

Supplemental Digital Content containing 1 table. The Supplemental Digital Content was not copyedited by *Archives of Pathology & Laboratory Medicine*. The 2021-A HER2 Program *ERBB2/HER2* testing in endometrial serous carcinoma and colorectal adenocarcinoma supplemental questions are provided in tabular format in Supplemental Table 1.

Supplemental Table 1. 2021-A HER2 Program supplemental questions and responses

Question	Responses
Q1. Does your laboratory perform <i>ERBB2/HER2</i> testing in endometrial serous carcinoma/uterine serous carcinoma (ESC)?	<ul style="list-style-type: none"> - Yes - No, but plan to start testing in 2021 (Skip to Question #8.) - No, but plan to start testing after 2021 (Skip to Question #8.) - No, and have no future plans for this testing (Skip to Question #8.)
Q2. How is <i>ERBB2/HER2</i> testing in ESC routinely performed in your laboratory?	<ul style="list-style-type: none"> - Reflexively, in all cases - Reflexively, in all advanced-stage cases (International Federation of Gynecology and Obstetrics [FIGO] stages III and IV) - Only at the clinician's request - Other, specify: (free text field)
Q3. What was the approximate number of ESC cases evaluated for <i>ERBB2/HER2</i> amplification/overexpression in your laboratory in 2020?	<ul style="list-style-type: none"> - < 10 - 10 - 20 - > 20 - Unknown
Q4. If multiple specimens are available for <i>ERBB2/HER2</i> testing in ESC, which type does your laboratory routinely select for testing?	<ul style="list-style-type: none"> - No selection made; our laboratory routinely tests any available tumor material - Primary tumor from biopsy - Primary tumor from hysterectomy - Tumor from metastatic site, if present - Other, specify: (free text field) - No preference or routine practice
Q5. What algorithm is used for <i>ERBB2/HER2</i> testing in ESC in your laboratory?	<ul style="list-style-type: none"> - Immunohistochemistry (IHC) with reflex to in situ hybridization (ISH) for equivocal results - Both IHC and ISH testing - ISH only testing - ISH with reflex to IHC for equivocal results - Other, specify: (free text field)
Q6. Which ISH technique is used for <i>ERBB2/HER2</i> testing in ESC in your laboratory?	<ul style="list-style-type: none"> - Fluorescence in situ hybridization (FISH) - Chromogenic (brightfield) in situ hybridization (CISH) - Other, specify: (free text field) - Not applicable
Q7. What scoring criteria/guidelines are used to report <i>ERBB2/HER2</i> IHC and ISH in ESC in your laboratory?	<ul style="list-style-type: none"> - Original FDA scoring criteria (Herceptest package insert) for breast carcinoma (PMID: 10888772) - ASCO/CAP 2007 guidelines for breast carcinoma (PMID: 19548375) - ASCO/CAP 2013 guidelines for breast carcinoma (PMID: 24101045) - ASCO/CAP 2018 guidelines for breast carcinoma (PMID: 29846122) - Fader 2018 clinical trial guidelines requiring >30% strong complete or basolateral/lateral IHC or <i>HER2/CEP17</i> ratio ≥ 2.0 (PMID: 32649220)

Question	Responses
	<ul style="list-style-type: none"> - "Overall" assessment of positive vs. negative result - Other, specify: (free text field)
Q8. Does your laboratory perform <i>ERBB2</i> /HER2 testing in colorectal adenocarcinoma?	<ul style="list-style-type: none"> - Yes - No, but plan to start testing in 2021 (Stop here.) - No, but plan to start testing after 2021 (Stop here.) - No and have no future plans for this testing (Stop here.)
Q9. How is <i>ERBB2</i> /HER2 testing in colorectal adenocarcinoma routinely performed in your laboratory?	<ul style="list-style-type: none"> - Reflexively, in certain cases, specify: (free text field) - Only at the clinician's request - Other, specify: (free text field)
Q10. What was the approximate number of colorectal adenocarcinoma cases evaluated for <i>ERBB2</i> /HER2 amplification/overexpression in your laboratory in 2020?	<ul style="list-style-type: none"> - < 10 - 10 - 20 - 21 - 50 - > 50 - Unknown
Q11. If multiple specimens are available for <i>ERBB2</i> /HER2 testing in colorectal adenocarcinoma, which type does your laboratory routinely select for testing?	<ul style="list-style-type: none"> - No selection made; our laboratory routinely tests any available tumor material - Primary tumor from biopsy - Primary tumor from colectomy - Tumor from metastatic site, if present - Other, specify: (free text field) - No preference or routine practice
Q12. Does your laboratory require the tumor to be RAS wild type for <i>ERBB2</i> /HER2 testing in colorectal adenocarcinoma?	<ul style="list-style-type: none"> - Yes, required for all tumors - Yes, required when RAS status is available - No
Q13. What algorithm is used for <i>ERBB2</i> /HER2 testing in colorectal adenocarcinoma in your laboratory?	<ul style="list-style-type: none"> - Immunohistochemistry (IHC) with reflex to in situ hybridization (ISH) for equivocal results - Both IHC and ISH testing - ISH only testing - ISH with reflex to IHC for equivocal results - Other, specify: (free text field)
Q14. What scoring criteria/guidelines are used to report <i>ERBB2</i> /HER2 IHC and ISH in colorectal adenocarcinoma in your laboratory?	<ul style="list-style-type: none"> - The scoring system used in the HERACLES trial (PMID: 26449765) - CAP/ASCP/ASCO gastroesophageal adenocarcinoma HER2 guideline (PMID: 27841667) - ASCO/CAP 2018 guidelines for breast carcinoma (PMID: 29846122) - Other, specify: (free text field)