Sister Study Breast Cancer Master File
Cover Sheet for Medical Report Form
Version 9

SIS ID: ☐☐☐☐☐☐☐

Date of Diagnosis: ☐☐ / ☐☐ / ☐☐☐☐
mm *dd* *yyyy*

Report Changes

- ☐ New Report
- ☐ Attached with additions
- ☐ Attached with changes
- ☐ No additions or changes

Report Status

- ☐ Interim
- ☐ Final
- ☐ Refused

Last Date on Medical Records/Pathology Report: ☐☐ / ☐☐ / ☐☐☐☐
mm *dd* *yyyy*

Origin *(1=HCP, 2=Woman)*: ☐

Record Type *(1=Medical Records, 2=Pathology Report, 3=Both)*: ☐

Point of Contact *(1=Oncologist, 2=Surgeon, 3=Radiologist, 4=Pathologist, 5=Other)*: ☐

Cancer Type *(6=Breast Cancer)*: 6

Date of Abstraction: ☐☐ / ☐☐ / ☐☐☐☐
mm *dd* *yyyy*

- ☐ Validation
- ☐ Data Retrieval

Completed Sections:

- ☐ 1. Tumor Characteristics and Surgery
- ☐ 2. Lymph Node Involvement and Metastatic Results
- ☐ 3. Chemotherapy Treatment
- ☐ 4. Biological Treatment
- ☐ 5. Hormonal Treatment
- ☐ 6. Radiation Treatment
- ☐ 7. Clinical Trial Enrollment
- ☐ 8. Treatment Side Effects
- ☐ 9. Genetic Testing
- ☐ 10. Other Molecular Profiling
- ☐ 11. ALL RECORDED

Sister Study Breast Cancer Medical Report Form

Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐
mm *dd* *yyyy*

☐ **Stage IV**

Who completed this form? *(please print name)* _____

Have you enclosed a copy of the following medical reports?

Please provide or correct pathologist information below.

Yes	No	
☐	☐	(a) Pathology report from the breast biopsy;
☐	☐	(b) Pathology report from the lumpectomy/mastectomy;
☐	☐	(c) Pathology report from the lymph node dissection;
☐	☐	(d) Estrogen and progesterone receptor assay report;
☐	☐	(e) Narrative discharge summary for the relevant admission(s);
☐	☐	(f) HER2NEU test results;
☐	☐	(g) Treatment Plan and/or summary;
☐	☐	(h) Other relevant records.

Name of Pathology Facility #1: _____

Phone: ( ) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Name of Pathology Facility #2: _____

Phone: ( ) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

2. Weight prior to surgery and treatment (if n/a, use closest date available): Pounds: _____

Date: ☐☐ / ☐☐ / ☐☐☐☐
mm *dd* *yyyy*

3. Total number of tumors: _____

3a. Diagnostic histology (ICD-O-3/behavior): 1. _____
2. _____
3. _____

Tumor Characteristic	Tumor 1		Tumor 2		Tumor 3	
4. Pathology accession number(s)	ACCESSION #	PATH #	ACCESSION #	PATH #	ACCESSION #	PATH #
	1. _____	_____	1. _____	_____	1. _____	_____
	2. _____	_____	2. _____	_____	2. _____	_____
	3. _____	_____	3. _____	_____	3. _____	_____
	4. _____	_____	4. _____	_____	4. _____	_____
5. Type **(MARK ALL THAT APPLY)**	☐ Invasive: _____% ☐ In situ: _____% ☐ Not documented		☐ Invasive: _____% ☐ In situ: _____% ☐ Not documented		☐ Invasive: _____% ☐ In situ: _____% ☐ Not documented	
6. **Invasive** tumor size (single longest dimension in cm)	___ ___ . ___ cm		___ ___ . ___ cm		___ ___ . ___ cm	
7. **In situ** tumor size (single longest dimension in cm)	___ ___ . ___ cm		___ ___ . ___ cm		___ ___ . ___ cm	
7a. Method of determination of tumor size	☐ Pathology ☐ Mammography ☐ Clinically ☐ Not documented		☐ Pathology ☐ Mammography ☐ Clinically ☐ Not documented		☐ Pathology ☐ Mammography ☐ Clinically ☐ Not documented	
8. Multifocal tumor	☐ Yes ☐ No ☐ Not documented		☐ Yes ☐ No ☐ Not documented		☐ Yes ☐ No ☐ Not documented	
9. Location	☐ Ductal ☐ Lobular ☐ Mixed—ductal dominant ☐ Mixed—lobular dominant ☐ No primary location evident ☐ Mixed—equal ductal and lobular ☐ Not documented		☐ Ductal ☐ Lobular ☐ Mixed—ductal dominant ☐ Mixed—lobular dominant ☐ No primary location evident ☐ Mixed—equal ductal and lobular ☐ Not documented		☐ Ductal ☐ Lobular ☐ Mixed—ductal dominant ☐ Mixed—lobular dominant ☐ No primary location evident ☐ Mixed—equal ductal and lobular ☐ Not documented	
10. Laterality	☐ Right ☐ Left ☐ Not documented		☐ Right ☐ Left ☐ Not documented		☐ Right ☐ Left ☐ Not documented	

