

Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct

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	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.
5	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.
6	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.
7	Height	_____	649	Provide the patient's height, in centimeters.
8	Weight	_____	651	Provide the patient's weight, in kilograms.
9	Body mass index (BMI)	_____	2006410	If the patient's height and weight are not collected, provide the patient's body mass index (BMI).
10	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.

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11	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.
12	Year of birth	_____	2896954	Provide the year of the patient's birth. Note: 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' is selected, proceed to Question 15a.
15a	Metastatic site(s) at diagnosis	<input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Lung <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 15b, otherwise, skip to Question 16.
15b	Specify metastatic site(s)	_____	3128033	If the site of metastasis is not included on the provided list, specify the site of metastasis.
Biospecimen Information				
16	Tissue sample type(s) collected for HCMI for this case	<input type="checkbox"/> Normal tissue <input type="checkbox"/> Primary tumor <input type="checkbox"/> Metastatic <input type="checkbox"/> Recurrent <input type="checkbox"/> Other tissue	2006911	Please select all the tissue sample types submitted for HCMI with this case.
17	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
18	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.
19	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.
20	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.
21	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				
22	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.
23	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.
24	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.

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25	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 (specify) <input type="checkbox"/> FFPE non-neoplastic tissue (specify) <input type="checkbox"/> Non-neoplastic tissue (specify) <input type="checkbox"/> Normal tissue from other anatomic site (specify)	3081936	Indicate the type of normal control submitted for this case. Note: If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site was submitted as the normal control, proceed to Question 25a.
25a	Anatomic site of normal tissue	<input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Common bile duct <input type="checkbox"/> Common hepatic duct <input type="checkbox"/> Skin <input type="checkbox"/> Other (specify)	4132152	If non-neoplastic tissue, adjacent tissue, or normal tissue from another anatomic site 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 25b, otherwise, skip to Question 26.
25b	Other anatomic site of normal tissue	_____	3288189	If anatomic site of normal tissue is not in provided list, specify the site.
26	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'.
27	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				
28	ICD-10 code for primary tumor	<input type="checkbox"/> C22.0 <input type="checkbox"/> C22.4 <input type="checkbox"/> C22.1 <input type="checkbox"/> C22.7 <input type="checkbox"/> C22.2 <input type="checkbox"/> C22.9 <input type="checkbox"/> C22.3 <input type="checkbox"/> Other (specify)	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 Question 28a, otherwise, skip to Question 29
28a	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.
29	Tumor Morphology	<input type="checkbox"/> 4970/3 <input type="checkbox"/> 8020/3 <input type="checkbox"/> 8170/3 <input type="checkbox"/> 8171/3 <input type="checkbox"/> 8180/3 <input type="checkbox"/> 8963/3 <input type="checkbox"/> 8980/3 <input type="checkbox"/> Other (specify)	3226275	Using the patient's pathology/laboratory report, provide the ICD-O-3 histology code of the primary tumor. Note: If the ICD-O-3 histology code of the primary tumor is not listed, proceed to Question 29a, otherwise, skip to Question 30.
29a	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.

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30	Tissue or organ of origin	<input type="checkbox"/> Liver <input type="checkbox"/> Intrahepatic bile duct <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 30a, otherwise skip to Question 31.																																																														
