

Other Malignancy Form

Instructions: If a patient had an other malignancy, the Other Malignancy Form should be completed when the tumor sample is submitted to the BCR. If it is determined that a patient had an other malignancy after a case qualifies at the BCR, the Other Malignancy Form should be completed with the Enrollment Form. If the patient had multiple other malignancies, this form should be completed for each prior and/or synchronous malignant neoplasm.

An **other malignancy** includes any malignancy diagnosed prior to or at the same time as the diagnosis of the tumor submitted for TCGA.

Note: If the patient has a history of multiple Squamous and/or Basal Cell Carcinomas of the Skin, only submit one form for the most recent Squamous Cell Carcinoma and one form for the most recent Basal Cell Carcinoma.

Questions regarding this form should be directed to the Tissue Source Site's primary Clinical Outreach Contact at the BCR.

Please note the following definition for the "Unknown" answer option on this form.

Unknown: This answer option should only be selected if the TSS does not know this information after all efforts to obtain the data have been exhausted. If this answer option is selected for a question that is part of the TCGA required data set, the TSS must complete a discrepancy note providing a reason why the answer is unknown.

Tissue Source Site (TSS): _____ TSS Identifier: _____ TSS Unique Patient Identifier: _____

Interviewer Name: _____ Interview Date: _____

General Information

| # | Data Element | Entry Alternatives | Working Instructions |
|---|---|---|--|
| 1 | Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>Please note that the time intervals must be recorded in place of dates where designated throughout this form if you have selected "yes" in the box.</p> <p><i>Provided time intervals must begin with the date of initial pathologic diagnosis of primary tumor submitted for TCGA (i.e., biopsy or resection).</i></p> <p><i>Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i></p> |

Other Malignancy Information

| # | Data Element | Entry Alternatives | Working Instructions |
|--|-----------------------------------|--|---|
| Other Malignancy Diagnostic Information | | | |
| 2 | What Type of Malignancy was This? | <input type="checkbox"/> Prior Malignancy (diagnosed prior to the diagnosis of the specimen submitted for TCGA) <input type="checkbox"/> Synchronous Malignancy (diagnosis coincided with the diagnosis of the specimen submitted for TCGA) | <p>Indicate whether this other malignancy was a prior malignancy or a synchronous malignancy.</p> <p>3182890</p> |
| 3 | Primary Site of Disease | _____ | <p>Using the patient's pathology/laboratory report, select the anatomic site of the other malignancy.</p> <p>2735776</p> <p><i>The site of any prior malignancy <u>cannot</u> be the same site of the primary tumor submitted for TCGA.</i></p> |
| 4 | Laterality of the Disease | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown | <p>Using the patient's pathology/laboratory report, select the laterality of the other malignancy.</p> <p>2008006</p> |
| 5 | Histological Type | _____ | <p>Using the patient's pathology/laboratory report, select the histology and/or subtype of the other malignancy.</p> <p>2549638</p> <p><i>Provide copy of corresponding pathology report if available.</i></p> |

Other Malignancy Form

| # | Data Element | Entry Alternatives | Working Instructions |
|---|--|---|--|
| 6 | Month of Initial Diagnosis of Other Malignancy | <input type="checkbox"/> 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 | Provide the month of the initial diagnosis of the other malignancy. TBD |
| 7 | Day of Initial Diagnosis of Other Malignancy | <input type="checkbox"/> 01 <input type="checkbox"/> 08 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 02 <input type="checkbox"/> 09 <input type="checkbox"/> 15 <input type="checkbox"/> 21 <input type="checkbox"/> 27 <input type="checkbox"/> 03 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 22 <input type="checkbox"/> 28 <input type="checkbox"/> 04 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 23 <input type="checkbox"/> 29 <input type="checkbox"/> 05 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 06 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 31 <input type="checkbox"/> 07 | Provide the day of the initial diagnosis of the other malignancy. TBD |
| 8 | Year of Initial Diagnosis of Other Malignancy | _____ | Provide the year of the initial diagnosis of the other malignancy. TBD |
| 9 | Number of Days from Date of Initial Pathologic Diagnosis of the Tumor Submitted for TCGA to the Date of Initial Diagnosis of Other Malignancy | _____ | Provide the number of days from the date the patient was initially diagnosed pathologically with the tumor submitted for TCGA to the date of initial diagnosis of the other malignancy. TBD <i>Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i> |

