

## Enrollment Form Adrenocortical Carcinoma

**Instructions:** The Enrollment Form should be completed for each TCGA qualified case, upon qualification notice from the BCR. All information provided on this form should include activity from the date of initial diagnosis to the most recent date of contact with the patient (“Date of Initial Pathologic Diagnosis” and “Date of Last Contact” on this form).

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

**Please note the following definitions for the “Unknown” and “Not Evaluated” answer options on this form.**

**Unknown:** This answer option should only be selected if the TSS cannot answer the question because the answer is not known at the TSS. 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.

**Not Evaluated:** This answer option should be selected by the TSS if it is known that the information being requested cannot be obtained. If for example, a test was not performed the results of that test cannot be provided because it was “Not Evaluated.”

Tissue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed By (Interviewer Name in OpenClinica): \_\_\_\_\_ Completed Date: \_\_\_\_\_

### General Information

#	Data Element	Entry Alternatives	Working Instructions
1	Is this a prospective tissue collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the TSS providing tissue is contracted for prospective tissue collection. If the submitted tissue was collected for the specific purpose of TCGA, the tissue has been collected prospectively. <a href="#">3088492</a>
2	Is this a retrospective tissue collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the TSS providing tissue is contracted for retrospective tissue collection. If the submitted tissue was collected prior to the date the TCGA contract was executed, the tissue has been collected retrospectively. <a href="#">3088528</a>

### Patient Information

#	Data Element	Entry Alternatives	Working Instructions
3*	Date of Birth	_____ <i>Month Day Year</i>	Provide the date the patient was born. <a href="#">2896950</a> (Month), <a href="#">2896952</a> (Day), <a href="#">2896954</a> (Year)
4*	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Provide the patient’s gender using the defined categories. <a href="#">2200604</a>

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#	Data Element	Entry Alternatives	Working Instructions
5*	Race	<input type="checkbox"/> <b>American Indian or Alaska Native</b> <i>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.</i> <input type="checkbox"/> <b>Asian</b> <i>A person having origins in any of the original 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.</i> <input type="checkbox"/> <b>White</b> <i>A person having origins in any of the original peoples of the far Europe, the Middle East, or North Africa.</i> <input type="checkbox"/> <b>Black or African American</b> <i>A person having origins in any of any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."</i> <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander:</b> <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</i> <input type="checkbox"/> <b>Not Evaluated</b> <i>Not provided or available.</i> <input type="checkbox"/> <b>Unknown</b> <i>Could not be determined or unsure.</i>	Provide the patient's race using the defined categories. <a href="#">2192199</a>
6	Ethnicity	<input type="checkbox"/> <b>Not Hispanic or Latino:</b> <i>A person not meeting the definition of Hispanic or Latino.</i> <input type="checkbox"/> <b>Hispanic or Latino:</b> <i>A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</i> <input type="checkbox"/> <b>Not Evaluated</b> <i>Not provided or available.</i> <input type="checkbox"/> <b>Unknown</b> <i>Could not be determined or unsure.</i>	Provide the patient's ethnicity using the defined categories. <a href="#">2192217</a>
7*	History of Other Malignancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the patient was, at any time in their life, diagnosed with a malignancy prior to the diagnosis of the specimen submitted for TCGA. If the patient has had a prior malignancy, an additional form (the "Other Malignancy Form") must be completed for each prior malignancy. If the OMF was completed and submitted with the Initial Case Quality Control Form, the OMF does not need to be submitted a second time. <a href="#">3382736</a>  If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.  If the patient has a history of multiple diagnoses of basal or squamous cell skin cancer, complete an OMF for the first diagnosis for each of these types.
8*	History of Neo-adjuvant Therapy for Sample Submitted for TCGA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate whether the patient received neo-adjuvant treatment (radiation, pharmaceutical, or both) prior to the collection of the sample submitted for TCGA. <a href="#">3382737</a>  Mitotane prior to surgery is an exclusionary criterion for this study.  Systemic therapy and certain localized therapies (those administered to the same site as the TCGA submitted tissue) given prior to the procurement of the sample submitted for TCGA are exclusionary.
9	Tumor Status (at time of last contact or death)	<input type="checkbox"/> Tumor free <input type="checkbox"/> With tumor <input type="checkbox"/> Unknown	Indicate whether the patient was tumor/disease free at the date of last contact or death. <a href="#">2759550</a>
10*	Vital Status (at date of last contact)	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Indicate whether the patient was living or deceased at the date of last contact. <a href="#">5</a>

