

Case #:

Institution #:
Form E 1

Eligibility Check List

Inclusion criteria:

(Answer must be Yes)

- | | <u>No</u> | <u>Yes</u> |
|--|-----------------------|-----------------------|
| 1. Received radiation therapy (2007) | <input type="radio"/> | <input type="radio"/> |
| 2. Female | <input type="radio"/> | <input type="radio"/> |
| 3. Any invasive breast disease | <input type="radio"/> | <input type="radio"/> |
| 4. Clinical Stage I, II or IIIA | <input type="radio"/> | <input type="radio"/> |
| 5. Mastectomy or lumpectomy as primary treatment | <input type="radio"/> | <input type="radio"/> |

Exclusion criteria:

(Answer must be No)

- | | | |
|---|-----------------------|-----------------------|
| 6. Bilateral lesions | <input type="radio"/> | <input type="radio"/> |
| 7. Prior or concurrent malignancies or previous RT
(excluding non-melanoma skin cancers) | <input type="radio"/> | <input type="radio"/> |
| 9. Patient eligible, according to check list _____ | <input type="radio"/> | <input type="radio"/> |

-
- | | | |
|---|-----------------------|-----------------------|
| 10. Is patient administratively ineligible? | <input type="radio"/> | <input type="radio"/> |
| | No | Yes |

11. If yes, give reason for administrative ineligibility: _____
(for example, chart unavailable)

12. Type of Radiation Therapy chart:
- Electronic Paper Electronic and Paper

Note: **DO NOT** include any Personal Health Information (PHI) in these comments.

13. Comments: _____

14. Comments: _____

15. Date of data collection (mm/dd/yyyy): ___/___/___

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Form A 5

Demographics

1. Zip code: _____
2. Year of birth (yyyy): _____
3. Year at start of RT (yyyy): _____
4. Age at start of RT: _____
5. Primary payment method: _____
 - 1 = Medicare
 - 2 = Medicare HMO
 - 3 = Medicaid, Medi-Cal, etc.
 - 4 = Blue Cross/Blue Shield
 - 5 = HMO
 - 6 = Champus/VA/TRICARE
 - 7 = Other insurance plan
 - 8 = Self-pay
 - 9 = Unknown
6. Secondary payment method _____
 - 0 = Not applicable
 - 1 = Medicare
 - 2 = Medicare HMO
 - 3 = Medicaid, Medi-Cal, etc.
 - 4 = Blue Cross/Blue Shield
 - 5 = HMO
 - 6 = Champus/VA/TRICARE
 - 7 = Other insurance plan
 - 8 = Self-pay
 - 9 = Unknown
7. Race _____
 - 1 = White
 - 2 = Black or African American
 - 3 = Asian
 - 4 = Native Hawaiian or Other Pacific Islander
 - 5 = American Indian or Native Alaskan
 - 6 = More than one race
 - 8 = Other
 - 9 = Unknown
8. Ethnicity _____
 - 1 = Hispanic or Latino
 - 2 = Not Hispanic or Latino
 - 9 = Unknown

**Quality Research in Radiation Oncology
2107 Breast Process**

American College of Radiology 1818 Market Street –16th Floor Philadelphia, PA 19103 215-574-3164

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Form A 5**

9. Communicates in English _____

- 1 = No
- 2 = Yes, no problem
- 3 = Yes, with difficulty - language issue
- 4 = Yes, with difficulty - physical/psychological issues
- 9 = Unknown

10. Primary spoken language _____

- 1 = English
- 2 = Spanish
- 3 = Chinese (Mandarin, Cantonese etc.)
- 4 = Japanese
- 5 = Korean
- 6 = Vietnamese
- 7 = Tagalog
- 8 = French (Patois, Cajun, Creole etc.)
- 9 = German
- 10 = Italian
- 11 = Russian
- 12 = Portuguese (Creole)
- 13 = Polish
- 14 = Arabic
- 15 = Other, NOS
- 88 = Other (specify, below)
- 99 = Unknown

11. Other language, specified _____

If primary language spoken is not (1) English then,

12. Non-English speaking by history _____

- 1 = No
- 2 = Yes

13. Foreign language consent _____

- 1 = No
- 2 = Yes

14. Use of translator documented _____

- 1 = No
- 2 = Yes

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15. Marital/partner status _____
1 = Married
2 = Widowed
3 = Divorced
4 = Separated
5 = Never Married
6 = Living with partner
9 = Unknown

Note: DO NOT include any Personal Health Information (PHI) in these comments.