30a	Other tissue or organ of origin	<table border="0"> <tr> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Ovary</td> </tr> <tr> <td><input type="checkbox"/> Accessory sinus</td> <td><input type="checkbox"/> Palate</td> </tr> <tr> <td><input type="checkbox"/> Adrenal gland</td> <td><input type="checkbox"/> Pancreas</td> </tr> <tr> <td><input type="checkbox"/> Anus</td> <td><input type="checkbox"/> Penis</td> </tr> <tr> <td><input type="checkbox"/> Appendix</td> <td><input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk</td> </tr> <tr> <td><input type="checkbox"/> Bladder</td> <td><input type="checkbox"/> Peritoneum</td> </tr> <tr> <td><input type="checkbox"/> Bone</td> <td><input type="checkbox"/> Pharynx</td> </tr> <tr> <td><input type="checkbox"/> Brain</td> <td><input type="checkbox"/> Pituitary gland</td> </tr> <tr> <td><input type="checkbox"/> Breast</td> <td><input type="checkbox"/> Prostate gland</td> </tr> <tr> <td><input type="checkbox"/> Connective, subcutaneous and other soft tissues</td> <td><input type="checkbox"/> Rectosigmoid junction</td> </tr> <tr> <td><input type="checkbox"/> Esophagus</td> <td><input type="checkbox"/> Renal pelvis</td> </tr> <tr> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Retroperitoneum</td> </tr> <tr> <td><input type="checkbox"/> Gallbladder</td> <td><input type="checkbox"/> Skin</td> </tr> <tr> <td><input type="checkbox"/> Gum</td> <td><input type="checkbox"/> Small intestine</td> </tr> <tr> <td><input type="checkbox"/> Head, face or neck</td> <td><input type="checkbox"/> Spinal cord</td> </tr> <tr> <td><input type="checkbox"/> Heart</td> <td><input type="checkbox"/> Spleen</td> </tr> <tr> <td><input type="checkbox"/> Kidney</td> <td><input type="checkbox"/> Stomach</td> </tr> <tr> <td><input type="checkbox"/> Larynx</td> <td><input type="checkbox"/> Testis</td> </tr> <tr> <td><input type="checkbox"/> Lip</td> <td><input type="checkbox"/> Thymus</td> </tr> <tr> <td><input type="checkbox"/> Liver</td> <td><input type="checkbox"/> Thyroid gland</td> </tr> <tr> <td><input type="checkbox"/> Lung</td> <td><input type="checkbox"/> Tongue</td> </tr> <tr> <td><input type="checkbox"/> Lymph node</td> <td><input type="checkbox"/> Tonsil</td> </tr> <tr> <td><input type="checkbox"/> Male genital organs</td> <td><input type="checkbox"/> Trachea</td> </tr> <tr> <td><input type="checkbox"/> Mediastinum</td> <td><input type="checkbox"/> Unknown primary</td> </tr> <tr> <td><input type="checkbox"/> Meninges</td> <td><input type="checkbox"/> Urinary system</td> </tr> <tr> <td><input type="checkbox"/> Mouth</td> <td><input type="checkbox"/> Uterus</td> </tr> <tr> <td><input type="checkbox"/> Nasal cavity</td> <td><input type="checkbox"/> Vagina</td> </tr> <tr> <td><input type="checkbox"/> Nasopharynx</td> <td><input type="checkbox"/> Vulva</td> </tr> <tr> <td><input type="checkbox"/> Nervous system</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Oropharynx</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other ill-defined sites</td> <td></td> </tr> </table>	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ovary	<input type="checkbox"/> Accessory sinus	<input type="checkbox"/> Palate	<input type="checkbox"/> Adrenal gland	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Anus	<input type="checkbox"/> Penis	<input type="checkbox"/> Appendix	<input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk	<input type="checkbox"/> Bladder	<input type="checkbox"/> Peritoneum	<input type="checkbox"/> Bone	<input type="checkbox"/> Pharynx	<input type="checkbox"/> Brain	<input type="checkbox"/> Pituitary gland	<input type="checkbox"/> Breast	<input type="checkbox"/> Prostate gland	<input type="checkbox"/> Connective, subcutaneous and other soft tissues	<input type="checkbox"/> Rectosigmoid junction	<input type="checkbox"/> Esophagus	<input type="checkbox"/> Renal pelvis	<input type="checkbox"/> Eye	<input type="checkbox"/> Retroperitoneum	<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Skin	<input type="checkbox"/> Gum	<input type="checkbox"/> Small intestine	<input type="checkbox"/> Head, face or neck	<input type="checkbox"/> Spinal cord	<input type="checkbox"/> Heart	<input type="checkbox"/> Spleen	<input type="checkbox"/> Kidney	<input type="checkbox"/> Stomach	<input type="checkbox"/> Larynx	<input type="checkbox"/> Testis	<input type="checkbox"/> Lip	<input type="checkbox"/> Thymus	<input type="checkbox"/> Liver	<input type="checkbox"/> Thyroid gland	<input type="checkbox"/> Lung	<input type="checkbox"/> Tongue	<input type="checkbox"/> Lymph node	<input type="checkbox"/> Tonsil	<input type="checkbox"/> Male genital organs	<input type="checkbox"/> Trachea	<input type="checkbox"/> Mediastinum	<input type="checkbox"/> Unknown primary	<input type="checkbox"/> Meninges	<input type="checkbox"/> Urinary system	<input type="checkbox"/> Mouth	<input type="checkbox"/> Uterus	<input type="checkbox"/> Nasal cavity	<input type="checkbox"/> Vagina	<input type="checkbox"/> Nasopharynx	<input type="checkbox"/> Vulva	<input type="checkbox"/> Nervous system		<input type="checkbox"/> Oropharynx		<input type="checkbox"/> Other ill-defined sites		3427536	If the primary site of the disease is not included on the previous list, provide the primary site of the disease.
