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 ☐ Secondary ☐ Tertiary ☐ Not captured
4. Current marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Not captured
5. Main source of income: ☐ Farmer ☐ Business ☐ Professional ☐ Unemployed ☐ Other: _____
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 ☐ Hypertension ☐ HIV ☐ None captured ☐ 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: _____

Medication	**Dosage (mg)**
Laboratory	
Total WBC	
Hemoglobin	
Platelets	
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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

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? ☐ 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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

Chemotherapy 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	
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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

Chemotherapy Treatment Cycle 4

Chemotherapy scheduled date from cycle 3**:** _____ 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? ☐ 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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

Chemotherapy Treatment Cycle 5

Chemotherapy scheduled date from 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? ☐ 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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

Chemotherapy Treatment Cycle 6

Chemotherapy scheduled date from cycle 5**:** _____ 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? ☐ 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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

Recurrence-Free Survival and Outcomes (Final Follow-Up Visit)

Last recorded review date	
What was the general condition of the patient on the last visit? _____	
Did the patient come back for follow up?	☐ Yes ☐ No
If No, why? _____	
List of any commodities developed: ☐ Diabetes ☐ Hypertension ☐ 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	

Chemotherapy Treatment Cycle: _____ **Regimen prescribed: _____**

Chemotherapy scheduled date from previous**:** _____ Date reviewed by Dr.: _____ Date 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? ☐ 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? ☐ Yes ☐ No	
If yes, specify the reason: _____	

Chemotherapy Treatment Cycle: _____ **Regimen prescribed: _____**

Chemotherapy scheduled date from previous**:** _____ Date reviewed by Dr.: _____ Date 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? ☐ 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? ☐ Yes ☐ No	
If yes, specify the reason: _____	