbox"/> Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. Note: Radiation therapy is addressed in Questions 101-102. Pharmaceutical therapy is addressed in Questions 95-100.
94	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 95-96. Immunotherapy is addressed in Questions 97-98. Targeted therapy is addressed in Questions 99-100.
95	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> 5-Fluorouracil <input type="checkbox"/> Albumin-bound Paclitaxel <input type="checkbox"/> Capecitabine <input type="checkbox"/> Cisplatin <input type="checkbox"/> Docetaxel <input type="checkbox"/> Folfirinox (Oxaliplatin + Leucovorin + Irinotecan + 5-FU) <input type="checkbox"/> Gemcitabine <input type="checkbox"/> Gemcitabine abraxane <input type="checkbox"/> Irinotecan <input type="checkbox"/> Irinotecan liposome <input type="checkbox"/> Oxaliplatin <input type="checkbox"/> Paclitaxel <input type="checkbox"/> Other (specify)	2853313	Select all chemotherapeutics used for neoadjuvant therapy. Note: If neoadjuvant chemotherapy was not given, skip to Question 97. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 95a, otherwise, skip to Question 96.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
95a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
96	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.
97	Immunotherapy name, specify	_____	2953828	Provide the name of the immunotherapy administered to the patient. Note: If immunotherapy was not administered, skip to Question 99.
98	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
99	Targeted Therapy	<input type="checkbox"/> Erlotinib <input type="checkbox"/> Other (specify)	6033149	Select the targeted molecular therapy administered to the patient. Note: If targeted therapy was not given, proceed to Question 101. If the targeted therapy is not listed, proceed to Question 99a, otherwise, skip to Question 100.
99a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
100	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.
101	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 103. If the radiation therapy is not listed, proceed to Question 101a, otherwise, skip to Question 102.
101a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
102	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				
103	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 104. If submitting an OTHER tissue sample, proceed to Question 194.
104	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.
105	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
106	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.
107	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.
108	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.
109	Method of metastatic/ recurrent cancer sample procurement	<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Distal partial pancreatectomy <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Paracentesis <input type="checkbox"/> Whipple procedure <input type="checkbox"/> Other (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 109a, otherwise, skip to Question 110.
109a	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.
110	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.
111	Metastatic/ recurrent site	<input type="checkbox"/> Pancreatic head <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic body <input type="checkbox"/> Lymph node <input type="checkbox"/> Pancreatic tail <input type="checkbox"/> Peritoneum <input type="checkbox"/> Liver <input type="checkbox"/> Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. Note: If the metastatic/recurrent site is not listed, proceed to Question 111a, otherwise, skip to Question 112.
111a	Other metastatic/ recurrent site	<input type="checkbox"/> Abdomen <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Ovary <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Palate <input type="checkbox"/> Anus <input type="checkbox"/> Pancreas <input type="checkbox"/> Appendix <input type="checkbox"/> Penis <input type="checkbox"/> Bladder <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Bone <input type="checkbox"/> Peritoneum <input type="checkbox"/> Breast <input type="checkbox"/> Pharynx <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Esophagus <input type="checkbox"/> Prostate gland <input type="checkbox"/> Eye <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Gallbladder <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Gum <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Skin <input type="checkbox"/> Heart <input type="checkbox"/> Small intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Spinal cord <input type="checkbox"/> Larynx <input type="checkbox"/> Spleen <input type="checkbox"/> Lip <input type="checkbox"/> Stomach <input type="checkbox"/> Liver <input type="checkbox"/> Testis <input type="checkbox"/> Lung <input type="checkbox"/> Thymus <input type="checkbox"/> Lymph node <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Male genital organs <input type="checkbox"/> Tongue <input type="checkbox"/> <input type="checkbox"/> Tonsil	3128033	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.

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		<input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx	<input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva		
112	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.	
113	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.	
114	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.	
115	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.	
116	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.	
117	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.	
118	Is the patient still receiving treatment?	_____	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy.	
119	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.	
120	Number of peripancreatic lymph nodes tested at surgery	_____	6050944	Provide the total number of peripancreatic lymph nodes tested for the presence of pancreatic cancer cells.	
121	Number of positive peripancreatic lymph nodes	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> ≥4 <input type="checkbox"/> Unknown	5983082	Select the numeric range of the number of peripancreatic lymph nodes that tested positive for the presence of pancreatic cancer cells.	