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ovary																																																																	
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<input type="checkbox"/> Oropharynx																																																																		
<input type="checkbox"/> Other ill-defined sites																																																																		
31	Histological Type	<input type="checkbox"/> Hepatocellular carcinoma <input type="checkbox"/> Intrahepatic bile duct 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 31a, otherwise, skip to Question 32.																																																														
31a	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.																																																														

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32	Histological subtype	If Hepatocellular carcinoma: <input type="checkbox"/> Hepatocellular carcinoma <input type="checkbox"/> Fibrolamellar hepatocellular carcinoma <input type="checkbox"/> Other (specify) If intrahepatic bile duct cancer: <input type="checkbox"/> Intrahepatic cholangiocarcinoma <input type="checkbox"/> Combined hepatocellular-cholangiocarcinoma <input type="checkbox"/> Intraductal papillary neoplasm with an associated invasive carcinoma <input type="checkbox"/> Mucinous cystic neoplasm with an associated invasive carcinoma <input type="checkbox"/> Large cell neuroendocrine carcinoma <input type="checkbox"/> Small cell neuroendocrine carcinoma <input type="checkbox"/> Poorly differentiated neuroendocrine carcinoma <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 32a, otherwise, skip to Question 33.
32a	Other histological subtype	_____	5946219	If the histological subtype for the primary tumor is not included in the provided list, specify the histological subtype.
33	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.
34	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.
35	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 <input type="checkbox"/> Not applicable	2722309	Select the AJCC staging handbook edition used to stage the patient's primary tumor.
36	AJCC clinical stage group	<input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IIIA	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), if applicable.
37	AJCC pathologic spread: Primary tumor (pT)	<input type="checkbox"/> T0 <input type="checkbox"/> T2a <input type="checkbox"/> T3b <input type="checkbox"/> T1 <input type="checkbox"/> T2b <input type="checkbox"/> T4 <input type="checkbox"/> T1a <input type="checkbox"/> T3 <input type="checkbox"/> Tis <input type="checkbox"/> T1b <input type="checkbox"/> T3a <input type="checkbox"/> TX <input type="checkbox"/> T2	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).
38	AJCC pathologic spread: Lymph nodes (pN)	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	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).
39	AJCC pathologic spread: Distant metastases (pM)	<input type="checkbox"/> M0 <input type="checkbox"/> M1	3045439	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) as defined by the American Joint Committee on Cancer (AJCC).

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40	AJCC tumor stage (pathological)	<input type="checkbox"/> Stage I <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IIIA	3045439	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).
41	Tumor grade	<input type="checkbox"/> GX <input type="checkbox"/> G3 <input type="checkbox"/> G1 <input type="checkbox"/> G4 <input type="checkbox"/> G2	2785839	Using the patient's pathology/laboratory report, select the grade of the primary tumor, if applicable.
42	Tumor size, largest dimension	_____ cm	64215	Provide the length of the largest dimension/diameter (cm) of the primary tumor.
43	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
44	Vascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	64358	Indicate whether venous invasion was present in the tumor specimen.
Hepatocellular Carcinoma Primary Tumor-specific Biospecimen Information				
45	Does the patient have a history of primary risk factor(s) for hepatocellular carcinoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423770	Indicate whether additional primary hepatocellular carcinoma risk factors are documented in the patient's medical record. Note: If there is a history of primary risk factors proceed to Question 45a, otherwise, skip to Question 46.
45a	Primary risk factors for hepatocellular carcinoma	<input type="checkbox"/> Alcoholic liver disease <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Non-alcoholic Fatty Liver Disease <input type="checkbox"/> Alpha 1-Antitrypsin Deficiency <input type="checkbox"/> Other (including rare genetic disorders, please specify)	3171846	Select all of the primary risk factors for hepatocellular carcinoma as noted in the patient's medical record. Note: If the primary risk factor is not listed, proceed to Question 45b, otherwise, skip to Question 46.
45b	Other primary risk factors for hepatocellular carcinoma	_____	3171859	If not included in the previous list, specify the patient's primary risk factor(s) for hepatocellular carcinoma.
46	Was the patient treated for any of the above primary risk factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423771	Indicate whether or not the patient was treated for any of their indicated primary risk factors for hepatocellular carcinoma.
47	If the patient had viral hepatitis and was treated, was there sustained virological response?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	6423783	Indicate whether there was a sustained response to treatment for viral hepatitis.
48	Additional pathologic finding(s) identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. If Hepatocellular Carcinoma additional pathologic findings were identified, continue to Question 48a. If Intrahepatic Bile Duct Cancer additional pathologic findings were identified, continue to Question 58.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
48a	Hepatocellular carcinoma additional pathologic finding(s)	<input type="checkbox"/> Fibrosis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Low-grade dysplastic nodule <input type="checkbox"/> High-grade dysplastic nodule <input type="checkbox"/> Steatosis <input type="checkbox"/> Steatohepatitis <input type="checkbox"/> Iron overload <input type="checkbox"/> Chronic hepatitis <input type="checkbox"/> Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with hepatocellular carcinoma. Note: If other additional pathologic findings were identified, continue to Question 48b, otherwise, skip to Question 49.
48b	Specify other additional pathologic finding(s)	_____	6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
49	Tumor focality	<input type="checkbox"/> Multifocal <input type="checkbox"/> Unifocal <input type="checkbox"/> Unknown	3174022	Indicate whether the cancer first developed in a single or multiple locations.
