

## IDS Study: BAP-1 deficient melanocytic neoplasms

We are compiling an international database of clinical and dermoscopic images of biopsy-proven BAP1-deficient melanocytic neoplasms. We encourage and welcome you to contribute to this database. Thank you for contributing!

For each lesion submitted, please email the following items to: [oyelamos@gmail.com](mailto:oyelamos@gmail.com) (Oriol Yélamos)

1. **This form completed in its entirety**
2. **De-identified copy of histopathology report(s) with immunohistochemistry or molecular data confirming diagnosis (\*\*we also welcome JPEG images of the pathology, if available)**
3. **Clinical image(s) of lesion(s) as individual TIFF or JPEG files**
4. **Dermoscopic image(s) of lesion(s) as individual TIFF or JPEG files**

### Your Contact Information:

Your Name: \_\_\_\_\_ Best Email to Contact You: \_\_\_\_\_

Do you have:

- I. Required:
- A. Clinical image:  Yes  No
  - B. Dermoscopic image:  Yes  No
  - C. Immunohistochemistry or molecular data confirming diagnosis:  Yes  No
- II. Optional:
- D. Would you be able to obtain histopathology/immunohistochemistry slides:  Yes  No

1. **Patient Sex:**  M  F

2. **Skin color:** (check one)

- Light, Pale White       White, Fair       Medium, White to Light Brown  
 Olive, Moderate Brown       Brown, Dark Brown       Very Dark Brown to Black

3. **History of atypical mole syndrome (> 50 nevi with at least one acquired nevus  $\geq$ 6mm):**  Yes  No

4. **Personal History of Cancer:**

a. **Cutaneous Melanoma**

**Invasive**  Yes  No

**In situ**  Yes  No

b. **Uveal Melanoma**  Yes  No

c. **Mesothelioma**  Yes  No

d. **Lung Cancer**  Yes  No

e. **Renal Cell Carcinoma**  Yes  No

f. **Meningioma**  Yes  No

g. **Other:** \_\_\_\_\_

5. **Family History of Cancer: (1<sup>st</sup> degree family members only)**

a. **Cutaneous Melanoma**

**Invasive**  Yes  No

**In situ**  Yes  No

b. **Uveal Melanoma**  Yes  No

c. **Mesothelioma**  Yes  No

d. **Lung Cancer**  Yes  No

e. **Renal Cell Carcinoma**  Yes  No

f. **Meningioma**  Yes  No

g. **Other:** \_\_\_\_\_

6. **History of BAP1-associated cancer syndrome:**

**Personal**  No  Yes -> were germline studies performed?  Yes  No

**Family**  No  Yes -> were germline studies performed?  Yes  No

which family member(s) affected (maternal or paternal)?

\_\_\_\_\_

7. **Status of patient:**

Alive

Deceased: Cause of death: \_\_\_\_\_

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## LESION 1

A. Patient Age at time of biopsy: \_\_\_\_\_

B. Anatomic Site:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Face    | <input type="checkbox"/> Buttock         |
| <input type="checkbox"/> Scalp   | <input type="checkbox"/> Genitals        |
| <input type="checkbox"/> Neck    | <input type="checkbox"/> Upper extremity |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand            |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lower extremity |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Foot            |

C. Greatest Diameter of Lesion (in millimeters): \_\_\_\_\_

D. Reason for biopsy of lesion? (check all that apply)

- Cosmetic
- Patient Concern
- Lesion Concerning for Skin Cancer
- Part of Work-Up for BAP-1 Associated Cancer Syndrome
- Other: \_\_\_\_\_

**If patient had more than one lesion, please fill out the characteristics below for each lesion that you are submitting clinical and dermoscopic images as well as copies of the histopathology reports**

## LESION 2

A. Patient Age at time of biopsy: \_\_\_\_\_

B. Anatomic Site:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Face    | <input type="checkbox"/> Buttock         |
| <input type="checkbox"/> Scalp   | <input type="checkbox"/> Genitals        |
| <input type="checkbox"/> Neck    | <input type="checkbox"/> Upper extremity |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand            |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lower extremity |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Foot            |

C. Greatest Diameter of Lesion (in millimeters): \_\_\_\_\_

D. Reason for biopsy of lesion? (check all that apply)

- Cosmetic
- Patient Concern
- Lesion Concerning for Skin Cancer
- Part of Work-Up for BAP-1 Associated Cancer Syndrome
- Other: \_\_\_\_\_

# IDS Study: BAP-1 deficient melanocytic neoplasms

## LESION 3

A. Patient Age at time of biopsy: \_\_\_\_\_

B. Anatomic Site:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Face    | <input type="checkbox"/> Buttock         |
| <input type="checkbox"/> Scalp   | <input type="checkbox"/> Genitals        |
| <input type="checkbox"/> Neck    | <input type="checkbox"/> Upper extremity |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand            |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lower extremity |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Foot            |

C. Greatest Diameter of Lesion (in millimeters): \_\_\_\_\_

D. Reason for biopsy of lesion? (check all that apply)

- Cosmetic
- Patient Concern
- Lesion Concerning for Skin Cancer
- Part of Work-Up for BAP-1 Associated Cancer Syndrome
- Other: \_\_\_\_\_

## LESION 4

A. Patient Age at time of biopsy: \_\_\_\_\_

B. Anatomic Site:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Face    | <input type="checkbox"/> Buttock         |
| <input type="checkbox"/> Scalp   | <input type="checkbox"/> Genitals        |
| <input type="checkbox"/> Neck    | <input type="checkbox"/> Upper extremity |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand            |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lower extremity |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Foot            |

C. Greatest Diameter of Lesion (in millimeters): \_\_\_\_\_

D. Reason for biopsy of lesion? (check all that apply)

- Cosmetic
- Patient Concern
- Lesion Concerning for Skin Cancer
- Part of Work-Up for BAP-1 Associated Cancer Syndrome
- Other: \_\_\_\_\_

## IDS Study: BAP-1 deficient melanocytic neoplasms

### LESION 5

A. Patient Age at time of biopsy: \_\_\_\_\_

B. Anatomic Site:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Face    | <input type="checkbox"/> Buttock         |
| <input type="checkbox"/> Scalp   | <input type="checkbox"/> Genitals        |
| <input type="checkbox"/> Neck    | <input type="checkbox"/> Upper extremity |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand            |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lower extremity |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Foot            |

C. Greatest Diameter of Lesion (in millimeters): \_\_\_\_\_

D. Reason for biopsy of lesion? (check all that apply)

- Cosmetic
- Patient Concern
- Lesion Concerning for Skin Cancer
- Part of Work-Up for BAP-1 Associated Cancer Syndrome
- Other: \_\_\_\_\_

### LESION 6

A. Patient Age at time of biopsy: \_\_\_\_\_

B. Anatomic Site:

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Face    | <input type="checkbox"/> Buttock         |
| <input type="checkbox"/> Scalp   | <input type="checkbox"/> Genitals        |
| <input type="checkbox"/> Neck    | <input type="checkbox"/> Upper extremity |
| <input type="checkbox"/> Chest   | <input type="checkbox"/> Hand            |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lower extremity |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Foot            |

C. Greatest Diameter of Lesion (in millimeters): \_\_\_\_\_

D. Reason for biopsy of lesion? (check all that apply)

- Cosmetic
- Patient Concern
- Lesion Concerning for Skin Cancer
- Part of Work-Up for BAP-1 Associated Cancer Syndrome
- Other: \_\_\_\_\_