17: Comments: _____

18: Comments: _____

20. Did chart include init consultative report sent from RO to ref MD? _____
1 = No
2 = Yes
3 = Yes, Report in chart, but no indication it was sent to referring MD
4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
9 = Unknown
21. Did chart include tmnt summary report sent from RO to referring MD? _____
1 = No
2 = Yes
3 = Yes, Report in chart, but no indication it was sent to referring MD
4 = Yes, Report in chart, but pt self referred to the RO directly and no other MD indicated in chart
9 = Unknown
22. Was informed consent documented in the chart? _____
1 = No
2 = Yes, signed and witnessed consent document in chart
3 = Yes, consent process documented only (ICF not in the chart)
9 = Unknown

Case #:

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Form I 1

History & Physical Studies

1. Menopausal status _____
1 = Pre-menopausal
2 = Peri-menopausal
3 = Post-menopausal
9 = Unknown
2. History of hormone replacement therapy _____
1 = No
2 = Yes
9 = Unknown
507. Primary site _____
1 = Left breast
2 = Right breast

Location of primary tumor (*check all that apply*)

3. Upper outer quadrant
4. Lower outer quadrant
5. Lower inner quadrant
6. Upper inner quadrant
7. Central or sub-areolar
8. Axillary tail
9. Unknown
10. Mammography performed before biopsy _____
1 = No
2 = Yes
9 = Unknown
11. Breast Ultrasound performed before biopsy _____
1 = No
2 = Yes, bilateral
3 = Yes, ipsilateral
4 = Yes, laterality unspecified
9 = Unknown
12. Breast MRI performed _____
1 = No
2 = Yes, before biopsy
3 = Yes, before definitive surgery
4 = Yes, after surgery, before radiation therapy
5 = Yes, NOS
9 = Unknown

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Form I 1

13. Method of initial diagnosis _____
1 = Core needle biopsy (e.g. stereotactic, Mammotone®, ABBI)
2 = Fine Needle Aspiration (FNA)
3 = Incisional biopsy
4 = Excisional biopsy
9 = Unknown
14. Imaging used for initial biopsy: _____
1 = None, clinical,
2 = U/S-guided core biopsy
3 = U/S localized excisional biopsy
4 = Mammography-guided core biopsy
5 = Mammography localized excisional biopsy
6 = MRI-guided core biopsy
7 = MRI localized excisional biopsy
9 = Unknown
15. Initial clinical stage (*either clinical stage or group stage*): _____
1 = Not documented
2 = Present/Documented

If present,

16. T-classification (AJCC 02) _____
1 = TX
2 = T0
3 = T1
4 = T1a
5 = T1b
6 = T1c
7 = T2
8 = T3
9 = T4
99 = Unknown
17. N-classification (AJCC 02) _____
1 = NX
2 = N0
3 = N1
4 = N2
5 = N3
9 = Unknown
18. M-classification (AJCC 02) _____
1 = MX
2 = M0
3 = M1
9 = Unknown

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Form I 1

19. Group Stage: _____

0 = 0

1 = I

2 = IIA

3 = IIB

4 = IIIA

5 = IIIB

6 = IIIC

7 = IV

9 = Unknown

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Case #:

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Form I 1

Surgery

21. Final breast surgery performed: _____
1. Breast conserving surgery (BCS)
2. Mastectomy
22. Breast surgeries after initial diagnosis: _____
1. BCS (excisional biopsy only)
2. BCS
3. BCS + re-excision
4. BCS + >1 re-excision
5. BCS + re-excision + mastectomy
6. BCS + mastectomy
7. Mastectomy
8. Other
9. Unknown
23. Was breast reconstruction surgery done _____
1 = No
2 = Yes
9 = Unknown
- If yes, for breast reconstruction:*
24. Timing of breast reconstruction _____
1 = Pre-RT
2 = Post-RT
9 = Unknown
25. Type of breast reconstruction surgery _____
1 = Muscle flap
2 = Expander/ Implant
3 = Both
4 = Other
9 = Unknown

Case #:

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Form I 1

Tumor Pathology

31. Pathology report in Radiation Therapy (RT) chart _____

- 1 = No
- 2 = Yes
- 9 = Unknown

32. Predominant Histopathologic type _____

- 1 = Infiltrating ductal
- 2 = Infiltrating lobular
- 3 = Medullary
- 4 = Adenocarcinoma, NOS
- 5 = Colloid
- 6 = Mixed ductal/lobular
- 7 = Mucinous
- 8 = Tubular
- 9 = Other
- 99 = Unknown

33. Maximum pathological (microscopic) size (dimension) of lesion _____ (mm)
(999. = unknown)

If microscopic size unavailable,

34. Gross size of lesion _____ (mm) (999. = unknown)

35. T- classification (pathologic) _____

- 1 = T1
- 2 = T2
- 3 = T3
- 4 = Not applicable/neo-adjuvant patient
- 9 = Unknown

36. Predominant Histological grade _____

- 1 = I
- 2 = II
- 3 = III
- 9 = Unknown

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Form I 1

38. Lympho-vascular invasion _____

- 1 = No
- 2 = Yes
- 9 = Unknown

39. Microscopic skin or dermal lymphatic invasion _____

- 1 = No
- 2 = Yes
- 9 = Unknown

40. Multi-focal tumor _____

- 1 = No
- 2 = Yes
- 9 = Unknown

41. Multi-centric carcinoma (*DCIS or invasive disease in more than one quadrant*)
or separated by 4 cm or more _____

- 1 = No
- 2 = Yes
- 9 = Unknown

42. Final microscopic margins _____

- 1 = Positive
- 2 = Negative
- 3 = Close (*2mm or less*)
- 9 = Unknown or not assessed

43. Closest microscopic margin (*mm*) _____ (*888. = not specified, 999. = Unknown*)

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Form I 1

Sentinel Lymph Nodes

51. Was a sentinel lymph node biopsy done _____

1 = No

2 = Yes

9 = Unknown

If yes, complete this section; otherwise go to the next section (NODE PATHOLOGY):

52. Sentinel lymph node mapping _____

1 = No

2 = Yes

9 = Unknown

53. Localization of sentinel node(s) on nuclear medicine study _____

0 = Did not map

1 = Axilla

2 = Internal mammary node (IMN)

3 = Both axilla and IMN

4 = Other

9 = Unknown

Pathologic Examination of Sentinel lymph node(s)

56. Cyto-keratin (CK) Immunohistochemical (IHC) staining done? _____

1 = No

2 = Yes

9 = Unknown

57. Number of sentinel nodes taken _____ (99 = Unknown)

58. Number of sentinel nodes positive _____ (99 = Unknown)

59. Results of positive sentinel node biopsy _____

1 = Positive Histological

2 = Positive IHC

3 = Positive Histological & IHC

4 = Positive, NOS

9 = Unknown

Case #:

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Form I 1

Node Pathology

81. Axillary dissection performed _____

- 1 = No
- 2 = Yes
- 9 = Unknown

If no or unknown, then skip Qs 82-84 and complete Q 85:

82. # of nodes positive (excluding sentinel nodes) _____ (99 = Unknown)

83. # of nodes in axillary specimen (excluding sentinel nodes) _____ (99 = Unknown)

84. Extra-capsular extension _____

- 0 = Not applicable
- 1 = No
- 2 = Yes
- 9 = Unknown

85. N-classification (*pathologic*) (AJCC 02) _____

- 0 = N0 = Did not have CK and negative CK
- 1 = N-0 (IHC+) = Positive IHC, no IHC cluster greater than 0.2 mm
- 2 = N-1 (MIC) = Micrometastasis (greater than 0.2 mm, none greater than 2.0 mm)
- 3 = N-1 = Metastasis in 1 to 3 axillary lymph nodes
- 4 = N-2 = Metastasis in 4 to 9 axillary lymph nodes
- 5 = N-3 = Metastasis in 10 or more axillary lymph nodes, or in infraclavicular lymph nodes or clinically apparent
- 6 = NX = Regional Lymph nodes cannot be assessed
- 9 = Unknown

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Case #:

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Form I 1

Receptors

91. Estrogen receptors _____

0 = Not done

1 = Positive

2 = Negative

9 = Unknown

92. Progesterone receptors _____

0 = Not done

1 = Positive

2 = Negative

9 = Unknown

93. HER-2 Neu by IHC _____

0 = Not done

1 = Positive (3+)

2 = Indeterminate (2+)

3 = Negative (0-1)

