Enrollment Form
HTMCP - Cervical

Instructions: *The Enrollment Form should be completed for each qualified case in the HIV+ Tumor Characterization Project (HTMCP) study. The Tissue Source Site (TSS) should complete the form for qualified cases upon qualification notice from the Office of Cancer Genomics (OCG). Questions regarding this form should be directed to the Clinical Data Collection Operation & Database (CDCOD) or OCG.*

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 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 HTMCP required data set, the TSS must complete a discrepancy note providing a reason why the answer is unknown.

Not Evaluated: This answer option should only be selected by the TSS if it is known that the information being requested cannot be obtained. This could be because the test in question was never performed on the patient or the TSS knows that the information requested was never disclosed.

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

Completed By *(Interviewer Name in OpenClinica)*: _____Completed Date: _____

#	Data Element	Entry Alternatives	Working Instructions
General Information			
*1	Is this a prospective tissue collection?	☐ Yes ☐ No	Indicate whether the TSS providing tissue is contracted for prospective tissue collection. If the submitted tissue was collected for the specific purpose of HTMCP, the tissue has been collected prospectively. 3088492
*2	Is this a retrospective tissue collection?	☐ Yes ☐ No	Indicate whether the TSS providing tissue is contracted for retrospective tissue collection. If the submitted tissue was collected prior to the date the HTMCP contract was executed, the tissue has been collected retrospectively. 3088528
Patient Information			
Demographic Information			
*3	Date of Birth	___ ___ / ___ ___ / ___ ___ ___ ___ (month)　(day)　(year)	Provide the date the patient was born. 2896950 (month), 2896952 (day), 2896954 (year) *Note: The day of Birth is not required.*
*4	Gender	☐ Female ☐ Male	Provide the patient's gender using the provided categories. 2200604
5	Menopause Status *(at time of diagnosis)*	☐ Premenopausal 　*<6 months since last menstrual period (LMP) AND no prior bilateral oophorectomy AND not on estrogen replacement* ☐ Perimenopausal 　*6-12 months since last menstrual period* ☐ Postmenopausal 　*Prior bilateral oophorectomy OR > 12 months since LMP with no prior oophorectomy* ☐ Indeterminate or Unknown ☐ Not Evaluated	Using the patient's medical records, indicate their menopause status at the time the patient was diagnosed with the malignancy submitted for HTMCP. 2957270
*6	Race *(Check all that apply)*	☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ Not Evaluated ☐ Unknown	Provide the patient's race using the defined categories. 2192199 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 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. White: A person having origins in any of the original peoples of the four Europe, the Middle East, or North Africa. Black or African American: 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." Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Not Evaluated: Not provided or available Unknown: Could not be determined or unsure
7	Ethnicity	☐ Not Hispanic or Latino ☐ Hispanic or Latino ☐ Not Evaluated ☐ Unknown	Provide the patient's ethnicity using the defined categories. 2192217 Not Hispanic or Latino: A person not meeting the definition of Hispanic or Latino. Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Not Evaluated: Not provided or available Unknown: Could not be determined or unsure

