REQUITE
Validating Predictive Models and Biomarkers of Radiotherapy Toxicity to Reduce Side-Effects and Improve Quality-of-Life in Cancer Survivors

B2b

BREAST PATIENT FACTORS – FOLLOW-UP

Study Number RQ☐☐☐☐☐-☐

Patient Initials ☐☐☐☐

Date of Birth (dd/mm/yyyy) ☐☐/☐☐/☐☐☐☐

Date Completed (dd/mm/yyyy) ☐☐/☐☐/☐☐☐☐

Name + Signature of Person completing the CRF _____

Time Point

☐ 1 year after RT start
☐ 2 years after RT start
☐ 3 years after RT start*
☐ 4 years after RT start*

* if available

Patient Information

Weight (kg) ☐☐☐

Current smoker? ☐
0=No
1=Yes, _____ [number] cig. a day
7=Do not wish to answer

Approximate number of alcoholic drinks a week ☐☐☐
777=Do not wish to answer

Any newly diagnosed diseases since breast cancer diagnosis? ☐
0=No
1=Yes

If yes,

Diabetes	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
History of heart disease	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
Rheumatoid Arthritis	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
Systemic Lupus Erythematosus	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
Other collagen vascular disease	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
Hypertension	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
Depression	☐ 0=No 1=Yes	If yes, duration (months)	☐☐
On anti-diabetic drug?	☐ 0=No 1=Yes	If yes, duration (months)	☐☐

On ACE inhibitor? □ 0=No 1=Yes If yes, duration (months) □□

On other anti-hypertensive drug? □ 0=No 1=Yes If yes, duration (months) □□

On statin? □ 0=No 1=Yes If yes, duration (months) □□

On other lipid-lowering drugs? □ 0=No 1=Yes If yes, duration (months) □□

On amiodarone? □ 0=No 1=Yes If yes, duration (months) □□

On analgesics? □ 0=No 1=Yes If yes, duration (months) □□

On anti-depressant? □ 0=No 1=Yes If yes, duration (months) □□

Family history of breast cancer in first degree relative □ 0=No 1=Yes

Family history of radiotherapy toxicity □ 0=No 1=Yes 9=Not known

Other co-morbidity_____

Any newly diagnosed recurrence, metastasis or cancer since breast cancer diagnosis? □ 0=No 1=Yes

If yes,

Site of loco-regional recurrence/progression or distant metastasis

□□

1=Ipsilateral Breast
2=Contralateral Breast
3=Axilla Lymph Nodes
4=Supraclavicular Fossa Lymph Nodes
5=Other Lymph Nodes
6=Bone
7=Lung
8=Liver
9=Brain
10=Other, _____
99=Not known

Type of new cancer

ICD-10 / ICD-O-3 coding: □□□.□ / □□□□/□

Additional treatment following initial management □□

0=No
1=Hormones
2=Chemotherapy
3=Trastuzumab
4=Other antibody Therapy
5=Targeted therapy
6=Surgery (no mastectomy)
7=Mastectomy
8=Radiotherapy
9=Other, _____
99=Not known

If mastectomy then patient should be withdrawn (please fill out form B7 and B8)