Tumor Characteristic	Tumor 1	Tumor 2	Tumor 3
11. Quadrant location **(MARK ALL THAT APPLY)**	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Central ☐ Nipple ☐ Multicentric ☐ Other, specify: ________________ ☐ Extension to chest wall ☐ Ulceration ☐ Ipsilateral satellite nodules ☐ Edema of the skin ☐ Not documented	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Central ☐ Nipple ☐ Multicentric ☐ Other, specify: ________________ ☐ Extension to chest wall ☐ Ulceration ☐ Ipsilateral satellite nodules ☐ Edema of the skin ☐ Not documented	☐ Upper outer quadrant ☐ Lower outer quadrant ☐ Upper inner quadrant ☐ Lower inner quadrant ☐ Central ☐ Nipple ☐ Multicentric ☐ Other, specify: ________________ ☐ Extension to chest wall ☐ Ulceration ☐ Ipsilateral satellite nodules ☐ Edema of the skin ☐ Not documented
12. Evidence of Lymphatic-Vascular Invasion (LVI)	☐ Yes ☐ No ☐ Uncertain ☐ Not documented	☐ Yes ☐ No ☐ Uncertain ☐ Not documented	☐ Yes ☐ No ☐ Uncertain ☐ Not documented
13x. LCIS present	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented	☐ Yes ☐ No ☐ Not documented
14. Tumor histology - **invasive** ductal only **(MARK ALL THAT APPLY)**	☐ Invasive ductal NOS ☐ Invasive ductal with lobular tendencies ☐ Cribriform ☐ Inflammatory ☐ Medullary ☐ Micropapillary ☐ Mucinous ☐ Necrosis ☐ Papillary ☐ Tubular ☐ Other, specify: ________________ ☐ Apocrine ☐ Not documented	☐ Invasive ductal NOS ☐ Invasive ductal with lobular tendencies ☐ Cribriform ☐ Inflammatory ☐ Medullary ☐ Micropapillary ☐ Mucinous ☐ Necrosis ☐ Papillary ☐ Tubular ☐ Other, specify: ________________ ☐ Apocrine ☐ Not documented	☐ Invasive ductal NOS ☐ Invasive ductal with lobular tendencies ☐ Cribriform ☐ Inflammatory ☐ Medullary ☐ Micropapillary ☐ Mucinous ☐ Necrosis ☐ Papillary ☐ Tubular ☐ Other, specify: ________________ ☐ Apocrine ☐ Not documented
15. Tumor histology - **In situ** ductal only **(MARK ALL THAT APPLY)**	☐ Micropapillary ☐ Papillary ☐ Cribriform ☐ Solid ☐ Comedonecrosis ☐ Necrosis ☐ Other, specify: ________________ ☐ Not documented	☐ Micropapillary ☐ Papillary ☐ Cribriform ☐ Solid ☐ Comedonecrosis ☐ Necrosis ☐ Other, specify: ________________ ☐ Not documented	☐ Micropapillary ☐ Papillary ☐ Cribriform ☐ Solid ☐ Comedonecrosis ☐ Necrosis ☐ Other, specify: ________________ ☐ Not documented