9 = Unknown

94. HER-2 Neu by FISH _____

0 = Not done

1 = Positive/ Amplified

2 = Negative/ Not Amplified

9 = Unknown

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Form I 1

Investigational Protocol

101. Investigational protocol _____

1 = No

2 = Yes, NCI Clinical Trials Cooperative Group (*specify below*)

3 = Yes, IRB-approved institutional clinical trial

4 = Yes, IRB-approved PHARMA clinical trial

5 = Yes, IRB-approved device clinical trial

6 = Other

9 = Unknown

If question #101 is Yes, option (2)

102. Protocol group & number are (e.g., RTOG 9709) _____ (9999 = Unknown)

Case #:

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Form I 1

External Beam Planning & Treatment

121. Treatment planning based on _____
1 = CT scan
2 = Fluoroscopy
8 = N/A, no external beam
9 = Unknown
122. Regional node treatment planning based on _____
1 = CT scan volumes
2 = CT scan contour, point dose
3 = Fluoroscopy, external contour, point dose
8 = Not applicable
9 = Unknown
123. Method for planning Isodose (dose distribution) for external beam Breast /chest wall: _____
1 = None
2 = Central plane only
3 = Multiple axial planes
4 = 3D CRT
5 = IMRT
9 = Unknown
124. Method for planning Isodose (dose distribution) for nodal radiation _____
1 = None
2 = Point dose/ central plane only
3 = multiple axial planes
4 = 3D CRT
5 = IMRT
9 = Unknown

Evidence of isodose planning in chart:

125. Signed treatment plan _____
1 = No
2 = Yes
9 = Unknown
127. Target volumes contoured on CT for RT planning _____
1 = No
2 = Yes
8 = N/A, treatment planning based on fluoroscopy
9 = Unknown

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Form I 1

128. Normal tissue volumes contoured on CT for RT planning _____
1 = No
2 = Yes
9 = Unknown

Organs contoured on CT (may reference the Dose volume Histogram (DVH)):

130. Lumpectomy CTV (Clinical Target Volume) or PTV (Planned Target Volume) _____
1 = No
2 = Yes
9 = Unknown

131. Breast CTV or PTV _____
1 = No
2 = Yes
9 = Unknown

132. Chest wall _____
1 = No
2 = Yes
9 = Unknown

133. Supraclavicular nodes _____
1 = No
2 = Yes
9 = Unknown

134. Axillary nodes _____
1 = No
2 = Yes
9 = Unknown

135. Internal Mammary nodes _____
1 = No
2 = Yes
9 = Unknown

136. Heart _____
1 = No
2 = Yes
9 = Unknown

137. Lung _____
1 = No
2 = Yes
9 = Unknown

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Form I 1

126. Dose Volume Histogram present _____
1 = No
2 = Yes
9 = Unknown

If yes, Dose Volume Histogram of following organs:

138. Breast/Chest wall _____
1 = No
2 = Yes
9 = Unknown

139. Lumpectomy/ Mastectomy CTV/PTV _____
1 = No
2 = Yes
9 = Unknown

140. Nodal volumes _____
1 = No
2 = Yes
9 = Unknown

141. Lung _____
1 = No
2 = Yes
9 = Unknown

142. Heart _____
1 = No
2 = Yes
9 = Unknown

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Form I 1

**External Beam
(including External Beam PBI)**

160. External beam irradiation _____

- 1 = No
- 2 = Yes, Intact whole breast
- 3 = Yes, accelerated partial breast irradiation, Intact breast
- 4 = Yes, Chest wall (CW) post mastectomy
- 5 = Yes, Chest wall (CW) post mastectomy and reconstructed breast
- 6 = No EB, Mammocyte/Multicatheter only
- 9 = Unknown

161. Total dose prescribed to Breast/chest wall/reconstructed breast/PBI, excluding boost (cGy) _____ (9999 = Unknown)

162. Breast/Chest wall/reconstructed breast/PBI fraction size, excluding boost (cGy) _____ (999 = Unknown)

163. Beam modifiers used _____

- 1 = No
- 2 = Yes
- 9 = Unknown

If yes (code 2), type(s) of beam modifiers:

164. Physical wedges _____

- 1 = No
- 2 = Yes
- 9 = Unknown

165. Dynamic wedges _____

- 1 = No
- 2 = Yes
- 9 = Unknown

166. Compensators _____

- 1 = No
- 2 = Yes
- 9 = Unknown

167. MLC (multi-leaf COLLIMATOR) (e.g. Field in Field) _____

- 1 = No
- 2 = Yes
- 9 = Unknown

168. Institution-specified IMRT _____

- 1 = No
- 2 = Yes
- 9 = Unknown

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Form I 1

169. Other _____
1 = No
2 = Yes
9 = Unknown

170. Use of bolus _____
1 = Not used
2 = Used on breast, reconstructed breast or chest wall
3 = Placed on surgical scar only
9 = Unknown

174. Boost _____
1 = No
2 = Yes, lumpectomy
3 = Yes, Mastectomy scar/Chest wall
9 = Unknown

If yes (codes 2 or 3):

175. Total boost dose (cGy) _____ (9999 = Unknown)

176. Boost fraction size (cGy) _____ (999 = Unknown)

COMMENTS:

Note: DO NOT include any Personal Health Information (PHI) in these comments.

177. _____

178. _____

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Form I 1

External Beam Summary:

Area treated	<u>Was area treated?</u> 1 = No 2 = Yes 3 = Yes, but no further info 9 = Unknown	<u>Beam Type targeting</u> 1 = Photons 2 = Electrons 3 = Other 9 = Unknown	<u>Energy</u> Photons (MV) Electrons(MeV) (Any Cobalt=60) (99=Unknown)
Breast/chest wall/reconstructed breast	201. _____	a) _____ (202)	_____ (203)
		b) _____ (204)	_____ (205)
		c) _____ (206)	_____ (207)
Boost (<i>lumpectomy, chest wall/scar</i>)	211. _____	a) _____ (212)	_____ (213)
		b) _____ (214)	_____ (215)
		c) _____ (216)	_____ (217)
Supraclavicular & Axillary Apical Nodes (level 3 Apex)	221. _____	a) _____ (222)	_____ (223)
		b) _____ (224)	_____ (225)
		c) _____ (226)	_____ (227)
Supraclavicular & full Axilla	231. _____	a) _____ (232)	_____ (233)
		b) _____ (234)	_____ (235)
		c) _____ (236)	_____ (237)
Separate Axillary Field	241. _____	a) _____ (242)	_____ (243)
		b) _____ (244)	_____ (245)
		c) _____ (246)	_____ (247)
Internal mammary nodes	251. _____	a) _____ (252)	_____ (253)
		b) _____ (254)	_____ (255)
		c) _____ (256)	_____ (257)

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Form I 1

Nodal Volumes Targeted

269. Regional node(s) irradiation _____

1 = No

2 = Yes

9 = Unknown

Prescribed Dose (8888=Not applicable, 9999=Unknown)

272. Supraclavicular & Axillary Apical Nodes (level 3 Apex) _____ (cGy)

277. Supraclavicular & full Axilla _____ (cGy)

282. Separate Axillary Field (e.g. PAB) _____ (cGy)

292. Internal Mammary alone _____ (cGy)

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RT Treatment Notes

Acute Toxicity:

501. Skin toxicity noted _____

- 1 = No
- 2 = Yes, every weekly note
- 3 = Yes, > 2 weekly notes
- 4 = Yes, 2 weekly notes
- 5 = Yes, 1 weekly note
- 8 = Not applicable
- 9 = Unknown

502. Skin toxicity worst severity noted _____

- 1 = No grade or qualitative description
- 2 = Yes, qualitative description only
- 3 = Yes, Grade I
- 4 = Yes, Grade II
- 5 = Yes, Grade III
- 9 = Unknown

503. Presence of desquamation (peeling) noted _____

- 1 = No
- 2 = Yes, dry (superficial)
- 3 = Yes, moist (weeping)
- 4 = Yes, both dry & moist
- 9 = Unknown

Pain Assessment:

504. Pain assessment documented _____

- 1 = No
- 2 = Yes, every weekly note
- 3 = Yes, > 2 weekly notes
- 4 = Yes, 2 weekly notes
- 5 = Yes, 1 weekly note
- 8 = Not applicable
- 9 = Unknown

505. Pain severity documented _____

- 1 = No
- 2 = Yes
- 9 = Unknown

506. Pain site documented _____

- 1 = No
- 2 = Yes, breast
- 3 = Yes, other site
- 4 = Yes, breast and other site
- 8 = Not applicable - no pain
- 9 = Unknown

