Follow-Up Form
Endometrial (UCEC)

Instructions: *The Follow-up Form is to be completed 12 months after a case enters the Biospecimen Core Resource (BCR). All information provided on this form includes activity from the "Date of Last Contact" provided on the TCGA Enrollment Form to the most recent date of contact with the patient. This form should only be completed by the Tissue Source Site if updated information can be provided to TCGA. Please direct any questions to the Clinical Outreach team 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 on 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	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 (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.*
2	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 follow-up information has not been collected within the past 15 months and all efforts to contact the patient have been exhausted (this includes reviewing the Social Security death index). If the patient is lost to follow-up, the remaining questions can be left unanswered. 61333 *If the patient is **deceased** and a TCGA follow-up form has not yet been completed, the answer to this question should be "no," and the remaining applicable questions should be completed.*

Follow-Up Information

#	Data Element	Entry Alternatives	Working Instructions
3	Adjuvant (Post-Operative) Radiation Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had adjuvant/ post-operative radiation therapy. 2005312 *If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.*
4	Adjuvant (Post-Operative) Pharmaceutical Therapy	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient had adjuvant/ post-operative pharmaceutical therapy. 3397567 *If the patient did have adjuvant pharmaceutical therapy, the Pharmaceutical Supplemental Form should be completed.*
5	Has the patient ever taken menopausal hormone therapy?	☐ Current User ☐ Former User ☐ Never Used ☐ Unknown	Indicate whether the patient, at any time, used menopausal hormone therapy. 3012813
6	Has the patient ever taken oral contraceptives?	☐ Current User ☐ Former User ☐ Never Used ☐ Unknown	Indicate whether the patient, at any time, used oral contraceptives. 3104217

#	Data Element	Entry Alternatives	Working Instructions
7	Has the patient ever taken Tamoxifen?	☐ Current User ☐ Former User ☐ Never Used ☐ Unknown	Indicate whether the patient, at any time, used Tamoxifen. 3104234
8	Hypertension	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient has a history of hypertension. 2183378
9	Has the patient ever been diagnosed with diabetes by a physician?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient has, at any time, been diagnosed with diabetes by a physician. This includes borderline and gestational diabetes. 2716085
10	Number of full term pregnancies	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ Unknown	Provide the number of full term pregnancies the patient has had. 3012512
11	Has the patient had colorectal cancer?	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient has a history of colorectal cancer. 2684753
12	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
13	Vital Status *(at date of last contact)*	☐ Living ☐ Deceased	Indicate whether the patient was living or deceased at the date of last contact. 5
14	Date of Last Contact	___ ___ / ___ ___ / ___ ___ ___ ___ (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)
15	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.*
16	Date of Death	___ ___ / ___ ___ / ___ ___ ___ ___ (month)* (day) (year)*	If the patient is deceased, provide the date of death. 2897026, (month) 2897028 (day), 2897030 (year)
17	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.*
18	Measure of success of outcome *at the completion of initial first course treatment*	☐ Progressive Disease ☐ Stable Disease ☐ Partial Response ☐ Complete Response ☐ Not Applicable (Treatment Ongoing) ☐ Unknown	Provide the patient's response to their initial first course treatment. 2786727
19	What was the measure of success *at Date of Last Contact provided on this form*?	☐ Progressive Disease ☐ Stable Disease ☐ Partial Response ☐ Complete Response ☐ Unknown	Indicate the patient's measure of success at the time this follow-up form is completed. 3033278

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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.*

Note: The New Tumor Event section on OpenClinica can be completed multiple times, if the patient had multiple New Tumor Events.

#	Data Element	Entry Alternatives	Working Instructions
20	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.
21	Type of New Tumor Event	☐ Locoregional Recurrence ☐ 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. A new primary tumor is a tumor with a different histology as the tumor submitted to TCGA. 3119721
22	Site of New Tumor Event	☐ Lung ☐ Brain ☐ Bone ☐ Unknown ☐ Liver ☐ Other, specify	Indicate the site of this new tumor event. 3108271
23	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
24	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)
25	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.
26	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
27	Month of Additional Surgery for New Tumor Event	___ ___ / ___ ___ / ___ ___ ___ ___ (month)* (day) (year)*	If the patient had surgery for the new tumor event, provide the month this surgery was performed. 3427612 (month), 3427613 (day), 3427614 (year)
28	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.
29	Procedure Type for New Tumor Event	☐ Excisional Biopsy ☐ Incisional Biopsy ☐ Surgical Resection ☐ Unknown ☐ Other Method, Specify Below	If the patient had surgery for the new tumor event, provide the type of procedure performed for this tumor. 3125097
30	Other Procedure Type for New Tumor Event	_____	If the procedure for the new tumor event was not included in the list provided, indicate the type of procedure performed. 3125102
31	Residual Tumor *After surgery for New Tumor Event*	☐ RX: The presence of residual tumor or margin status cannot be assessed. ☐ R0: No residual tumor and negative microscopic margins in resected specimen. ☐ R1: Microscopic residual tumor. No gross residual disease but positive microscopic margins.	Using the patient's pathology/laboratory report, select the residual tumor status after the surgical resection for the new tumor event. 3104081

#	Data Element	Entry Alternatives	Working Instructions
		☐ R2: Macroscopic residual tumor. Grossly visible residual disease. ☐ Unknown	
32	Additional treatment for New Tumor Event: *Radiation Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received radiation treatment for this new tumor event. 3427615
33	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