Enrollment Form
Bladder (BLCA)

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 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.

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: _____

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	If the answer to this question is yes, time intervals must be provided instead of dates, as indicated throughout this form. *Provided time intervals must begin with the date of initial pathologic diagnosis (e.g. biopsy).* *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.*
2	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 TCGA, the tissue has been collected prospectively. 3088492
3	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 TCGA contract was executed, the tissue has been collected retrospectively. 3088528

Patient Information

#	Data Element	Entry Alternatives	Working Instructions
Date of Birth			
4	Month of Birth	☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12	Provide the month the patient was born. 2896950
5	Day of Birth	☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31	Provide the day the patient was born. 2896952
6	Year of Birth	_____	Provide the year the patient was born. 2896954

Enrollment Form
Bladder (BLCA)

#	Data Element	Entry Alternatives	Working Instructions
7	Number of Days from Date of Initial Pathologic Diagnosis to Date of Birth	_____	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the patient's date of birth. 3008233 *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.*
8	Gender	☐ Female ☐ Male	Provide the patient's gender using the defined categories. 2200604
9	Height *(at time of diagnosis)*	_____(cm)	Provide the patient's height (in centimeters) at the time the patient was diagnosed with the malignancy being submitted for TCGA. 649
10	Weight *(at time of diagnosis)*	_____(kg)	Provide the patient's weight (in kilograms) at the time the patient was diagnosed with the malignancy being submitted for TCGA. 651
11	Race	☐ 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 far 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.*	Provide the patient's race using the defined categories. 2192199
12	Ethnicity	☐ 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.*	Provide the patient's ethnicity using the defined categories. 2192217
13	History of Prior Malignancy	☐ Yes ☐ 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. 3382736 *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.*

Enrollment Form
Bladder (BLCA)

#	Data Element	Entry Alternatives	Working Instructions
14	History of Neo-adjuvant Treatment for Sample Submitted for TCGA	☐ Yes ☐ No	Indicate whether the patient received neo-adjuvant treatment (radiation, pharmaceutical, or both) prior to the collection of the sample submitted for TCGA. 3382737 *Systemic therapy and certain localized therapies (those administered to the same site as the TCGA submitted sample) given prior to the collection of the sample submitted for TCGA is exclusionary.* *BCG treatment prior to procurement is acceptable, if administered at least 90 days prior to tumor procurement.*
15	Does the patient have a history of non-muscle invasive bladder cancer?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient has a history of non-muscle invasive bladder cancer. 3436253
16	If the patient does have a history of non-muscle invasive bladder cancer, how was the patient treated? *Check all that apply*	☐ Transurethral resection alone ☐ Bacillus Calmette-Guerin (BCG) ☐ No treatment	If the patient has a history of non-muscle invasive bladder cancer, indicate the type of treatment given for the non-muscle tumor. 3436357 *Note: Intravesical chemotherapy is not allowable.*
17	If this patient received BCG treatment, was it given within 90 days from the resection date of the muscle invasive bladder tumor submitted for TCGA?	☐ Yes ☐ No	If the patient received BCG treatment for the tumor submitted for TCGA, indicate whether this treatment was given within 90 days of the resection of this tumor. 3436260
18	If this patient received BCG treatment, did the patient have a complete response?	☐ Yes ☐ No ☐ Unknown	If the patient received BCG treatment, indicate whether the patient had a complete response. A complete response includes normal cytology, normal cytology, and a negative biopsy (if performed). 3436262
19	If this patient received BCG treatment, did the patient complete one or more induction courses?	☐ Yes ☐ No ☐ Unknown	If the patient received BCG treatment, indicate whether the patient completed one or more induction courses. 3436265
20	If this patient received BCG treatment, did the patient complete one or more maintenance courses?	☐ Yes ☐ No ☐ Unknown	If the patient received BCG treatment, indicate whether the patient completed one or more maintenance courses. 3436266
21	If this patient received BCG treatment and had a complete response, how long was this maintained from the first BCG instillation?	____ ____ months	If the patient received BCG treatment, provide the number of months the complete response was maintained, beginning with the initial date that complete response was documented. 3436267
22	Tumor Status *(at time of last contact or death)*	☐ Tumor free ☐ With tumor ☐ Unknown	Indicate whether the patient was tumor/disease free at the date of last contact or death. 2759550
23	Vital Status *(at date of last contact)*	☐ Living ☐ Deceased	Indicate whether the patient was living or deceased at the date of last contact. 2939553
Date of Last Contact *(If patient is living)*			
24	Month of Last Contact	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	If the patient is living, provide the month of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). 2897020 *Do not answer if patient is deceased.*