122	Has the CEA level of the patient been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3107563	Indicate whether the Carcinoembryonic antigen (CEA) level of the patient has been determined. Note: If the patient's CEA level has not been determined, skip to Question 125.	
123	CEA level	_____	2752	Provide the patient's carcinoembryonic (CEA) level (ng/ml).	

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
124	CEA level upper limit of normal value	_____	2002247	Provide the numeric laboratory value (ng/ml) representing the upper level of the normal range of values for carcinoembryonic antigen (CEA) in blood used to comparatively reference the patient's lab result.
125	Was tumor marker CA-19-9 test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2891778	Indicate whether the patient's tumor marker CA-19-9 value was assessed. Note: If the CA-19-9 test was not performed, skip to Question 127.
126	What was the CA-19-9 value?	_____	65302	Provide the patient's CA-19-9 level.
Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses				
127	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If not performed, skip to Question 130.
128	Was a mutation in KRAS identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 130.
129	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13D <input type="checkbox"/> Q61L <input type="checkbox"/> G12D <input type="checkbox"/> G13R <input type="checkbox"/> Q61H <input type="checkbox"/> G12R <input type="checkbox"/> G13C <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13A <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 129a, otherwise, skip to Question 130.
129a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
130	Was TP53 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063448	Indicate whether TP53 mutation analysis was performed. Note: If not performed, skip to Question 132.
131	If TP53 mutation identified, which one?	<input type="checkbox"/> R175H <input type="checkbox"/> R248Q <input type="checkbox"/> R273H <input type="checkbox"/> R213L <input type="checkbox"/> R248W <input type="checkbox"/> R273L <input type="checkbox"/> Y220C <input type="checkbox"/> G266E <input type="checkbox"/> R282G <input type="checkbox"/> C238Y <input type="checkbox"/> G266V <input type="checkbox"/> R282W <input type="checkbox"/> G245D <input type="checkbox"/> V272M <input type="checkbox"/> Other (specify) <input type="checkbox"/> G245S <input type="checkbox"/> R273C	6063731	Indicate the specific TP53 mutation identified. Note: If the TP53 mutation is not listed, proceed to Question 131a, otherwise, skip to Question 132.
131a	Other TP53 mutation(s)	_____	6101683	If the TP53 mutation identified is not provided in the previous list, specify the TP53 mutation.
132	Was CDKN2A mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063449	Indicate whether CDKN2A mutation analysis was performed. Note: If not performed, skip to Question 135.
133	Was a mutation in CDKN2A identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063534	Indicate whether a mutation in CDKN2A was identified through mutation analysis. Note: If mutation was not identified, skip to Question 135.
134	If CDKN2A mutation identified, which one?	<input type="checkbox"/> A30V <input type="checkbox"/> H83Y <input type="checkbox"/> A147T <input type="checkbox"/> V51D <input type="checkbox"/> D108H <input type="checkbox"/> A148T <input type="checkbox"/> V51I <input type="checkbox"/> D108Y <input type="checkbox"/> Other (specify) <input type="checkbox"/> H83P <input type="checkbox"/> L130Q	6063732	Indicate the specific CDKN2A mutation identified. Note: If the CDKN2A mutation is not listed, proceed to Question 134a, otherwise, skip to Question 135.
134a	Other CDKN2A mutation(s)	_____	6101684	If the CDKN2A mutation identified is not provided in the previous list, specify the CDKN2A mutation.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
146	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.
147	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.
148	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.
149	Method of metastatic/ recurrent cancer sample procurement	<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Distal partial pancreatectomy <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Paracentesis <input type="checkbox"/> Whipple procedure <input type="checkbox"/> Other (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 149a, otherwise, skip to Question 150.
149a	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.
150	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.
151	Metastatic/ recurrent site	<input type="checkbox"/> Pancreatic head <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic body <input type="checkbox"/> Lymph node <input type="checkbox"/> Pancreatic tail <input type="checkbox"/> Peritoneum <input type="checkbox"/> Liver <input type="checkbox"/> Other (specify)	6587394	Select the site from which the metastatic/recurrent tissue used to develop the model was derived. Note: If the metastatic/recurrent site is not listed, proceed to Question 151a, otherwise, skip to Question 152.