Tumor Characteristic	Tumor 1	Tumor 2	Tumor 3
16. Tumor histology - lobular **(MARK ALL THAT APPLY)**	☐ Invasive lobular NOS ☐ Invasive lobular classic ☐ Invasive lobular pleomorphic ☐ Invasive lobular with ductal tendencies ☐ Necrosis ☐ Other, specify: ________ ☐ Not documented	☐ Invasive lobular NOS ☐ Invasive lobular classic ☐ Invasive lobular pleomorphic ☐ Invasive lobular with ductal tendencies ☐ Necrosis ☐ Other, specify: ________ ☐ Not documented	☐ Invasive lobular NOS ☐ Invasive lobular classic ☐ Invasive lobular pleomorphic ☐ Invasive lobular with ductal tendencies ☐ Necrosis ☐ Other, specify: ________ ☐ Not documented
17. **Invasive** grade	Overall grade ______ Tubular grade ______ Nuclear grade ______ Mitotic grade ______	Overall grade ______ Tubular grade ______ Nuclear grade ______ Mitotic grade ______	Overall grade ______ Tubular grade ______ Nuclear grade ______ Mitotic grade ______
18. **In situ** grade	Nuclear grade ______	Nuclear grade ______	Nuclear grade ______
19. Estrogen Receptor Assay (ERA) **type** **(MARK ALL THAT APPLY)**	☐ Biochemical ☐ Immunohistochemical (ERICA) ☐ Immunofluorescent ☐ Nucleic acid amplification (eg RT-PCR) ☐ Other, specify: ________ ☐ Not performed ☐ Not documented	☐ Biochemical ☐ Immunohistochemical (ERICA) ☐ Immunofluorescent ☐ Nucleic acid amplification (eg RT-PCR) ☐ Other, specify: ________ ☐ Not performed ☐ Not documented	☐ Biochemical ☐ Immunohistochemical (ERICA) ☐ Immunofluorescent ☐ Nucleic acid amplification (eg RT-PCR) ☐ Other, specify: ________ ☐ Not performed ☐ Not documented
20. Estrogen Receptor Assay (ERA) **results**	☐ Positive ☐ Negative ☐ Borderline/marginal ☐ Test not done ☐ Not documented	☐ Positive ☐ Negative ☐ Borderline/marginal ☐ Test not done ☐ Not documented	☐ Positive ☐ Negative ☐ Borderline/marginal ☐ Test not done ☐ Not documented
21. ERA value (% IHC)	**ERA value:** ________	**ERA value:** ________	**ERA value:** ________
22. Progesterone Receptor Assay (PRA) **type** **(MARK ALL THAT APPLY)**	☐ Biochemical ☐ Immunohistochemical (ERICA) ☐ Immunofluorescent ☐ Nucleic acid amplification (eg RT-PCR) ☐ Other, specify: ________ ☐ Not performed ☐ Not documented	☐ Biochemical ☐ Immunohistochemical (ERICA) ☐ Immunofluorescent ☐ Nucleic acid amplification (eg RT-PCR) ☐ Other, specify: ________ ☐ Not performed ☐ Not documented	☐ Biochemical ☐ Immunohistochemical (ERICA) ☐ Immunofluorescent ☐ Nucleic acid amplification (eg RT-PCR) ☐ Other, specify: ________ ☐ Not performed ☐ Not documented