50	Child-Pugh classification	<input type="checkbox"/> Grade A (5-6 points, well compensated disease) <input type="checkbox"/> Grade B (7-9 points, significant functional compromise) <input type="checkbox"/> Grade C (10-15 points, decompensated disease) <input type="checkbox"/> Unknown	2931791	Select the grade from the Child-Pugh assessment method used in the prognosis of chronic liver disease.
51	ISHAK fibrosis score	<input type="checkbox"/> 0-No Fibrosis <input type="checkbox"/> 1 or 2-Portal Fibrosis <input type="checkbox"/> 3 or 4-Fibrous Septa <input type="checkbox"/> 5-Nodular Formation and Incomplete Cirrhosis <input type="checkbox"/> 6-Established Cirrhosis <input type="checkbox"/> Unknown	3182621	Select the Ishak score that represents the histopathologic degree of liver damage.
52	Treatment effect	<input type="checkbox"/> No known presurgical therapy <input type="checkbox"/> Complete necrosis (no viable tumor) <input type="checkbox"/> Incomplete necrosis (viable tumor present) <input type="checkbox"/> No necrosis <input type="checkbox"/> Unknown	6423786	Indicate the treatment effect type. If 'Incomplete necrosis' is selected, proceed to Question 53, otherwise, skip to Question 54.
53	Percent tumor necrosis	_____ %	5455511	Provide the numeric value to represent the percentage of necrosis in the tumor submitted for HCMI.
54	Liver cancer neoadjuvant chemotherapy type	<input type="checkbox"/> Thermal ablation <input type="checkbox"/> Transarterial chemoembolization (TACE) <input type="checkbox"/> Not applicable	6423789	Select the neoadjuvant therapy type used to treat the liver cancer.
55	Alpha-Fetoprotein level (0-10 million ng/ml)	_____ ng/mL	2932074	Provide the numerical laboratory result for alpha fetoprotein, in ng/mL.
56	Lower normal range for the Alpha-Fetoprotein level	_____ ng/mL	3171861	Provide the lower limit for normal for alpha fetoprotein at your institution, in ng/mL.
57	Upper normal range for the Alpha-Fetoprotein level	_____ ng/mL	2932064	Provide the upper limit for normal for alpha fetoprotein at your institution, in ng/mL.
Intrahepatic Bile Duct Cancer Primary Tumor-specific Questions				
58	Additional pathologic finding(s) identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. Note: If additional pathologic findings were identified, continue to Question 58a, otherwise, skip to Question 59.
58a	Intrahepatic bile duct cancer additional pathologic finding(s)	<input type="checkbox"/> Fibrosis <input type="checkbox"/> Primary sclerosing cholangitis <input type="checkbox"/> Biliary stones <input type="checkbox"/> Chronic hepatitis <input type="checkbox"/> Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with intrahepatic bile duct cancer. Note: If the additional pathologic finding is not listed, proceed to Question 58b, otherwise, skip to Question 59.

Enrollment: Hepatocellular Carcinoma and Intrahepatic Bile Duct

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
58b	Specify other additional pathologic finding(s)	_____	6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
59	Does the patient have any primary risk factor(s) for bile duct cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423779	Indicate whether the patient was diagnosed with any primary risk factor(s) for bile duct cancer, as noted in the patient's medical record. Note: If yes, proceed to Question 59a, otherwise, skip to Question 60.
59a	Intrahepatic bile duct cancer primary risk factor(s)	<input type="checkbox"/> Alcoholic liver disease <input type="checkbox"/> Biliary parasites <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Nonalcoholic fatty liver disease <input type="checkbox"/> Obesity <input type="checkbox"/> Smoking <input type="checkbox"/> Primary sclerosing cholangitis <input type="checkbox"/> Recurrent pyogenic cholangitis <input type="checkbox"/> Other (including rare genetic disorders, please specify)	6423790	Select all of the primary risk factors for intrahepatic bile duct cancer as noted in the patient's medical record. Note: If 'Other' is selected, proceed to Question 59b, otherwise, skip to Question 60.
59b	Other primary risk factor(s) for bile duct cancer	_____	6423793	If not included in the previous list, specify the patient's primary risk factor(s) for bile duct cancer.
60	Has the CEA level of the patient been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3107563	Indicate whether the level of carcinoembryonic antigen was determined for this patient. Note: If yes, proceed to Question 60a, otherwise, skip to Question 61.
60a	CEA value	_____	2752	Provide the laboratory value of CEA for the patient. Note: Proceed to Question 60b.
60b	CEA level upper limit of normal value	_____	2002247	Provide the upper level of normal for CEA in your institution's laboratory.
61	Was tumor marker CA-19-9 test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2891778	Indicate whether a test for tumor marker CA-10-9 was performed for the patient's tumor. Note: If yes, proceed to Question 61a, otherwise, skip to Question 62.
