NIH NATIONAL CANCER INSTITUTE BBRB Biorepositories and Biospecimen Research Branch		Biospecimen Pre-Analytical Variables (BPV Colon Clinical Data Entry Form		
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/ Case ID:		Form Completed By:		
ix BPV Case Barcode labe	el			
sue Bank ID:		Date Completed:/ (MM/D	/	
tory of cancer in patient	t or blood relatives It have a history of prior	malignancy?		
Select One:				
O Yes – (Enter det	ails below)			
0 No				
O Unknown				
-	s cancer diagnosis in a se ast page of this form.	parate row. Add any additional dia	gnoses to the	
Description of diagnosis:		When diagnosis was receive how long ago. Date:///	-	
		(<i>MM/DD/YYYY</i>) OR		
		Time since diagnosis was re	ceived:	
			(in very)	
			(in years)	
Description of diagr	nosis:	When diagnosis was receive		
Description of diagr	nosis:	When diagnosis was receive how long ago.		
Description of diagr	nosis:	When diagnosis was receive how long ago. Date:///	ed. Date if known, o	
Description of diagr	nosis:	how long ago.	ed. Date if known, o	
Description of diagr	nosis:	how long ago. Date:/// <i>(MM/DD/YYYY)</i> OR	ed. Date if known, o	
Description of diagr	nosis:	how long ago. Date:/// (MM/DD/YYYY)	ed. Date if known, o ceived:	
Description of diagr	nosis:	how long ago. Date:/// <i>(MM/DD/YYYY)</i> OR	ed. Date if known, o	
Description of diagr		how long ago. Date:/// (MM/DD/YYYY) OR Time since diagnosis was re When diagnosis was receive	ed. Date if known, o ceived: (in years)	
		how long ago. Date:/// (MM/DD/YYYY) OR Time since diagnosis was re When diagnosis was receive how long ago. Date://	ed. Date if known, o ceived: (in years) ed. Date if known, o	
		how long ago. Date:/// (MM/DD/YYYY) OR Time since diagnosis was receive how long ago. Date:// OR	ed. Date if known, o ceived: (in years) ed. Date if known, o (MM/DD/YYYY)	
		how long ago. Date:/// (MM/DD/YYYY) OR Time since diagnosis was re When diagnosis was receive how long ago. Date://	ed. Date if known, c ceived: (in years) ed. Date if known, c (<i>MM/DD/YYYY</i>)	

NIH NATIONAL CANCER INSTITUTE BBRB Biorepositories and Biospecimen Research Branch			Biospecimen Pre-Ana Colon Clinical I	-		
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BPV C	PV Case ID:		Tissue Bank ID:			
Form	Form Completed By:					
2.				ہ e had a history of cancer in a s he last page of this form.	MM/DE separa	, ,
		Aunt	Type of cancer:			
		Brother	Type of cancer:			
		Daughter	Type of cancer:			
		Father	Type of cancer:			
		Mother	Type of cancer:			
		Sister	Type of cancer:			
		Son	Type of cancer:			
		Uncle	Type of cancer:			
		Grandmother	Type of cancer:			
		Grandfather	Type of cancer:			
		Nephew	Type of cancer:			
		Niece	Type of cancer:		-	
		Other - specify	Type of cancer:			

Specify Other blood relative:

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BPV Case ID:			Tissue Bank ID:	
Form Completed By:		Date Completed:///		
	 3. Does the participant have an immunosuppr Select One: Yes - Check all that apply below No Unknown 		ressive issue (HIV, organ transplant,	steroid use, etc)?
 Check all that apply: HIV Organ transplant Chronic systemic steroid use Other - specify Specify Other immunosuppressive is 			ssue:	

Select One:

- O Yes Describe radiation therapy below
- 0 **No**
- O Unknown

Describe each radiation therapy the participant received prior to surgery in a separate row. Add any additional radiation treatment to the comments section on the last page of this form.

Description of radiation therapy:

When radiation therapy was received. Date if known, or how long ago.

OR Time since radiation therapy was received: ______(in years)

Description of radiation therapy:

When radiation therapy was received. Date if known, or how long ago.