#	Data Element	Entry Alternatives		Working Instructions
8	Height *(at time of diagnosis)*	_____(cm)		Provide the patient's height (centimeters) at the time the patient was diagnosed with the tumor submitted for HTMCP. 649
9	Weight *(at time of diagnosis)*	_____(kg)		Provide the patient's weight (kilograms) at the time the patient was diagnosed with the tumor submitted for HTMCP. 651
History of Pregnancies and Contraceptive Use				
10	Hormonal Contraceptive Use	☐ Current User ☐ Never Used ☐ Former User ☐ Unknown		Indicate whether the patient has used or is currently using hormonal contraceptives. 3104217
11	Number of Pregnancies by Outcome Type *(Complete all that apply)*	**Pregnancy Type** **Number of Pregnancies**		
		Live Birth *(single or multiple births)*	_____	Provide the number of times the patient had successful pregnancies that resulted in the live birth of at least one child. 2183299
		Miscarriage	_____	Provide the number of times the patient conceived and became pregnant, but did not carry fetus to term due to natural occurrences or problems during the pregnancy. 2180637
		Induced Abortion	_____	Provide the number of times the patient conceived and became pregnant, but did not carry fetus to term due to medical intervention to end the pregnancy. 2180648
		Ectopic Pregnancy	_____	Provide the number of times the patient conceived and become pregnant, but did not carry the fetus to term due to an ectopic pregnancy. 2261915
		Stillbirth *(early fetal death)*	_____	Indicate the number of times the patient conceived and become pregnant, but the pregnancy ended with stillbirth. 2183304
		Unknown	_____	Provide the number of times the patient was known to be pregnant, but the outcome of the pregnancy was unknown.
12	Total Number of Pregnancies	_____		Provide the total number of times the patient conceived and became pregnant. This should include all of the pregnancies under the question "Number of Pregnancies by Outcome Type" and current pregnancies. 2180638
13	Pregnant at Time of Diagnosis	☐ Yes ☐ No		Indicate whether the patient was pregnant at the time of initial diagnosis. 2005346
Survival Information				
*14	Vital Status *(at date of last contact)*	☐ Living ☐ Deceased		Indicate whether the patient was living or deceased at the date of last contact. 5
†15	Date of Last Contact *Do not answer if patient is deceased.*	___ ___ / ___ ___ / ___ ___ ___ ___ (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). 2897020 (month), 2897022 (day), 2897024 (year) *Note: The day of Last Contact is not required.*
*16	Date of Last Known Alive	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)		Indicate the last date the patient was known to be alive, regardless of whether the patient, medical provider, family member or caregiver was contacted. 2975722 (month), 2975724 (day), 2975726 (year) *Note: The day of Last Known Alive is not required.*
†17	Date of Death	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)		If the patient is deceased, provide the month of death. 2897026, (month) 2897028 (day), 2897030 (year) *Note: The day of Death is not required.*
18	Cause of Death *Only complete if patient is deceased.*	☐ Cervical Cancer ☐ Unknown ☐ Other (please specify)		Indicate the patient's cause of death. 2554674
19	Other Cause of Death *Only complete if "other" is selected above.*	_____		If the patient's cause of death was not included in the provided list, specify the patient's cause of death. 2004150
Patient Status (Regarding Submitted Tumor)				
*20	Did the patient receive neo-adjuvant therapy for the tumor submitted for HTMCP?	☐ Yes *(exclusion criterion)* ☐ No		Indicate whether the patient received treatment (radiation, pharmaceutical, or both) prior to the procurement of the sample submitted. 3382737 *If the answer to this question is "yes", the submitted case is excluded.*

#	Data Element	Entry Alternatives	Working Instructions
*21	Tumor Status *(at time of last contact)*	☐ Tumor free ☐ With tumor ☐ Unknown	Indicate whether the patient was tumor/disease free (i.e. free of the malignancy that yielded the sample submitted for the HTMCP study) at the date of last contact or death. 2759550
22	Performance Status: Eastern Cooperative Oncology Group *At the time of diagnosis*	☐ 0: Asymptomatic ☐ 1: Symptomatic, but fully ambulatory ☐ 2: Symptomatic, in bed less than 50% of day ☐ 3: Symptomatic, in bed more than 50% of day. ☐ 4: Bed-ridden ☐ Unknown ☐ Not Evaluated	Provide the Eastern Cooperative Oncology Group (ECOG) performance status of the patient at the time of diagnosis. 88
23	Performance Status: Karnofsky Score *At the time of diagnosis*	☐ 100: Normal, no complaints, no evidence of disease ☐ 90: Able to carry on normal activity; minor signs or symptoms of disease ☐ 80: Normal activity with effort; some signs or symptoms of disease ☐ 70: Cares for self, unable to carry on normal activity or to do active work ☐ 60: Requires occasional assistance ☐ 50: Requires considerable assistance and frequent medical care ☐ 40: Disabled, requires special care and assistance ☐ 30: Severely disabled, hospitalization indicated. Death not imminent ☐ 20: Very sick, hospitalization ☐ 10: Moribund, fatal processes progressing rapidly ☐ 0: Dead ☐ Unknown ☐ Not Evaluated	Provide the Karnofsky Score performance status of the patient at the time of diagnosis. 2003853
24	Tumor Response	☐ Progressive Disease ☐ Stable Disease ☐ Partial Response ☐ Complete Response	Indicate the patient's measure of success after their primary treatment including surgery and adjuvant therapies. 2786727
25	Adjuvant (Post-Operative) Radiation Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had adjuvant/ post-operative radiation therapy *for the tumor submitted for HTMCP.* 2005312
26	Adjuvant (Post-Operative) Pharmaceutical Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had adjuvant/ post-operative pharmaceutical therapy *for the tumor submitted for HTMCP*. 3397567

