

oSuppl. Table 2: The MelanoQ Questionnaire

	VARIABLE	DATA CODING	COMMENTS
SECTION A			
I. GENERAL (completed by physician/study nurse)			
1.	Subject	Case or control	Separate questionnaires for cases and controls
2.	Database code number	Use numeric coding system. First 2 numbers= country; second 2 numbers= center; M or C (melanoma case or control subject, respectively); last 4 numbers= consecutive case/control number	Center-specific code can be added
3.	Date of questionnaire administration and phenotyping	DD/MMM/YYYY	Use a 3-letter abbreviation for month to avoid misinterpretation (US vs. European style)
4.	Dates of updated questionnaire and/or phenotyping	For each update, specify DD/MMM/YYYY and items updated (with corresponding section numbers in questionnaire)	
5.	Type of melanoma (if subject is a melanoma case): sporadic or familial (the latter defined as ≥ 2 affected individuals, with <i>in situ</i> or invasive melanoma in 1 st to 3 rd degree relatives)*	Sporadic: Familial*: Don't know: Other (complex family history), specify: *Provide details in section C, item #14	Note: our definition of "familial melanoma" applies to low incidence geographic regions, such as the Mediterranean basin. A different definition would apply to other regions *If there is no intention for genetic studies then a family history limited to 1 st degree relatives is adequate but number of affected members in the larger family should be recorded.
II. DEMOGRAPHIC (completed by case/control)			
6.	Sex	M/F (defined at birth)	

7.	Date and place of birth	DD/MMM/YYYY, or 15/MMM/YYYY (if day is not known), or 15/JUN/YYYY (if day and month are not known), or UNK if data is completely unknown Place: city, province, country	UNK stands for “unknown date of birth”
8.	Weight and height	Weight (Kg): Height (cm):	Last time checked within 12 months
9.	Ethnicity	1. White <ul style="list-style-type: none"> a. Europe b. North Africa c. Middle East d. Jewish ancestry 2. Black or African American 3. Asian 4. Hispanic or Latino (i.e. from South or Central America) 5. Other (specify)	View Appendix A .
10.	Residency	Record all places where the case/control has resided for >6 months Specify exact location (country, city/town) and time (from YYYY to YYYY)	Geocoding is advisable
11.	Education	Three categories: a. Up to junior high school (up to 14-16 yrs) b. High school (up to 18-19 yrs) c. University	
12.	Current occupational status	Five categories: a. Employed d. Student b. Working at home e. Retired c. Unemployed	
13.	History of occupation (optional)	History of occupation (starting from most recent and going backwards in time; record duration from YYYY to YYYY)	Minimum period of occupation: 1 yr May use SIC/SOC coding (https://siccode.com/en/)

SECTION B

I. PHENOTYPE (completed by case/control)

1.	Skin type	<p>Answer to the following 2 questions and classify skin type according to Suppl. Figure 1:</p> <p>1. Which of the following sentences does better describe your skin response to sun exposure at noon for 30 minutes in the first days of the summer without sunscreen/clothing protection?</p> <p>a) Not burn b) Burns lightly c) Burns moderately d) Burns severely</p> <p>2. Does your skin tan after a prolonged and repeated sun exposure (e.g. after several days as at the end of the summer) without protecting it with sunscreen or clothing?</p> <p>A. No tan B. Tans lightly C. Tans moderately D. Tans deeply</p>	<p>The table can be applied after receiving the answers from the participant</p> <p>Please refer also to tanning ability chart (Suppl. Figure 1)</p>						
2.	Eye color	<p>Three categories:</p> <p>a. Light (green, blue, gray) b. Medium (light brown, hazel) c. Dark (dark brown, black)</p>	Eye color chart (Suppl. Figure 2)						
3.	Hair color (at age of 18 yrs)	<p>Five categories:</p> <table><tr><td>a. Red</td><td>d. Dark brown</td></tr><tr><td>b. Blonde</td><td>e. Black</td></tr><tr><td>c. Light brown</td><td></td></tr></table>	a. Red	d. Dark brown	b. Blonde	e. Black	c. Light brown		Hair color chart (Suppl. Figure 3)
a. Red	d. Dark brown								
b. Blonde	e. Black								
c. Light brown									
4.	<p>Freckles</p> <p>Definition: Light brown small macules since childhood, on the face, during summer time (disappear in winter)</p>	None/Few/Some/Many	Freckle density chart (Suppl. Figure 4) from Reference 25						

