BreastCancerTrials.org History Form: Metastatic Breast Cancer

This form is for patients with metastatic breast cancer who were:

- Were recently diagnosed with metastatic breast cancer (cancer that has spread from the breast to other parts of the body)
- OR
- Have previously had one or more therapies for metastatic breast cancer

**ABOUT ME**

**Year of Birth:** ____________

**Gender:**
- ☐ Female
- ☐ Male

**Your menopausal status:**
- ☐ Premenopausal
- ☐ Currently pregnant:
  - ☐ Yes
  - ☐ No
- ☐ Currently nursing:
  - ☐ Yes
  - ☐ No
- ☐ Perimenopausal
- ☐ Postmenopausal

**Why did your menstrual cycle end?**
- ☐ Natural menopause (absence of monthly menstrual period for 12 months or more
- ☐ Removal of both ovaries
- ☐ Radiation treatment
- ☐ Hormone-induced menopause
- ☐ Chemotherapy

**Have you ever taken hormone replacement therapy for menopausal symptoms?**
- ☐ No
- ☐ Yes: not currently on
- ☐ Yes: currently on

**Have you had genetic testing for breast cancer?**
- ☐ Yes
  - BRCA1: Positive  Negative
  - BRCA2: Positive  Negative
- ☐ No

**Are you currently on a clinical trial?**
- ☐ Yes
- ☐ No
MY HEALTH

Your general well-being (for past two weeks)
☐ I am fully active, I have no complaints or symptoms
☐ It takes a bit of effort to do my normal activity
☐ I require occasional assistance, but am able to care for most of my personal needs
☐ I require a large amount of assistance and frequent medical care
☐ I am completely disabled and am totally confined to bed or chair

Your past & current diagnoses: select all that apply
☐ Primary cancer other than breast cancer
  ☐ Bone
  ☐ Brain, spinal cord (central nervous system)
  ☐ Cervical carcinoma, invasive
  ☐ Cervical carcinoma, in situ
  ☐ Colon/rectal
  ☐ Hodgkin's disease Intestinal
  ☐ Kidney
  ☐ Leukemia or abnormal bone marrow cells that may lead to leukemia (myelodysplasia)
  ☐ Lung
  ☐ Lymphoma
  ☐ Ovarian
  ☐ Pancreatic
  ☐ Prostate
  ☐ Skin: basal or squamous cell
  ☐ Skin: melanoma
  ☐ Thyroid
  ☐ Uterine
  ☐ Other cancer: ______________________
☐ AIDS / HIV
☐ Anemia (severe) or blood
  ☐ Severe anemia
  ☐ Abnormal bleeding / clotting requiring medication
  ☐ Other: ______________________
☐ Autoimmune (lupus, scleroderma)
  ☐ Scleroderma
  ☐ Systemic Lupus Erythematosus (SLE)
  ☐ Other: ______________________
☐ Breathing or lung
  ☐ Blood clot in lung (pulmonary embolism)
  ☐ Chronic lung disease (COPD or emphysema)
  ☐ Asthma requiring medication
  ☐ Other: ______________________
☐ Digestive system (stomach, intestine, liver, colon)
  ☐ Hepatitis B
  ☐ Hepatitis
  ☐ Cirrhosis
  ☐ Other: ______________________
☐ Diabetes
(continued)
☐ Cardiovascular (heart, blood pressure)
  ☐ Chest pain (angina)
  ☐ Irregular heart beat (arrhythmia)
  ☐ Weakness of heart muscle (congestive heart failure)
  ☐ Blood clot in leg (Deep Vein Thrombosis / DVT)
  ☐ Heart attack
    Year of most recent heart attack: ____________________
  ☐ High blood pressure
  ☐ Other: ____________________

☐ Kidney, urinary or bladder
  ☐ Kidney condition: dialysis
  ☐ Kidney condition: medication, no dialysis
  ☐ Other: ____________________

☐ Nervous system or brain
  ☐ Damage to nerves causing numbness / pain / weakness (peripheral neuropathy)
  ☐ Blood clot to brain (stroke)
  ☐ Other: ____________________

☐ Osteoporosis

☐ Thyroid or other hormonal
  ☐ Hyperthyroidism
  ☐ Hypothyroidism
  ☐ Other: ____________________

☐ Vaginal, uterine, or other reproductive organ
  ☐ Thickened lining of the uterus (endometrial hyperplasia)
  ☐ Endometriosis
  ☐ Abnormal vaginal bleeding
  ☐ Other: ____________________

☐ Any other health condition(s)?: ____________________________________________

____________________________________________________________________________

MY DIAGNOSIS

Year of metastatic cancer diagnosis: ____________

Was the cancer described as inflammatory breast cancer?
  ☐ No
  ☐ Yes
  ☐ I’m not sure

Tumor's Estrogen Receptor (ER) status (sometimes called "hormone receptor status")
  ☐ Positive
  ☐ Negative
  ☐ Unclear/Indeterminate results
  ☐ Not tested
  ☐ I’m not sure

Tumor’s Progesterone Receptor (PR) status
  ☐ Positive
  ☐ Negative
  ☐ Unclear/Indeterminate results
  ☐ Not tested
  ☐ I’m not sure
Tumor's HER2/neu Receptor status
- Positive
- Negative
- Unclear/Indeterminate results
- Not tested
- I’m not sure

Tumor size, as determined by surgery
- Less than 2.0cm
- 2.1 - 5.0cm
- Over 5.0cm
- I’m not sure/I haven’t had surgery yet

Areas of body to which breast cancer has spread:
- Bone
- Brain
- Chest wall
- Liver
- Lung
- Ovaries
- Skin
- Lymph node
- Spinal cord
- Other: ______________________________

Areas of body with current evidence of disease:
- Breast
- Bone
- Brain
- Chest wall
- Liver
- Lung
- Ovaries
- Skin
- Lymph node
- Spinal cord
- Other

Have you ever been diagnosed with lymphedema?
- No
- Yes
- I’m not sure

Additional information: ______________________________________________________
__________________________________________________________________________
### MY TREATMENT

#### SURGERY

Select all sites for which you have had surgery for breast cancer: Month/Year (month, if within past 12 months)

- □ Ovaries
- □ Left ovary (oophorectomy)
- □ Right ovary (oophorectomy)
- □ Hysterectomy (including oophorectomy)
- □ Other sites:
  - □ Brain
  - □ Spinal cord
  - □ Bone
  - □ Liver
  - □ Lung

Select if surgery was within the past 12 months:

- □ Left breast and nearby nodes
  - □ Lumpectomy / partial mastectomy
  - □ Mastectomy for diagnosed breast cancer (therapeutic)
  - □ Mastectomy for prevention (prophylactic)
  - □ Sentinel lymph node biopsy
  - □ Axillary node dissection

- □ Right breast and nearby nodes
  - □ Lumpectomy / partial mastectomy
  - □ Mastectomy for diagnosed breast cancer (therapeutic)
  - □ Mastectomy for prevention (prophylactic)
  - □ Sentinel lymph node biopsy
  - □ Axillary node dissection

- □ Other lymph node surgery

#### RADIATION THERAPY

Which site(s) received radiation? Completed Treatment Month/Year (month, if within past 12 months)

- □ Left breast
- □ Right breast
- □ Brain
- □ Spinal cord
- □ Bone
- □ Chest wall
- □ Lymph node
- □ Ovary
- □ Thorax
- □ Liver
- □ Lung
- □ Other: __________
CHEMOTHERAPY
Select all chemotherapy treatments received:
- Abraxane®/Carboplatin
- Abraxane®/Xeloda®
- AC (Adriamycin®/Cytoxan®)
- AC followed by Taxol® (Adriamycin®/Cytoxan®/Taxol®)
- AC followed by Taxotere® (Adriamycin®/Cytoxan/Taxotere®)
- CMF (Cytoxan®/Methotrexate/5-Fluorouracil)
- FAC/CAF (5-Fluorouracil/Adriamycin®/Cytoxan®) FEC (Fluorouracil/Epirubicin/Cytoxan®)
- Halaven®
- Ixempra®
- Ixempra®/Xeloda®
- TC (Taxotere®/Cytoxan®)
- TAC (Taxotere®/Adriamycin®/Cytoxan®) Taxol®/Xeloda®
- Taxotere®/Xeloda® Taxol®/Gemzar® Taxotere®/Carboplatin
- Taxol®/Carboplatin
- Other: _______________________________________

Follow-up questions for chemotherapy treatment:
(Additional copies of follow-up questions are found at the end of this form)
Name of treatment: ______________________________________
Start date (Year; include month if in the last 12 months):
This treatment was received
- Between diagnosis and surgery
- After surgery for primary breast cancer
- After diagnosis for metastatic breast cancer
Are you currently on this treatment?
- Yes
  Number of treatment cycles received:
  - 1
  - 2
  - 3
  - More than 3
- No: Completed treatment regimen
  Treatment end date ((Year; include month if in the last 12 months):___________________
- No: Discontinued treatment before completing regimen
Why did you stop treatment?
- Tumor occurred, recurred, or did not shrink with therapy
- Stopped treatment due to side-effects of therapy
- I’m not sure/Other
**TARGETED/BIOLOGICAL THERAPY**

Select ALL targeted/biological therapies taken (alone or in combination with chemotherapy):