Tumor Characteristic	Tumor 1	Tumor 2	Tumor 3
23. Progesterone Receptor Assay (PRA) **results**	☐ Positive ☐ Negative ☐ Borderline/marginal ☐ Test not done ☐ Not documented	☐ Positive ☐ Negative ☐ Borderline/marginal ☐ Test not done ☐ Not documented	☐ Positive ☐ Negative ☐ Borderline/marginal ☐ Test not done ☐ Not documented
24. PRA value (% IHC)	**PRA value:** _____	**PRA value:** _____	**PRA value:** _____
25. HER-2/NEU assay **type** **(MARK ALL THAT APPLY)**	☐ Immunohistochemistry (IHC) ☐ FISH, gene amplification ☐ Both IHC and FISH ☐ Other, specify: _____ ☐ Not performed ☐ Not documented	☐ Immunohistochemistry (IHC) ☐ FISH, gene amplification ☐ Both IHC and FISH ☐ Other, specify: _____ ☐ Not performed ☐ Not documented	☐ Immunohistochemistry (IHC) ☐ FISH, gene amplification ☐ Both IHC and FISH ☐ Other, specify: _____ ☐ Not performed ☐ Not documented
26. HER-2/NEU **value** (IHC only)	☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ Test not done ☐ Not documented	☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ Test not done ☐ Not documented	☐ 0 ☐ +1 ☐ +2 ☐ +3 ☐ Test not done ☐ Not documented
27. HER-2/NEU value (FISH)	**FISH value:** _____	**FISH value:** _____	**FISH value:** _____
28. Results of HER-2/NEU	☐ Overexpressed ☐ Not overexpressed ☐ Test not done ☐ Equivocal ☐ Not documented	☐ Overexpressed ☐ Not overexpressed ☐ Test not done ☐ Equivocal ☐ Not documented	☐ Overexpressed ☐ Not overexpressed ☐ Test not done ☐ Equivocal ☐ Not documented
29. DNA ploidy	☐ Diploid/Euploid/Normal (DNA Index 1.1) ☐ Aneuploid/Abnormal (DNA Index>1.1) ☐ Test not done ☐ Hypodiploid ☐ Not documented	☐ Diploid/Euploid/Normal (DNA Index 1.1) ☐ Aneuploid/Abnormal (DNA Index>1.1) ☐ Test not done ☐ Hypodiploid ☐ Not documented	☐ Diploid/Euploid/Normal (DNA Index 1.1) ☐ Aneuploid/Abnormal (DNA Index>1.1) ☐ Test not done ☐ Hypodiploid ☐ Not documented
30. S-phase **(MARK ALL THAT APPLY)**	☐ Low (or < reference) ☐ Intermediate ☐ High (or > reference) ☐ Equivocal ☐ Specify percentage: _____% ☐ Test not done ☐ Not documented	☐ Low (or < reference) ☐ Intermediate ☐ High (or > reference) ☐ Equivocal ☐ Specify percentage: _____% ☐ Test not done ☐ Not documented	☐ Low (or < reference) ☐ Intermediate ☐ High (or > reference) ☐ Equivocal ☐ Specify percentage: _____% ☐ Test not done ☐ Not documented

Surgical Treatment (complete all that apply)

		LEFT BREAST	RIGHT BREAST
31.	Date of **FIRST** post-diagnosis surgery	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy
32.	Type of surgery	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented
32x.	Accession Line #	_____	_____
33.	Date of **SECOND** post-diagnosis surgery	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy
34.	Type of surgery	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented
34x.	Accession Line #	_____	_____
35.	Date of **THIRD** post-diagnosis surgery	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy
36.	Type of surgery	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented
36x.	Accession Line #	_____	_____
36x1.	Date of **FOURTH** post-diagnosis surgery	_____/_____/_____ mm dd yyyy	_____/_____/_____ mm dd yyyy
36x2.	Type of surgery	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented	☐ Lumpectomy ☐ Other Breast Conserving Therapy (BCT) ☐ Mastectomy ☐ Re-excision ☐ Biopsy (entire tumor removed) ☐ Not documented
36x3.	Accession Line #	_____	_____

37. Closest final margin ☐ Positive ☐ Negative
If Negative, Specify Size: ___ ___ . ___ ___ cm

37a. Tumor found in last surgery ☐ Yes ☐ No ☐ Not documented

Lymph Node Involvement and Metastatic Results

38. Lymph node involvement (Sentinel lymph node biopsy and final surgery combined)

a. Number sampled: _____

b. Number malignant: _____

c. Node staging: _____

39a. Results of metastatic work up at diagnosis: ☐ Completely negative ☐ Incomplete or equivocal ☐ Metastatic at diagnosis ☐ Work up not performed ☐ Not documented

39b. If metastatic at diagnosis, which distal sites were affected: ☐ Bone ☐ Brain ☐ Liver ☐ Lung ☐ Other Specify: _____ ☐ Not documented

40a. Results of metastatic work up post diagnosis: ☐ Completely negative ☐ Incomplete or equivocal ☐ Metastatic post diagnosis ☐ Work up not performed ☐ Not documented

40b. If metastatic post diagnosis, which distal sites were affected: ☐ Bone ☐ Brain ☐ Liver ☐ Lung ☐ Other Specify: _____ ☐ Not documented

