Enrollment: Stomach

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	☐ Initial pathologic diagnosis ☐ Sample procurement ☐ 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.
Normal Control Information				
4	Type of normal control	☐ Whole blood ☐ Buccal cells ☐ Buffy coat ☐ Lymphocytes ☐ Extracted DNA from blood ☐ Extracted DNA from saliva ☐ Extracted DNA from buccal cells ☐ Extracted DNA from normal tissue ☐ FFPE non-neoplastic tissue ☐ Non-neoplastic tissue	3081936	Indicate the type of normal control submitted for this case.
5	Anatomic site of normal tissue	☐ Skin ☐ Stomach ☐ Other (specify) ☐ Not applicable	4132152	If non-neoplastic tissue was submitted as the normal control, select the anatomic site of the normal tissue. ***Note: If normal tissue was not submitted, select 'Not applicable'. If the anatomic site of normal tissue is not listed, proceed to Question 5a, otherwise, skip to Question 6.***
5a	Other anatomic site of normal tissue	_____	3288189	If the site of the normal tissue was not provided on the provided list, please specify the anatomic site.
6	Distance from tumor to normal control tissue (if not blood)	☐ Adjacent (< or = 2cm) ☐ Distal (>2cm) ☐ Unknown ☐ 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'.***
Tumor Tissue Collected for Molecular Characterization, Sample Information				
7	Tumor tissue sample preservation method	☐ FFPE ☐ Fresh ☐ OCT ☐ Snap frozen	5432521	Provide the method used to preserve the tumor tissue sample collected to be used for molecular characterization.
Cancer Model Information				
8	Anatomic site of tumor from which model was derived	☐ Stomach – antrum ☐ Stomach – body ☐ Stomach – fundus ☐ Gastroesophageal junction ☐ Pylorus ☐ Stomach (NOS) ☐ Ascites ☐ Liver ☐ Lung ☐ Lymph node ☐ Other (specify)	4214629	Indicate the anatomic site of the tumor tissue used to generate the model for the HCMI. ***Note: If the anatomic site of tumor tissue is not listed, proceed to Question 8a, otherwise, skip to Question 9.***
8a	Other anatomic site	_____	5946219	If the anatomic site for the tumor submitted to HCMI is not included on the provided list, specify the anatomic site.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
9	Method of cancer sample procurement	☐ Biopsy ☐ Fine needle aspiration ☐ Fluid drainage ☐ Surgical resection ☐ Other (specify)	3103514	Indicate the procedure performed to obtain the tumor tissue used to generate the model for HCMI. ***Note: If the method of sample procurement is not listed, proceed to Question 9a, otherwise, skip to Question 10.***
9a	Other method of sample procurement	_____	2006730	If the procedure performed to obtain the tumor tissue is not included in the provided list, specify the procedure.
10	Number of days from index date to date of cancer 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.
11	ICD-10 code for model tumor	☐ C16.0 ☐ C16.1 ☐ C16.2 ☐ C16.3 ☐ C16.4 ☐ C16.5 ☐ C16.6 ☐ C16.8 ☐ C16.9 ☐ C77.9 ☐ C78.0 ☐ C78.2 ☐ C78.6 ☐ C78.7 ☐ Other (specify)	3226287	Provide the ICD-10 code for the tumor used to generate the model submitted to HCMI. ***Note: If the ICD-10 code is not listed, proceed to Question 11a, otherwise, skip to Question 12.***
11a	Other ICD-10 code	_____	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.
12	Tumor tissue type	☐ Premalignant ☐ Primary ☐ Recurrent ☐ Metastatic ☐ Additional primary ☐ NOS	3288124	Provide the tumor tissue type for the biospecimen used to produce the model for the HCMI. ***Note: If 'Metastatic' is selected, continue to answer through Question 20. If the tissue is not 'Metastatic', skip to Question 21.***
Metastatic Model Information *(only complete Questions 13-20 if 'Metastatic' was selected in Question 12)*				
13	Age at diagnosis of metastasis	_____	6032752	Provide the age (in days) of the patient when diagnosed with metastatic disease. If the patient's age is greater than 32,507 days (89 years), please enter 32,507.
14	Number of days from index date to date of diagnosis of metastasis	_____	6132218	Provide the number of days from the index date to the date of diagnosis of metastatic disease.
15	Metastatic site	☐ Ascites ☐ Liver ☐ Lung ☐ Non-regional/distant lymph nodes ☐ Peritoneal surfaces ☐ Pleural effusion ☐ Other (specify)	6119068	Select the site from which the metastatic tissue used to develop the model was derived. ***Note: If the metastatic site is not listed, proceed to Question 15a, otherwise, skip to Question 16.***
15a	Other metastatic site	_____	3128033	If not included in the previous list, specify the site from which the metastatic tissue used to develop the model was derived.
16	Maintenance and/or consolidation therapy administered prior to collection of metastatic tissue	_____	6119066	If applicable, provide the name of the maintenance and/or consolidation therapy administered to the patient prior to the collection of the metastatic tissue used to develop the model. ***Note: If maintenance and/or consolidation therapy was not administered, skip to Question 21.***