5.	Nevi in childhood/adolescence (i.e., age of 18 yrs)	None/Few/Some/Many	Nevus density chart (Suppl. Figure 5)												
II. HISTORY OF ULTRAVIOLET EXPOSURE (completed by case/control)															
6.	Occupational sun exposure (i.e. outdoor occupation with at least 4 hours/day spent outdoor in the sun)	<p>YES/NO</p> <p>If YES, specify the occupation: _____</p> <p>How many hours/day? ____ How many days/month? ____ How many months/year? ____ How many years? ____</p>	See Appendix B. for examples of occupations with continuous sun exposure												
7.	Recreational sun exposure (i.e. outdoor hobbies or physical activities—other than sunbathing—with at least 4 hours/day spent outdoor in the sun)	<p>YES/NO</p> <p>If YES, specify which activity: _____</p> <p>How many hours/day? ____ How many days/month? ____ How many months/year? ____ How many years? ____</p>	See Appendix C. for examples of outdoor recreational activities												
8.	Intermittent sun exposure (i.e. sun exposure in spring and summer time, including vacation, during peak hours—11AM-4PM)	<table border="1"> <thead> <tr> <th>Age period</th> <th colspan="2">Exposure time</th> </tr> <tr> <td></td> <th>Weeks of vacation</th> <th>Hours spent between 11AM and 4PM</th> </tr> </thead> <tbody> <tr> <td>Childhood (up to age 10 yrs)</td> <td rowspan="4"></td> <td rowspan="4"></td> </tr> <tr> <td>Adolescence (11-18 yrs)</td> </tr> <tr> <td>Adulthood (≥ 18 yrs)</td> </tr> <tr> <td>10 years before melanoma diagnosis (for cases) or last 10 years (for controls)</td> </tr> </tbody> </table>	Age period	Exposure time			Weeks of vacation	Hours spent between 11AM and 4PM	Childhood (up to age 10 yrs)			Adolescence (11-18 yrs)	Adulthood (≥ 18 yrs)	10 years before melanoma diagnosis (for cases) or last 10 years (for controls)	
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9.	Most recent intense intermittent sun exposure	Provide date or month of last time of intense intermittent sun exposure before the diagnosis of melanoma (for cases) or before this interview (for controls)																			
10.	Severe sunburns (Grade 2), lifetime before diagnosis. Definition: sunburns with erythema and pain for more than 2 days or with blisters (no matter for how long)	<p>At age <18 yrs: YES/NO/Not known If YES, number:</p> <p>At age ≥18 yrs: YES/NO/Not known If YES, number:</p> <p>At site of melanoma? YES/NO/Not known</p> <p>In the last 5 yrs: YES/NO/Not known If YES, number:</p>																			
11.	Sunscreen use (summer time)	<table border="1"> <thead> <tr> <th>Age period</th> <th colspan="2">Sunscreen use</th> </tr> <tr> <th></th> <th>Did you use sunscreens during the summertime?</th> <th>Type of sunscreen used:</th> </tr> </thead> <tbody> <tr> <td>Childhood (up to age 10 yrs)</td> <td>- Never</td> <td>- SPF ≤20</td> </tr> <tr> <td>Adolescence (11-18 yrs)</td> <td>- <50% of time exposure</td> <td>- SPF >20</td> </tr> <tr> <td>Adulthood (≥18 yrs)</td> <td>- >50% of time exposure</td> <td>- Not known</td> </tr> <tr> <td>10 years before melanoma diagnosis (for cases) or last 10 yrs (for controls)</td> <td>- Always - Not known</td> <td></td> </tr> </tbody> </table>	Age period	Sunscreen use			Did you use sunscreens during the summertime?	Type of sunscreen used:	Childhood (up to age 10 yrs)	- Never	- SPF ≤20	Adolescence (11-18 yrs)	- <50% of time exposure	- SPF >20	Adulthood (≥18 yrs)	- >50% of time exposure	- Not known	10 years before melanoma diagnosis (for cases) or last 10 yrs (for controls)	- Always - Not known		Answers to the questions related to the sunscreen use should be provided for each of the specified time periods
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10 years before melanoma diagnosis (for cases) or last 10 yrs (for controls)	- Always - Not known																				
12.	Sun protection other than sunscreen use (summertime over the last 10 yrs) (Optional)	<p>Did you use a hat?</p> <ul style="list-style-type: none"> - Never - <50% of time exposure - >50% of time exposure - Always - Not known <p>Did you use protective clothing?</p> <ul style="list-style-type: none"> - Never - <50% of time exposure - >50% of time exposure 																			

