



Sister Study Stage IV Breast Cancer Medical Report Form



SIS ID:

--	--	--	--	--	--	--	--

Sites of Progression

61. Number of Sites of Progression:

--	--

#	Progression Site	ICD-10	Date of Diagnosis (mm/dd/yyyy)	Method of Determination
1.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
2.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
3.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
4.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
5.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
6.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
7.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
8.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
9.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____
10.			___/___/____	<input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Other: _____

Surgical Treatment

62. Number of Surgical Treatments of Progression:

	Site of Surgery	Date of Surgery (mm/dd/yyyy)
1.		____/____/____
2.		____/____/____
3.		____/____/____
4.		____/____/____

Cytotoxic Chemotherapy Administration

63. Chemotherapy for Stage IV breast cancer:

- Yes
 No
 Not documented

If yes,

	Chemotherapy Regimen	# Cycles	Mark if therapy on-going	Start date (mm/dd/yyyy)	End date (if known) (mm/dd/yyyy)	Prescribed dosing interval	Intra-peritoneal	Completion Status
1.			<input type="checkbox"/>	____/____/____ ____	____/____/____ ____		<input type="checkbox"/>	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
2.			<input type="checkbox"/>	____/____/____ ____	____/____/____ ____		<input type="checkbox"/>	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
3.			<input type="checkbox"/>	____/____/____ ____	____/____/____ ____		<input type="checkbox"/>	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
4.			<input type="checkbox"/>	____/____/____ ____	____/____/____ ____		<input type="checkbox"/>	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
5.			<input type="checkbox"/>	____/____/____ ____	____/____/____ ____		<input type="checkbox"/>	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
6.			<input type="checkbox"/>	____/____/____ ____	____/____/____ ____		<input type="checkbox"/>	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.

Biological Therapy

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

- Yes
 No
 Not documented

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 (if known) (mm/dd/yyyy)	Prescribed Dosing Interval	Completion Status
1.			<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
2.			<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
3.			<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
4.			<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.

Hormonal Treatment

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

- Yes
 No
 Not documented

If yes,

(If dose changed, enter on a separate line)

	Drug Name	Mark if therapy on-going	Start date (mm/dd/yyyy)	End date (if known) (mm/dd/yyyy)	Dosage	Completion Status
1.		<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
2.		<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
3.		<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
4.		<input type="checkbox"/>	____/____/____ ____/____/____	____/____/____ ____/____/____		<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.

Radiation Treatment

66. Radiation therapy:

- Yes
- No
- Not documented

If yes,

	Target Site of Radiation Treatment	Mark if therapy on-going	Start date (mm/dd/yyyy)	End date (if known) (mm/dd/yyyy)	Dose (cGy)	Internal or External	Completion Status
1.		<input type="checkbox"/>	____/____/____ ____-____-____	____/____/____ ____-____-____		<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
2.		<input type="checkbox"/>	____/____/____ ____-____-____	____/____/____ ____-____-____		<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
3.		<input type="checkbox"/>	____/____/____ ____-____-____	____/____/____ ____-____-____		<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
4.		<input type="checkbox"/>	____/____/____ ____-____-____	____/____/____ ____-____-____		<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
5.		<input type="checkbox"/>	____/____/____ ____-____-____	____/____/____ ____-____-____		<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.
6.		<input type="checkbox"/>	____/____/____ ____-____-____	____/____/____ ____-____-____		<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Comp. <input type="checkbox"/> Disc.