Enrollment: Stomach

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Completed By: _____ Completion Date (MM/DD/YYYY): _____

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
17	Days from index date to start of maintenance and/or consolidation therapy	_____	5102411	Provide the number of days from the index date to the date maintenance and/or consolidation therapy started.
18	Days from index date to last known date of maintenance and/or consolidation therapy treatment	_____	65167	Provide the number of days from the index date to the last known date of maintenance and/or consolidation therapy treatment.
19	Is the patient still receiving treatment?	☐ Yes ☐ No ☐ Unknown	6379568	Indicate whether the patient is still undergoing maintenance and/or consolidation therapy treatment.
20	Disease status	☐ No evidence of disease ☐ Progressive disease ☐ Stable disease ☐ Unknown	2188290	Provide the disease status following maintenance and/or consolidation therapy.
Patient Information				
21	Gender	☐ Male ☐ Female ☐ 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.
22	Height	_____	649	Provide the patient's height, in centimeters.
23	Weight	_____	651	Provide the patient's weight, in kilograms.
24	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
25	Race	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Unknown ☐ Not allowed to collect	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 Phillippine 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.
26	Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Not allowed to collect	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.

Enrollment: Stomach

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
27	Year of birth	_____	2896954	Provide the year of the patient's birth. If the patient was born prior to 1928, insert the date 1928.
28	Family history of cancer	☐ Same ☐ Different ☐ None ☐ Unknown	5832923	Has a first-degree relative of the patient been diagnosed with a cancer of the same or a different type?
29	Smoking history	☐ Lifelong non-smoker (<100 cigarettes smoked in a lifetime) ☐ Current smoker (includes daily and non-daily smokers) ☐ Current reformed smoker (duration not specified) ☐ Current reformed smoker for >15 years ☐ 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.
Primary Tumor Diagnosis Information				
30	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.
31	Patient age on index date	_____	6379572	Provide the age (in days) of the patient on the index date. If the patient's age is greater than 32,507 days (89 years), please enter 32,507.
32	Morphology	☐ 8020/3 ☐ 8070/3 ☐ 8140/3 ☐ 8211/3 ☐ 8255/3 ☐ 8260/3 ☐ 8480/3 ☐ 8512/3 ☐ 8560/3 ☐ 8576/3 ☐ Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. ***Note: If the morphology is not listed, proceed to Question 32a, otherwise, skip to Question 33.***
32a	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.
33	Tissue or organ of origin	☐ Stomach ☐ Other (specify)	3427536	Using the patient's pathology/laboratory report, select the primary site of the disease. ***Note: If the tissue or organ of origin is not listed, proceed to Question 33a, otherwise, skip to Question 34.***