Smoking History

#	Data Element	Entry Alternatives	Working Instructions
27	Tobacco Smoking History Indicator *(at time of diagnosis)*	☐ 1: Lifelong Non-Smoker ☐ 2: Current Smoker ☐ 3: Current Reformed Smoker for > 15 years ☐ 4: Current Reformed Smoker for <= 15 years ☐ 5: Current Reformed Smoker (duration not specified) ☐ Smoking Status not Documented	Indicate the patient's history of tobacco smoking including their smoking status at diagnosis using the defined categories. If the patient is or was a lifelong non-smoker, skip the additional smoking questions. 2181650
28	Age of Onset of Tobacco Smoking	___ ___ years	Provide the age in years when the patient began smoking cigarettes. 2178045
29	Year of Quitting Tobacco Smoking	___ ___ ___ ___ (YYYY)	Provide the year the patient quit smoking, if applicable. 2228610
30	Number of Pack Years Smoked *(at time of diagnosis)*	___ ___ ___ ___ pack years	Provide the number of pack years the patient smoked. This is calculated using the number of cigarettes smoked per day times the number of years smoked, divided by 20. For example, if the patient smoked 5 cigarettes per day times 10 years divided by 20, the patient would have 2.5 pack years (e.g. 5x10/20=2.5). 2955385

History of Disease

HIV Status

#	Data Element	Entry Alternatives	Working Instructions
*31	Is this patient HIV positive?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient is HIV positive. 2180464

#	Data Element	Entry Alternatives	Working Instructions
†32	Date of HIV Diagnosis	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	Provide the month the patient was diagnosed with HIV. 3579640 (month), 3579644 (day), 3579643 (year) *Note: The day of HIV Diagnosis is not required.*
33	Nadir CD4 Counts	_____ (cells/mm^3)	Provide the patient's Nadir CD4 counts, which are the lowest CD4 counts the patient has had. 2684395
†34	CD4 Counts at Diagnosis of the Submitted Malignancy	_____ (cells/mm^3)	Provide the patient's CD4 Counts at the time the patient was diagnosed with the malignancy submitted for the HTMCP study. 2922654
†35	HIV RNA load at Diagnosis of Submitted Malignancy	_____	Provide the HIV RNA load (also known as the "viral load") at the time the patient was diagnosed with the malignancy submitted for the HTMCP study. 2922674
36	Prior AIDS Defining Conditions	☐ Candidiasis of bronchi, trachea or lungs ☐ Candidiasis, esophageal ☐ CMV other than liver, spleen or nodes, onset at age >1month ☐ CMV retinitis ☐ Coccidioidomycosis, disseminated or extrapulmonary ☐ Cryptococcosis, extrapulmonary ☐ Cryptosporidiosis, chronic intestinal ☐ Encephalopathy, HIV-related ☐ Herpes simplex: chronic ulcers (> 1 month's duration) or bronchitis, pneumonitis or esophagitis (onset at age > 1 month) ☐ Histoplasmosis, disseminated or extrapulmonary ☐ Isosporiasis, chronic intestinal (> 1 mon) ☐ Mycobacterium avium complex or Mycobacterium kansasii disseminated or extrapulmonary ☐ Mycobacterium tuberculosis of any site, pulmonary, disseminated or extrapulmonary ☐ Mycobacterium, other species or unidentified species, disseminated or extrapulmonary ☐ Nocardiosis ☐ Pneumocystis jirovecii pneumonia ☐ Pneumonia, recurrent ☐ Progressive multifocal leukoencephalopathy ☐ Salmonella septicemia, recurrent ☐ Toxoplasmosis of the brain, onset at age >1month ☐ Wasting syndrome, due to HIV	Prior to the malignancy submitted for the HTMCP study, provide any AIDS defining conditions. 2679581