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#	Data Element	Entry Alternatives	Working Instructions
11	Date of Last Contact	____      ____      ____ Month      Day      Year	If the patient is living, provide the date of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). <a href="#">2897020</a> (Month), <a href="#">2897022</a> (Day), <a href="#">2897024</a> (Year)
12	Date of Death	____      ____      ____ Month      Day      Year	If the patient is deceased, provide the date of death. <a href="#">2897026</a> (Month), <a href="#">2897028</a> (Day), <a href="#">2897030</a> (Year)
<b>Adjuvant Treatment Information</b>			
13*	Adjuvant (Post-Operative) Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had adjuvant/ post-operative radiation therapy <i>for the tumor submitted for TCGA</i> . <a href="#">2005312</a> If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.
14*	Adjuvant (Post-Operative) Pharmaceutical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had adjuvant/ post-operative pharmaceutical therapy <i>for the tumor submitted for TCGA</i> . <a href="#">3397567</a> If the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed.
15	Did the Patient Receive Mitotane Therapy at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient has at any time received mitotane treatment. <a href="#">3646372</a>
16	Did the patient receive mitotane therapy in an adjuvant setting (following complete surgical resection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable ( <i>patient had macroscopic disease and/or non-resectable disease</i> )	Indicate whether the patient received mitotane treatment after the submitted tumor was removed. <a href="#">3646377</a> *Adjuvant mitotane is defined as the use of mitotane after the presumed surgical cure with the intent of delaying or preventing recurrence.
17	Were therapeutic mitotane levels (>14 mg/L) achieved in the adjuvant setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether therapeutic levels were achieved in the adjuvant setting. <a href="#">3646378</a>
18	If therapeutic mitotane levels (>14 mg/L) were achieved in the adjuvant setting, were levels therapeutic at the time of recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> No Recurrence	If therapeutic levels were achieved in the adjuvant setting, indicate whether levels were therapeutic at the time of recurrence. <a href="#">3646379</a>
19	Did the patient receive mitotane therapy for macroscopic residual disease and/or non-resectable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Indicate whether the patient received mitotane treatment for macroscopic residual disease and/or non-resectable disease. <a href="#">3646385</a>
20	Were therapeutic mitotane levels (>14 mg/L) achieved when used for macroscopic residual disease and/or non-resectable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether therapeutic levels were achieved in the adjuvant setting. <a href="#">3646380</a>
21	If therapeutic mitotane levels (>14 mg/L) were achieved in the setting of macroscopic residual disease and/or non-resectable disease, were levels therapeutic at time of progression?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> No Progression	If therapeutic levels were achieved in the setting of treating macroscopic residual disease and/or non-resectable disease, indicate whether they were achieved at the time of progression. <a href="#">3646382</a>

## Enrollment Form Adrenocortical Carcinoma

#	Data Element	Entry Alternatives	Working Instructions
22	Clinical Status Within Three (3) Months of Surgery	<input type="checkbox"/> No Imaging Evidence of Disease <input type="checkbox"/> Persistent Locoregional Disease <input type="checkbox"/> Persistent Distant Metastatic Disease <input type="checkbox"/> Biochemical Evidence of Disease	Indicate the patient's clinical status within three months of the surgery related to the tumor submitted for TCGA. <a href="#">3186684</a>
23	Measure of Success of Outcome at the Completion of Initial First Course Treatment (surgery and adjuvant therapies)	<input type="checkbox"/> Progressive Disease <input type="checkbox"/> Stable Disease <input type="checkbox"/> Partial Response <input type="checkbox"/> Complete Response <input type="checkbox"/> Not Applicable (Treatment Ongoing) <input type="checkbox"/> Unknown	Provide the patient's response to their initial first course treatment (surgery and/or adjuvant therapies). <a href="#">2786727</a>