40c. Date of metastatic workup post diagnosis: ___ / ___ / ____ (mm / dd / yyyy)

Chemotherapy Treatment

41. Neo-adjuvant (pre-surgery) chemotherapy for breast cancer:

☐ Yes
☐ No
☐ Not documented

42. If yes,

Chemotherapy Regimen (see list below)		# Cycles	Mark if therapy on-going	Start date mm/dd/yyyy	End date mm/dd/yyyy (if known)	Prescribed dosing interval	Completion Status
1.			☐				☐ Comp. ☐ Disc.
2.			☐				☐ Comp. ☐ Disc.
3.			☐				☐ Comp. ☐ Disc.
4.			☐				☐ Comp. ☐ Disc.
5.			☐				☐ Comp. ☐ Disc.
6.			☐				☐ Comp. ☐ Disc.

43. Adjuvant chemotherapy for breast cancer:

☐ Yes
☐ No
☐ Not documented

44. If yes,

Chemotherapy Regimen (see list below)		# Cycles	Mark if therapy on-going	Start date mm/dd/yyyy	End date mm/dd/yyyy (if known)	Prescribed dosing interval	Completion Status
1.			☐				☐ Comp. ☐ Disc.
2.			☐				☐ Comp. ☐ Disc.
3.			☐				☐ Comp. ☐ Disc.
4.			☐				☐ Comp. ☐ Disc.
5.			☐				☐ Comp. ☐ Disc.
6.			☐				☐ Comp. ☐ Disc.
7.			☐				☐ Comp. ☐ Disc.

44x. Other Chemotherapy regimen (non-cytotoxic)

☐ Yes
☐ No
☐ Not documented

If yes,

Other Chemotherapy Regimen (non-cytotoxic)		# Cycles	Mark if therapy on-going	Start date mm/dd/yyyy	End date mm/dd/yyyy (if known)	Prescribed dosing interval	Completion Status
1.			☐				☐ Comp. ☐ Disc.
2.			☐				☐ Comp. ☐ Disc.
3.			☐				☐ Comp. ☐ Disc.

Biological Therapy

45. Herceptin treatment or other biological treatment for breast cancer?

☐ Yes
☐ No
☐ Not documented

46. If yes,

(If dose changed, enter on a separate line)

	Drug Name	# Cycles	Mark if therapy on-going	Start date mm/dd/yyyy	End date mm/dd/yyyy (if known)	Prescribed Dosing Interval	Completion Status
1.			☐				☐ Comp. ☐ Disc.
2.			☐				☐ Comp. ☐ Disc.
3.			☐				☐ Comp. ☐ Disc.
4.			☐				☐ Comp. ☐ Disc.

Hormonal Treatment

47. Hormonal treatments such as tamoxifen, raloxifene, or aromatase inhibitors [Arimidex (Anastrozole), Femara (Letrozole), Aromasin (Exemestane)], Faslodex, or Megace]?

☐ Yes
☐ No
☐ Not documented

48. If yes,

(If dose changed, enter on a separate line)

	Drug Name	Mark if therapy on-going	Start date mm/dd/yyyy	End date mm/dd/yyyy (if known)	Dosage	Pre DX	Completion Status
1.		☐				☐	☐ Comp. ☐ Disc.
2.		☐				☐	☐ Comp. ☐ Disc.
3.		☐				☐	☐ Comp. ☐ Disc.
4.		☐				☐	☐ Comp. ☐ Disc.

Radiation Treatment

49. Radiation therapy:

☐ Yes
☐ No
☐ Not documented

49a. External radiation therapy:

☐ Yes
☐ No
☐ Not documented

50. If yes - External Radiation:

		Left Breast				Right Breast			
Target Site of Radiation Treatment	**Completion Status**	**Mark if therapy on-going**	**Start date** mm/dd/ yyyy	**End date** mm/dd/ yyyy (if known)	**Dose (cGy)**	**Mark if therapy on-going**	**Start date mm/dd/ yyyy**	**End date mm/dd/ yyyy (if known)**	**Dose (cGy)**
Whole Breast	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	
Tumor Bed	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	
Chest Wall	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	
Supracla-vicular (SCV)	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	
Axilla	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	
Intrama-mmary nodes (IMN)	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	
Site Unknown	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	

