

BREAST CLINICAL AND TREATMENT DATA COLLECTION FORM (to be completed at end of radiotherapy)

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF

Primary Surgery & Tumour Pathology

Surgery

☐ 0=No
☐ 1=Yes

Surgery Date
(dd/mm/yyyy)

□□/□□/□□□□

Type of surgery

☐ 1=Segmentectomy/Quadrantectomy
☐ 2=Wide local excision
☐ 9=Not known

Axillary Surgery

☐ 0=No
☐ 1=Yes
☐ 9=Not known

If Yes... please
state type

☐

1=Sentinel node biopsy
2=Planned axillary dissection
3=Sentinel node biopsy plus
axillary dissection

Number of Nodes
Involved

□□

Number of Nodes
examined

□□

Persistent post operative
haematoma/
haematoseroma

☐ 0=No
☐ 1=Yes, with delayed
RT
☐ 2=Yes, without
delayed RT
☐ 9=Not known

Post operative
oedema

☐

0=No
1=Yes
9=Not known

Post operative infection

☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, infection
requiring antibiotics

☐

0=No
1=Yes, oral
2=Yes, intravenous
9=Not known

Delayed healing >3 wks
following surgery?

☐ 0=No
☐ 1=Yes
☐ 9=Not known

Side of Primary

☐ 1=Left
☐ 2=Right

Quadrant

☐

1=Upper 12h
2=Upper Outer
3=Upper Inner
4=Central
5=Lower 6h
6=Lower Outer
7=Lower Inner
8=Other: specify _____
9=Not specified

Locality

☐ 1=Unifocal
☐ 2=Multifocal
☐ 3=Multicentric >1 quadrant

Histological Grade

- ☐ 1=Well
☐ 2=Moderate
☐ 3=Poor
☐ 4=Undifferentiated
☐ 9=Not known

Histological Type

- ☐ 1=Infiltrating ductal
☐ 2=Infiltrating lobular
☐ 3=DCIS
☐ 4=Tubular
☐ 5=Other : specify _____
☐ 9=Not known

Pathological tumour size (mm)

Pathologic UICC stage

 T (Tis, 1a-c, 2, 3, 4a-d, X) N (0-3, X)

 M (0,1, X) R (0, 1, 2, X)

If neo-adjuvant chemotherapy, clinical UICC stage

 T (Tis, 1a-c, 2, 3, 4a-d, X) N (0-3, X) M (0,1, X)

Ki-67 status (%)

ER Status

- ☐ 1=Positive (>10%)
☐ 2=Negative (≤10%)
☐ 9=Not known

HER-2 status

- ☐ 1=Positive
☐ 2=Negative
☐ 9=Not known

PR Status

- ☐ 1=Positive (>10%)
☐ 2=Negative (≤10%)
☐ 9=Not known

Neo-adjuvant chemotherapy

- ☐ 0=No
☐ 1=Yes

If yes,

Anthracycline Chemotherapy

- ☐ 0=No
☐ 1=Yes
☐ 9=Not known

Date Started (dd/mm/yyyy)

 / /

Date of last dose (dd/mm/yyyy)

 / /

If yes, Number of cycles

If yes, Drugs used _____

Non-anthracycline Chemotherapy

- ☐ 0=No
☐ 1=Yes
☐ 9=Not known

Date Started (dd/mm/yyyy)

 / /

Date of last dose (dd/mm/yyyy)

 / /

If yes, Number of cycles

If yes, Drugs used _____

Adjuvant chemotherapy
☐ 0=No
1=Yes

If yes,

Anthracycline
Chemotherapy
☐ 0=No
1=Yes
9=Not known
Date Started
(dd/mm/yyyy)

□□/□□/□□□□

Date of last dose
(dd/mm/yyyy)

□□/□□/□□□□

If yes, Number of cycles

☐ ☐

If yes, Drugs used _____

Non-anthracycline
Chemotherapy
☐ 0=No
1=Yes
9=Not known
Date Started
(dd/mm/yyyy)

□□/□□/□□□□

Date of last dose
(dd/mm/yyyy)

□□/□□/□□□□

If yes, Number of cycles

☐ ☐

If yes, Drugs used _____

Other systemic treatment
☐ 0=No
1=Yes

If yes,

Tamoxifen

☐ 0=No
1=Yes
9=Not known
If yes, (planned) Date
Started
(dd/mm/yyyy)

□□/□□/□□□□

Aromatase Inhibitor

☐ 0=No
1=Yes
9=Not known
If yes, (planned) Date
Started
(dd/mm/yyyy)

□□/□□/□□□□

Anti-HER2 / targeted
therapy
☐ 0=No
1=TKI
2=MAB
9=Not known
If yes, (planned)
Date Started
(dd/mm/yyyy)

□□/□□/□□□□

If yes, Number of cycles

☐

If yes, Drug 1 used _____

More than 1 drug?