61a	What was the CA-19-9 value?	_____	65302	Provide the numeric result for a test sample to evaluate CA 19-9 as an indicator of presence or status of tumor or cancer.
Primary Tumor Sample Information				
62	Are you submitting a primary tumor tissue sample for this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, proceed to question 63, otherwise, skip to Question 79.
63	Primary tumor biospecimen ordinal	_____	6584265	Please provide a number to identify which biospecimen this is in the sequence. Note: This number should be "1".
64	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.
65	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
66	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, proceed to Question 67, otherwise, skip to Question 68.
67	Specify the ICD-10 code	_____	3226287	Provide the ICD-10 code for the primary tumor used to generate the model submitted to HCMI.
68	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.
69	Anatomic site of tumor from which model was derived	<input type="checkbox"/> Liver <input type="checkbox"/> Common bile duct <input type="checkbox"/> Common hepatic duct <input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Other (specify)	4214629	Select the anatomic site of the tumor tissue sample used to generate the model for HCMI. Note: If the tissue or organ of origin is not listed, proceed to Question 69a. Otherwise, skip to Question 70.
69a	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.
70	Method of cancer sample procurement	<input type="checkbox"/> Wedge resection <input type="checkbox"/> Partial hepatectomy-major <input type="checkbox"/> Partial hepatectomy-minor <input type="checkbox"/> Total hepatectomy <input type="checkbox"/> Needle biopsy <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 70a, otherwise, skip to Question 71.
70a	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.
71	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.
72	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				
73	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".
74	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.
75	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.
76	Model represents primary diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6584730	Does this MODEL represent the PRIMARY DIAGNOSIS for this Case ID3?

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
77	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.
78	Model's primary tumor biospecimen ordinal	_____	6584265	Enter the biospecimen ordinal of the PRIMARY TUMOR TISSUE from which this model is derived.
Treatment Information				
79	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 87-88. Pharmaceutical therapy is addressed in Questions 80-86.
80	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 81-82. Immunotherapy is addressed in Questions 83-84. Targeted therapy is addressed in Questions 85-86.
81	Neoadjuvant chemotherapeutic regimen	<input type="checkbox"/> 5-Fluorouracil <input type="checkbox"/> Capecitabine <input type="checkbox"/> Cisplatin <input type="checkbox"/> Doxorubicin <input type="checkbox"/> FOLFOX (5-FU/Leucovorin/Oxaliplatin) <input type="checkbox"/> Gemcitabine <input type="checkbox"/> GEMOX (Gemcitabine/Oxaliplatin) <input type="checkbox"/> Oxaliplatin <input type="checkbox"/> TS-1 <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Chemotherapy not given	2853313	Select all chemotherapeutics used for neoadjuvant therapy. Note: If neoadjuvant chemotherapy was not given, skip to Question 83. If the neoadjuvant chemotherapeutic regimen is not listed, proceed to Question 81a, otherwise, skip to Question 82.
81a	Other neoadjuvant chemotherapeutic regimen	_____	62694	If the neoadjuvant therapy is not included in the provided list, specify neoadjuvant therapies administered.
82	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.
83	Specify immunotherapy	_____	2953828	Provide the name of the immunotherapy administered to the patient.
84	Days to immunotherapy treatment from index date	_____	5102411	Provide the number of days from the index date to the date of treatment with immunotherapy.
85	Targeted therapy	<input type="checkbox"/> Brivanib <input type="checkbox"/> Everolimus <input type="checkbox"/> Linifanib <input type="checkbox"/> PTK787 <input type="checkbox"/> Ramucirumab <input type="checkbox"/> Regorafenib <input type="checkbox"/> Sorafenib <input type="checkbox"/> Other (specify) _____	6428117	Select the targeted molecular therapy administered to the patient. Note: If the targeted molecular therapy is not listed, proceed to Question 85a, otherwise, skip to Question 86.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
85a	Specify targeted therapy	_____	4308476	Provide the name of the targeted therapy administered to the patient.
86	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.
87	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 89. If the radiation therapy is not listed, proceed to Question 87a, otherwise, skip to Question 88.
87a	Other radiation therapy	_____	2195477	If the radiation therapy type is not included in the provided list, specify the type.
88	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				
89	Are you submitting a metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		A biospecimen obtained from a single site at a single timepoint in progression that is portioned for both sequencing and model generation counts as 1 single tumor specimen. A biospecimen obtained from another site or at a later timepoint in progression that is portioned for both sequencing and model generation counts as a second single tumor specimen. Note: If yes, proceed to Question 90. If no, proceed to Question 161.
90	Metastatic 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.
91	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.
92	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.