### Pathologic/Prognostic Information

#	Data Element	Entry Alternatives	Working Instructions
24*	Primary Site of Disease	<input type="checkbox"/> Adrenal Gland	Using the patient's pathology/laboratory report, select the anatomic site of disease of the tumor submitted for TCGA. <a href="#">2735776</a>
25*	Laterality	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Using the patient's pathology/laboratory report, select the laterality of the disease. Include all areas of invasion. <a href="#">827</a>
26*	Histological Subtype	<input type="checkbox"/> Adrenocortical Carcinoma - Usual Type <input type="checkbox"/> Adrenocortical Carcinoma - Oncocytic <input type="checkbox"/> Adrenocortical Carcinoma - Myxoid	Using the patient's pathology/laboratory report, select the histology and/or subtype of the tumor submitted for TCGA. <a href="#">3081934</a>
27*	Date of Initial Pathologic Diagnosis	_____ <i>Month Day Year</i>	Provide the date the patient was initially pathologically diagnosed with the malignancy submitted for TCGA. <a href="#">2896956</a> (Month), <a href="#">2896958</a> (Day), <a href="#">2896960</a> (Year)
28	Was a pre-operative CT performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient received a pre-operative x-ray computed tomography (CT) scan. <a href="#">3534857</a>
29	Findings of Pre-Operative CT Scan	<input type="checkbox"/> Normal <input type="checkbox"/> Lung Involvement <input type="checkbox"/> Liver Involvement <input type="checkbox"/> Vena Cava Involvement/thrombus <input type="checkbox"/> Retroperitoneal Lymph Node Involvement <input type="checkbox"/> Kidney Involvement <input type="checkbox"/> Carcinomatosis	If the patient did receive a pre-operative x-ray computed tomography (CT) scan, provide the findings of the scan. <a href="#">3151439</a>
30	Were Lymph Nodes Examined at the Time of Primary Resection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether any lymph nodes were examined at the time of the primary resection. <a href="#">2200396</a>
31	Number of Lymph Nodes Examined	_____	Provide the number of lymph nodes examined, if one or more lymph nodes were removed. <a href="#">3</a>
32	Number of Lymph Nodes Positive by H&E light microscopy	_____	Provide the number of lymph nodes positive through hematoxylin and eosin (H&E) staining and light microscopy. <a href="#">3086388</a>

**Weiss Assessment:** Report the findings for each category and then provide an overall score.

#	Weiss Assessment	Weiss Category	Present	Absent	Working Instructions
		Nuclear Grade III or IV	<input type="checkbox"/>	<input type="checkbox"/>	
		Mitotic Rate > 5/50 HPF	<input type="checkbox"/>	<input type="checkbox"/>	Using the Weiss histopathologic criteria, indicate the absence or presence of each of the categories provided. <a href="#">3648743</a>
		Atypical Mitotic Figures	<input type="checkbox"/>	<input type="checkbox"/>	
		Cytoplasm presence <= to 25%	<input type="checkbox"/>	<input type="checkbox"/>	
		Diffuse Architecture	<input type="checkbox"/>	<input type="checkbox"/>	
		Necrosis	<input type="checkbox"/>	<input type="checkbox"/>	
		Venous Invasion	<input type="checkbox"/>	<input type="checkbox"/>	
		Sinusoid Invasion	<input type="checkbox"/>	<input type="checkbox"/>	