#	Data Element	Test		Results			Working Instructions
			Pos	Neg	Inconclusive	Not Tested	Using the list provided, indicate whether the patient had any co-infections by providing the results of each of the tests listed.
37	Co-Infections *(serology data/viral load if available)*	☐HBV					2180456
		☐HCV					2695021
		☐HPV					2230033
		☐KSHV /HHV8					3335773

#	Data Element	Entry Alternatives	Working Instructions
†38	HAART Treatment Prior to Diagnosis of Submitted Malignancy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received Highly Active Antiretroviral Therapy (HAART) treatment prior to the diagnosis of the malignancy submitted for the HTMCP study. 3335156
†39	HAART Treatment at Time of Diagnosis of Submitted Malignancy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received Highly Active Antiretroviral Therapy (HAART) treatment at the time of the diagnosis of the malignancy submitted for the HTMCP study. 2922679

#	Data Element	Entry Alternatives	Working Instructions
40	CDC HIV Risk Group(s)	☐ Homosexual or bisexual contact ☐ Heterosexual contact ☐ IV drug user ☐ Transfusion recipient ☐ Hemophiliac ☐ Other	Indicate whether the patient has a history of any of the listed HIV Risk Groups as defined by the Center for Disease Control (CDC). 2542215

Prior Malignancies

#	Data Element	Entry Alternatives	Working Instructions
*41	Has this patient at any time in their life had a prior diagnosis of a malignant neoplasm?	☐ Yes *(exclusion criterion)* ☐ 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 HTMCP. *If the answer to this question is "yes", the submitted case is excluded. This exclusion does not apply if the patient only has a history of non-melanoma skin cancer, in situ carcinoma or Kaposi's Sarcoma.* 3382736
42	Type of Prior Malignancies Only complete if "Yes" is selected in previous question.	_____	If the patient has had a prior diagnosis of a malignant neoplasm, provide the type of prior malignancy. 2718428

Prior Immunological Disease

#	Data Element	Entry Alternatives	Working Instructions
43	Patient History of Prior Immunological Disease	☐ Rheumatoid Arthritis ☐ Sjogren's Syndrome ☐ Systemic Lupus Erythematosus ☐ Crohn's Disease ☐ Ulcerative Colitis ☐ Hashimoto's Thyroiditis ☐ Other, please specify ☐ Unknown	Indicate whether the patient has a history of any of the listed immunological diseases. 3233628
44	Patient History of Other Immunological Disease Only complete if "other" is selected in previous question.	_____	If the patient has a history of immunological disease and the disease is not listed in the previous question, provide the name of the disease(s). 3233629
45	Patient History of Prior Immunosuppressive Therapy for Immunological Disease	☐ Methotrexate ☐ Anti-TNF therapy ☐ Cyclophosphamide ☐ Other, specify ☐ Azathioprine ☐ Unknown	If the patient received immunosuppressive therapy for the immunological disease selected in the previous question, provide the type of immunosuppressive therapy given. 3233638
46	Other History of Prior Immunosuppressive Therapy Only complete if "other" is selected in previous question.	_____	If the patient has a history of immunosuppressive therapy for immunological disease and the immunosuppressive therapy is not listed in the previous question, provide the name of the immunosuppressive therapy(s). 2873928

Prior Infectious Disease

#	Data Element	Entry Alternatives	Working Instructions
47	Patient History of Relevant Prior Infectious Disease	☐ Hepatitis B ☐ Other ☐ Hepatitis C ☐ Unknown ☐ H. Pylori	Indicate whether the patient has a history of any of the listed infectious disease. 3233642
48	Patient History of Other Relevant Infectious Disease Only complete if "other" is selected in previous question.	_____	If the patient has a history of relevant prior disease that was not included in the list, provide the infectious disease. 3233643

