

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
<i>(excluding non-melanoma skin cancers)</i> | <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): ____/____/____