93	Metastatic/recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
94	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
95	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Wedge resection <input type="checkbox"/> Partial hepatectomy-major <input type="checkbox"/> Partial hepatectomy-minor <input type="checkbox"/> Total hepatectomy <input type="checkbox"/> Needle biopsy <input type="checkbox"/> Other Method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 95a, otherwise, skip to Question 96.
95a	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.
96	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.
97	Metastatic/recurrent site	<input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Intrahepatic bile duct <input type="checkbox"/> Liver <input type="checkbox"/> Lung <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 97a, otherwise, skip to Question 98.
97a	Other metastatic/recurrent site	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous 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"/> 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"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <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"/> 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	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
98	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
99	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
100	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.
101	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.
102	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.
103	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.
104	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.
105	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.
106	Histological type	<input type="checkbox"/> Hepatocellular carcinoma <input type="checkbox"/> Intrahepatic cholangiocarcinoma <input type="checkbox"/> Other (specify)	3081932	Provide the traditional surgical pathology text description of the histological tumor type. <i>If the histological type is not listed, proceed to Question 106a, otherwise, skip to Question 107.</i>
106a	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.
<i>Metastatic/Recurrent Hepatocellular Carcinoma Tumor-specific Questions</i>				
107	Tumor size, largest dimension	_____ (cm)	64215	Provide the length of the largest dimension/diameter of the primary tumor.
108	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
109	Vascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64358	Indicate whether venous invasion was present in the tumor specimen.
110	Additional pathologic finding(s) identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. <i>Note: If additional pathologic findings were found, proceed to Question 110a, otherwise, skip to Question 111.</i>

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
110a	Hepatocellular carcinoma additional pathologic finding(s)	<input type="checkbox"/> Fibrosis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Low-grade dysplastic nodule <input type="checkbox"/> High-grade dysplastic nodule <input type="checkbox"/> Steatosis <input type="checkbox"/> Steatohepatitis <input type="checkbox"/> Iron overload <input type="checkbox"/> Chronic hepatitis <input type="checkbox"/> Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with hepatocellular carcinoma. Note: If other additional pathologic findings were identified, continue to Question 110b, otherwise, skip to Question 111.
110b	Specify other additional pathologic finding(s)	_____	6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
111	Alpha-Fetoprotein level (0-10 million ng/ml)	_____ ng/mL	2932074	Provide the numerical laboratory result for alpha fetoprotein, in ng/mL.
112	Lower normal range for the Alpha-Fetoprotein level	_____ ng/mL	3171861	Provide the lower limit for normal for alpha fetoprotein at your institution, in ng/mL.
113	Upper normal range for the Alpha-Fetoprotein level	_____ ng/mL	2932064	Provide the upper limit for normal for alpha fetoprotein at your institution, in ng/mL.
Metastatic/Recurrent Intrahepatic Cholangiocarcinoma Tumor-specific Questions				
114	Tumor size, largest dimension	_____ (cm)	64215	Provide the length of the largest dimension/diameter of the primary tumor.
115	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
116	Vascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64358	Indicate whether venous invasion was present in the tumor specimen.
117	Additional pathologic finding(s) identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. Note: If additional pathologic findings were found, proceed to Question 117a, otherwise, skip to Question 118.
117a	Intrahepatic bile duct cancer additional pathologic finding(s)	<input type="checkbox"/> Fibrosis <input type="checkbox"/> Primary sclerosing cholangitis <input type="checkbox"/> Biliary stones <input type="checkbox"/> Chronic hepatitis <input type="checkbox"/> Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with intrahepatic bile duct cancer. Note: If other additional pathologic findings were identified, continue to Question 117b, otherwise, skip to Question 118.
117b	Specify other additional pathologic finding(s)	_____	6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
118	Has the CEA level of the patient been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3107563	Indicate whether the level of carcinoembryonic antigen was determined for this patient. Note: If yes, proceed to Question 118a, otherwise, skip to Question 119.
118a	CEA value	_____	2752	Provide the laboratory value of CEA for the patient. Note: Proceed to Question 118b.
118b	CEA level upper limit of normal value	_____	2002247	Provide the upper level of normal for CEA in your institution's laboratory.
119	Was tumor marker CA-19-9 test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2891778	Indicate whether a test for tumor marker CA-10-9 was performed for the patient's tumor. Note: If yes, proceed to Question 119a, otherwise, skip to Question 120.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
119a	What was the CA-19-9 value?	_____	65302	Provide the numeric result for a test sample to evaluate CA 19-9 as an indicator of presence or status of tumor or cancer.
Additional Metastatic/Recurrent Tumor Biospecimen Information				
120	Are you submitting a second metastatic/recurrent tumor tissue sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No		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. If yes, proceed to Question 121, otherwise, skip to Question 151.
121	Metastatic 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.
122	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.
123	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.
124	Metastatic/recurrent tumor tissue sample preservation method	<input type="checkbox"/> Cryopreserved <input type="checkbox"/> FFPE <input type="checkbox"/> Frozen <input type="checkbox"/> OCT <input type="checkbox"/> Snap frozen	5432521	Provide the method used to preserve the metastatic/recurrent tumor tissue sample collected for molecular characterization.