Pathologic Diagnosis

#	Data Element	Entry Alternatives	Working Instructions
*49	Histological Subtype	☐ Squamous Cell Carcinoma; NOS ☐ Squamous Cell Carcinoma: Keratinizing ☐ Squamous Cell Carcinoma: Non-Keratinizing ☐ Squamous Cell Carcinoma: Basaloid ☐ Squamous Cell Carcinoma: Verrucous ☐ Squamous Cell Carcinoma: Warty ☐ Squamous Cell Carcinoma: Papillary ☐ Squamous Cell Carcinoma: Lymphoepithelioma-like ☐ Squamous Cell Carcinoma: Squamotransitional ☐ Adenocarcinoma; NOS ☐ Fetal Adenocarcinoma ☐ Mucinous Cystadenocarcinoma ☐ Mucinous ("Colloid") Adenocarcinoma ☐ Signet Ring Adenocarcinoma ☐ Clear Cell Adenocarcinoma ☐ Adenosquamous Carcinoma ☐ Glassy Cell Carcinoma ☐ Adenoid Cystic Carcinoma ☐ Adenoid Basal Carcinoma	Using the patient's final diagnostic pathology report, provide the most detailed histological subtype available. 3081934

#	Data Element	Entry Alternatives	Working Instructions
50	Keratinization in Squamous Cell Carcinoma	☐ Keratinizing squamous cell carcinoma ☐ Non-keratinizing squamous cell carcinoma	If the patient had squamous cell carcinoma, indicate whether the tumor has any keratinizing squamous cell carcinoma using the patient's pathology/laboratory report. Keratinizing tumors have at least one well-formed keratin pearl. All other patterns are non-keratinizing. 3151599
*51	Primary Site of Disease	☐ Cervix	Using the patient's pathology/laboratory report, select the anatomic site of disease of the tumor submitted. 3427536
52	Tumor Grade	☐ G1 Well Differentiated ☐ G2 Moderately Differentiated ☐ G3 Poorly Differentiated ☐ G4 Undifferentiated ☐ GX Grade cannot be assessed	Using the patient's pathology/laboratory report, select the tumor grade. 2785839
Pathologic Diagnosis and Surgical Resection			
*53	Date of Initial Pathologic Diagnosis	___ ___ / ___ ___ / ___ ___ ___ ___ (month)　(day)　　(year)	Provide the date the patient was initially diagnosed pathologically with the malignancy submitted for HTMCP. This may or may not be the date of the surgical resection that yielded the tumor sample submitted for HTMCP. 2896956 (month), 2896958 (day), 2896960 (year) *Note: The day of Initial Pathologic Diagnosis is not required.*
*54	Method of Initial Pathologic Diagnosis	☐ Biopsy (cervical, CT-guided or other) ☐ Cone Biopsy / LEEP ☐ Lymph Node Sampling or Dissection ☐ Surgical Resection ☐ Other (please specify) ☐ Unknown	Provide the method of the initial pathologic diagnosis. This is the method used on the date provided above. 2757941
†55	Other Method of Initial Pathologic Diagnosis Only complete if "other" is selected above.	_____	If the method of initial pathologic diagnosis is not included in the list provided, please describe the method used. 2757948
56	Date of Surgical Resection	___ ___ / ___ ___ / ___ ___ ___ ___ (month)　(day)　　(year)	Provide the date of the surgical resection that yielded the tumor sample submitted for HTMCP. Depending on the method of initial pathologic diagnosis, this could be the same date provided for the previous question asking for the pathologic diagnosis date. 3008197 (month), 3008195 (day), 3008199 (year)
57	Was hysterectomy performed?	☐ Yes ☐ No	Indicate whether a hysterectomy was performed at diagnosis. 2001892
58	If hysterectomy was performed, what type was it?	☐ Hysterectomy not performed ☐ Simple ☐ Radical (modified or not modified) ☐ Other, specify	If a hysterectomy was performed, indicate the type. 2647164
59	Other Type of Hysterectomy Only complete if "other" is selected in previous question.	_____	If the type of hysterectomy performed was not included in the list provided, please provide the type of hysterectomy performed. 3151506
60	If hysterectomy was performed, were there involved pathologic margins?	☐ Macroscopic parametrial involvement ☐ Microscopic parametrial involvement ☐ Positive bladder margin ☐ Positive vaginal margin ☐ Negative margins ☐ Unknown ☐ Other, specify	If a hysterectomy was performed, provide the patient's margin involvement after surgery. 3151541
61	Other Involved Pathologic Margins Only complete if "other" is selected in previous question.	_____	If the margin involvement was not included in the provided list, describe the pathologic margins. 3151544
62	Pelvic Extension Comment	_____	Using the patient's pathology/laboratory report, provide comments regarding any tumor extension to the pelvic wall. 3151605
63	Pathologic Lymphovascular Invasion	☐ Present ☐ Absent ☐ Unknown	Using the patient's pathology/laboratory report, indicate the presence or absents of pathologic lymphovascular invasion. 64727
64	Corpus Involvement	☐ Present ☐ Absent ☐ Unknown	Using the patient's pathology/laboratory report, provide the patient's corpus involvement. The Corpus uteri is the part of the uterus above the isthmus, comprising about two thirds of the non-pregnant organ. 3151610