Surgery Information

| | | | |
|----|---|---|---|
| 10 | Did the patient have surgery for this malignancy? | <input type="checkbox"/> Yes (Complete the following surgery questions.) <input type="checkbox"/> No <input type="checkbox"/> Unknown | Indicate whether the patient received surgery for the other malignancy. If the patient did not receive surgery for this malignancy, skip all related questions. TBD |
| 11 | Type of Surgery | _____ | If the other malignancy was removed, provide the type of surgery performed. TBD |
| 12 | Month of Surgical Resection | <input type="checkbox"/> 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 | If the other malignancy was removed, provide the month of the surgical resection. 2896963 |
| 13 | Day of Surgical Resection | <input type="checkbox"/> 01 <input type="checkbox"/> 08 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 02 <input type="checkbox"/> 09 <input type="checkbox"/> 15 <input type="checkbox"/> 21 <input type="checkbox"/> 27 <input type="checkbox"/> 03 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 22 <input type="checkbox"/> 28 <input type="checkbox"/> 04 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 23 <input type="checkbox"/> 29 <input type="checkbox"/> 05 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 06 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 31 <input type="checkbox"/> 07 | If the other malignancy was removed, provide the month of the surgical resection. 2896965 |
| 14 | Year of Surgical Resection | _____ | If the other malignancy was removed, provide the month of the surgical resection. 2896985 |
| 15 | Number of Days from Date of Initial Pathologic Diagnosis of the Tumor Submitted for TCGA to the Date of Surgical Resection for this Other Malignancy | _____ | Provide the number of days from the date the patient was initially diagnosed pathologically with the tumor submitted for TCGA to the date of surgical resection for this other malignancy. TBD <i>Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i> |

Pharmaceutical Therapy Information

| | | | |
|----|---|---|--|
| 16 | Did the patient receive pharmaceutical therapy for this malignancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Indicate whether the patient received pharmaceutical therapy for the other malignancy. If the patient did not receive pharmaceutical therapy for this malignancy, skip all related questions. 3178327 <i>If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.</i> |
|----|---|---|--|

Other Malignancy Form

| # | Data Element | Entry Alternatives | Working Instructions |
|--------------------------------------|--|---|---|
| 17 | Extent of Pharmaceutical Therapy | <input type="checkbox"/> Locoregional <input type="checkbox"/> Systemic <input type="checkbox"/> Unknown | Provide the extent of pharmaceutical therapy administered. If the patient received systemic treatment prior to the diagnosis of the tumor submitted for TCGA, the case will be excluded from TCGA unless the only treatment received is included on the list below. <ul style="list-style-type: none"> • Bacillus Calmette-Guerin • Interferon • Anti-angiogenesis medications • Hormonal therapy (except Tamoxifen and DES, which are excluded) 3178365 <i>Systemic treatment is exclusionary unless therapy is listed in the working instructions.</i> <i>If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.</i> |
| 18 | Drug Name(s) (Brand or Generic) | 1 2 3 4 5 6 | Provide all chemotherapeutic, hormonal, immunotherapeutic, and targeted molecular agents administered to the patient via locoregional treatment and/or any systemic treatment from approved list for this other malignancy. 2192217 |
| 19 | Month Pharmaceutical Therapy Started | <input type="checkbox"/> 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 | Provide the month the patient started pharmaceutical treatment. 3103072 |
| 20 | Day Pharmaceutical Therapy Started | <input type="checkbox"/> 01 <input type="checkbox"/> 08 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 02 <input type="checkbox"/> 09 <input type="checkbox"/> 15 <input type="checkbox"/> 21 <input type="checkbox"/> 27 <input type="checkbox"/> 03 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 22 <input type="checkbox"/> 28 <input type="checkbox"/> 04 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 23 <input type="checkbox"/> 29 <input type="checkbox"/> 05 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 06 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 31 <input type="checkbox"/> 07 | Provide the day the patient started pharmaceutical treatment. 3103070 |
| 21 | Year Pharmaceutical Therapy Started | _____ | Provide the year the patient started pharmaceutical treatment. 3103074 |
| 22 | Number of Days from Date of Initial Pathologic Diagnosis of the Tumor Submitted for TCGA to Date Pharmaceutical Therapy Started for this Other Malignancy | _____ | Provide the number of days from the date the patient was initially diagnosed pathologically with the tumor submitted for TCGA described on this form to the date the patient's pharmaceutical therapy started 3392465 <i>Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i> |
| Radiation Therapy Information | | | |
| 23 | Did the patient receive radiation therapy for this malignancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Indicate whether the patient received radiation therapy for this other malignancy. If the patient did not receive radiation therapy for this malignancy, skip all related questions. 3178328 |
| 24 | Extent of Radiation Therapy | <input type="checkbox"/> Locoregional <input type="checkbox"/> Systemic (<i>exclusionary</i>) <input type="checkbox"/> Unknown (<i>exclusionary</i>) | Provide the extent of radiation therapy administered. If the patient received systemic treatment prior to the diagnosis of the tumor submitted for TCGA, the case will be excluded from TCGA. 3178353 <i>If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.</i> |

