Breast Cancer Case Report Form

# Patient Information

* Patient ID:
* Age:
* Sex:
* Ethnicity:
* Date of Diagnosis:

# Medical History

* Family history of breast cancer: ☐ Yes ☐ No
* Menopausal status: ☐ Pre ☐ Peri ☐ Post
* Hormone therapy history: ☐ Yes ☐ No
* Previous cancers: ☐ Yes ☐ No (specify: \_\_\_\_\_\_\_\_\_)

# Tumor Characteristics

* Tumor size:
* Tumor grade: ☐ I ☐ II ☐ III
* Lymph node involvement: ☐ Yes ☐ No
* Receptor status:
* - ER: ☐ Positive ☐ Negative
* - PR: ☐ Positive ☐ Negative
* - HER2: ☐ Positive ☐ Negative

# Treatment

* Type of surgery: ☐ Lumpectomy ☐ Mastectomy ☐ None
* Chemotherapy: ☐ Yes ☐ No (regimen: \_\_\_\_\_\_\_)
* Radiation therapy: ☐ Yes ☐ No
* Hormonal therapy: ☐ Yes ☐ No
* Targeted therapy: ☐ Yes ☐ No

# Follow-Up

* Date of last follow-up:
* Disease status: ☐ Remission ☐ Progression ☐ Stable ☐ Recurrence
* Adverse events (Grade & Description):