

BREAST STUDY COMPLETION FORM
*(to be completed at: Year 2 or study withdrawal if earlier
AND (if applicable) at final data collection time point e.g. year 3 or 4)*

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF

Time Points

☐ 2 years after
radiotherapy (RT) start

☐ 4 years after
RT start*

☐ 3 years after RT start*

☐ withdrawal**

* if available; ** if applicable

All study data complete?

☐ 0=No
☐ 1=Yes

Current status

☐ 1=Alive without disease recurrence
2=Alive with disease recurrence
3=Alive with second cancer
4=Non-cancer related death
5=Breast cancer death
6=Other cancer related death
7=Death, unknown cause
9=Not known

If alive or unknown status,
date of last contact

□□/□□/□□□□ (dd/mm/yyyy)

If deceased: Date of death

□□/□□/□□□□ (dd/mm/yyyy)

Death due to treatment
toxicity?

☐ 0=No
☐ 1=Yes, please specify toxicity _____
9=Not known

Ipsilateral recurrence

☐ 0=No
☐ 1=Yes
9=Not known

If yes, Date
(dd/mm/yyyy)

□□/□□/□□□□

Contralateral recurrence

☐ 0=No
☐ 1=Yes
9=Not known

If yes, Date
(dd/mm/yyyy)

□□/□□/□□□□

Axilla recurrence

☐ 0=No
☐ 1=Yes
9=Not known

If yes, Date
(dd/mm/yyyy)

□□/□□/□□□□

Supraclavicular Fossa Recurrence

☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, Date
(dd/mm/yyyy)

/

Distant recurrence

☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, Date
(dd/mm/yyyy)

/

If yes, Site of
progression

☐ Lymph
nodes

☐ Bone

☐ Lung

☐ Liver

☐ Brain

☐ Other

If Other, please specify _____

Second cancer

☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, Date
(dd/mm/yyyy)

/

If yes, site of second cancer _____

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=Unknown

If additional treatment, details of secondary treatments (agents used, dates, number of cycles):