Other Malignancy Form

| # | Data Element | Entry Alternatives | Working Instructions |
|--------------------------------|--|--|--|
| 25 | If the patient received locoregional radiation, was the radiation therapy received in the same field as the tumor submitted for TCGA? | <input type="checkbox"/> Yes (<i>exclusionary</i>) <input type="checkbox"/> No <input type="checkbox"/> Unknown | Indicate whether the patient received localized radiation therapy to the same site as the tumor submitted for TCGA. If the patient did receive radiation at this site, the case will be excluded from TCGA. 2865132 <i>If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.</i> |
| 26 | Month Radiation Therapy Started | <div> <input type="checkbox"/> 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 </div> | Provide the month the patient started radiation treatment. 2897100 |
| 27 | Day of Radiation Therapy Started | <div> <input type="checkbox"/> 01 <input type="checkbox"/> 08 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 26 <input type="checkbox"/> 02 <input type="checkbox"/> 09 <input type="checkbox"/> 15 <input type="checkbox"/> 21 <input type="checkbox"/> 27 <input type="checkbox"/> 03 <input type="checkbox"/> 10 <input type="checkbox"/> 16 <input type="checkbox"/> 22 <input type="checkbox"/> 28 <input type="checkbox"/> 04 <input type="checkbox"/> 11 <input type="checkbox"/> 17 <input type="checkbox"/> 23 <input type="checkbox"/> 29 <input type="checkbox"/> 05 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 06 <input type="checkbox"/> 13 <input type="checkbox"/> 19 <input type="checkbox"/> 25 <input type="checkbox"/> 31 <input type="checkbox"/> 07 </div> | Provide the day the patient started radiation treatment. 2897102 |
| 28 | Year of Radiation Therapy Started | _____ | Provide the year the patient started radiation treatment. 2897104 |
| 29 | Number of Days from Date of Initial Pathologic Diagnosis of the Tumor Submitted to TCGA to Date Radiation Therapy Started for this Other Malignancy | _____ | Provide the number of days from the date the patient was initially diagnosed pathologically with the tumor submitted for TCGA described on this form to the date the patient's radiation therapy started. 3008313 <i>Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.</i> |
| AJCC & FIGO Staging | | | |
| 30 | FIGO Staging System (<i>Gynecologic Tumors Only</i>) | <input type="checkbox"/> 1988 <input type="checkbox"/> 1995 (cervical only) <input type="checkbox"/> 2009 | Using the patient's pathology/laboratory report, provide the FIGO staging system used to stage the patient. If the patient was not staged using FIGO, skip all related questions. 3114049 |
| 31 | FIGO Stage | <div> <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IC <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IIIC1 <input type="checkbox"/> Stage IA1 <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIC2 <input type="checkbox"/> Stage IA2 <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IV <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IB1 <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVB <input type="checkbox"/> Stage IB2 <input type="checkbox"/> Stage IIIB </div> | Using the patient's pathology/laboratory report, provide the FIGO stage given to the patient at the time of diagnosis. 3225684 |
| 32 | AJCC Cancer Staging Edition | <input type="checkbox"/> 1 st Edition (1978-1983) <input type="checkbox"/> 2 nd Edition (1984-1988) <input type="checkbox"/> 3 rd Edition (1989-1992) <input type="checkbox"/> 4 th Edition (1993-1997) <input type="checkbox"/> 5 th Edition (1998-2002) <input type="checkbox"/> 6 th Edition (2003-2009) <input type="checkbox"/> 7 th Edition (2010-present) | Based on the date the patient was staged select the AJCC edition used to stage the patient. If the patient was not staged using AJCC, skip all related questions. 2722309 |
| 33 | Pathologic Spread: Primary Tumor (pT) | <div> <input type="checkbox"/> TX <input type="checkbox"/> T1a1 <input type="checkbox"/> T2b <input type="checkbox"/> T0 <input type="checkbox"/> T1a2 <input type="checkbox"/> T3 <input type="checkbox"/> Tis <input type="checkbox"/> T1b <input type="checkbox"/> T3a <input type="checkbox"/> Tis (DCIS) <input type="checkbox"/> T1b1 <input type="checkbox"/> T3b <input type="checkbox"/> Tis (LCIS) <input type="checkbox"/> T1b2 <input type="checkbox"/> T4 <input type="checkbox"/> Tis (Paget's) <input type="checkbox"/> T1c <input type="checkbox"/> T4a <input type="checkbox"/> Ta <input type="checkbox"/> T2 <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T2a <input type="checkbox"/> T4c <input type="checkbox"/> T1mic <input type="checkbox"/> T2a1 <input type="checkbox"/> T4d <input type="checkbox"/> T1a <input type="checkbox"/> T2a2 </div> | Using the patient's pathology/laboratory report, select the code for the pathologic T (primary tumor) defined by the American Joint Committee on Cancer (AJCC). 3045435 |

