**Marathon of Hope Cancer Centres Network**

**Expression of Interest- Screening Form**

**Identifying Information**

|  |
| --- |
| **Name of Clinical Study:** |
| **Principal Investigator(s):** |
| **Affiliation(s):** |
| **Contact Information for Coordinator *(email, telephone)*:** |

**Scientific Question**

|  |  |
| --- | --- |
| *Which of the following Approved Questions does the Study/Trial address?*  *(Please check all that apply)* | */* |
| 1. Determinants of treatment failure of immunotherapy/precision medicine |  |
| 1. Investigation of temporal and spatial heterogeneity |  |
| 1. Utility of genomics for real-time clinical decision-making |  |
| 1. Study of rare cancers |  |

**Study/trial Information**

|  |  |
| --- | --- |
| *Which of the following applies to your study? (Please check all that apply)* | */* |
| Investigator-initiated study |  |
| Pharma-sponsored study – Name of Company: |  |
| Retrospective study  Biobank name: |  |
| Prospective study |  |
| Ongoing study (both retrospective and prospective samples available)  Biobank name: |  |

**Patient Consent and Data Sharing Information**

|  |  |
| --- | --- |
| *Is the following available?* | *Yes/No* |
| Patient consent has been obtained for data and sample sharing. |  |
| Consent allows for patients to be re-contacted. |  |
| Data and sample sharing are authorized by commercial partners (if applicable) |  |

**Genomic and Laboratory Data Currently Available**

|  |  |
| --- | --- |
| *Is the following available?* | *Yes/No* |
| Whole Genome Sequencing |  |
| Whole Exome Sequencing |  |
| Whole Transcriptome Sequencing (RNASeq) |  |
| Targeted Gene Panels |  |
| Targeted RNA Panels |  |
| Single Cell Sequencing-RNA |  |
| Single Cell Sequencing-DNA |  |
| Epigenomic Profiling |  |
| Flow cytometry |  |
| Proteomics |  |
| Other (please specify): |  |

**Sample Information**

|  |  |  |
| --- | --- | --- |
| *Is the following available (Please check all that apply)* | Available | Planned |
| Fresh Frozen Tissue |  |  |
| Formalin Fixed Paraffin Embedded (FFPE) tissue |  |  |
| Germline Sample (for sequencing control) |  |  |
| ctDNA/cfDNA |  |  |
| Do you have other types of samples available? *(please list)* | | |
| How many study cases do you currently have? | # of cases: | |
| How many extra study cases will you accrue? | # of cases/year: | |
| Study duration | # of years: | |

**Clinical Annotation and Information**

|  |  |
| --- | --- |
| *Is the following information available?* | *Yes/No* |
| Patient Demographics Information |  |
| Diagnostic / Histologic Data |  |
| Imaging Data |  |
| Treatment Data |  |
| Longitudinal Follow-up Data |  |

**Matched Funding Information**

|  |  |
| --- | --- |
| Are matching funds available (from a non-federal source)?  *(Please indicate YES or NO)* |  |