Follow-Up Form
Thyroid (THCA)

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	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
6	Vital Status *(at date of last contact)*	☐ Living ☐ Deceased	Indicate whether the patient was living or deceased at the date of last contact. 5

#	Data Element	Entry Alternatives	Working Instructions
7	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.
8	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.
9	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.
10	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.
11	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
12	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
13	Year of Death	_____	If the patient is deceased, provide the year of death. 2897030
14	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.

Treatment Information

#	Data Element	Entry Alternatives	Working Instructions
Adjuvant I-131 Therapy and Radiation Therapy (XRT) *For Primary Tumor*			
15	I-131 Treatment: Method of preparation	☐ rhTSH ☐ Thyroxine withdrawal ☐ Patient did not receive I-131treatment ☐ Unknown	If the patient received I-131 therapy for the primary tumor, indicate the method used. 3232952 NOTE: If the patient did NOT receive I-131 therapy for the primary tumor, related questions can be skipped.
16	I-131 Treatment: Dose of First Treatment	_____	If the patient received I-131 therapy for the primary tumor, provide the dose of the first treatment. 3232898
17	I-131 Treatment: Subsequent Treatments	_____	If the patient received I-131 therapy for the primary tumor, detail subsequent treatments. 3232904
18	I-131 Treatment: Total Cumulative Dose	_____	If the patient received I-131 therapy for the primary tumor, provide the total cumulative dose. 3232906

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#	Data Element	Entry Alternatives	Working Instructions
19	Radiation Therapy (XRT): Method of preparation	☐ Hyperfractionated ☐ IMRT ☐ Patient did not receive external radiation therapy ☐ Unknown	If the patient received radiation therapy for the primary tumor, indicate the method of preparation. 3232960
20	Radiation Therapy (XRT): Dose Administered	_____	If the patient received radiation therapy for the primary tumor, provide the dose administered. 3232933
21	Radiation Therapy (XRT): Radiation Sensitizers Administered	☐ Yes ☐ No ☐ Unknown	If the patient received radiation therapy for the primary tumor, indicate whether or not radiation sensitizers were administered. 3232932
Clinical Status after Surgery			
22	Clinical Status Within Three (3) Months of Surgery	☐ No Imaging Evidence of Disease ☐ Persistent Locoregional Disease ☐ Persistent Distant Metastases ☐ Not Evaluated ☐ Unknown	Indicate the patient's clinical status within three months of the surgery related to thyroid carcinoma submitted for TCGA. 3186684

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
23	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.
24	Type of New Tumor Event	☐ Locoregional Recurrence ☐ Distant Metastasis ☐ New Primary Tumor ☐ Biochemical Evidence of Disease	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
25	Site of New Tumor Event	☐ Lung ☐ Lymph Node(s) ☐ Bone ☐ Unknown ☐ Soft Tissue ☐ Other, specify	Indicate the site of this new tumor event. 3108271
26	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
27	Month of New Tumor Event	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	If the patient had a new tumor event, provide the month of diagnosis for this new tumor event. 3104044
28	Day of New Tumor Event	☐ 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 had a new tumor event, provide the day of diagnosis for this new tumor event. 3104042
29	Year of New Tumor Event	_____	If the patient had a new tumor event, provide the year of diagnosis for this new tumor event. 3104046
30	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.

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#	Data Element	Entry Alternatives	Working Instructions
31	New Tumor Event Diagnosis Confirmed By	☐ Imaging ☐ Pathology ☐ Unknown	If the patient had a new tumor event, provide the method used to confirm this diagnosis. 3186701
32	Evidence of Histologic Progression	☐ Yes ☐ No ☐ Unknown	Indicate whether the new tumor event had evidence of histologic progression. 3181376
33	Type of Histologic Progression	☐ Poorly Differentiated ☐ Anaplastic ☐ Unknown ☐ Other, specify	If the new tumor event had evidence of histologic progression, indicate the type of evidence. 3181384
34	Other Type of Histologic Progression	_____	If the histologic progression for the new tumor event is not included in the list provided, describe the type of progression. 3181387
35	If lymph nodes are positive, specify site(s).	☐ Central (levels 6-7) ☐ Lateral (levels 2-5) ☐ Unknown ☐ Other, specify	If the patient had positive lymph nodes, provide the site of the positive nodes. 3186207
36	Other Site of Positive Lymph Nodes	_____	If the patient had positive lymph nodes and the site is not included in the provided list, please indicate the location. 3185693
37	Additional Therapy Required for New Tumor Event *Check all that apply*	☐ Surgery ☐ RAI Therapy ☐ EBRT ☐ Pharmaceutical Therapy ☐ Unknown	Indicate they type of additional therapy required for the new tumor event. 3185186
38	Additional treatment for New Tumor Event: *Surgery*	☐ Yes ☐ No ☐ Unknown	Using the patient's medical records, indicate whether the patient had surgery for the new tumor event in question. 3427611
39	Month of Additional Surgery for New Tumor Event	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ 03 ☐ 06 ☐ 09 ☐ 12	If the patient had surgery for the new tumor event, provide the month this surgery was performed. 3427612
40	Day of Additional Surgery for New Tumor Event	☐ 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 had surgery for the new tumor event, provide the day this surgery was performed. 3427613
41	Year of Additional Surgery for New Tumor Event	_____	If the patient had surgery for the new tumor event, provide the year this surgery was performed. 3427614
42	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.

#	Data Element	Entry Alternatives	Working Instructions
43	Additional treatment for New Tumor Event: *Radiation Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received radiation treatment for this new tumor event. 3427615
44	Additional treatment for New Tumor Event: *Pharmaceutical Therapy*	☐ Yes ☐ No ☐ Unknown	Indicate whether the patient received pharmaceutical treatment for this new tumor event. 3427616
Adjuvant I-131 Therapy and Radiation Therapy (XRT) *For New Tumor Event*			
45	I-131 Treatment: Method of preparation	☐ rhTSH ☐ Thyroxine withdrawal ☐ Patient did not receive I-131treatment ☐ Unknown	If the patient received I-131 therapy for the new tumor event, indicate the method used. 3232952 NOTE: If the patient did NOT receive I-131 therapy for the new tumor event, related questions can be skipped.
46	I-131 Treatment: Dose of First Treatment	_____	If the patient received I-131 therapy for the new tumor event, provide the dose of the first treatment. 3232898
47	I-131 Treatment: Subsequent Treatments	_____	If the patient received I-131 therapy for the new tumor event, detail subsequent treatments. 3232904
48	I-131 Treatment: Total Cumulative Dose	_____	If the patient received I-131 therapy for the new tumor event, provide the total cumulative dose. 3232906
49	Radiation Therapy (XRT): Method of preparation	☐ Hyperfractionated ☐ IMRT ☐ Patient did not receive external radiation therapy ☐ Unknown	If the patient received radiation therapy for the new tumor event, indicate the method of preparation. 3232960
50	Radiation Therapy (XRT): Dose Administered	_____	If the patient received radiation therapy for the new tumor event, provide the dose administered. 3232933
51	Radiation Therapy (XRT): Radiation Sensitizers Administered	☐ Yes ☐ No ☐ Unknown	If the patient received radiation therapy for the new tumor event, indicate whether or not radiation sensitizers were administered. 3232932

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

Principal Investigator or Designee Signature | Print Name | Date