		<ul style="list-style-type: none"> - Always - Not known <p>Did you seek the shade or stay indoors during peak UVR hours?</p> <ul style="list-style-type: none"> - Rarely - Sometimes - Always - Not known 	
13.	Sunlamps/sunbeds	<p>YES/NO</p> <p>If YES:</p> <ul style="list-style-type: none"> - Lifetime number of sessions: - Age at first exposure: - Age at last exposure: 	
14.	Phototherapy (UVB-PUVA) (Optional)	<p>Ever/Never</p>	
III. LIFESTYLE HABITS (completed by case/control)			
15.	Smoking	<p>a. Never</p> <p>b. Former smoker (quit one year before diagnosis or earlier)</p> <p>c. Current smoker</p> <p>If b. or c.:</p> <ul style="list-style-type: none"> - age when you started smoking:___ - how long have you been smoking (years): - how much did/do you typically smoke: <ul style="list-style-type: none"> one pack/day or more___ up to half pack/day___ only occasionally___ 	

16.	<p>Have you received vitamin pills during the last year? (Optional)</p>	<p>YES/NO</p> <p>If YES:</p> <ul style="list-style-type: none"> - Never - 1-3 days/month - 1-3 days/week - 4-6 days/week - Everyday 																																					
17.	<p>What type of vitamins did you receive and how often? (Optional)</p>	<table border="1"> <thead> <tr> <th>β-carotene</th> <th>Vitamin A</th> <th>Vitamin C</th> <th>Vitamin E</th> <th>Vitamin D</th> <th>Multivitamins</th> </tr> </thead> <tbody> <tr> <td>-Never</td> <td>-Never</td> <td>-Never</td> <td>-Never</td> <td>-Never</td> <td>-Never</td> </tr> <tr> <td>-1-3 days/month</td> <td>-1-3 days/month</td> <td>-1-3 days/month</td> <td>-1-3 days/month</td> <td>-1-3 days/month</td> <td>-1-3 days/month</td> </tr> <tr> <td>-1-3 days/week</td> <td>-1-3 days/week</td> <td>-1-3 days/week</td> <td>-1-3 days/week</td> <td>-1-3 days/week</td> <td>-1-3 days/week</td> </tr> <tr> <td>-4-6 days/week</td> <td>-4-6 days/week</td> <td>-4-6 days/week</td> <td>-4-6 days/week</td> <td>-4-6 days/week</td> <td>-4-6 days/week</td> </tr> <tr> <td>-Everyday</td> <td>-Everyday</td> <td>-Everyday</td> <td>-Everyday</td> <td>-Everyday</td> <td>-Everyday</td> </tr> </tbody> </table>	β-carotene	Vitamin A	Vitamin C	Vitamin E	Vitamin D	Multivitamins	-Never	-Never	-Never	-Never	-Never	-Never	-1-3 days/month	-1-3 days/month	-1-3 days/month	-1-3 days/month	-1-3 days/month	-1-3 days/month	-1-3 days/week	-1-3 days/week	-1-3 days/week	-1-3 days/week	-1-3 days/week	-1-3 days/week	-4-6 days/week	-4-6 days/week	-4-6 days/week	-4-6 days/week	-4-6 days/week	-4-6 days/week	-Everyday	-Everyday	-Everyday	-Everyday	-Everyday	-Everyday	
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18.	For how long did you receive vitamins? (Optional)						
		β -carotene	Vitamin A	Vitamin C	Vitamin E	Vitamin D	Multivitamins
		<1 yr	<1 yr	<1 yr	<1 yr	<1 yr	<1 yr
		1-4 yrs	1-4 yrs	1-4 yrs	1-4 yrs	1-4 yrs	1-4 yrs
		5-9 yrs	5-9 yrs	5-9 yrs	5-9 yrs	5-9 yrs	5-9 yrs
Section B Completion Evaluation Questions							
19.	Were you able to respond to the questions of this Section?	<ul style="list-style-type: none"> - All questions - Most questions - Nearly half of the questions - Very few questions 					
20.	Which questions of this Section did you consider difficult to fill in?	<ul style="list-style-type: none"> - None - Number: 					