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Form I 1

Accelerated Partial Breast Irradiation (PBI)

300. Accelerated partial breast irradiation _____

- 1 = No
- 2 = Yes
- 9 = Unknown

301. PBI method delivered: _____

- 1 = 3D CRT (external beam)
- 2 = IMRT (external beam)
- 3 = MammoSite
- 4 = Multi-catheter
- 5 = Other brachytherapy device
- 6 = Other
- 9 = Unknown

If yes for 3D-CRT/ IMRT PBI:

302. Does prescription dose cover at least 90% of PTV _____

- 1 = No
- 2 = Yes
- 3 = Unknown

303. Percent of breast receiving $\geq 50\%$ of the prescription dose: _____ % (999 = unknown)

If yes for MammoSite:

304. Skin balloon spacing: _____ (mm) (999 = Unknown)

305. Does prescription dose cover at least 90% of PTV: _____

- 1 = No
- 2 = Yes
- 3 = Unknown

If yes for Multi-catheter PBI:

306. Number of planes _____ (9 = Unknown)

307. Number of catheters _____ (99 = Unknown)

308. Does prescription dose cover at least 90% of PTV _____

- 1 = No
- 2 = Yes
- 3 = Unknown

309. Dose heterogeneity index recorded _____

- 1 = No
- 2 = Yes
- 3 = Unknown

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310. PBI treatment planning based on: _____
1 = CT scan
2 = External contour
4 = Other
9 = Unknown

Evidence of PBI dose planning in chart:

311. Signed treatment plan _____
1 = No
2 = Yes
9 = Unknown

312. Dose volume histogram present _____
1 = No
2 = Yes
9 = Unknown

511. PBI Total dose prescribed _____ (cGy) (9999 = Unknown)

512. PBI Fraction size _____ (cGy) (999 = Unknown)

COMMENTS:

Note: DO NOT include any Personal Health Information (PHI) in these comments.

313. _____

314. _____

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Form I 1

Systemic Therapy

320. Systemic therapy given (*chemo, hormonal, targeted*) _____
 1 = No
 2 = Yes
 9 = Unknown

If yes, systemic therapy:

Sequence	Therapy Given	Agent 1	Agent 2	Agent 3	Agent 4
Pre-RT & Pre-Surgery	321. _____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	322. _____ <i>If other, specify below</i> 323. _____	324. _____ <i>If other, specify below</i> 325. _____	326. _____ <i>If other, specify below</i> 327. _____	328. _____ <i>If other, specify below</i> 329. _____
Pre-RT & Post-Surgery	331. _____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	332. _____ <i>If other, specify below</i> 333. _____	334. _____ <i>If other, specify below</i> 335. _____	336. _____ <i>If other, specify below</i> 337. _____	338. _____ <i>If other, specify below</i> 339. _____
Concurrent with RT & Post-Surgery	341. _____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	342. _____ <i>If other, specify below</i> 343. _____	344. _____ <i>If other, specify below</i> 345. _____	346. _____ <i>If other, specify below</i> 347. _____	348. _____ <i>If other, specify below</i> 349. _____
Post-RT & Post-Surgery	351. _____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	352. _____ <i>If other, specify below</i> 353. _____	354. _____ <i>If other, specify below</i> 355. _____	356. _____ <i>If other, specify below</i> 357. _____	358. _____ <i>If other, specify below</i> 359. _____
Sequence Unknown	361. _____ 1 = No 2 = Yes 3 = Yes, but no info 9 = Unknown	362. _____ <i>If other, specify below</i> 363. _____	364. _____ <i>If other, specify below</i> 365. _____	366. _____ <i>If other, specify below</i> 367. _____	368. _____ <i>If other, specify below</i> 369. _____

- 1 = Anthracycline (*Epirubicin, Doxorubicin, Adriamycin*)
- 2 = Taxane (*Paclitaxel, Docetaxel*)
- 3 = Methotrexate
- 4 = Cytosine (*Endoxan, Neosar, Procytox, Cyclophosphamide*)
- 5 = 5-FU (*Fluorouracil*)
- 6 = Carboplatin (*Paraplatin*)
- 7 = Gemcitabine (*Gemzar*)
- 8 = Cisplatin (*Platinol*)

- 9 = Tamoxifen (*Nolvadex, Istubal, Valodex*)
- 10 = AI (*Letrozole, Exemestane, Anastrozole, Femara, Aromasin, Arimidex*)
- 11 = Toremifene (*Fareston*)
- 12 = Raloxifene (*Evista*)
- 13 = Herceptin (*Trastuzumab*)
- 14 = Bevacizumab (*Avastin*)
- 88 = Other
- 99 = Unknown
- 0 = None

**Quality Research in Radiation Oncology
2107 Breast Process**

American College of Radiology 1818 Market Street –16th Floor Philadelphia, PA 19103 215-574-3164

Case #:

Institution #:

Form I 1

CHEMOTHERAPY COMMENTS

Use multiple lines, as needed. Leave blank if no Comments.

