

Unique ID:

Date:

21. Date of o/e of metastatic disease:
22. Date of last follow-up:
23. Time to disease recurrence, if any:
24. Nature of recurrence: ☐ Local ☐ Distant
25. Distant Recurrence site:
26. Date of death:
27. Time to death from 1st detection :
28. Reason of death :
29. Status at last follow-up:
- a. ☐ Alive, disease free
 - b. ☐ Alive with disease
 - c. ☐ Alive, disease status not known
 - d. ☐ Dead due to disease
 - e. ☐ Dead due to unrelated cause
 - f. ☐ Dead due to treatment toxicity
 - g. ☐ Lost to follow-up
 - h. ☐ Shifted to another hospital/city for treatment

U. INFORMATION REVIEWED BY

	Name	Location	Date	Notes
Examining Oncologist				
Treating Oncologist				
Treating Family Physician				

PARTICIPANT UNDERTAKING

I have read the questions and provided answers to the best of my abilities willingly.

In future, I would like to be contacted by PCCM's Research Team for details of my medical records.

☐ Yes ☐ No

In future, I would like to be contacted by PCCM's Research Team to participate in Breast Cancer medical research.

☐ Yes ☐ No

I would like to volunteer on PCCM's Research Team to reach out to more Breast Cancer survivors.

☐ Yes ☐ No

Name: _____

Signature: _____

Date: _____