SECTION C

I. CLINICAL EXAMINATION (completed by physician/study nurse)

1.	Solar Lentigines Definition: permanent multiple macular pigmented lesions, aggregated, in areas of chronic sun exposure, do not disappear in winter	Record according to severity: - None - Few - Many At site of melanoma (i.e. area around the site w/ a 20 cm radius)? YES/NO																															
2.	Nevi count	<p>Consider nevi >2 mm and include all nevi (common, clinically atypical, and congenital). Nevi should be recorded as a continuous variable.</p> <p>Sites (except genitalia. For each site, specify number and, when appropriate, if left/right)</p> <table><tr><th>Site</th><th>Number (left)</th><th>Number (right)</th></tr><tr><td>Scalp</td><td colspan="2"></td></tr><tr><td>Face (including ears)</td><td></td><td></td></tr><tr><td>Neck</td><td></td><td></td></tr><tr><td>Anterior thorax + abdomen</td><td colspan="2"></td></tr><tr><td>Back</td><td colspan="2"></td></tr><tr><td>Upper extremities including deltoid</td><td></td><td></td></tr><tr><td>Lower extremities including gluteus</td><td></td><td></td></tr><tr><td>Palms</td><td></td><td></td></tr><tr><td>Soles</td><td></td><td></td></tr></table>	Site	Number (left)	Number (right)	Scalp			Face (including ears)			Neck			Anterior thorax + abdomen			Back			Upper extremities including deltoid			Lower extremities including gluteus			Palms			Soles			Mandatory sites: back, one arm
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3.	Nevi count (Optional)	<p>Consider nevi ≤2 mm</p> <p>Five categories (based on a total body count): a. 0 b. 1-50 c. 51-100 d. 101-200 e. >200</p>																															
4.	Clinically atypical nevi Clinical definition: macular (i.e. flat) component in at least part of the lesion (mandatory) and at least 3 of the following criteria: - >5 mm diameter	<p>Record number of clinically atypical nevi as a continuous variable</p> <p>At site of melanoma (i.e. area around the site with a 20 cm radius)? YES/NO</p>																															

	<ul style="list-style-type: none"> - multiple colors - hazy borders - erythema 		
5.	Congenital nevi, CN (only medium, large, or giant)	<p>Medium-sized CN: YES/NO If YES, site(s):</p> <p>Large-sized CN: YES/NO If YES, site(s):</p> <p>Giant CN: YES/NO If YES, site(s):</p>	<p>Size at phenotyping for:</p> <ul style="list-style-type: none"> - medium CN >1.5–19.9 cm - large CN ≥20 cm - giant CN ≥40 cm <p><i>Exclude small (i.e. ≤1.5 cm CN)</i></p>
6.	Blue nevi (Optional)	<p>YES/NO</p> <p>If YES, number:</p>	
7.	Actinic keratoses	<p>YES/NO</p> <p>Site: a. scalp, b. face, c. other exposed areas (hands, arms, trunk, legs)</p> <p>If YES, describe the predominant type of distribution:</p> <ul style="list-style-type: none"> a. isolated/scattered b. clustered c. confluent 	<p>Description per AKASI or AK-FAS scoring systems can be added – see references 24 and 25</p>
8.	Current (i.e. at time of visit) non-melanoma skin cancer, KSC (basal cell carcinoma, BCC, and squamous cell carcinoma, SCC)	<p>BCC: YES/NO If YES, number: Site(s):</p> <p>Invasive SCC: YES/NO If YES, number: Site(s):</p> <p><i>In situ</i> SCC: YES/NO If YES, number: Site(s):</p>	

