

IDS Study: BAP-1 deficient nevi (Wiesners nevi)

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

For each lesion submitted, please email the following items to: yelamoso@mskcc.org (Oriol Yelamos)

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 ≥ 6 mm):** 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: (1st 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: _____

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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: _____

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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: _____