Note: DO NOT include any Personal Health Information (PHI) in these comments.

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Case #:

Institution #:

Form I 1

Adult Comorbidity Evaluation

400. Comorbidities _____

1 = No comorbidities 2 = Yes, one or more 9 = Cannot be determined

Comorbidity	Grade: 0 = None 1 = Grade 1 (<i>mild</i>) 2 = Grade 2 (<i>mod</i>) 3 = Grade 3 (<i>severe</i>) 4 = Present, grade unknown 9 = Unknown
Cardiovascular system comorbidity score (<i>Including MI, angina / CAD, CHF, arrhythmias, HTN, venous and peripheral arterial disease</i>)	401. _____
Respiratory system comorbidity score (<i>Including pulmonary insufficiency, and restrictive lung disease or COPD</i>)	403. _____
Gastrointestinal system comorbidity score (<i>Including hepatic disease, stomach/intestine, and pancreatic disease</i>)	405. _____
Renal system comorbidity score (<i>End stage renal disease</i>)	407. _____
Endocrine system comorbidity score (<i>Including Insulin dependent diabetes mellitus, and adult onset diabetes mellitus</i>)	409. _____
Neurological system comorbidity score (<i>Including stroke, dementia, paralysis, and neuromuscular disorders</i>)	411. _____
Psychiatric comorbidity score (<i>Including major depression, bipolar disorder, and schizophrenia</i>)	413. _____
Rheumatologic comorbidity score (<i>Including rheumatoid arthritis, systemic lupus, connective tissue disorder, and polymyositis</i>)	415. _____
Immunological system comorbidity score (<i>HIV, and AIDS</i>)	417. _____
Malignancy comorbidity score (<i>Solid tumors including melanoma, leukemia, myeloma, and lymphoma</i>)	419. _____
Substance Abuse comorbidity score (<i>Including alcohol abuse, illicit drug abuse</i>)	421. _____
Body weight comorbidity score (<i>Obesity, BMI >= 38</i>)	423. _____

425. Was treatment contra-indicated or changed due to comorbidities?

No Yes Unknown

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Form I 1

GENERAL COMMENTS

Use multiple lines, as needed.

Note: DO NOT include any Personal Health Information (PHI) in these comments.

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Case #:

Institution #:

Form I 1

Sequence of Events

All dates will be blanked out before data are transmitted to the database.
Only Elapsed days and Duration will be retained.

Events	mm/dd/yyyy	Elapsed days*	Duration (days)
<u>History & Physical Studies:</u>			
Initial histologic diagnosis:	451. ___/___/___	452. _____	
<u>Diagnostic Imaging:</u>			
Last mammogram before biopsy	453. ___/___/___	454. _____	
<u>Surgery:</u>			
Final breast surgery	455. ___/___/___	456. _____	
First breast reconstruction surgery	457. ___/___/___	458. _____	
<u>Sentinel Lymph Nodes:</u>			
Sentinel Lymph node biopsy	459. ___/___/___	460. _____	
<u>Nodal Pathology:</u>			
Axillary dissection	461. ___/___/___	462. _____	
<u>External Beam Planning & Treatment:</u>			
Start of External Beam therapy:	463. ___/___/___	464. _____	
End of External Beam therapy:	465. ___/___/___	466. _____	467. _____ (466-464)
<u>Brachytherapy:</u>			
Start of Brachytherapy:	468. ___/___/___	469. _____	
End of Brachytherapy:	470. ___/___/___	471. _____	472. _____ (471-469)

**Quality Research in Radiation Oncology
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Case #:

Institution #:

Form I 1

SOE COMMENTS:

Use multiple lines, as needed.

Note: DO NOT include any Personal Health Information (PHI) in these comments.

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