#	Data Element	Entry Alternatives		Working Instructions
Lymph Node Status				
65	Were Lymph Nodes Examined at the Time of Primary Resection?	☐ Yes ☐ No ☐ Unknown		Indicate whether any lymph nodes were examined at the time of the primary resection. 2200396
66	Number of Lymph Nodes Examined *Only complete next five questions if "yes" is selected above.*	_____		Provide the number of lymph nodes examined, if one or more lymph nodes were removed. 3
67	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. 3086388
68	Number of Lymph Nodes Positive by IHC Keratin Staining only	_____		Provide the number of lymph nodes positive through keratin immunohistochemistry (IHC) staining. 3086383
69	Pathologic Positive Lymph Node Location(s) *(Check all that apply)*	☐ Pelvic (external iliac, internal iliac, obturator) ☐ Common iliac ☐ Paraaortic ☐ Supraclavicular ☐ Unknown ☐ Other, specify		Using the patient's pathology/laboratory report, provide the location(s) of any positive lymph nodes. 3151519
70	Other Positive Lymph Node	_____		If the location of positive lymph nodes was not included in the list provided, please provide the location of positive lymph nodes. 3151522
AJCC and FIGO Staging				
71	AJCC Primary Tumor (T)	**Clinical** ☐ TX ☐ T2 ☐ T0 ☐ T2a ☐ Tis ☐ T2a1 ☐ T1 ☐ T2a2 ☐ T1a ☐ T2b ☐ T1a1 ☐ T3 ☐ T1a2 ☐ T3a ☐ T1b ☐ T3b ☐ T1b1 ☐ T4 ☐ T1b2	**Pathologic** ☐ TX ☐ T2 ☐ T0 ☐ T2a ☐ Tis ☐ T2a1 ☐ T1 ☐ T2a2 ☐ T1a ☐ T2b ☐ T1a1 ☐ T3 ☐ T1a2 ☐ T3a ☐ T1b ☐ T3b ☐ T1b1 ☐ T4 ☐ T1b2	Using the patient's medical records, select the primary tumor category (T) used to determine the patient's final AJCC stage. 3440328 (clinical), 3045435 (pathologic) Clinical and/or pathologic staging can be selected, but pathologic staging is preferred.
72	AJCC Regional Lymph Nodes (N)	**Clinical** ☐ NX ☐ N0 ☐ N1	**Pathologic** ☐ NX ☐ N0 ☐ N1	Using the patient's medical records, select the patient's regional lymph node category (N) used to determine the patient's final AJCC stage. 3440330 (clinical), 3203106 (pathologic) Clinical and/or pathologic staging can be selected, but pathologic staging is preferred.
73	AJCC Distant Metastasis (M)	**Clinical** ☐ MX ☐ M0 ☐ M1	**Pathologic** ☐ MX ☐ M0 ☐ M1	Using the patient's medical records, select the patient's distant metastasis category (M) used to determine the patient's final AJCC stage. 3440331 (clinical), 3045439 (pathologic) Clinical and/or pathologic staging can be selected, but pathologic staging is preferred.
*74	AJCC Staging Edition Used to Determine the T, N, and M values	☐ 1st Edition (1978-1983) ☐ 2nd Edition (1984-1988) ☐ 3rd Edition (1989-1992) ☐ 4th Edition (1993-1997) ☐ 5th Edition (1998-2002) ☐ 6th Edition (2003-2009) ☐ 7th Edition (2010-present)		Please select the AJCC cancer staging edition used to determine the T, N, M, and stage provided. 2722309
*75	FIGO Stage	☐ Stage I ☐ Stage IB2 ☐ Stage III ☐ Stage IA ☐ Stage II ☐ Stage IIIA ☐ Stage IA1 ☐ Stage IIA ☐ Stage IIIB ☐ Stage IA2 ☐ Stage IIA1 ☐ Stage IV ☐ Stage IB ☐ Stage IIA2 ☐ Stage IVA ☐ Stage IB1 ☐ Stage IIB ☐ Stage IVB		Using the patient's pathology/laboratory report, provide the FIGO stage given to the patient at the time of diagnosis. 3225684