151a	Other metastatic/ recurrent site	<input type="checkbox"/> Abdomen <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Ovary <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Palate <input type="checkbox"/> Anus <input type="checkbox"/> Pancreas <input type="checkbox"/> Appendix <input type="checkbox"/> Penis <input type="checkbox"/> Bladder <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Bone <input type="checkbox"/> Peritoneum <input type="checkbox"/> Breast <input type="checkbox"/> Pharynx <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Esophagus <input type="checkbox"/> Prostate gland <input type="checkbox"/> Eye <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Gallbladder <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Gum <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Skin <input type="checkbox"/> Heart <input type="checkbox"/> Small intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Spinal cord <input type="checkbox"/> Larynx <input type="checkbox"/> Spleen <input type="checkbox"/> Lip <input type="checkbox"/> Stomach <input type="checkbox"/> Liver <input type="checkbox"/> Testis <input type="checkbox"/> Lung <input type="checkbox"/> Thymus <input type="checkbox"/> Lymph node <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.

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		<input type="checkbox"/> Male genital organs <input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx	<input type="checkbox"/> Tonsil <input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva		
152	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.
153	ICD-10 code	_____		3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
154	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.
155	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.
156	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.
157	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.
158	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.
159	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.
160	Number of peripancreatic lymph nodes tested at surgery	_____		6050944	Provide the total number of peripancreatic lymph nodes tested for the presence of pancreatic cancer cells.
161	Number of positive peripancreatic lymph nodes	<input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> ≥4 <input type="checkbox"/> Unknown		5983082	Select the numeric range of the number of peripancreatic lymph nodes that tested positive for the presence of pancreatic cancer cells.
162	Has the CEA level of the patient been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No		3107563	Indicate whether the Carcinoembryonic antigen (CEA) level of the patient has been determined. Note: If the patient's CEA level has not been determined, skip to Question 165.
163	CEA level	_____		2752	Provide the patient's carcinoembryonic (CEA) level (ng/ml).

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
164	CEA level upper limit of normal value	_____	2002247	Provide the numeric laboratory value (ng/ml) representing the upper level of the normal range of values for carcinoembryonic antigen (CEA) in blood used to comparatively reference the patient's lab result.
165	Was tumor marker CA-19-9 test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2891778	Indicate whether the patient's tumor marker CA-19-9 value was assessed. Note: If the CA-19-9 test was not performed, skip to Question 167.
166	What was the CA-19-9 value?	_____	65302	Provide the patient's CA-19-9 level.
Additional Metastatic/Recurrent Tumor Sample: Clinical Molecular Analyses				
167	Was KRAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6060079	Indicate whether KRAS mutation analysis was performed. Note: If not performed, skip to Question 170.
168	Was a mutation in KRAS identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	6060081	Indicate whether a mutation in KRAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 170.
169	If KRAS mutation identified, which one?	<input type="checkbox"/> G12A <input type="checkbox"/> G12V <input type="checkbox"/> G13V <input type="checkbox"/> G12C <input type="checkbox"/> G13D <input type="checkbox"/> Q61L <input type="checkbox"/> G12D <input type="checkbox"/> G13R <input type="checkbox"/> Q61H <input type="checkbox"/> G12R <input type="checkbox"/> G13C <input type="checkbox"/> A146T <input type="checkbox"/> G12S <input type="checkbox"/> G13A <input type="checkbox"/> Other (specify)	6060083	Indicate the specific KRAS mutation identified. Note: If the KRAS mutation is not listed, proceed to Question 169a, otherwise, skip to Question 170.
169a	Other KRAS mutation(s)	_____	6101691	If the KRAS mutation identified is not provided in the previous list, specify the KRAS mutation.
170	Was TP53 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063448	Indicate whether TP53 mutation analysis was performed. Note: If not performed, skip to Question 172.
171	If TP53 mutation identified, which one?	<input type="checkbox"/> R175H <input type="checkbox"/> R248Q <input type="checkbox"/> R273H <input type="checkbox"/> R213L <input type="checkbox"/> R248W <input type="checkbox"/> R273L <input type="checkbox"/> Y220C <input type="checkbox"/> G266E <input type="checkbox"/> R282G <input type="checkbox"/> C238Y <input type="checkbox"/> G266V <input type="checkbox"/> R282W <input type="checkbox"/> G245D <input type="checkbox"/> V272M <input type="checkbox"/> Other (specify) <input type="checkbox"/> G245S <input type="checkbox"/> R273C	6063731	Indicate the specific TP53 mutation identified. Note: If the TP53 mutation is not listed, proceed to Question 171a, otherwise, skip to Question 172.
171a	Other TP53 mutation(s)	_____	6101683	If the TP53 mutation identified is not provided in the previous list, specify the TP53 mutation.