51a. If yes to external radiation, was IMRT used:

☐ Yes
☐ No

51. Internal radiation technique used:

☐ Yes, specify type: _____
☐ No
☐ Not documented

51b. If yes - Internal Radiation:

		Left Breast				Right Breast			
Target Site of Radiation Treatment	**Completion Status**	**Mark if therapy on-going**	**Start date** mm/dd/ yyyy	**End date** mm/dd/ yyyy (if known)	**Dose (cGy)**	**Mark if therapy on-going**	**Start date mm/dd/ yyyy**	**End date mm/dd/ yyyy (if known)**	**Dose (cGy)**
Tumor Bed	☐ Comp. ☐ Disc.	☐	_____/_____/ _____	_____/_____/ _____		☐	_____/_____/ _____	_____/_____/ _____	

Clinical Trial Enrollment

52. Enrolled in a clinical trial for breast cancer treatment/management:

☐ Yes
☐ No
☐ Not documented

53. If yes,

Name or ID number of trial: _____

Treatment(s) or procedure(s) tested: _____

_____

Treatment(s) or procedure(s) patient received as part of the trial (if known): _____

_____

Sponsor of trial (e.g. NIH, CALGB): _____

_____

54. Did patient complete the trial?:

☐ Completed
☐ Ongoing
☐ Did not complete, dropped out
☐ Not documented

Treatment Side Effects

55. Treatment toxicity side effects present:

☐ Yes
☐ No
☐ Not documented

56. If yes, treatment toxicity side effects:

☐ Allergic reaction
☐ Anemia
☐ Clinical cardiotoxicity
☐ Gastrointestinal
☐ Myalgia
☐ Neutropenia
☐ Neuropathy
☐ Thrombocytopenia
☐ Other
Specify: _____
☐ Osteodynia
☐ Arthralgia
☐ Leukopenia

Genetic Testing

57. Genetic testing performed

- ☐ Yes
- ☐ No
- ☐ Test not done/Not documented
- ☐ Not documented

57x. BRCA1 Genetic testing:
(MARK ALL THAT APPLY)

- ☐ Positive
  Specify Variant: _____
- ☐ Equivocal
  Specify Variant: _____
- ☐ Negative
- ☐ Test not done
- ☐ Not documented

57a. If done, how many sites: _____

58x. BRCA2 Genetic testing:
(MARK ALL THAT APPLY)

- ☐ Positive
  Specify Variant: _____
- ☐ Equivocal
  Specify Variant: _____
- ☐ Negative
- ☐ Test not done
- ☐ Not documented

58a. If done, how many sites: _____

58x1. Other germline testing done (non-BRCA):

- ☐ Yes
- ☐ No
- ☐ Not documented

If yes,

58x2. **Specify other type of germline testing:**	**58x3.** **Were the results for this germline testing:** **(MARK ALL THAT APPLY)**
FIRST TYPE: _____	☐ Positive, Specify Variant: _____ ☐ Equivocal, Specify Variant: _____ ☐ Negative ☐ Not documented
SECOND TYPE: _____	☐ Positive, Specify Variant: _____ ☐ Equivocal, Specify Variant: _____ ☐ Negative ☐ Not documented
THIRD TYPE: _____	☐ Positive, Specify Variant: _____ ☐ Equivocal, Specify Variant: _____ ☐ Negative ☐ Not documented
FOURTH TYPE: _____	☐ Positive, Specify Variant: _____ ☐ Equivocal, Specify Variant: _____ ☐ Negative ☐ Not documented
FIFTH TYPE: _____	☐ Positive, Specify Variant: _____ ☐ Equivocal, Specify Variant: _____ ☐ Negative ☐ Not documented
SIXTH TYPE: _____	☐ Positive, Specify Variant: _____ ☐ Equivocal, Specify Variant: _____ ☐ Negative ☐ Not documented

Other Molecular Profiling

59. Molecular Profiling and Proliferation assay:

☐ Yes
☐ No
☐ Not documented

60. If yes,

Assay Type	Score
Ki-67	
E-cadherin	
OncotypeDX	
p53	
p63	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	
Other, specify: _____	