Enrollment: Stomach

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
33a	Other tissue or organ of origin	☐ Abdomen ☐ Accessory sinus ☐ Adrenal gland ☐ Anus ☐ Appendix ☐ Bladder ☐ Bone ☐ Breast ☐ Connective, subcutaneous and other soft tissues ☐ Esophagus ☐ Eye ☐ Gallbladder ☐ Gum ☐ Head, face or neck ☐ Heart ☐ Kidney ☐ Larynx ☐ Lip ☐ Liver ☐ Lung ☐ Lymph node ☐ Male genital organs ☐ Mediastinum ☐ Meninges ☐ Mouth ☐ Nasal cavity ☐ Nasopharynx ☐ Nervous system ☐ Oropharynx ☐ Other ill-defined sites ☐ Ovary ☐ Palate ☐ Pancreas ☐ Penis ☐ Peripheral nerves and autonomic nervous system of trunk ☐ Peritoneum ☐ Pharynx ☐ Pituitary gland ☐ Prostate gland ☐ Rectosigmoid junction ☐ Renal pelvis ☐ Retroperitoneum ☐ Skin ☐ Small intestine ☐ Spinal cord ☐ Spleen ☐ Stomach ☐ Testis ☐ Thymus ☐ Thyroid gland ☐ Tongue ☐ Tonsil ☐ Trachea ☐ Unknown primary ☐ Urinary system ☐ Uterus ☐ Vagina ☐ Vulva	3427536	If the primary site of the disease is not included on the previous list, select the primary site of the disease.
34	Histological type	☐ Stomach cancer ☐ Other (specify)	3081932	Provide the traditional surgical pathology text description of the histological tumor type. ***Note: If the histological type is not listed, proceed to Question 34a, otherwise, skip to Question 35.***
34a	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.
35	Histological subtype	☐ Adenosquamous carcinoma ☐ Carcinoma with lymphoid stroma (medullary carcinoma) ☐ Hepatoid adenocarcinoma ☐ Large cell neuroendocrine carcinoma ☐ Mixed adenoneuroendocrine carcinoma ☐ Neuroendocrine carcinoma (poorly differentiated) ☐ Small cell neuroendocrine carcinoma ☐ Squamous cell carcinoma ☐ Tubular (intestinal) adenocarcinoma ☐ Undifferentiated carcinoma ☐ Other (specify) ☐ Unknown	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 35a, otherwise, skip to Question 36.*** ***If the histological subtype is Tubular (intestinal) adenocarcinoma, proceed to Question 36. If not, skip to Question 37.***

Enrollment: Stomach

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
35a	Other histological subtype	_____	3124492	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
36	If tubular (intestinal) adenocarcinoma, what is the subclassification?	☐ Mucinous adenocarcinoma (>50% mucinous) ☐ Mixed carcinoma ☐ Papillary adenocarcinoma ☐ Poorly cohesive carcinoma (including signet-ring cell carcinoma and other variants) ☐ Unknown	6270564	If the histological subtype of the primary tumor is tubular (intestinal) adenocarcinoma, provide the subclassification.
37	Prior malignancy (of the same cancer type)	☐ Yes ☐ No ☐ Unknown	5832924	Indicate whether the patient has a history of prior malignancy of the same cancer type.
38	Prior malignancy (other cancer type)	☐ Yes ☐ No ☐ Unknown	5878828	Indicate whether the patient has a history of prior malignancy of a different cancer type.
39	AJCC cancer staging edition	☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th	2722309	Select the AJCC staging handbook edition used to stage the patient.
40	Clinical stage group	☐ Stage 0 ☐ Stage I ☐ Stage IA ☐ Stage IB ☐ Stage IIA ☐ Stage IIB ☐ Stage III ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IIIC ☐ Stage IV ☐ Stage IVA ☐ Stage IVB	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).
41	Pathologic spread: Primary tumor (pT)	☐ T0 ☐ Tis ☐ T1 ☐ T1a ☐ T1b ☐ T2 ☐ T3 ☐ T4 ☐ T4a ☐ T4b ☐ TX	3045435	Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) as defined by the American Joint Committee on Cancer (AJCC).
42	Pathologic spread: Lymph nodes (pN)	☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ N3a ☐ N3b ☐ 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).
43	Pathologic spread: Distant metastases (pM)	☐ M0 ☐ M1	3045439	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).
44	Tumor stage (pathological)	☐ Stage 0 ☐ Stage IA ☐ Stage IB ☐ Stage IIA ☐ Stage IIB ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IIIC ☐ Stage IV	3203222	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).
45	Tumor grade	☐ G1-Well differentiated ☐ G2-Moderately differentiated ☐ G3-Poorly differentiated ☐ G4-Undifferentiated ☐ GB-Borderline histologic grade ☐ GX-Unknown	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor.
46	Metastasis at diagnosis assessment status	☐ Metastatic ☐ Non-metastatic (confirmed) ☐ Non-metastatic (unconfirmed)	3438571	Indicate whether there was evidence of metastasis at the time of diagnosis of the primary tumor.