## Enrollment Form Adrenocortical Carcinoma

#	Data Element	Entry Alternatives			Working Instructions
		Invasion of Tumor Capsule	<input type="checkbox"/>	<input type="checkbox"/>	
34	Overall Weiss Assessment Score	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 8 <input type="checkbox"/> 9	For each Weiss criterion evaluated in the prior question, score 0 for absent and 1 for present and add the individual scores to determine the overall Weiss score. <a href="#">3648744</a>
35	Mitoses per 50 High Powered Fields (HPF)	_____			Provide the number of mitoses per 50 high powered fields (HPF) at the time of diagnosis. <a href="#">3646391</a>
36	Pathologic ENSAT Staging: Primary Tumor (T) (7 <sup>th</sup> Edition, 2009)	<input type="checkbox"/> T1 (T1 = Tumor ≤ 5.0 cm in size and has not invaded tissues outside the adrenal gland) <input type="checkbox"/> T2 (T2 = Tumor > 5.0 cm in size and has not invaded tissues outside the adrenal gland) <input type="checkbox"/> T3 (T3 = Tumor of any size that has invaded the fat that surrounds the adrenal gland) <input type="checkbox"/> T4 (T4 = Tumor of any size that has invaded nearby organs such as the kidney, pancreas, spleen or liver)			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). <a href="#">3648746</a>
37	Pathologic ENSAT Staging: Lymph Nodes (N) (7 <sup>th</sup> Edition, 2009)	<input type="checkbox"/> N0 (N0 = No involvement of regional lymph nodes) <input type="checkbox"/> N1 (N1 = Involvement of regional lymph nodes)			Using the patient's pathology/laboratory report, select the code for the pathologic N (nodal) defined by the American Joint Committee on Cancer (AJCC). <a href="#">3648747</a> <b>Please Note: If the lymph nodes were not removed, the TCGA study will consider no lymph node involvement, and "N0" should be selected.</b>
38	Clinical ENSAT Staging: Distant Metastasis (M) (7 <sup>th</sup> Edition, 2009)	<input type="checkbox"/> M0 (M0 = No involvement of distant organs or tissues) <input type="checkbox"/> M1 (M1 = Involvement of distant organs or tissues such as liver, bone or brain)			Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) defined by the American Joint Committee on Cancer (AJCC). <a href="#">3648748</a>
39	Overall ENSAT Staging: Tumor Stage (7 <sup>th</sup> Edition, 2009)	<input type="checkbox"/> Stage I (T1, N0, M0) (Stage I = The tumor is ≤ 5.0cm and has not invaded surrounding tissues or organs and has not spread to lymph nodes or distant organs or tissues.) <input type="checkbox"/> Stage II (T2, N0, M0) (Stage II = The tumor is > 5.0cm and has not invaded surrounding tissues or organs and has not spread to lymph nodes or distant organs or tissues.) <input type="checkbox"/> Stage III (T3/T4, N0/N1, M0) (Stage III = Tumor of any size that has spread to the fat outside the adrenal gland or into nearby organs or tissues and/or has spread to the regional lymph nodes.) <input type="checkbox"/> Stage IV (Any T, Any N, M1) (Stage IV = Tumor of any size that involves distant organs such as liver, bone or brain. The tumor may or may not involve nearby organs, tissues or lymph nodes.)			Using the patient's pathology/laboratory report, select the stage defined by the American Joint Committee on Cancer (AJCC). <a href="#">3203222</a>
40	Residual Tumor	<input type="checkbox"/> RX (Presence of residual tumor cannot be assessed) <input type="checkbox"/> R0 (No residual tumor) <input type="checkbox"/> R1 (Microscopic residual tumor) <input type="checkbox"/> R2 (Macroscopic residual tumor)			If the patient had a non-nodal metastasis associated with the diagnosis of the tumor submitted for TCGA, provide the site of the first non-nodal metastasis. Only select more than one site if there were synchronous metastasis where the first non-nodal met was found at multiple sites. <a href="#">2608702</a>

## Enrollment Form Adrenocortical Carcinoma

#	Data Element	Entry Alternatives	Working Instructions																																
41	Method used to Confirm Metastatic Disease at time of Initial Diagnosis <i>(check all that apply)</i>	<input type="checkbox"/> Biopsy Proven <input type="checkbox"/> Imaging Suspected <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Unknown	If the patient had a metastatic tumor at the time of diagnosis, provide the method used to confirm the metastatic disease. <a href="#">3178364</a>																																
42	Other Method used to Confirm Metastatic Disease	_____	If the patient had a metastatic tumor at the time of diagnosis and the method used to confirm the metastatic disease is not included in the provided list, indicate the method used. <a href="#">3178376</a>																																
43	Site of Metastatic Tumor at Initial Diagnosis <i>(check all that apply)</i>	<input type="checkbox"/> Bone <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Peritoneum <input type="checkbox"/> Other (please specify)	If the patient had a metastatic tumor at the time of diagnosis, provide the site of metastatic disease. <a href="#">2967298</a>																																
44	Other Site of Metastatic Tumor at Initial Diagnosis	_____	If the patient had a metastatic tumor at the time of diagnosis and the site of disease is not included in the provided list, indicate the site of metastatic disease. <a href="#">2961431</a>																																
45	History of Adrenal Hormone Excess <i>(check all that apply)</i>	<input type="checkbox"/> None <input type="checkbox"/> Androgen <input type="checkbox"/> Mineralcorticoids <input type="checkbox"/> Cortisol <input type="checkbox"/> Estrogen <input type="checkbox"/> Unknown	If patient has a history of adrenal hormone excess, please provide all hormones affected. <a href="#">3646386</a>																																
46	Basis for Hormone Excess Diagnosis	<input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Biochemical Assessment <input type="checkbox"/> Both Clinical and Biochemical Assessments <input type="checkbox"/> Unknown	If the patient has a history of adrenal hormone excess, provide the basis for the diagnosis of the excess. <a href="#">3646387</a>																																
47	Germline Genotype Testing Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had germline genotyping performed. <a href="#">3121565</a>																																
48	Type of Germline Genotype Testing Performed	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>Present</th> <th>Absent</th> <th>Not Performed</th> </tr> </thead> <tbody> <tr> <td>P53</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEN1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NFI</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FAP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DNA Mismatch Repair</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RET</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Test	Present	Absent	Not Performed	P53				MEN1				NFI				FAP				DNA Mismatch Repair				RET				Other				If the patient had germline genotyping performed, provide the results. <a href="#">3121628</a>
		Test	Present	Absent	Not Performed																														
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49	Other Type of Germline Genotype Testing Performed	_____	If the type of germline genotype testing performed is not included on the provided list, indicate the type of testing performed <a href="#">4500214</a>																																