Enrollment Form
Bladder (BLCA)

#	Data Element	Entry Alternatives	Working Instructions
25	Day of Last Contact	☐ 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 patient is living, provide the day of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). 2897022 *Do not answer if patient is deceased.*
26	Year of Last Contact	_____	If the patient is living, provide the year of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). 2897024 *Do not answer if patient is deceased.*
27	Number of Days from Date of Initial Pathologic Diagnosis to Date of Last Contact	_____	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of last contact. 3008273 *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.*
Date of Death			
28	Month of Death	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	If the patient is deceased, provide the month of death. 2897026
29	Day of Death	☐ 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 patient is deceased, provide the day of death. 2897028
30	Year of Death	_____	If the patient is deceased, provide the year of death. 2897030
31	Number of Days from Date of Initial Pathologic Diagnosis to Date of Death	_____	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of death. 3165475 *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.*
32	Current Occupation	_____	Provide the patient's current occupation or their occupation at death. Current occupations can include homemaker, student, or retired. 2435398
33	Primary Occupation	_____	Provide the occupation in which the patient was employed for the majority of their working years. Primary occupations can include homemaker and student. 5714
34	Primary Occupation: Chemical Exposure	_____	Provide any chemical exposure the patient had during their working years in their primary occupation. 2596673
35	Primary Occupation: In what type of industry was the patient employed?	_____	Provide the industry of the patient's primary occupation. 3135408
36	Primary Occupation: How many years has the patient worked in this occupation?	_____	Provide the number of years the patient was employed in their primary occupation. 2435424

#	Data Element	Entry Alternatives	Working Instructions
37	Tobacco smoking history indicator	☐ 1-Lifelong non-smoker (<100 cigarettes smoked in lifetime) ☐ 2-Current smoker (includes daily and non-daily smokers) ☐ 3-Current reformed smoker for > 15 years ☐ 4-Current reformed smoker for <= 15 years ☐ 5-Current reformed smoker (duration not specified) ☐ Smoking History not Documented	Indicate the patient's history of tobacco smoking as well as their current smoking status using the defined categories. If the patient is a lifelong non-smoker, skip the additional smoking questions. 2181650
38	Age of onset tobacco smoking	___ ___ Years of Age	Provide the age in years when the patient began smoking cigarettes. 2178045 *If the patient is a lifelong non-smoker, do not answer this question.*
39	Year of quitting tobacco smoking	___ ___ ___ ___ (YYYY)	Provide the year the patient quit smoking. 2228610 *If the patient is a lifelong non-smoker or if the patient has not quit smoking, do not answer this question.*
40	Number of Pack Years Smoked	___ ___ 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 a patient smoked 5 cigarettes per day times 10 years divided by 20, the patient would have 2.5 pack years (e.g. 5 x 10/ 20=2.5). 2955385 *If the patient is a lifelong non-smoker, do not answer this question.*
41	Blood Relative Cancer History	**Relative** / **Cancer Type** Mother Father Grandmother Grandfather Sister Brother Child	Provide any first degree blood relatives with a known history of cancer. 2783641 Provide the cancer diagnosis of any known relatives with a history cancer. 2195089
42	Adjuvant (Post-Operative) Radiation Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had adjuvant/ post-operative radiation therapy. ***IF the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed***. 2005312
43	Adjuvant (Post-Operative) Pharmaceutical Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had adjuvant/ post-operative pharmaceutical therapy. ***IF the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed***. 3397567
44	Measure of success of outcome *at the completion of initial first course treatment*	☐ Progressive Disease ☐ Stable Disease ☐ Partial Response ☐ Complete Response ☐ Unknown ☐ Not Applicable	Provide the patient's response to their initial first course treatment. 2786727

#	Data Element	Entry Alternatives	Working Instructions
45	Performance Status Scale: Karnofsky Score *(To be taken prior to surgery/treatment)*	☐ 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, but is able to care for most of his/her needs ☐ 50 – Requires considerable assistance and frequent medical care ☐ 40 – Disabled, requires special care and assistance ☐ 30 – Severely disabled, hospitalization indicated. Death is not imminent. ☐ 20 – Very sick, hospitalization indicated. Death not imminent ☐ 10 – Moribund, fatal processes progressing rapidly ☐ 0 – Dead ☐ ECOG has been provided; Karnofsky Score not required. ☐ Unknown ☐ Not Evaluated	Provide either the Karnofsky or the ECOG performance status score. If the ECOG performance score is provided, select the last answer option. 2003853
46	Performance Status Scale: Eastern Cooperative Oncology Group (ECOG) *(To be taken prior to surgery/treatment)*	☐ 0 – Asymptomatic ☐ 1 – Symptomatic but fully ambulatory ☐ 2 – Symptomatic but in bed less than 50% of the day ☐ 3 – Symptomatic and in bed more than 50% of the day ☐ 4 – Bedridden ☐ Karnofsky Score has been provided; ECOG not required. ☐ Unknown ☐ Not Evaluated	Provide either the Karnofsky or the ECOG performance status score. If the Karnofsky performance score is provided, select the last answer option. 88

Pathologic/Prognostic Information

#	Data Element	Entry Alternatives	Working Instructions
47	Primary Site of Disease	☐ Bladder	Using the patient's pathology/laboratory report, select the anatomic site of disease of the tumor submitted for TCGA. 2735776
48	Histological Subtype	☐ Muscle invasive urothelial carcinoma *(pT2 or above)*	Using the patient's pathology/laboratory report, select the histology and/or subtype of the tumor submitted for TCGA. 2831122
49	Diagnosis subtype	☐ Papillary ☐ Non-papillary	Using the patient's pathology/laboratory report, indicate whether the disease was papillary or non-papillary. 2783887
50	Tumor Grade	☐ Low Grade ☐ High Grade ☐ Unknown	Using the patient's pathology/laboratory report, select the tumor grade. 2867375 *If the following descriptions are used for grade, please assign the provided grade as noted below:* • GX (Grade cannot be assessed) = Unknown • G1 (Well differentiated) = Low Grade • G2 (Moderately differentiated) = High Grade • G3 (Poorly differentiated) = High Grade • G4 (Undifferentiated) = High Grade

Enrollment Form
Bladder (BLCA)