- □ Herceptin®/Trastuzumab
- □ Tykerb®/Lapatinib
- □ Avastin®/Bevacizumab
- □ Other: _______________________

**Follow-up questions for biological/targeted therapy:**

*Additional copies of follow-up questions are found at the end of this form*

**Name of treatment:**

- Start date (Year; include month if in the last 12 months):

**This treatment was received**

- □ Between diagnosis and surgery
- □ After surgery for primary breast cancer
- □ After diagnosis for metastatic breast cancer

**Are you currently on this treatment?**

- □ Yes
- □ No: Completed treatment regimen
  - Treatment end date (Year; include month if in the last 12 months): _______________________
- □ No: Discontinued treatment before completing regimen

**Why did you stop treatment?**

- □ Tumor occurred, recurred, or did not shrink with therapy
- □ Stopped treatment due to side-effects of therapy
- □ I’m not sure/Other

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**ENDOCRINE/HORMONE THERAPY**

Select all endocrine/hormone therapy received:

**Anti-Estrogen Drugs**

- □ Evista®/Raloxifene
- □ Fareston®/Toremifine
- □ Faslodex®/Fulvestrant
- □ Nolvadex®/Tamoxifen

**Aromatase Inhibitors**

- □ Arimidex®/Anastrozole
- □ Aromasin®/Exemestane
- □ Femara®/Letrozole

**Ovarian Suppression**

- □ Lupron®/Leuprolide
- □ Plenaxis®/Abarelix
- □ Suprefact®/Buserelin
- □ Zoladex®/Goserelin

**Other Endocrine/HT**

- □ Megace®/Megestrol Acetate
Follow-up questions for Endocrine/Hormone Therapy:
(Additional copies of follow-up questions are found at the end of this form)

Name of treatment: ___________________________
Start date (Year; include month if in the last 12 months): ___________________________

This treatment was received
□ Before diagnosis of primary breast cancer
□ Between diagnosis and surgery
□ After surgery for primary breast cancer
□ After diagnosis for metastatic breast cancer

Are you currently on this treatment?
□ Yes
□ No: Completed treatment regimen
□ No: Discontinued treatment before completing regimen

Why did you stop treatment?
□ Tumor occurred, recurred, or did not shrink with therapy
□ Stopped treatment due to side-effects of therapy
□ I’m not sure/Other

BISPHOSPHONATE OR OTHER THERAPY TO INCREASE BONE DENSITY OR STRENGTH
Select ALL medications received:
□ Actonel®/Risedronate
□ Aredia®/Pamidronate
□ Boniva®/Ibandronate
□ Fosamex®/Alendronate
□ Xgeva®/Denosumab
□ Zometa®/Zoledronate
□ Other

Follow-up questions for Bisphosphonate Therapy:
(Additional copies of follow-up questions are found at the end of this form)

Name of treatment: ___________________________
Start date (Year; include month if in the last 12 months): ___________________________

This treatment was received for
□ Bone density loss prior to treatment
□ Bone density loss related to treatment
□ After my breast cancer spread to my bones

Are you currently on this treatment?
□ Yes
□ No: Completed treatment regimen
□ No: Discontinued treatment before completing regimen

Why did you stop treatment?
□ Tumor occurred, recurred, or did not shrink with therapy
□ Stopped treatment due to side-effects of therapy
□ I’m not sure/Other
ADDITIONAL INFORMATION

The information you provide in this section is voluntary, and will be used to help improve future service. For more information regarding the safety and privacy of information you provide us, please visit our Privacy Policy.

**Highest level of completed schooling:**
- [ ] Less than high school
- [ ] High school graduate / GED
- [ ] Some college or technical school
- [ ] College graduate
- [ ] Postgraduate education

**What is your racial background?**
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Other

**Are you of Latino / Hispanic heritage?**
- [ ] No
- [ ] Yes

**How did you hear about BreastCancerTrials.org (this website)?**
- [ ] Doctor / nurse / medical team
- [ ] Another patient
- [ ] Breast cancer support group
- [ ] Friend or family member
- [ ] Internet
  - Name of search engine or web site: ________________________
- [ ] Local or national organization
  - Name of organization:
- [ ] Radio announcement
- [ ] Other: ________________________
Additional forms for Treatment Follow-up Questions

**Chemotherapy treatment:**

Name of treatment: ____________________________

Start date (Year; include month if in the last 12 months):

This treatment was received

☐ Between diagnosis and surgery
☐ After surgery for primary breast cancer
☐ After diagnosis for metastatic breast cancer

Are you currently on this treatment?

☐ Yes

  Number of treatment cycles received:

    ☐ 1
    ☐ 2
    ☐ 3
    ☐ More than 3

☐ No: Completed treatment regimen

  Treatment end date ((Year; include month if in the last 12 months): ________________

☐ No: Discontinued treatment before completing regimen

Why did you stop treatment?