172	Was CDKN2A mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063449	Indicate whether CDKN2A mutation analysis was performed. Note: If not performed, skip to Question 176.
173	Was a mutation in CDKN2A identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6063534	Indicate whether a mutation in CDKN2A was identified through mutation analysis. Note: If mutation was not identified, skip to Question 175.
174	If CDKN2A mutation identified, which one?	<input type="checkbox"/> A30V <input type="checkbox"/> H83Y <input type="checkbox"/> A147T <input type="checkbox"/> V51D <input type="checkbox"/> D108H <input type="checkbox"/> A148T <input type="checkbox"/> V51I <input type="checkbox"/> D108Y <input type="checkbox"/> Other (specify) <input type="checkbox"/> H83P <input type="checkbox"/> L130Q	6063732	Indicate the specific CDKN2A mutation identified. Note: If the CDKN2A mutation is not listed, proceed to Question 174a, otherwise, skip to Question 175.
174a	Other CDKN2A mutation(s)	_____	6101684	If the CDKN2A mutation identified is not provided in the previous list, specify the CDKN2A mutation.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
175	Was GNAS mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063450	Indicate whether GNAS mutation analysis was performed. Note: If not performed, skip to Question 178.
176	Was a mutation in GNAS identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5983161	Indicate whether a mutation in GNAS was identified through mutation analysis. Note: If mutation was not identified, skip to Question 178.
177	If GNAS mutation identified, which one?	<input type="checkbox"/> Q125R <input type="checkbox"/> R201S <input type="checkbox"/> Q227P <input type="checkbox"/> R160C <input type="checkbox"/> Q227E <input type="checkbox"/> Q227R <input type="checkbox"/> R201C <input type="checkbox"/> Q227L <input type="checkbox"/> Other <input type="checkbox"/> R201H (specify)	6063733	Indicate the specific GNAS mutation identified. Note: If the GNAS mutation is not listed, proceed to Question 177a, otherwise, skip to Question 178.
177a	Other GNAS mutation(s)	_____	6101685	If the GNAS mutation identified is not provided in the previous list, specify the GNAS mutation.
178	Was RNF43 mutation analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063451	Indicate whether RNF43 mutation analysis was performed. Note: If not performed, skip to Question 181.
179	Was a mutation in RNF43 identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5983286	Indicate whether a mutation in RNF43 was identified through mutation analysis. Note: If mutation was not identified, skip to Question 181.
180	If RNF43 mutation identified, which one?	<input type="checkbox"/> R127P <input type="checkbox"/> D140E <input type="checkbox"/> P154L <input type="checkbox"/> A169T <input type="checkbox"/> E318D <input type="checkbox"/> Other (specify)	6063734	Indicate the specific RNF43 mutation identified. Note: If the RNF43 mutation is not listed, proceed to Question 180a, otherwise, skip to Question 181.
180a	Other RNF43 mutation(s)	_____	6101686	If the RNF43 mutation identified is not provided in the previous list, specify the RNF43 mutation.
181	Was SMAD4 IHC performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6063646	Indicate whether SMAD4 protein expression by immunohistochemistry (IHC) analysis was performed. Note: If not performed, skip to Question 183.
182	SMAD4 expression by IHC	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal	6063676	Indicate the status of SMAD4 protein expression as determined by immunohistochemistry (IHC).
Metastatic/Recurrent Tumor Model Information				
183	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.
184	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.
185	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.
186	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.
187	Model's METASTATIC/ RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional Metastatic/Recurrent Biospecimen Tumor Model Information (if applicable)				
188	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.
189	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.
190	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.
191	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.
192	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				
193	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 194.
194	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.
195	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.
196	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.
197	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.
198	Other method of cancer sample procurement	<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Distal partial pancreatectomy <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Paracentesis <input type="checkbox"/> Whipple procedure <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 198a, otherwise, skip to Question 199.
198a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
199	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.
200	Tissue type	<input type="checkbox"/> Non-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 200a, otherwise, skip to Question 201.
200a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
201	Anatomic site of OTHER tissue	<input type="checkbox"/> Pancreatic head <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic body <input type="checkbox"/> Lymph node <input type="checkbox"/> Pancreatic tail <input type="checkbox"/> Peritoneum <input type="checkbox"/> Liver <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 201a, otherwise, skip to Question 202.