II. MEDICAL HISTORY/MEDICATIONS (completed by physician/study nurse)

9.	History of medical (non-cancer) diagnoses	List all diagnoses from medical history (include corresponding ICD-10 codes)	
10.	Previous and concomitant treatments (related to above-mentioned diagnoses) (Optional)	Record all medications and time of drug exposure (from YYYY to YYYY)	If specific hypotheses are to be tested regarding association of medications with melanoma risk, then there may be certain classes of drugs for which definitive answers are needed
11.	Pregnancy history	<p>No. of full-term pregnancies: Date of birth of children: No. of miscarriages: Did melanoma occur during pregnancy: YES/NO</p> <p>Did melanoma occur before pregnancy: YES/NO How many years before pregnancy? __</p> <p>Did melanoma occur after pregnancy: YES/NO How many years after pregnancy? __</p> <p>History of hormone-assisted pregnancy (IVF) before diagnosis: YES/NO</p>	Please describe the closest pregnancy as a time event to melanoma diagnosis
12.	Lifetime history of non-melanoma skin cancer, KSC (basal cell carcinoma, BCC, and squamous cell carcinoma, SCC)	<p>For BCC indicate:</p> <ul style="list-style-type: none"> - No. of BCCs - Before or after melanoma diagnosis - Site(s): - Dates of diagnosis (optional): <p>For invasive SCC indicate:</p> <ul style="list-style-type: none"> - No. of SCCs - Before or after melanoma diagnosis - Site(s): - Dates of diagnosis (optional): 	

		For <i>in situ</i> SCC indicate: <ul style="list-style-type: none"> - Type and number of <i>in situ</i> SCC: _Bowen (skin), _Erythroplasia Querat (genital mucosa), _Other location (i.e., lip etc) - Before or after melanoma diagnosis - Site(s): - Dates of diagnosis (optional): 	
13.	Other non-cutaneous neoplasia	For each additional neoplasia: <ul style="list-style-type: none"> - Type - Age at of diagnosis: ____ - Year at diagnosis: ____ 	Refer to Appendix D. Include whether there is histologic or other confirmation of the cancer diagnosis
III. FAMILY HISTORY OF MELANOMA OR OTHER CANCERS (completed by physician/study nurse)			
14.	Family history of melanoma (up to 3 rd degree relatives)	<ul style="list-style-type: none"> - YES/NO/Not known/Other (specify: ____) - Type of melanoma (cutaneous, uveal, other, don't know): - Define the affected relative (maternal or paternal side; indicate if 1st, 2nd, 3rd degree relative and age at diagnosis). Note denominator (number of relatives in family) or provide pedigree 	Note: our definition of "familial melanoma" applies to low incidence geographic regions, such as the Mediterranean basin. A different definition would apply to other regions *If there is no intention for genetic studies then a family history limited to 1st degree relatives is adequate but number of affected members in the larger family should be recorded.
15.	Germline status (Optional)	<ul style="list-style-type: none"> • Not tested • CDKN2A • CDK4 • BAP-1 • MC1R • TERT • MITF • POT1 • Other (name genes, including other cancer predisposing genes) 	
16.	Family history of other cancers (up to	- Type of cancer (exclude NMSC and melanoma)	Refer to Appendix D.

