

BPV Case ID: _____
 Affix BPV Case Barcode Label

Completed by: _____

Tissue Bank ID: _____

Date Form Was Completed: __/__/_____
 (MM/DD/YYYY)

History of cancer in patient or blood relatives

1. Does the participant have a history of prior malignancy?

Select One:
 Yes (Enter details below)
 No
 Unknown

Description of diagnosis. Enter each previous cancer diagnosis in a separate row. Add any additional diagnoses to the comments section on the last page of this form.

When diagnosis was received. Date if known or how long ago.

Date: __/__/_____
 (MM/DD/YYYY)

OR

Time since diagnosis was received (in years) _____

Date: __/__/_____
 (MM/DD/YYYY)

OR

Time since diagnosis was received (in years) _____

Date: __/__/_____
 (MM/DD/YYYY)

OR

Time since diagnosis was received (in years) _____

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2. Enter participant's blood relatives who have had a history of cancer in a separate row. Add any additional diagnoses to the comments section on the last page of this form.	Type of cancer
<input type="checkbox"/> Aunt	
<input type="checkbox"/> Brother	
<input type="checkbox"/> Daughter	
<input type="checkbox"/> Father	
<input type="checkbox"/> Mother	
<input type="checkbox"/> Sister	
<input type="checkbox"/> Son	
<input type="checkbox"/> Uncle	
<input type="checkbox"/> Grandmother	
<input type="checkbox"/> Grandfather	
<input type="checkbox"/> Nephew	
<input type="checkbox"/> Niece	
<input type="checkbox"/> Other (specify) Specify other blood relative:	

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<p>3. Does the participant have an immunosuppressive issue (HIV, organ transplant, steroid use, etc)?</p>	<p>Select One: <input type="radio"/> Yes (Check all that apply below) <input type="radio"/> No <input type="radio"/> Unknown</p> <p>Check all that apply: <input type="checkbox"/> HIV <input type="checkbox"/> Organ transplant <input type="checkbox"/> Chronic systemic steroid use <input type="checkbox"/> Other (specify) Specify other immunosuppressive issue:</p>	
<p>4. Has the participant received radiation therapy prior to surgery?</p>	<p>Select One: <input type="radio"/> Yes (Describe radiation therapy below) <input type="radio"/> No <input type="radio"/> Unknown</p>	
<p>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.</p>		<p>When radiation therapy was received. Date if known or how long ago.</p>
		<p>Date: ___/___/_____ (MM/DD/YYYY) OR Time since radiation therapy was received (in years) _____</p>
		<p>Date: ___/___/_____ (MM/DD/YYYY) OR Time since radiation therapy was received (in years) _____</p>

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5. Has the participant received chemotherapy prior to surgery?	Select One: <input type="radio"/> Yes (Describe chemotherapy below) <input type="radio"/> No <input type="radio"/> Unknown	
Describe each chemotherapy the participant received prior to surgery in a separate row. Add any additional chemotherapy treatment to the comments section on the last page of this form.		When chemotherapy was received. Date if known or how long ago.
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since chemotherapy was received (in years) _____
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since chemotherapy was received (in years) _____

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6. Has the participant received immunotherapy prior to surgery?	Select One: <input type="radio"/> Yes (Describe immunotherapy below) <input type="radio"/> No <input type="radio"/> Unknown	
Describe each immunotherapy the participant received prior to surgery in a separate row. Add any additional immunotherapy treatment to the comments section on the last page of this form.		When immunotherapy was received. Date if known or how long ago.
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since immunotherapy was received (in years) _____
		Date: ___/___/_____ (MM/DD/YYYY) OR Time since immunotherapy was received (in years) _____

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7. Has the participant received hormonal therapy prior to surgery?	Select One: <input type="radio"/> Yes (Describe hormonal therapy below) <input type="radio"/> No <input type="radio"/> Unknown
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Describe each hormonal therapy the participant received prior to surgery in a separate row. Add any additional hormonal therapy treatment to the comments section on the last page of this form.	When hormonal therapy was received. Date if known or how long ago
	Date: ___/___/_____ (MM/DD/YYYY) OR Time since hormonal therapy was received (in years) _____
	Date: ___/___/_____ (MM/DD/YYYY) OR Time since hormonal therapy was received (in years) _____

8. Did the participant have any additional colorectal cancer risk factors (as recorded in the medical record)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Select all that apply:

A diet that is high in red meats (beef, lamb, or liver) and processed meats (hot dogs and some luncheon meats)

Obesity – weight >20% ideal body weight

Type II diabetes

Previous colorectal polyps

Diagnosis of familial adenomatous polyposis in patient or family member

Other risk factors (specify)
 Specify other risk factors: _____

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Infectious diseases

9. Has the participant been diagnosed with hepatitis B?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
10. Has the participant been diagnosed with hepatitis C?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
11. Has the participant been diagnosed with HIV?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

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Alcohol history

13. Alcohol consumption:	Select One: <input type="radio"/> Lifelong non-drinker <input type="radio"/> Alcohol consumption equal to or less than 2 drinks per day for men and 1 drink or less per day for women <input type="radio"/> Alcohol consumption more than 2 drinks per day for men and more than 1 drink per day for women <input type="radio"/> Consumed alcohol in the past, but currently a non-drinker <input type="radio"/> 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: <input type="radio"/> Lifelong non-smoker: less than 100 cigarettes smoked in lifetime <input type="radio"/> Current smoker: includes daily and non-daily smokers (Enter details below) <input type="radio"/> Current reformed smoker for more than 15 years (Enter details below) <input type="radio"/> Current reformed smoker for less than 15 years (Enter details below) <input type="radio"/> Smoking history not available
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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.

16. Was the participant exposed to secondhand smoke?	Select One: <input type="radio"/> No or minimal exposure to secondhand smoke <input type="radio"/> Yes (Select exposure if known) <input type="checkbox"/> Exposure to secondhand smoke in household during participant's childhood <input type="checkbox"/> Exposure to secondhand smoke in participant's current household
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Exposure to secondhand smoke history not available

Clinical tumor stage group (AJCC 7th edition)

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

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

Record Karnofsky score or Eastern Cancer Oncology Group (ECOG) score

18. Performance status scale recorded:

- Select One:
- Karnofsky score (**Complete Karnofsky score section below**)
 - Eastern Cancer Oncology Group score (**Complete ECOG score section below**)
 - Not recorded

Karnofsky score

- Select One:
- 100: asymptomatic
 - 80–90: symptomatic but fully ambulatory
 - 60–70: symptomatic but in bed less than 50% of the day
 - 40–50: symptomatic, in bed more than 50% of the day, but not bed ridden
 - 20–30: bed ridden

Eastern Cancer Oncology Group (ECOG) score

- Select One:
- 0: asymptomatic
 - 1: symptomatic but fully ambulatory
 - 2: symptomatic but in bed less than 50% of the day
 - 3: symptomatic, in bed more than 50% of the day, but not bed ridden
 - 4: bed ridden

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

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19. Timing of score:

Select One:

- Pre-operative
- Pre-adjuvant therapy
- Post adjuvant therapy
- Unknown
- Other (specify)

Specify other timing of score:

20. Comments: