

9. Status of ovarian function after chemotherapy (for premenopausal women):

- ☐ Menses ongoing  
☐ Amenorrhoea on chemotherapy  
☐ Amenorrhoea post chemotherapy

## S. RADIATION THERAPY DETAILS

1. Radiotherapy received: ☐ Yes ☐ No  
 2. Date of starting radiotherapy:  
 3. Reason for not receiving radiotherapy:  
☐ Not indicated ☐ Unable to afford  
☐ Patient's reluctance ☐ Logistic concerns  
 4. Type of radiotherapy:  
☐ Cobalt therapy ☐ Linear accelerator based treatment  
 5. Opted for Intensity modulated/3-Dimensional conformal radiotherapy(IMRT/3DCRT): ☐ Yes ☐ No  
 6. Reason for not opting for IMRT/3DCRT:  
☐ Financial ☐ Not advised ☐ Not known  
 7. Radiotherapy-related acute toxicity: ☐ Yes ☐ No ☐ Not known  
 8. Radiotherapy-related delayed toxicity: ☐ Yes ☐ No ☐ Not known  
 9. Date and Location of Radiation Therapy:  
 10. Name of Radiation Oncologist:

## T. POST TREATMENT DETAILS

11. Hormonal therapy indicated: ☐ Yes ☐ No  
 12. Hormone therapy received(if indicated): ☐ Yes ☐ No  
 13. Hormonal treatment:  
☐ Tamoxifen ☐ Anastrozole  
☐ Letrozole ☐ Other (specify) \_\_\_\_\_  
 14. Duration:  
 15. Reason for discontinuation:  
☐ Completion of planned course ☐ Adverse effects ☐ Stopped on her own  
☐ Progression of disease ☐ Others (specify) \_\_\_\_\_  
 16. Bone DEXA scan done: ☐ Yes ☐ No  
 17. USG (for endometrial thickness) done: ☐ Yes ☐ No  
 18. Yearly mammography done: ☐ Yes ☐ No  
 19. Investigations for metastatic disease:  
 20. If done, which tests done (tick all applicable):  
☐ USG- abdomen-pelvis ☐ CT scan- chest, abdomen and pelvis  
☐ Whole body MRI ☐ PET-CT Bone scan ☐ Chest X-Ray