## Data Capture Tool for Analysis of Adherence Patterns to Chemotherapy and Their Association with Recurrence-Free Survival Among Breast Cancer Patients at UCI

This data capture tool will be used to collect patient data from admission records, treatment files, medical records, and laboratory test results of patients who had chemotherapy as part of their treatment plan at the Uganda Cancer Institute between 2016 - 2018.

Section 1: Baseline Data (Collected at First Visit Only)  1. Patient ID: 2. Age (years):	Date Admitted:
3. Highest level of education: ☐ None ☐ Primary ☐ S	
4. Current marital status: ☐ Single ☐ Married ☐ ☐	
5. Main source of income: ☐ Farmer ☐ Business ☐	•
6. District of residence:	
7. Initial diagnosis:	
8. Immunohistochemistry results present: ☐ Yes ☐ No If yes, specify	
9. Disease stage at first diagnosis: ☐ Stage I ☐ Stage II	□ Stage III □ Stage IV
10. List of other commodities: ☐ Diabetes ☐ Hypert	ension $\square$ HIV $\square$ None captured $\square$ Other:
Section 2: Treatment data	
11. How many chemotherapy cycles have been prescribed:	
12. Which regimen was prescribed:	
13. Did the patient start treatment: ☐ Yes ☐ No	
If No, why?	
Chemotherapy	Treatment Cycle 1
Chemotherapy prescription date:	Date chemotherapy received:
Chemotherapy prescription date.	Date chemotherapy received.
Medication	Dosage (mg)
	Dosage (mg)
Laboratory Total WBC Hemoglobin	Dosage (mg)
Laboratory Total WBC	Dosage (mg)
Laboratory Total WBC Hemoglobin Platelets Was chemotherapy received on the day of prescription?	Dosage (mg)
Laboratory  Total WBC  Hemoglobin  Platelets  Was chemotherapy received on the day of prescription?  If No, Why?	
Laboratory Total WBC Hemoglobin Platelets Was chemotherapy received on the day of prescription?	
Laboratory  Total WBC  Hemoglobin  Platelets  Was chemotherapy received on the day of prescription?  If No, Why?	□ Yes □ No
Laboratory  Total WBC  Hemoglobin  Platelets  Was chemotherapy received on the day of prescription?  If No, Why?	☐ Yes ☐ No  ☐ Nausea ☐ Fatigue ☐ Vomiting ☐ Neuropathy
Laboratory Total WBC Hemoglobin Platelets Was chemotherapy received on the day of prescription? If No, Why? Documented side effects post treatment  What is the general condition of the patient at the	☐ Yes ☐ No  ☐ Nausea ☐ Fatigue ☐ Vomiting ☐ Neuropathy ☐ None ☐ Other:

## **Chemotherapy Treatment Cycle 2**

Chemotherapy scheduled date from cycle 1:	Prescribed regimen:
Date reviewed by Dr.:	Date Chemotherapy received:
Medication	Dosage (mg)
Laboratory	
Total WBC	
Hemoglobin Platelets	
Was chemotherapy received on the scheduled date?  If No, Why?	□ Yes □ No
Was chemotherapy received on the day of prescription?	☐ Yes ☐ No
YCAY YYH O	103 110
Documented side effects post treatment	☐ Nausea ☐ Fatigue ☐ Vomiting ☐ Neuropathy
	□ None □ Other:
What is the general condition of the patient at the time of the clinic visit?	☐ Better ☐ Weaker ☐ Other:
Was there any hospitalization between this cycle and the	e previous cycle?
If yes, specify the reason:	
Chemothera	py Treatment Cycle 3
Chemotherapy scheduled date from cycle 2:	Prescribed regimen:
Date reviewed by Dr.:	Date Chemotherapy received:
Medication	Dosage (mg)
Laboratory	
Total WBC	
Hemoglobin	
Platelets	
	☐ Yes ☐ No
Was chemotherapy received on the scheduled date?  If No, Why?	LI TES LINU
Was chemotherapy received on the day of prescription?	□ Yes □ No
If No, Why?	