#	Data Element	Entry Alternatives			Working Instructions
*76	FIGO Staging System *(Publication Date Used for Staging)*	☐ 1988 ☐ 1995 ☐ 2009			Using the patient's pathology/laboratory report, provide the FIGO staging system used to stage the patient. 3114049

Tests Performed

FDG-PET or PET/CT

#	Data Element	Entry Alternatives			Working Instructions
77	Date of FDG-PET or PET/CT	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)			If the patient's medical records indicate the patient had a FDG-PT or PET/CT, provide the date of the procedure. 3151498 (month), 3151499 (day), 3151500 (year)
78	Cervix Standardized Update Value (SUV)	_____			If the patient's medical records indicate the patient had a FDG-PT or PET/CT, provide the patient's cervix SUV. 3151615

#	Data Element	Test	Outcome		Working Instructions
79	FDG-PET or PET/CT Results *Check all that apply*		Present / Absent / Unknown		If the patient's medical records indicate the patient had a FDG-PT or PET/CT, provide the results for each applicable anatomic site. 3151497
		Pelvic Nodes			
		Paraortic Nodes			
		Supraclavicular Nodes			
		Parametrium			
		Bladder			
		Extra-Pelvic Met Disease			

Magnetic Resonance Imaging (MRI)

#	Data Element	Entry Alternatives	Working Instructions
80	Date of MRI	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	If the patient's medical records indicate the patient had an MRI, provide the date of the MRI. 3151491 (month), 3151492 (day), 3151493 (year)

#	Data Element	Test	Outcome		Working Instructions
81	MRI Results *Check all that apply*		Present / Absent / Unknown		If the patient's medical records indicate the patient had an MRI, provide the results for each applicable anatomic site. 3151441
		Pelvic Nodes			
		Paraortic Nodes			
		Supraclavicular Nodes			
		Parametrium			
		Bladder			
		Extra-Pelvic Met Disease			

X-ray Computed Tomography (CT Scan)

#	Data Element	Entry Alternatives	Working Instructions
82	Date of CT Scan	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	If the patient's medical records indicate the patient had a CT scan, provide the date of the CT scan. 3151134 (month), 3151132 (day), 3151133 (year)

#	Data Element	Test	Outcome		Working Instructions
83	CT Scan Results *Check all that apply*		Present / Absent / Unknown		If the patient's medical records indicate the patient had an CT scan, provide the results for each applicable anatomic site. 3151439
		Pelvic Nodes			
		Paraortic Nodes			
		Supraclavicular Nodes			
		Parametrium			
		Bladder			
		Extra-Pelvic Met Disease			