Other Malignancy Form

| # | Data Element | Entry Alternatives | Working Instructions |
|----|--|--|--|
| 34 | Pathologic Spread: Lymph Nodes (pN) | <input type="checkbox"/> NX <input type="checkbox"/> N1a <input type="checkbox"/> N2a <input type="checkbox"/> N0 <input type="checkbox"/> N1b <input type="checkbox"/> N2b <input type="checkbox"/> N0 (i-) <input type="checkbox"/> N1bI <input type="checkbox"/> N2c <input type="checkbox"/> N0 (i+) <input type="checkbox"/> N1bII <input type="checkbox"/> N3 <input type="checkbox"/> N0 (mol-) <input type="checkbox"/> N1bIII <input type="checkbox"/> N3a <input type="checkbox"/> N0 (mol+) <input type="checkbox"/> N1bIV <input type="checkbox"/> N3b <input type="checkbox"/> N1 <input type="checkbox"/> N1c <input type="checkbox"/> N3c <input type="checkbox"/> N1mi <input type="checkbox"/> N2 <input type="checkbox"/> N4 | Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) defined by the American Joint Committee on Cancer (AJCC). 3203106 |
| 35 | Distant Metastases (M) | <input type="checkbox"/> MX <input type="checkbox"/> M1 <input type="checkbox"/> M1c <input type="checkbox"/> M0 <input type="checkbox"/> M1a <input type="checkbox"/> M2 <input type="checkbox"/> cM0(i+) <input type="checkbox"/> M1b | Using the patient's pathology/laboratory report, select the code for the M (metastasis) defined by the American Joint Committee on Cancer (AJCC). TBD |
| 36 | AJCC Tumor Stage | <input type="checkbox"/> 0a <input type="checkbox"/> IB <input type="checkbox"/> IIC1 <input type="checkbox"/> 0is <input type="checkbox"/> IB1 <input type="checkbox"/> IIC2 <input type="checkbox"/> 0 <input type="checkbox"/> IB2 <input type="checkbox"/> III <input type="checkbox"/> I <input type="checkbox"/> IC <input type="checkbox"/> IIIA <input type="checkbox"/> IG1 <input type="checkbox"/> II <input type="checkbox"/> IIIB <input type="checkbox"/> IG2 <input type="checkbox"/> IIA <input type="checkbox"/> IIIC <input type="checkbox"/> IG3 <input type="checkbox"/> IIA1 <input type="checkbox"/> IV <input type="checkbox"/> IA <input type="checkbox"/> IIA2 <input type="checkbox"/> IVA <input type="checkbox"/> IA1 <input type="checkbox"/> IIB <input type="checkbox"/> IVB <input type="checkbox"/> IA2 <input type="checkbox"/> IIC | Using the patient's pathology/laboratory report, select the stage defined by the American Joint Committee on Cancer (AJCC). 3203222 |

Principal Investigator or Designee Signature

Print Name

Date