Dogumented side offeets most treatment	
Documented side effects post treatment	□ Nausea □ Fatigue □ Vomiting □ Neuropathy
XXII (2 d	□ None □ Other:
What is the general condition of the patient at the time of the clinic visit?	☐ Better ☐ Weaker ☐ Other:
Was there any hospitalization between this cycle and the	he previous cycle? ☐ Yes ☐ No
If yes, specify the reason:	
Chamathaw	ony Treatment Cycle 4
Chemotherapy scheduled date from cycle 3:	apy Treatment Cycle 4  Prescribed regimen:
Date reviewed by Dr.:	Date Chemotherapy received:
Medication	Dosage (mg)
Laboratory	
Total WBC	
Hemoglobin	
Platelets	
Was chemotherapy received on the scheduled date?	☐ Yes ☐ No
If No, Why?	
Was chemotherapy received on the day of prescription	n? □ Yes □ No
If No, Why? Documented side effects post treatment	November   Deticus   Veniting   Newscastle
Documented side effects post treatment	□ Nausea □ Fatigue □ Vomiting □ Neuropathy
TYP - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	□ None □ Other:
What is the general condition of the patient at the time of the clinic visit?	☐ Better ☐ Weaker ☐ Other:
Was there any hospitalization between this cycle and the	he previous cycle?
If yes, specify the reason:	
Chemothera	apy Treatment Cycle 5
Chemotherapy scheduled date from cycle 4:	Prescribed regimen:
Date reviewed by Dr.:	Date Chemotherapy received:
Medication	Dosage (mg)
Laboratory	
Lawu awi y	

Total WBC	
Hemoglobin	
Platelets	
Was chemotherapy received on the scheduled date?	☐ Yes ☐ No
If No, Why?	
Was chemotherapy received on the day of prescription?	□ Yes □ No
If No, Why?	
Documented side effects post treatment	☐ Nausea ☐ Fatigue ☐ Vomiting ☐ Neuropathy
	□ None □ Other:
What is the general condition of the patient at the time of the clinic visit?	☐ Better ☐ Weaker ☐ Other:
Was there any hospitalization between this cycle and the	previous cycle?
If yes, specify the reason:	
Cl 41	The state of Control
_ ·	Treatment Cycle 6
Chemotherapy scheduled date from cycle 5:	Prescribed regimen:
Date reviewed by Dr.:	Date Chemotherapy received:
Medication	Dosage (mg)
	Dosage (mg)
Laboratory	
Total WBC	
Hemoglobin	
Platelets	
Was chemotherapy received on the scheduled date?	☐ Yes ☐ No
If No, Why?	
Was chemotherapy received on the day of prescription?	□ Yes □ No
If No, Why?	
Documented side effects post treatment	☐ Nausea ☐ Fatigue ☐ Vomiting ☐ Neuropathy
	□ None □ Other:
What is the general condition of the patient at the time of the clinic visit?	☐ Better ☐ Weaker ☐ Other:
Was there any hospitalization between this cycle and the	previous cycle?
If yes, specify the reason:	,
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## Recurrence-Free Survival and Outcomes (Final Follow-Up Visit)

Last recorded review date	
What was the general condition of the patient on the last vis	sit?
Did the patient come back for follow up?	□ Yes □ No
If No, why?	
List of any commodities developed: ☐ Diabetes ☐ Hypert	ension □ HIV □ None captured □ Other:
Has the patient developed breast cancer recurrence?	□ Yes □ No
If Yes, on what date was the recurrence confirmed?	
Is the patient still alive at last follow-up?	☐ Alive ☐ Deceased
Date of death if the patient passed away	
Primary cause of death	

hemotherapy scheduled date from previous: ]  Medication	Date reviewed by Dr.: Date received:  Dosage (mg)
Laboratory	
Total WBC	
Hemoglobin	
Platelets	
Was chemotherapy received on the scheduled date?	☐ Yes ☐ No
If No, Why? Was chemotherapy received on the day of prescription?	☐ Yes ☐ No
If No, Why?	□ 1es □ No
Documented side effects post treatment: ☐ Nausea ☐ I	Fatigue □ Vomiting □ Neuropathy □ None □ Other:
What is the general condition of the patient at the time	☐ Better ☐ Weaker ☐ Other:
of the clinic visit?	
Was there any hospitalization between this cycle and the	previous cycle? ☐ Yes ☐ No
If yes, specify the reason:	
	n
Chemotherapy Treatment Cycle:	Regimen prescribed:
Themotherapy scheduled date from previous:	Date reviewed by Dr.: Date received:
Medication	Dosage (mg)
T. 1	
Laboratory	
Total WBC	
Hemoglobin	
Platelets	
Was chemotherapy received on the scheduled date?  If No, Why?	☐ Yes ☐ No
Was chemotherapy received on the day of prescription?	☐ Yes ☐ No
If No. Why?	
If No, Why?  Documented side effects post treatment: □ Nausea □ I	Fatigue □ Vomiting □ Neuropathy □ None □ Other:
•	Fatigue □ Vomiting □ Neuropathy □ None □ Other: □ Better □ Weaker □ Other:
Documented side effects post treatment:   Nausea   H  What is the general condition of the patient at the time	☐ Better ☐ Weaker ☐ Other:

Regimen prescribed: \_\_\_\_\_

Chemotherapy Treatment Cycle: \_\_\_\_\_