	3 rd degree relatives)	<ul style="list-style-type: none"> - Define the affected relative (maternal or paternal side; indicate if 1st, 2nd 3rd degree relative and age at diagnosis) - Provide pedigree (if available) 	
Section C - Completion Evaluation Questions			
17.	Were you able to respond to the questions of this Section?	<ul style="list-style-type: none"> - All questions - Most questions - Nearly half of the questions - Very few questions 	
18.	Which questions of this Section did you consider difficult to fill in?	<ul style="list-style-type: none"> - None - Number: 	

SECTION D

I. MELANOMA CHARACTERISTICS (completed by physician/study nurse)

1.	Pre-existing pigmented lesion at the same site of melanoma	<p>YES/NO/Not known</p> <p>If YES, how long (No. of yrs) was the pre-existing pigmented lesion present? ____</p>	
2.	Detection of melanoma (Optional)	<ul style="list-style-type: none"> - Patient - Relative/Spouse/Friend - Physician - Other 	
3.	Self-skin exam (Optional)	<p>How often did you check your skin in the past 3 yrs?</p> <ul style="list-style-type: none"> - Never - Once - Once/year - More than once/year 	

4.	Skin exam by physician (Optional)	How often did a physician examine your skin in the past 3 yrs? - Never - Once - Once/year - More than once/year - Do not recall a physician ever examining my skin	
5.	Multiple primary melanoma (MPM) – concurrent or previous	YES/NO If YES, No. of primaries (separate recording for each melanoma)	If additional primary melanomas, complete section H1, H2 etc for each tumor Include melanoma in situ and record separately from invasive melanoma
6.	Date of diagnosis	Date of diagnosis as in the pathology report for each melanoma DD/MMM/YYYY	
7.	Is the primary tumor known?	YES/NO (i.e. metastatic disease with unknown primary) If YES, proceed with the other questions	

