

K. METASTATIC WORK-UP:97. USG Abdomen: ☐ Done ☐ Not done ☐ Normal ☐ Abnormal98. CECT Abdomen & thorax: ☐ Done ☐ Not done Visceral metastasis: ☐ Yes ☐ No99. PET Scan: ☐ Done ☐ Not donea. Visceral metastasis: ☐ Yes ☐ No b. Skeletal metastasis: ☐ Yes ☐ No100. Bone scan: ☐ Done ☐ Not done Skeletal metastasis: ☐ Yes ☐ No

101. Others:

L. PRE-TREATMENT PLAN:

Date:

102. Clinical staging: ☐ T ☐ N ☐ M103. Neo adjuvant chemotherapy: ☐ Yes ☐ Noa. Response ☐ Partial ☐ Complete ☐ Progressing ☐ Static

b. Date of onset of treatment: c. Date of completion:

d. Side effects observed: ☐ Yes ☐ No If yes, specify104. Regime used: ☐ CMF ☐ DE ☐ DEC ☐ CAF105. Neo adjuvant hormonal therapy: ☐ Yes ☐ No

a. Duration:

b. Side effects observed: ☐ Yes ☐ No If yes, specify

106. Size as assessed on radiology reports

a. After cycle 1,

b. After cycle 2,

c. After cycle 3,

d. After cycle 4,

107. Clip insertion: ☐ Yes ☐ No If yes, Number of clips: Date of insertion:

Clip inserted after cycle