#	Data Element	Entry Alternatives	Working Instructions
51	Anatomic Organ Sub-Division *Check all that apply*	☐ Bladder, NOS ☐ Dome ☐ Neck ☐ Trigone ☐ Wall, NOS ☐ Wall, anterior ☐ Wall, lateral ☐ Wall, posterior	Using the patient's pathology/laboratory report, select all areas of tumor invasion. 2008006
Date and Method of Initial Pathologic Diagnosis			
52	Month of Initial Pathologic Diagnosis	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	Provide the month the patient was initially pathologically diagnosed with the malignancy submitted for TCGA. 2896956
53	Day of Initial Pathologic Diagnosis	☐ 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 was initially pathologically diagnosed with the malignancy submitted for TCGA. 2896958
54	Year of Initial Pathologic Diagnosis	_____	Provide the year the patient was initially pathologically diagnosed with the malignancy submitted for TCGA. 2896960
55	Age at Initial Diagnosis	_____	Provide the age of the patient in years, at the time the patient was initially pathologically diagnosed. 2006657 *Only complete this question if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.*
56	Method of Initial Pathologic Diagnosis	☐ Endoscopic biopsy ☐ Transurethral resection (TURBT) ☐ Other, specify	Provide the procedure used to initially diagnose the patient. 2757941 *Please note that this method is referring to the procedure performed on the Date of Initial Pathologic Diagnosis, provided in the previous question.*
57	Other Method of Pathologic Diagnosis	_____	If the procedure used to initially diagnose the patient was not included in the list provided, please describe the method used. 2757948
AJCC Staging			
58	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)*	Please select the AJCC Cancer Staging Edition used to answer the following questions. 2722309
59	Clinical Assessment **(TURBT and EUA):** Primary Tumor (T) *Complete this question in the absence of a cystectomy specimen. Please provide as much information as possible.*	☐ TX ☐ T0 ☐ Tis ☐ T1 ☐ T2, NOS ☐ T2a ☐ T2b ☐ T3, NOS ☐ T3a ☐ T3b ☐ T4, NOS ☐ T4a ☐ T4b	Using the patient's pathology/laboratory report, select the code for the clinical T (primary tumor) defined by the American Joint Committee on Cancer (AJCC). 3135236
60	Pathologic Stage *(for Cystectomy Specimen):* Primary Tumor (pT) *Please provide as much information as possible.*	☐ pTX ☐ pT0 ☐ pTis ☐ pTa ☐ pT1 ☐ pT2 ☐ pT2a ☐ pT2b ☐ pT3 ☐ pT3a ☐ pT3b ☐ pT4 ☐ pT4a ☐ pT4b	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
61	Lymphovascular Invasion	☐ Yes ☐ No ☐ Unknown	Indicate whether large vessel (vascular) invasion and/or small, thin-walled (lymphatic) invasion was detected. 64727

Enrollment Form
Bladder (BLCA)

#	Data Element	Entry Alternatives	Working Instructions
62	Pathologic Spread*(for Cystectomy Specimen)*: Regional Nodes (pN)	☐ pNX ☐ pN0 ☐ pN1 ☐ pN2 ☐ pN3 ☐ pN4	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
Lymph Node Status *(Complete only if a lymphadenectomy was performed)*			
63	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
64	Number of Lymph Nodes Examined	_____	Provide the number of lymph nodes examined, if one or more lymph nodes were removed. 3
65	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
66	Extracapsular Extension	☐ Yes ☐ No ☐ Unknown	Using the patient's pathology/laboratory report, indicate whether there was extracapsular extension. 64165
67	If Extracapsular Extension present	☐ Focal ☐ Extensive ☐ Unknown	If there was extracapsular extension present, indicate whether the extension was focal or extensive. If extracapsular extension was not present, skip this question. 3130374
68	Distant Spread: Distant Metastasis (M)	☐ MX ☐ M0 ☐ M1	Using the patient's pathology/laboratory report, select the code for the pathologic M (metastasis) defined by the American Joint Committee on Cancer (AJCC). 3045439 *Please provide clinical evidence (often imaging) strong enough to determine patient treatment OR Histological confirmation when available.*
69	Metastatic Site *(check all that apply)*	☐ Lymph node only ☐ Lung ☐ Liver ☐ Bone ☐ Other, specify ☐ None	If the patient had a metastatic tumor at the time of initial diagnosis of the tumor submitted for TCGA, provide the site of the metastasis. If there was more than one metastatic site, select all that apply. 62835
70	Other Metastatic Site	_____	If the site of the metastasis was not included in the list provided, please provide the site. 3135371
71	Tumor Stage	☐ Stage 0a ☐ Stage 0is ☐ Stage 0 ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV	Using the patient's pathology/laboratory report, select the stage defined by the American Joint Committee on Cancer (AJCC). 3203222
72	Did the patient have incidental prostate cancer?	☐ Yes ☐ No ☐ Unknown	Using the patient's pathology/laboratory report, indicate whether incidental prostate cancer was found at the time of the bladder cancer diagnosis. If there was no incidental prostate cancer, skip any related questions. 3135387
73	Pathologic Spread for Incidental Prostate Cancer	☐ pTX ☐ pT0 ☐ pT1, NOS ☐ pT1a ☐ pT1b ☐ pT1c ☐ pT2, NOS ☐ pT2a ☐ pT2b ☐ pT2c ☐ pT3, NOS ☐ pT3a ☐ pT3b ☐ pT4	If incidental prostate cancer was discovered, select the code for the pathologic T (primary tumor) defined by the American Joint Committee on Cancer (AJCC). 3135398
74	Gleason Score *(If patient had incidental prostate cancer)*	☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Unknown	If incidental prostate cancer was discovered, select the Gleason score (a prognostic measure obtained by adding the primary and secondary patterns) for the prostate cancer. 2634976