125	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.
126	Method of metastatic/recurrent cancer sample procurement	<input type="checkbox"/> Wedge resection <input type="checkbox"/> Partial hepatectomy-major <input type="checkbox"/> Partial hepatectomy-minor <input type="checkbox"/> Total hepatectomy <input type="checkbox"/> Needle biopsy <input type="checkbox"/> Other Method (specify)	6587389	Indicate the procedure performed to obtain the metastatic/recurrent tumor tissue. Note: If the method of procurement is not listed, proceed to Question 126a, otherwise, skip to Question 127.
126a	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.
127	Number of days from index date to date of metastatic/recurrent sample procurement	_____	3288495	Provide the number of days from the index date to the date of the procedure that produced the metastatic/recurrent tumor tissue submitted for HCMI.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
128	Metastatic/recurrent site	<input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Intrahepatic bile duct <input type="checkbox"/> Liver <input type="checkbox"/> Lung <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 128a, otherwise, skip to Question 129.
128a	Other metastatic/recurrent site	<input type="checkbox"/> Abdomen <input type="checkbox"/> Accessory sinus <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Anus <input type="checkbox"/> Appendix <input type="checkbox"/> Bladder <input type="checkbox"/> Breast <input type="checkbox"/> Connective, subcutaneous 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"/> 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"/> Other ill-defined sites <input type="checkbox"/> Ovary <input type="checkbox"/> Palate <input type="checkbox"/> Pancreas <input type="checkbox"/> Penis <input type="checkbox"/> Peripheral nerves and autonomic nervous system of trunk <input type="checkbox"/> Peritoneum <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"/> 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	6587395	If not included in the previous list, specify the site from which the metastatic/recurrent tissue used to develop the model was derived.
129	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.
130	ICD-10 code	_____	3226287	Provide the ICD-10 code for the metastatic/recurrent tumor used to generate the model submitted to HCMI.
131	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.
132	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.
133	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
134	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.
135	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.
136	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.
137	Histological type	<input type="checkbox"/> Hepatocellular carcinoma <input type="checkbox"/> Intrahepatic cholangiocarcinoma <input type="checkbox"/> Other (specify)	3081932	Provide the traditional surgical pathology text description of the histological tumor type. If the histological type is not listed, proceed to Question 137a, otherwise, skip to Question 138.
137a	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.
Additional Metastatic/Recurrent Hepatocellular Carcinoma Tumor-specific Questions				
138	Tumor size, largest dimension	_____ (cm)	64215	Provide the length of the largest dimension/diameter of the primary tumor.
139	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
140	Vascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No	64358	Indicate whether venous invasion was present in the tumor specimen.
141	Additional pathologic finding(s) identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. Note: If additional pathologic findings were found, proceed to Question 141a, otherwise, skip to Question 142.
141a	Hepatocellular carcinoma additional pathologic finding(s)	<input type="checkbox"/> Fibrosis <input type="checkbox"/> Steatohepatitis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Iron overload <input type="checkbox"/> Low-grade dysplastic nodule <input type="checkbox"/> Chronic hepatitis <input type="checkbox"/> High-grade dysplastic nodule <input type="checkbox"/> Steatosis <input type="checkbox"/> Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with hepatocellular carcinoma. Note: If other additional pathologic findings were identified, continue to Question 141b, otherwise, skip to Question 142.
141b	Specify other additional pathologic finding(s)	_____	6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
142	Alpha-Fetoprotein level (0-10 million ng/ml)	_____ ng/mL	2932074	Provide the numerical laboratory result for alpha fetoprotein, in ng/mL.
143	Lower normal range for the Alpha-Fetoprotein level	_____ ng/mL	3171861	Provide the lower limit for normal for alpha fetoprotein at your institution, in ng/mL.
144	Upper normal range for the Alpha-Fetoprotein level	_____ ng/mL	2932064	Provide the upper limit for normal for alpha fetoprotein at your institution, in ng/mL.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
Additional Metastatic/Recurrent Intrahepatic Cholangiocarcinoma Tumor-specific Questions				
145	Tumor size, largest dimension	_____ (cm)	64215	Provide the length of the largest dimension/diameter of the primary tumor.
146	Perineural invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable	3916344	Indicate if perineural invasion or infiltration of tumor or cancer is present.
147	Vascular invasion present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	64358	Indicate whether venous invasion was present in the tumor specimen.
148	Additional pathologic finding(s) identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	6423773	Indicate whether additional pathologic findings were found for this patient. Note: If additional pathologic findings were found, proceed to Question 148a, otherwise, skip to Question 149.