☐ 1=Yes
0=No

If yes, Number of cycles

☐

If yes, Drug 2 used _____

Date Started
(dd/mm/yyyy)

□□/□□/□□□□

RadiotherapyIf information is **Not Known** fill boxes with 9's, if **Not Applicable** with 8's

Whole breast radiotherapy (without boost dose)

Date whole breast radiotherapy started (dd/mm/yyyy)

□□/□□/□□□□

Date whole breast radiotherapy finished (dd/mm/yyyy)

□□/□□/□□□□

Radiotherapy interrupted >3 days due to complications

☐0=No
1=Yes
9=Not known

If yes, number of days interrupted

☐If yes, give detailed reason

IMRT

☐0=No
1=Yes
9=Not known

Type of IMRT

☐1=Simple field in field
2=Complex highly modulated

Treatment position

☐1=Prone
2=Supine

3D

☐0=No
1=Yes
9=Not known

Treated breast

☐1=Left
2=Right

Axillary levels treated

☐0=None
1=I
2=II
3=III
4=I-III
5=Other: specify _____
9=Not known

Supraclavicular fossa

☐0=No
1=Yes
9=Not known

Delivered whole breast dose (Gy)

☐

Photon (MV)

☐

Dose per fraction (Gy)

☐

Number of fractions

☐

Fractions per week

☐

Second Photon:

☐0=No
1=Yes

If mixed: second Photon (MV)

☐

Number of fractions

☐

Dose per fraction (Gy)

☐

Fractions per week

☐**Additional Parameters (cumulative if with boost, otherwise whole breast RT only)**CT breast volume (cm³) (see definition below)☐

Max skin dose (Gy)

☐Definition for breast:

A wire can be used on the CT scan around the palpable breast tissue to define the peripheral edges of the breast. The deep edge is the superficial side of the pectoral muscle/thoracic wall. The superficial edge is the skin. Any visible glandular breast tissue outside these margins should also be included.

Definition for skin:

Skin is defined as the difference between the body contour and an inner isotropic contour from the body (5mm).

Breast delineation

☐1=Definition above
2=Others _____

Skin delineation

☐1=Definition above
2=Others _____Internal mammary volume (cm³)☐

Whole breast Hot spots (incl. skin) with >107% of Prescribed Dose (cm³)

☐☐☐

If yes, quadrant:

☐

- 1=Upper 12h
2=Upper Outer
3=Upper Inner
4=Central
5=Lower 6h
6=Lower Outer
7=Lower Inner
8=Other:
specify _____

Mean Heart Dose (Gy)
(see definition)

☐☐☐

Definition for heart:

Superiorly the heart starts just inferior to the left pulmonary artery. It includes the atria, ventricles, auricles, vessels and fat tissue within the pericardium. Since the cardiac vessels run in the fatty tissue within the pericardium, they should be included in the contours, even if there is no heart muscle visible in that area. Inferiorly, the heart blends with the diaphragm. Feng et al 2011 PMID: 20421148

Mean Ipsilateral Lung Dose (Gy)

☐☐☐

Heart
delineation

☐

- 1=Definition above
2=Left ventricle only
3=Others

Boost (additional to the whole breast radiation)

☐

- 0=No
1=Yes

If yes,
Boost sequence

☐

- 1=Sequential including IORT boost
2=Simultaneous integrated
3=Simultaneous integrated and sequential

Date boost started (dd/mm/yyyy)

☐☐☐/
 ☐☐☐/
 ☐☐☐☐

Date boost finished (dd/mm/yyyy)

☐☐☐/
 ☐☐☐/
 ☐☐☐☐

Breast boost type

☐

- 1=Electrons
2=Photons
3=Brachytherapy
4=Intra-operative boost
5=Electrons+Photons

Bolus

☐

- 0=No
1=Yes
9=Not known

If photon boost or brachytherapy:

Photon energy (MV or kV)

☐☐

Photon/brachytherapy Boost
Volume (cm³)

☐☐☐

Boost dose (Gy)

☐☐☐

Number of boost fractions

☐☐

Dose per fraction (Gy)

☐☐☐

Fractions per week

☐☐

Second Photon:

☐0=No
1=YesIf yes,
second Photon (MV or kV)☐☐Photon/brachytherapy Boost
Volume (cm³)☐☐☐

boost dose (Gy)

☐☐☐☐

Number of boost fractions

☐☐

Dose per fraction (Gy)

☐☐☐☐

Fractions per week

☐☐

If electron boost:

Electron energy (MeV)

☐☐Electron boost field
size (cm)☐☐☐☐

Circular electron boost diameter (cm)

☐☐

Electron boost dose (Gy)

☐☐☐☐

Number of boost fractions

☐☐

Dose per fraction (Gy)

☐☐☐☐

Fractions per week

☐☐