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.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
2.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
3.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
4.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
5.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
6.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
7.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
8.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
9.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ Other: _____
10.			___ ___/___ ___/___ ___ ___ ___	☐ Pathology ☐ Imaging ☐ 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.			☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐	☐ Comp. ☐ Disc.
2.			☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐	☐ Comp. ☐ Disc.
3.			☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐	☐ Comp. ☐ Disc.
4.			☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐	☐ Comp. ☐ Disc.
5.			☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐	☐ Comp. ☐ Disc.
6.			☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐	☐ Comp. ☐ 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.			☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ Disc.
2.			☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ Disc.
3.			☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ Disc.
4.			☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ 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.		☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ Disc.
2.		☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ Disc.
3.		☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ Disc.
4.		☐	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __		☐ Comp. ☐ 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.		☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐ Internal ☐ External	☐ Comp. ☐ Disc.
2.		☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐ Internal ☐ External	☐ Comp. ☐ Disc.
3.		☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐ Internal ☐ External	☐ Comp. ☐ Disc.
4.		☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐ Internal ☐ External	☐ Comp. ☐ Disc.
5.		☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐ Internal ☐ External	☐ Comp. ☐ Disc.
6.		☐	___ ___/___ ___/ ___ ___ ___ ___	___ ___/___ ___/ ___ ___ ___ ___		☐ Internal ☐ External	☐ Comp. ☐ Disc.