Enrollment Form
Bladder (BLCA)

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
75	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 the date of initial diagnosis. 3121376 *If the patient did not have a new tumor event or if this is unknown, the remaining questions can be skipped.*
Date of New Tumor Event after Initial Treatment			
76	Month of New Tumor Event	☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12	If the patient had a new tumor event, provide the month of diagnosis for this new tumor event. 3104044
77	Day of New Tumor Event	☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31	If the patient had a new tumor event, provide the day of diagnosis for this new tumor event. 3104042
78	Year of New Tumor Event	_____	If the patient had a new tumor event, provide the year of diagnosis for this new tumor event. 3104046
79	Number of Days from Date of Initial Pathologic Diagnosis to Date of New Tumor Event After Initial Treatment	_____	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of new tumor event after initial treatment. 3392464 *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.*
80	Type of New Tumor Event	☐ Locoregional *(Urothelial tumor event)* ☐ Distant Metastasis ☐ New Primary Tumor	Indicate whether the patient's new tumor event was a locoregional recurrence, a distant metastasis or a new primary tumor. 3119721
81	Site of New Tumor Event	☐ Renal Pelvis ☐ Ureter ☐ Bladder ☐ Urethra ☐ Lymph Node Only ☐ Lung ☐ Liver ☐ Bone ☐ Other, specify	If the patient had a new tumor event, provide the site of this tumor. 3108271
82	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
83	Additional Surgery for New Tumor Event	☐ Yes ☐ No ☐ Unknown	Using the patient's medical records, indicate whether the patient had surgery for the new tumor event in question. 3427611
Date of Additional Surgery for New Tumor Event (when applicable)			
84	Month of Additional Surgery for New Tumor Event	☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12	If the patient had surgery for the new tumor event, provide the month this surgery was performed. 3427612
85	Day of Additional Surgery for New Tumor Event	☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31	If the patient had surgery for the new tumor event, provide the day this surgery was performed. 3427613
86	Year of Additional Surgery for New Tumor	_____	If the patient had surgery for the new tumor event, provide the year this surgery was performed. 3427614

#	Data Element	Entry Alternatives	Working Instructions
	Event		
87	Number of Days from Date of Initial Pathologic Diagnosis to Date of Additional Surgery for New Tumor Event	_____	Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of additional surgery for new tumor event (loco-regional). 3008335 *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.*
88	Additional treatment for New Tumor Event: *Radiation Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received radiation treatment for this new tumor event. 3427615
89	Additional treatment for New Tumor Event: *Pharmaceutical Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received pharmaceutical treatment for this new tumor event. 3427616

_____ _____ ___ ___/ ___ ___/ ___ ___ ___ ___

Principal Investigator or Designee Signature Print Name Date