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?	☐ Yes ☐ No	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. *Provided time intervals must begin with the date of initial pathologic diagnosis of primary tumor submitted for TCGA (i.e., biopsy or resection).* *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.*

Other Malignancy Information

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

Other Malignancy Form

#	Data Element	Entry Alternatives	Working Instructions
6	Month of Initial Diagnosis of Other Malignancy	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	Provide the month of the initial diagnosis of the other malignancy. TBD
7	Day of Initial Diagnosis of Other Malignancy	☐ 01 ☐ 08 ☐ 14 ☐ 20 ☐ 26 ☐ 02 ☐ 09 ☐ 15 ☐ 21 ☐ 27 ☐ 03 ☐ 10 ☐ 16 ☐ 22 ☐ 28 ☐ 04 ☐ 11 ☐ 17 ☐ 23 ☐ 29 ☐ 05 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 06 ☐ 13 ☐ 19 ☐ 25 ☐ 31 ☐ 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 *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.*
Surgery Information			
10	Did the patient have surgery for this malignancy?	☐ Yes *(Complete the following surgery questions.)* ☐ No ☐ 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	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	If the other malignancy was removed, provide the month of the surgical resection. 2896963
13	Day of Surgical Resection	☐ 01 ☐ 08 ☐ 14 ☐ 20 ☐ 26 ☐ 02 ☐ 09 ☐ 15 ☐ 21 ☐ 27 ☐ 03 ☐ 10 ☐ 16 ☐ 22 ☐ 28 ☐ 04 ☐ 11 ☐ 17 ☐ 23 ☐ 29 ☐ 05 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 06 ☐ 13 ☐ 19 ☐ 25 ☐ 31 ☐ 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 *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.*
Pharmaceutical Therapy Information			
16	Did the patient receive pharmaceutical therapy for this malignancy?	☐ Yes ☐ No ☐ 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 *If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.*

Other Malignancy Form

#	Data Element	Entry Alternatives	Working Instructions
17	Extent of Pharmaceutical Therapy	☐ Locoregional ☐ Systemic ☐ 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. • Bacillus Calmette-Guerin • Interferon • Anti-angiogenesis medications • Hormonal therapy (except Tamoxifen and DES, which are excluded) 3178365 *Systemic treatment is exclusionary unless therapy is listed in the working instructions.* *If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.*
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	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	Provide the month the patient started pharmaceutical treatment. 3103072
20	Day Pharmaceutical Therapy Started	☐ 01 ☐ 08 ☐ 14 ☐ 20 ☐ 26 ☐ 02 ☐ 09 ☐ 15 ☐ 21 ☐ 27 ☐ 03 ☐ 10 ☐ 16 ☐ 22 ☐ 28 ☐ 04 ☐ 11 ☐ 17 ☐ 23 ☐ 29 ☐ 05 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 06 ☐ 13 ☐ 19 ☐ 25 ☐ 31 ☐ 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 *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.*
Radiation Therapy Information			
23	Did the patient receive radiation therapy for this malignancy?	☐ Yes ☐ No ☐ 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	☐ Locoregional ☐ Systemic *(exclusionary)* ☐ Unknown *(exclusionary)*	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 *If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.*

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#	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?	☐ Yes *(exclusionary)* ☐ No ☐ 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 *If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA.*
26	Month Radiation Therapy Started	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	Provide the month the patient started radiation treatment. 2897100
27	Day of Radiation Therapy Started	☐ 01 ☐ 08 ☐ 14 ☐ 20 ☐ 26 ☐ 02 ☐ 09 ☐ 15 ☐ 21 ☐ 27 ☐ 03 ☐ 10 ☐ 16 ☐ 22 ☐ 28 ☐ 04 ☐ 11 ☐ 17 ☐ 23 ☐ 29 ☐ 05 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 06 ☐ 13 ☐ 19 ☐ 25 ☐ 31 ☐ 07	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 *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.*
AJCC & FIGO Staging			
30	FIGO Staging System *(Gynecologic Tumors Only)*	☐ 1988 ☐ 1995 (cervical only) ☐ 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	☐ Stage I ☐ Stage IC ☐ Stage IIIC ☐ Stage IA ☐ Stage II ☐ Stage IIIC1 ☐ Stage IA1 ☐ Stage IIA ☐ Stage IIIC2 ☐ Stage IA2 ☐ Stage IIB ☐ Stage IV ☐ Stage IB ☐ Stage III ☐ Stage IVA ☐ Stage IB1 ☐ Stage IIIA ☐ Stage IVB ☐ Stage IB2 ☐ Stage IIIB	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	☐ 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)*	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)	☐ TX ☐ T1a1 ☐ T2b ☐ T0 ☐ T1a2 ☐ T3 ☐ Tis ☐ T1b ☐ T3a ☐ Tis (DCIS) ☐ T1b1 ☐ T3b ☐ Tis (LCIS) ☐ T1b2 ☐ T4 ☐ Tis (Paget's) ☐ T1c ☐ T4a ☐ Ta ☐ T2 ☐ T4b ☐ T1 ☐ T2a ☐ T4c ☐ T1mic ☐ T2a1 ☐ T4d ☐ T1a ☐ T2a2	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

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#	Data Element	Entry Alternatives			Working Instructions
34	Pathologic Spread: Lymph Nodes (pN)	☐ NX ☐ N0 ☐ N0 (i-) ☐ N0 (i+) ☐ N0 (mol-) ☐ N0 (mol+) ☐ N1 ☐ N1mi	☐ N1a ☐ N1b ☐ N1bI ☐ N1bII ☐ N1bIII ☐ N1bIV ☐ N1c ☐ N2	☐ N2a ☐ N2b ☐ N2c ☐ N3 ☐ N3a ☐ N3b ☐ N3c ☐ 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)	☐ MX ☐ M0 ☐ cM0(i+)	☐ M1 ☐ M1a ☐ M1b	☐ M1c ☐ M2	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	☐ 0a ☐ 0is ☐ 0 ☐ I ☐ IG1 ☐ IG2 ☐ IG3 ☐ IA ☐ IA1 ☐ IA2	☐ IB ☐ IB1 ☐ IB2 ☐ IC ☐ II ☐ IIA ☐ IIA1 ☐ IIA2 ☐ IIB ☐ IIC	☐ IIC1 ☐ IIC2 ☐ III ☐ IIIA ☐ IIIB ☐ IIIC ☐ IV ☐ IVA ☐ IVB	Using the patient's pathology/laboratory report, select the stage defined by the American Joint Committee on Cancer (AJCC). 3203222

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Principal Investigator or Designee Signature | Print Name | Date