**New Tumor Event Information** Complete this section if the patient had a new tumor event. If the patient did not have a new tumor event (or if the TSS does not know) indicate this in the question below, and the remainder of this section can be skipped.

Please Note: The New Tumor Event section on OpenClinica can be completed multiple times, if the patient had multiple New Tumor Events.

#	Data Element	Entry Alternatives	Working Instructions
50*	New Tumor Event After Initial Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient had a new tumor event (e.g. metastatic, recurrent, or new primary tumor) after initial treatment. <a href="#">3121376</a> If the patient did not have a new tumor event or if this is unknown, the remaining questions can be skipped.

## Enrollment Form Adrenocortical Carcinoma

#	Data Element	Entry Alternatives	Working Instructions
51	Type of New Tumor Event	<input type="checkbox"/> Locoregional Recurrence <input type="checkbox"/> Distant Metastasis <input type="checkbox"/> Biochemical Evidence of Disease <input type="checkbox"/> New Primary Tumor	Indicate whether the patient's new tumor event was a locoregional recurrence, a distant metastasis or a new primary tumor. A new primary tumor is a tumor with a different histology as the tumor submitted to TCGA. <a href="#">3119721</a>
52	Site of New Tumor Event	<input type="checkbox"/> Bone <input type="checkbox"/> Peritoneum/Tumor Bed <input type="checkbox"/> Lung <input type="checkbox"/> Retroperitoneum <input type="checkbox"/> Liver <input type="checkbox"/> Lymph Node(s) <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Other, specify	Indicate the site of this new tumor event. <a href="#">3108271</a>
53	Other Site of New Tumor Event	_____	If the site of the new tumor event is not included in the provided list, describe the site of this new tumor event. <a href="#">3128033</a>
54	Date of New Tumor Event	____/____/____ <i>Month                  Day                  Year</i>	If the patient had a new tumor event, provide the date of diagnosis for this new tumor event. <a href="#">3104044</a> (Month), <a href="#">3104042</a> (Day), <a href="#">3104046</a> (Year)
55	How was this New Tumor Event confirmed?	<input type="checkbox"/> Imaging <input type="checkbox"/> Pathology <input type="checkbox"/> Unknown	If the patient had a new tumor event, provide the method used to confirm the diagnosis. <a href="#">3186701</a>
56	Evidence of Histologic Progression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the new tumor event had evidence of histologic progression (i.e. transition from low grade to high grade). <a href="#">3181376</a>
57	Additional Surgery for New Tumor Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Using the patient's medical records, indicate whether the patient had surgery for the new tumor event in question. <a href="#">3427611</a>
58	Date of Additional Surgery for New Tumor Event	____/____/____ <i>Month                  Day                  Year</i>	If the patient had surgery for the new tumor event, provide the date this surgery was performed. <a href="#">3427612</a> (Month), <a href="#">3427613</a> (Day), <a href="#">3427614</a> (Year)
59	Additional treatment for New Tumor Event: <i>Radiation Therapy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient received radiation treatment for this new tumor event. <a href="#">3427615</a>
60	Additional treatment for New Tumor Event: <i>Pharmaceutical Therapy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Indicate whether the patient received pharmaceutical treatment for this new tumor event. <a href="#">3427616</a>

 \_\_\_\_\_  
 Principal Investigator or Designee Signature

 \_\_\_\_\_  
 Print Name

 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date