8.	Site	<table><tr><td>abdomen_left</td><td>eyelid_left</td><td>lip</td></tr><tr><td>abdomen_middle</td><td>eyelid_right</td><td>lumbar</td></tr><tr><td>abdomen_right</td><td></td><td>nail_finger_left</td></tr><tr><td>anus</td><td>finger_left</td><td>nail_finger_right</td></tr><tr><td>arm_left_anterior</td><td>finger_right</td><td>nail_toe_left</td></tr><tr><td>arm_left_posterior</td><td>foot_left_dorsal</td><td>nail_toe_right</td></tr><tr><td>arm_right_anterior</td><td>foot_left_plantar</td><td>nose</td></tr><tr><td>arm_right_posterior</td><td>foot_right_dorsal</td><td>penis_scrotum</td></tr><tr><td>axilla_left</td><td>foot_right_plantar</td><td>scalp</td></tr><tr><td>axilla_right</td><td>forearm_left_anterior</td><td>shoulder_left</td></tr><tr><td>back_left</td><td>forearm_left_posterior</td><td>shoulder_right</td></tr><tr><td>back_middle</td><td>forearm_right_anterior</td><td>thigh_left_anterior</td></tr><tr><td>back_right</td><td>forearm_right_posterior</td><td>thigh_left_posterior</td></tr><tr><td>buttock_left</td><td>forehead</td><td>thigh_right_anterior</td></tr><tr><td>buttock_right</td><td>hand_left_dorsal</td><td>thigh_right_posterior</td></tr><tr><td>cheek_left</td><td>hand_left_palmar</td><td>toe_left</td></tr><tr><td>cheek_right</td><td>hand_right_dorsal</td><td>toe_right</td></tr><tr><td>chest_left</td><td>hand_right_palmar</td><td>vagina</td></tr><tr><td>chest_middle</td><td>head</td><td>vulva</td></tr><tr><td>chest_right</td><td>laterocervical_left</td><td>other</td></tr><tr><td>chin</td><td>laterocervical_right</td><td></td></tr><tr><td>ear_left</td><td>leg_left_anterior</td><td></td></tr><tr><td>ear_right</td><td>leg_left_posterior</td><td></td></tr><tr><td>eye_left</td><td>leg_right_anterior</td><td></td></tr><tr><td>eye_right</td><td>leg_right_posterior</td><td></td></tr></table>	abdomen_left	eyelid_left	lip	abdomen_middle	eyelid_right	lumbar	abdomen_right		nail_finger_left	anus	finger_left	nail_finger_right	arm_left_anterior	finger_right	nail_toe_left	arm_left_posterior	foot_left_dorsal	nail_toe_right	arm_right_anterior	foot_left_plantar	nose	arm_right_posterior	foot_right_dorsal	penis_scrotum	axilla_left	foot_right_plantar	scalp	axilla_right	forearm_left_anterior	shoulder_left	back_left	forearm_left_posterior	shoulder_right	back_middle	forearm_right_anterior	thigh_left_anterior	back_right	forearm_right_posterior	thigh_left_posterior	buttock_left	forehead	thigh_right_anterior	buttock_right	hand_left_dorsal	thigh_right_posterior	cheek_left	hand_left_palmar	toe_left	cheek_right	hand_right_dorsal	toe_right	chest_left	hand_right_palmar	vagina	chest_middle	head	vulva	chest_right	laterocervical_left	other	chin	laterocervical_right		ear_left	leg_left_anterior		ear_right	leg_left_posterior		eye_left	leg_right_anterior		eye_right	leg_right_posterior		
abdomen_left	eyelid_left	lip																																																																												
abdomen_middle	eyelid_right	lumbar																																																																												
abdomen_right		nail_finger_left																																																																												
anus	finger_left	nail_finger_right																																																																												
arm_left_anterior	finger_right	nail_toe_left																																																																												
arm_left_posterior	foot_left_dorsal	nail_toe_right																																																																												
arm_right_anterior	foot_left_plantar	nose																																																																												
arm_right_posterior	foot_right_dorsal	penis_scrotum																																																																												
axilla_left	foot_right_plantar	scalp																																																																												
axilla_right	forearm_left_anterior	shoulder_left																																																																												
back_left	forearm_left_posterior	shoulder_right																																																																												
back_middle	forearm_right_anterior	thigh_left_anterior																																																																												
back_right	forearm_right_posterior	thigh_left_posterior																																																																												
buttock_left	forehead	thigh_right_anterior																																																																												
buttock_right	hand_left_dorsal	thigh_right_posterior																																																																												
cheek_left	hand_left_palmar	toe_left																																																																												
cheek_right	hand_right_dorsal	toe_right																																																																												
chest_left	hand_right_palmar	vagina																																																																												
chest_middle	head	vulva																																																																												
chest_right	laterocervical_left	other																																																																												
chin	laterocervical_right																																																																													
ear_left	leg_left_anterior																																																																													
ear_right	leg_left_posterior																																																																													
eye_left	leg_right_anterior																																																																													
eye_right	leg_right_posterior																																																																													
9.	Breslow thickness	Continuous variable (mm)																																																																												
10.	Other main histopathologic features	Subtype: SSM, NM, LMM, ALM, Desmoplastic, Mucosal, Uveal, Other, NOS																																																																												

		Mitotic rate (number of mitoses/mm ²): Ulceration (absent/present): Tumor growth phase (radial/vertical): Regression (absent/present, specify percentage; <50% or >50%): Tumor Infiltrating Lymphocytes (TILs) (absent/non-brisk/brisk): Associated nevus (absent/present, specify type): Vascular invasion (absent/present): Microsatellitosis (absent/present): Pigmentation (absent/partially pigmented/fully pigmented): Solar elastosis (absent/mild/moderate/severe): Lateral margin status (disease-free or not): Deep margin status (disease-free or not):	
11.	Sentinel Lymph Node (SLN) biopsy	YES, NO, Not done, Not known If YES, specify if positive/negative	
12.	AJCC stage at diagnosis	Record AJCC staging	Specify AJCC version
13.	Mutational data for melanoma tissues	- Record results for each gene (BRAF, NRAS, KIT, others) - Source of data (primary or metastatic tissue) - If metastatic, record site (skin, lymph node, brain, lung, other)	If available
II. CHARACTERISTICS OF 2nd PRIMARY MELANOMA, repeat items from 1-13 (completed by physician/study nurse)			
III. CHARACTERISTICS OF 3rd PRIMARY MELANOMA, repeat items from 1-13 (completed by physician/study nurse)			