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 (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 ≥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: (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:
- [ ] Face
- [ ] Scalp
- [ ] Neck
- [ ] Chest
- [ ] Abdomen
- [ ] Back
- [ ] Buttock
- [ ] Genitals
- [ ] Upper extremity
- [ ] Hand
- [ ] Lower extremity
- [ ] 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:
- [ ] Face
- [ ] Scalp
- [ ] Neck
- [ ] Chest
- [ ] Abdomen
- [ ] Back
- [ ] Buttock
- [ ] Genitals
- [ ] Upper extremity
- [ ] Hand
- [ ] Lower extremity
- [ ] 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:
   □ Face            □ Buttock
   □ Scalp           □ Genitals
   □ Neck            □ Upper extremity
   □ Chest           □ Hand
   □ Abdomen         □ Lower extremity
   □ Back            □ 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:
   □ Face            □ Buttock
   □ Scalp           □ Genitals
   □ Neck            □ Upper extremity
   □ Chest           □ Hand
   □ Abdomen         □ Lower extremity
   □ Back            □ 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:
☐ Face
☐ Scalp
☐ Neck
☐ Chest
☐ Abdomen
☐ Back
☐ Buttock
☐ Genitals
☐ Upper extremity
☐ Hand
☐ Lower extremity
☐ 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:
☐ Face
☐ Scalp
☐ Neck
☐ Chest
☐ Abdomen
☐ Back
☐ Buttock
☐ Genitals
☐ Upper extremity
☐ Hand
☐ Lower extremity
☐ 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: ______________________________________________________