Tumor Marker Analysis

#	Data Element	Entry Alternatives	Working Instructions
84	HPV Positive Type *Check all that apply*	☐ HPV 16 ☐ Other HPV Type (please specify) ☐ HPV 18 ☐ None	If the patient's medical records indicate a positive diagnosis of the human papillomavirus (HPV), provide the HPV type found to be positive for this patient. 2922649
85	Other HPV Type Only complete if "other" is selected above.	_____	If the patient's medical records indicate a positive diagnosis of the human papillomavirus (HPV) and the type is not included in the provided list, describe the HPV type found to be positive for this patient. 3166168
86	Method of HPV Typing	☐ PCR ☐ Qiagen – digene HC2 ☐ Roche – linear array ☐ Other (please specify)	Indicate the method used for HPV typing. 3151457
87	Other Method of HPV Typing Only complete if "other" is selected above.	_____	If the method used for HPV typing is not included in the provided list, describe the HPV typing method used. 3151460

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HTMCP - Cervical

#	Data Element	Entry Alternatives	Working Instructions
88	PCR Primer Pairs	☐ MY09/MY11 ☐ SPF10-LiPA ☐ PGMY09/PGMY11 ☐ GP5+/GP6+ ☐ Roche – linear array ☐ Other (please specify)	Indicate the PCR primar pairs used. 3151487
89	Other PCR Primer Pairs Only complete if "other" is selected above.	_____	If the method used for PCR primer pairs used are not included in the provided list, describe the PCR primer pairs used. 3151490
90	Squamous Cellular Carcinoma Antigen (SCCA) Tumor Marker	_____(µg/µL)	Provide the patient's squamous cellular carcinoma antigen (SCCA) tumor marker results. 3151234
91	Date of SCCA Performed	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	Provide the date SCCA was performed. 3151235(month), 3151236 (day), 3151237 (year)

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.*

#	Data Element	Entry Alternatives	Working Instructions
i*	New Tumor Event After Initial Treatment?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had a new tumor event (e.g. metastatic, recurrent, or new primary tumor) after initial treatment. 3121376 If the patient did not have a new tumor event or if this is unknown, the remaining questions can be skipped.
ii	Type of New Tumor Event	☐ Locoregional Recurrence ☐ Distant Metastasis ☐ New Primary Tumor	Indicate whether the patient's new tumor event was a locoregional recurrence or a distant metastasis of the tissue submitted for HTMCP; or a new primary tumor. 3119721
iii	Site of New Tumor Event	☐ Bone ☐ Retroperitoneum ☐ Lung ☐ Lymph Node(s) ☐ Liver ☐ Other, specify	Indicate the site of this new tumor event. 3108271
iv	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. 3128033
†v	Date of New Tumor Event	___ ___ / ___ ___ / ___ ___ ___ ___ (month) (day) (year)	If the patient had a new tumor event, provide the date of diagnosis for this new tumor event. 3104044 (Month), 3104042 (Day), 3104046 (Year)
vi	Diagnostic Evidence of Recurrence / Relapse (check all that apply)	☐ Biopsy w/Histologic Confirmation ☐ Convincing Imaging (i.e. CT, PET, MRI) ☐ Positive Biomarker(s)	Indicate the procedure or testing method used to diagnose tumor recurrence or relapse. 2786205
vii	Additional Surgery for New Tumor Event	☐ Yes ☐ Unknown ☐ No	Using the patient's medical records, indicate whether the patient had surgery for the new metastatic tumor event in question. 3427611
viii	Additional Treatment of New Tumor Event Radiation Therapy	☐ Yes ☐ Unknown ☐ No	Indicate whether the patient received radiation treatment for this new tumor event. 3427615
ix	Additional Treatment of New Tumor Event Pharmaceutical Therapy	☐ Yes ☐ Unknown ☐ No	Indicate whether the patient received pharmaceutical treatment for this new tumor event. 3427616

Patient Status			
*92	Is This Patient Lost to Follow-up?	☐ Yes ☐ No	Indicate whether the patient is lost to follow-up as defined by the ACoS Commission on Cancer. This only includes cases where updated information has not been collected within the last 15 months. If the patient is lost to follow-up, the remaining questions may be left unanswered. 61333 *If the patient is lost to follow-up or deceased at the time of enrollment, follow-up forms are not required.*

_____

Principal Investigator (*Printed Name*)

_____

Principal Investigator (*Signature*)   Date

I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.