148a	Intrahepatic bile duct cancer additional pathologic finding(s)	<input type="checkbox"/> Fibrosis <input type="checkbox"/> Primary sclerosing cholangitis <input type="checkbox"/> Biliary stones <input type="checkbox"/> Chronic hepatitis <input type="checkbox"/> Other (specify)	6423784	Select all other pathologic findings diagnosed in this patient with intrahepatic bile duct cancer. Note: If other additional pathologic findings were identified, continue to Question 148b, otherwise, skip to Question 149.
148b	Specify other additional pathologic finding(s)	_____	6423785	If not provided in the previous list, specify all other pathologic findings diagnosed in this patient.
149	Has the CEA level of the patient been determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3107563	Indicate whether the level of carcinoembryonic antigen was determined for this patient. Note: If yes, proceed to Question 149a, otherwise, skip to Question 150.
149a	CEA value	_____	2752	Provide the laboratory value of CEA for the patient. Note: Proceed to Question 149b.
149b	CEA level upper limit of normal value	_____	2002247	Provide the upper level of normal for CEA in your institution's laboratory.
150	Was tumor marker CA-19-9 test performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2891778	Indicate whether a test for tumor marker CA-10-9 was performed for the patient's tumor. Note: If yes, proceed to Question 150a, otherwise, skip to Question 151.
150a	What was the CA-19-9 value?	_____	65302	Provide the numeric result for a test sample to evaluate CA 19-9 as an indicator of presence or status of tumor or cancer.
Metastatic/Recurrent Tumor Model Information				
151	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.
152	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.
153	BPC submitter ID (if available)	_____	6584919	Please provide the BPC-generated ID for this sample as it will appear on the Sample Submission Form transmitted to the BPC.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
154	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.
155	Model's METASTATIC/RECURRENT tumor tissue biospecimen ordinal	_____	6584266	Enter the biospecimen ordinal of the METASTATIC/RECURRENT tissue from which this model is derived.
Additional Metastatic/Recurrent Tumor Model Information				
156	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.
157	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.
158	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.
159	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.
160	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				
161	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 162.
162	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.
163	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.
164	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.
165	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 procedure performed to obtain the OTHER tissue.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
166	Method of OTHER tissue sample procurement	<input type="checkbox"/> Wedge resection <input type="checkbox"/> Partial hepatectomy-major <input type="checkbox"/> Partial hepatectomy-minor <input type="checkbox"/> Total hepatectomy <input type="checkbox"/> Needle biopsy <input type="checkbox"/> Other Method (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 166a, otherwise, skip to Question 167.
166a	Other method of cancer sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
167	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.
168	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 168a, otherwise, skip to Question 169.
168a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
169	Anatomic site of OTHER tissue	<input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Brain <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 169a, otherwise, skip to Question 170.
169a	Specify anatomic site of OTHER tissue	_____	6584916	If not included in the previous list, specify the site from which the OTHER tissue used to develop the model was derived.
170	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
171	ICD-O-3 histology code	_____	3226275	Provide the ICD-O-3 histology code describing the morphology of the OTHER tissue used to generate the model submitted to HCMI.
Additional OTHER Tissue Biospecimen Information				
172	Are you submitting an additional 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 173, otherwise, skip to Question 183.
173	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.
174	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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
175	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.
176	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 procedure performed to obtain the OTHER tissue.
177	Method of OTHER tissue sample procurement	<input type="checkbox"/> Wedge resection <input type="checkbox"/> Partial hepatectomy-major <input type="checkbox"/> Partial hepatectomy-minor <input type="checkbox"/> Total hepatectomy <input type="checkbox"/> Needle biopsy <input type="checkbox"/> Other Method (specify)	6587398	Provide the procedure performed to obtain the OTHER tissue. Note: If the method of procurement is not listed, proceed to Question 177a, otherwise, skip to Question 178.
177a	Other method of cancer sample procurement	_____	6587399	Specify the procedure performed to obtain the OTHER tissue.
178	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.
179	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 179a, otherwise, skip to Question 180.
179a	Specify tissue type	_____	64785	Specify the OTHER tissue type if not in the provided list.
180	Anatomic site of OTHER tissue	<input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Brain <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 180a, otherwise, skip to Question 181.
180a	Specify anatomic site of OTHER tissue	_____	6584916	If not included in the previous list, specify the site from which the OTHER tissue used to develop the model was derived.
181	ICD-10 code	_____	3226287	Provide the ICD-10 code for the OTHER tissue used to generate the model submitted to HCMI.
182	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				
183	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.
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.

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Question	Question Text	Data Entry Options	CDE ID	Instruction Text
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 OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
187	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)				
188	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.
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 OTHER tissue CMDC sample ID	_____	6586035	Enter the CMDC Sample ID of the OTHER tissue from which this model is derived.
192	Model's OTHER tissue biospecimen ordinal	_____	6584267	Enter the biospecimen ordinal of the OTHER tissue from which this model is derived.