OR Time since radiation therapy was received: ______(in years)

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BPV Ca	BPV Case ID: Form Completed By:		Tissue Bank ID:		
Form C			Date Completed:/ (MM/DD	_/	
5.	Select One: O Yes – Describe c O No O Unknown	received chemotherapy hemotherapy below notherapy treatment the	y prior to surgery: e participant received prior to surge	ry in a separate row.	
	Add any additional	chemotherapy treatme	nt to the comments section on the la	ast page of this form.	
	Description of chem	notherapy:	When chemotherapy was received. Date if know or how long ago.		
			Date:/// (MM/DD/YYYY) OR	_	
			Time since chemotherapy w	as received: _ (in years)	
	Description of chem	notherapy:	When chemotherapy was re or how long ago.	ceived. Date if know	
			Date:/// (MM/DD/YYYY) OR	_	
			Time since chemotherapy w (in yea		

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PV Case ID:		Tissue Bank ID:		
 orm Completed By:		Date Completed:/	./	
		ant received prior to surgery in a sep		
Description of	immunotherapy:	When immunotherapy was re known, or how long ago.	eceived. Date if	
		Date:// (MM/DD/YYYY) OR Time since immunotherapy w		
Description of	immunotherapy:	When immunotherapy was received. Date known, or how long ago.		
		Date:// (MM/DD/YYYY) OR Time since immunotherapy w (in year	vas received:	

NIH NATIONAL CA		Biospecimen Pre-Analytical Variables (BPV) Colon Clinical Data Entry Form		
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BPV Case ID:		Tissue Bank ID:		
Form Completed By:		_ Date Completed:/ (MM/DD	_/	
 7. Has the participant received hormonal the Select One: Yes—Describe hormonal therapy below No Unknown Describe each hormonal therapy the partial additional hormonal therapy treatment to be service of the s		, ipant received prior to surgery in a s	• •	
Description of horn	nonal therapy:	When hormonal therapy wa known, or how long ago.	s received. Date if	
		Date:/// (MM/DD/YYYY) OR Time since hormonal therap		
Description of horn	nonal therapy:	When hormonal therapy wa known, or how long ago.	s received. Date if	
		Date:/// (MM/DD/YYYY) OR Time since chemotherapy w		
			_ (in years)	
• •	have any additional col	orectal cancer risk factors (as record		
record)? O Yes				
O No				
O Unknown				
Select all that apply				
	-	, lamb, or liver) and processed meats	s (hot dogs and some	
luncheon mo	eats) eight >20% ideal body w	aight		
 Obesity – we Type II diabe 	•	eight		
••	orectal polyps			
		olyposis in patient or family member		
 Other risk fa 	ctors (specify)			
Specify othe	r risk factors:			

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BPV Case I	D:		Tissue Bank ID:	
Form Completed By:		Date Completed:/		
nfectious	Diseases			
	القديم وبالمالقين مرور المراقي		anatitic D3	
9. Has	s the participant i	peen diagnosed with He	epaulis B?	
	Yes	been diagnosed with He	epartis Br	
0	• •	been diagnosed with He	epatitis Br	
0 0	Yes	been diagnosed with He	epatitis Br	
0 0 0	Yes No Unknown	been diagnosed with Ho been diagnosed with Ho		
0 0 10. Has	Yes No Unknown			
0 0 10. Has	Yes No Unknown 5 the participant k			

- O Yes
- 0 **No**
- O Unknown

Other – (Specify):

- 12. Does the participant have a history of repeatedly reactive screening assays for HIV-1 or HIV-2 antibodies regardless of the results of supplemental assays?
 - O Yes
 - 0 **No**
 - O Unknown

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Biospecimen Pre-Analytical Variables (BPV) Colon Clinical Data Entry Form

(MM/DD/YYYY)

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Alcohol history

- 13. Alcohol consumption:
 - Select One:
 - Lifelong non-drinker
 - Alcohol consumption equal to or less than 2 drinks per day for men and 1 drink or less per day for women
 - Alcohol consumption more than 2 drinks per day for men and more than 1 drink per day for women
 - O Consumed alcohol in the past, but currently a non-drinker
 - O Alcohol consumption history not available
- 14. Number of years participant has consumed more than 2 drinks per day for men and more than 1 drink per day for women: ______

Tobacco Smoking History

15. Tobacco smoking history:

Select One:

- O Lifelong non-smoker: Less than 100 cigarettes smoked in lifetime
- Current smoker: Includes daily and non-daily smokers (Enter details below)
- O Current reformed smoker for more than 15 years (Enter details below)
- Current reformed smoker for less than 15 years (Enter details below)
- O Smoking history not available

Tobacco smoking details

(Complete if participant is a current or current reformed smoker)

Enter age at which the participant started smoking: ______

Enter age at which the participant stopped smoking: ______

On the days that the participant smoked, how many cigarettes did she/he usually smoke?