201a	Specify anatomic site of OTHER tissue	<input type="checkbox"/> Abdomen <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Ovary <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Palate <input type="checkbox"/> Anus <input type="checkbox"/> Pancreas <input type="checkbox"/> Appendix <input type="checkbox"/> Penis <input type="checkbox"/> Bladder <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Bone <input type="checkbox"/> Peritoneum <input type="checkbox"/> Breast <input type="checkbox"/> Pharynx <input type="checkbox"/> Connective, subcutaneous and other soft tissues <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Esophagus <input type="checkbox"/> Prostate gland <input type="checkbox"/> Eye <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Gallbladder <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Gum <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Skin <input type="checkbox"/> Heart <input type="checkbox"/> Small intestine <input type="checkbox"/> Kidney <input type="checkbox"/> Spinal cord <input type="checkbox"/> Larynx <input type="checkbox"/> Spleen <input type="checkbox"/> Lip <input type="checkbox"/> Stomach <input type="checkbox"/> Liver <input type="checkbox"/> Testis <input type="checkbox"/> Lung <input type="checkbox"/> Thymus <input type="checkbox"/> Lymph node <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Male genital organs <input type="checkbox"/> Tongue <input type="checkbox"/> Mediastinum <input type="checkbox"/> Tonsil <input type="checkbox"/> Meninges <input type="checkbox"/> Trachea <input type="checkbox"/> Mouth <input type="checkbox"/> Unknown primary <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Urinary system <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Uterus <input type="checkbox"/> Nervous system <input type="checkbox"/> Vagina <input type="checkbox"/> Oropharynx <input type="checkbox"/> Vulva	6584916	Specify the site of OTHER tissue, if not in the previous list.
202	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
203	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional OTHER biospecimen Information (if applicable)				
204	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 205, otherwise, skip to Question 215.
205	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.
206	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.
207	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.
208	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.
209	Other method of cancer sample procurement	<input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Distal partial pancreatectomy <input type="checkbox"/> Fine needle aspiration biopsy <input type="checkbox"/> Paracentesis <input type="checkbox"/> Whipple procedure <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 209a, otherwise, skip to Question 210.
209a	Specify method of OTHER tissue sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
210	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.
211	Tissue type	<input type="checkbox"/> Non-malignant <input type="checkbox"/> Other (specify)	64784	Indicate the OTHER tissue type. Note: If the OTHER tissue type is not listed, proceed to Question 211a, otherwise, skip to Question 212.
211a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
212	Anatomic site of OTHER tissue	<input type="checkbox"/> Pancreatic head <input type="checkbox"/> Lung <input type="checkbox"/> Pancreatic body <input type="checkbox"/> Lymph node <input type="checkbox"/> Pancreatic tail <input type="checkbox"/> Peritoneum <input type="checkbox"/> Liver <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 212a, otherwise, skip to Question 213.
212a	Specify anatomic site of OTHER tissue	<input type="checkbox"/> Abdomen <input type="checkbox"/> Other ill-defined sites <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Ovary <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Palate <input type="checkbox"/> Anus <input type="checkbox"/> Pancreas <input type="checkbox"/> Appendix <input type="checkbox"/> Penis <input type="checkbox"/> Bladder <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Bone <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous <input type="checkbox"/> Peritoneum	6584916	Specify the site of OTHER tissue, if not in the previous list.

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		<input type="checkbox"/> and other soft tissues <input type="checkbox"/> Esophagus <input type="checkbox"/> Eye <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gum <input type="checkbox"/> Head, face or neck <input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Larynx <input type="checkbox"/> Lip <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node <input type="checkbox"/> Male genital organs <input type="checkbox"/> Mediastinum <input type="checkbox"/> Meninges <input type="checkbox"/> Mouth <input type="checkbox"/> Nasal cavity <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Nervous system <input type="checkbox"/> Oropharynx	<input type="checkbox"/> Pharynx <input type="checkbox"/> Pituitary gland <input type="checkbox"/> Prostate gland <input type="checkbox"/> Rectosigmoid junction <input type="checkbox"/> Renal pelvis <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Skin <input type="checkbox"/> Small intestine <input type="checkbox"/> Spinal cord <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Thymus <input type="checkbox"/> Thyroid gland <input type="checkbox"/> Tongue <input type="checkbox"/> Tonsil <input type="checkbox"/> Trachea <input type="checkbox"/> Unknown primary <input type="checkbox"/> Urinary system <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Vulva		
213	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.	
214	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					
215	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.	
216	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.	
217	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.	
218	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.	
209	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)					
220	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.	

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
221	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.
222	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.
223	Model's OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
224	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.