Enrollment: Stomach

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
47	Metastatic site(s) at diagnosis	☐ Ascites ☐ Liver ☐ Lung ☐ Non-regional/distant lymph nodes ☐ Peritoneal surfaces ☐ Pleural effusion ☐ Other (specify)	3108271	Indicate all the site(s) of metastasis at the time of diagnosis of the primary tumor. ***Note: If the metastatic site(s) is not listed, proceed to Question 47a, otherwise, skip to Question 48.***
47a	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
48	Site of relapse	☐ Local ☐ Regional ☐ Distant ☐ Not applicable	2002506	If the primary tumor relapsed, select all sites of relapse. ***Note: If the primary tumor did not relapse, select 'Not applicable'.***
Prognostic/Predictive/Lifestyle Features for Tumor Prognosis or Responsiveness to Treatment				
49	Patient history of reflux disease	☐ Yes ☐ No ☐ Unknown	3203079	Indicate whether the patient has a history of reflux disease. ***Note: If the patient does not have a history of reflux disease, skip to Question 52.***
50	Was the patient receiving anti-reflux treatment at the time of sample procurement?	☐ Yes ☐ No ☐ Unknown	3203107	Indicate whether the patient was on an anti-reflux treatment at the time of cancer sample procurement for HCMI. ***Note: If the patient was not receiving anti-reflux treatment at the time of sample procurement, skip to Question 52.***
51	If the patient was receiving anti-reflux treatment at the time of sample procurement, what treatment was being given?	☐ Antacids (e.g. Tums/Ca2+/Gaviscon/Bismuth/etc.) ☐ H2 blockers (e.g. Zantac/Tagamet/etc.) ☐ Proton pump inhibitors (e.g. Prilosec/Nexium/etc.) ☐ Unknown	3203127	Indicate the type of anti-reflux treatment given to the patient at the time of cancer sample procurement.
52	Previous or current diagnosis of Barrett's Esophagus	☐ Yes ☐ No ☐ Unknown	3203140	Indicate whether the patient had a previous or has a current diagnosis of Barrett's esophagus.
53	Previous or current diagnosis of H. pylori infection?	☐ Previous ☐ Current ☐ Never ☐ Unknown	3440211	Indicate whether the patient was diagnosed with Helicobacter pylori infection.
54	Additional pathologic findings	☐ Intestinal metaplasia ☐ Low-grade dysplasia ☐ High-grade dysplasia ☐ Helicobacter pylori-type gastritis ☐ Autoimmune atrophic chronic gastritis ☐ Polyp(s) ☐ None identified	6270578	Indicate other significant pathological findings.
55	Lymphovascular invasion present?	☐ Yes ☐ No ☐ Unknown	64727	Indicate whether large vessel (vascular) or small, thin-walled (lymphatic) invasion was detected in the tumor specimen.
56	Perineural invasion present?	☐ Yes ☐ No ☐ Unknown	64181	Indicate whether perineural invasion or infiltration is present.
57	Was HER2 IHC performed?	☐ Yes ☐ No ☐ Unknown	6063454	Indicate whether HER2 expression was assessed by immunohistochemistry (IHC). ***Note: If HER2 IHC was not performed, skip to Question 59.***