Number of pack years smoked. Pack years represent the lifetime tobacco exposure defined as number of cigarettes smoked per day, times the number of years smoked divided by 20:

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16. Was the participant Select One: ○ No or minimal e	exposed to second-har		

- Yes (Select exposure if known)
 - □ Exposure to secondhand smoke in household during participant's childhood
 - Exposure to secondhand smoke in participant's current household
- O Exposure to secondhand smoke history not available

Clinical tumor stage group (AJCC 7th edition)

17. Clinical tumor stage group (AJCC 7th edition):

- Select One:
- O Occult carcinoma
- O Stage 0
- O Stage I
- O Stage IIA
- O Stage IIB
- O Stage IIC
- O Stage IIIA
- O Stage IIIB
- O Stage IIIC
- O Stage IVC
- O Stage IVA
- O Stage IVB
- O Not Available

erm Completed By: ecord Karnofsky Sc 18. Performance Select One: Karnofsky Eastern Ca Not Recor Karnofsky sc Select One: 100: a 80-90 60-70 40-50 20-30 Eastern Cance Select One: 0: asyn 2: sym 2: sym 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperat Pre-adjuv Post adjuv Unknown	8	NIH NATIONAL CANCER INSTITUTE BBRB Biorepositories and Biospecimen Research Branch		Biospecimen Pre-Analytical Variables (BP) Colon Clinical Data Entry Form	
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ecord Karnofsky Sc 18. Performance Select One: Karnofsky Eastern Ca Not Recor Karnofsky sco Select One: 100: a 80-90 60-70 0 40-50 0 20-30 Eastern Cance Select One: 0 0: asyn 0 1: sym 0 2: sym 0 3: sym 0 4: bed 19. Timing of sco Select One: 0 Preoperat 0 Pre-adjuv 0 Orst adjuv 0 Unknown			Tissue Bank ID:		
 18. Performance Select One: Karnofsky Eastern Ca Not Recorn Karnofsky sco Select One: 100: a 80-90 60-70 40-50 20-30 Eastern Cance Select One: 0: asyn 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperation Pre-adjuv Post adjuv Unknown 	orm Completed By:		Date Completed:/		
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Karnofsky sco Select One: 0 100: a 0 80-90 0 60-70 0 40-50 0 20-30 Eastern Cance Select One: 0 0: asys 0 1: sym 0 2: sym 0 3: sym 0 4: bed 19. Timing of sco Select One: 0 0 Preoperat 0 Preoperat 0 Prost adjuv 0 Unknown	n Cancer Onc	ology Group (compl	ete ECOG Score section below)		
Select One: 0 100: a 0 80-90 0 60-70 0 40-50 0 20-30 Eastern Cance Select One: 0 0: asyn 0 1: sym 0 2: sym 0 3: sym 0 4: bed 19. Timing of sco Select One: 0 Preoperat 0 Pre-adjuv 0 Post adjuv 0 Unknown	corded				
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 60-70 40-50 20-30 Eastern Cance Select One: 0: asyn 1: sym 2: sym 3: sym 4: bed 19. Timing of scoonselect One: Preoperation Preoperation Pre-adjuv Post adjuv Unknown 	D: asymptom				
 40-50 20-30 Eastern Cancel Select One: 0: asyn 1: sym 2: sym 3: sym 4: bed 19. Timing of scoor Select One: Preoperate Pre-adjuv Post adjuv Unknown 		natic but fully ambul	-		
 20-30 Eastern Cance Select One: 0: asyn 1: sym 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperat Pre-adjuv Post adjuv Unknown 		natic but in bed less	•		
Eastern Canco Select One: O: asyn 1: sym 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperat Pre-adjuv Post adjuv Unknown			an 50% of the day, but not bed ridde	n	
Select One: O : asyn Select One: O : sym O :	30: bed ridde				
 0: asyn 1: sym 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperation Pre-adjuv Post adjuv Unknown 		gy Group (ECOG) sco	bre		
 1: sym 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperat Pre-adjuv Post adjuv Unknown 		in			
 2: sym 3: sym 4: bed 19. Timing of sco Select One: Preoperat Pre-adjuv Post adjuv Unknown 		: but fully ambulatory			
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 4: bed 19. Timing of sco Select One: Preoperat Pre-adjuv Post adjuv Unknown 			0% of the day, but not bed ridden		
Select One: O Preoperat O Pre-adjuv O Post adjuv O Unknown	oed ridden	,	, , , , , , , , , , , , , , , , , , ,		
Select One: O Preoperat O Pre-adjuv O Post adjuv O Unknown	score.				
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Post adjuvUnknown	juvant therap	ρν			
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○ Othor (sp	ijuvani triera				
	-				
Specify of	-				
	wn	g of score:			
20. Comments:	wn (specify) / other timin	g of score:			