Enrollment: Stomach

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
58	HER2 expression by IHC	☐ Positive ☐ Negative ☐ Equivocal	2957563	Indicate the expression of HER2 as assessed by immunohistochemistry (IHC).
59	Was HER2 CISH/FISH performed?	☐ Yes ☐ No ☐ 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 not performed, skip to Question 61.***
60	HER2 status by FISH/CISH	☐ Amplified ☐ Not amplified ☐ Equivocal	2854089	Select the HER2 status as assessed by FISH/CISH.
61	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.
62	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.
63	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.
64	HER2/Centromere 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.
65	Histologic response	☐ 0 ☐ 1-50 ☐ 51-94 ☐ 95-99 ☐ 100 ☐ Not assessed	3438584	Select the number or numeric range that represents the histological response to neoadjuvant therapy as measured by percentage of cell death within the tumor.
Treatment Information				
66	History of neoadjuvant treatment	☐ No ☐ Yes; radiation prior to resection ☐ Yes; pharmaceutical treatment prior to resection ☐ Yes; both radiation and pharmaceutical treatment prior to resection ☐ Unknown	3382737	Indicate whether the patient received neoadjuvant radiation or pharmaceutical treatment. ***Note: Radiation therapy is addressed in Questions 74-75. Pharmaceutical therapy is addressed in Questions 67-73.***
67	Neoadjuvant chemotherapy type	☐ Cytotoxic chemotherapy ☐ Hormonal ☐ Immunotherapy (cellular and immune checkpoint) ☐ Targeted therapy (small molecule inhibitors and targeted antibodies) ☐ Not applicable	5832928	Select all neoadjuvant chemotherapy types that were administered to the patient. ***Note: Cytotoxic chemotherapy is addressed in Questions 68-69. Immunotherapy is addressed in Questions 70-71. Targeted therapy is addressed in Questions 72-73.***

Enrollment: Stomach

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
68	Neoadjuvant chemotherapeutic regimen	☐ Carboplatin ☐ Cisplatin; 5-fluorouracil (5-FU) and Trastuzumab ☐ Docetaxel ☐ Epirubicin ☐ Epirubicin; Cisplatin; 5-fluorouracil (ECF) ☐ Epirubicin; Cisplatin; Capecitabine (ECX) ☐ Epirubicin; Oxaloplatin; Capecitabine (EOX) ☐ Irinotecan ☐ Oxaliplatin ☐ Paclitaxel ☐ Other (specify) ☐ Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. ***Note: If neoadjuvant chemotherapy was not given, skip to Question 69. If the neoadjuvant chemotherapeutic treatment is not listed, proceed to Question 68a, otherwise, skip to Question 69.***
68a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapy.
69	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.
70	Immunotherapy	_____	2185614	Specify the name of the immunotherapy administered. ***Note: If immunotherapy was not administered, skip to Question 72.***
71	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
72	Targeted therapy	☐ Ramucirumab ☐ Trastuzumab ☐ Other (specify)	6270571	Select the targeted therapy administered to the patient. ***Note: If targeted therapy was not administered, skip to Question 74. If the targeted therapy is not listed, proceed to Question 72a, otherwise, skip to Question 73.***
72a	Other targeted therapy	_____	4308476	If the targeted therapy is not included in the provided list, specify targeted therapy.
73	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.
74	Radiation therapy administered type	☐ 2D conventional ☐ 3D conformal ☐ Brachytherapy HDR ☐ Brachytherapy LDR ☐ IMRT ☐ Proton Beam ☐ Stereotactic Body RT ☐ Stereotactic Radiosurgery ☐ WBRT ☐ Other (specify) ☐ Unspecified ☐ Not applicable	3028890	Provide the type of radiation therapy that was administered to the patient. ***Note: If radiation therapy was not administered, skip the remaining questions. If the radiation therapy is not listed, proceed to Question 74a, otherwise, skip to Question 75.***

Enrollment: Stomach

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

Question	Question Text	Data Entry Options	CDE ID	Instruction Text
74a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
75	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.