☐ Tumor occurred, recurred, or did not shrink with therapy
☐ Stopped treatment due to side-effects of therapy
☐ I’m not sure/Other

Name of treatment: ____________________________

Start date (Year; include month if in the last 12 months):

This treatment was received

☐ Between diagnosis and surgery
☐ After surgery for primary breast cancer
☐ After diagnosis for metastatic breast cancer

Are you currently on this treatment?

☐ Yes

  Number of treatment cycles received:

    ☐ 1
    ☐ 2
    ☐ 3
    ☐ More than 3

☐ No: Completed treatment regimen

  Treatment end date ((Year; include month if in the last 12 months): ________________

☐ No: Discontinued treatment before completing regimen

Why did you stop treatment?

☐ Tumor occurred, recurred, or did not shrink with therapy
☐ Stopped treatment due to side-effects of therapy
☐ I’m not sure/Other
**Biological/targeted therapy:**

Name of treatment: ______________________________________

Start date (Year; include month if in the last 12 months):

This treatment was received

☐ Between diagnosis and surgery
☐ After surgery for primary breast cancer
☐ After diagnosis for metastatic breast cancer

Are you currently on this treatment?

☐ Yes

☐ No: Completed treatment regimen
   Treatment end date ((Year; include month if in the last 12 months): ______________________

☐ No: Discontinued treatment before completing regimen

Why did you stop treatment?

☐ Tumor occurred, recurred, or did not shrink with therapy
☐ Stopped treatment due to side-effects of therapy
☐ I’m not sure/Other

Name of treatment: ______________________________________

Start date (Year; include month if in the last 12 months):

This treatment was received

☐ Between diagnosis and surgery
☐ After surgery for primary breast cancer
☐ After diagnosis for metastatic breast cancer

Are you currently on this treatment?

☐ Yes

☐ No: Completed treatment regimen
   Treatment end date ((Year; include month if in the last 12 months): ______________________

☐ No: Discontinued treatment before completing regimen

Why did you stop treatment?

☐ Tumor occurred, recurred, or did not shrink with therapy
☐ Stopped treatment due to side-effects of therapy
☐ I’m not sure/Other
Endocrine/Hormone Therapy:

Name of treatment: ___________________________
Start date (Year; include month if in the last 12 months): ____________________________

This treatment was received
☐ Before diagnosis of primary breast cancer
☐ Between diagnosis and surgery
☐ After surgery for primary breast cancer
☐ After diagnosis for metastatic breast cancer

Are you currently on this treatment?
☐ Yes
☐ No: Completed treatment regimen
☐ No: Discontinued treatment before completing regimen

Why did you stop treatment?
☐ Tumor occurred, recurred, or did not shrink with therapy
☐ Stopped treatment due to side-effects of therapy
☐ I’m not sure/Other

Name of treatment: ___________________________
Start date (Year; include month if in the last 12 months): ____________________________

This treatment was received
☐ Before diagnosis of primary breast cancer
☐ Between diagnosis and surgery
☐ After surgery for primary breast cancer
☐ After diagnosis for metastatic breast cancer

Are you currently on this treatment?
☐ Yes
☐ No: Completed treatment regimen
☐ No: Discontinued treatment before completing regimen

Why did you stop treatment?
☐ Tumor occurred, recurred, or did not shrink with therapy
☐ Stopped treatment due to side-effects of therapy
☐ I’m not sure/Other
**Bisphosphonate Therapy:**

**Name of treatment:** ______________________________________
Start date (Year; include month if in the last 12 months): ___________________________

**This treatment was received for**
- [ ] Bone density loss prior to treatment
- [ ] Bone density loss related to treatment
- [ ] After my breast cancer spread to my bones

**Are you currently on this treatment?**
- [ ] Yes
- [ ] No: Completed treatment regimen
  - Treatment end date (Year; include month if in the last 12 months): ___________________________
- [ ] No: Discontinued treatment before completing regimen

**Why did you stop treatment?**
- [ ] Tumor occurred, recurred, or did not shrink with therapy
- [ ] Stopped treatment due to side-effects of therapy
- [ ] I’m not sure/Other

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**Name of treatment:** ______________________________________
Start date (Year; include month if in the last 12 months): ___________________________

**This treatment was received for**
- [ ] Bone density loss prior to treatment
- [ ] Bone density loss related to treatment
- [ ] After my breast cancer spread to my bones

**Are you currently on this treatment?**
- [ ] Yes
- [ ] No: Completed treatment regimen
  - Treatment end date (Year; include month if in the last 12 months): ___________________________
- [ ] No: Discontinued treatment before completing regimen

**Why did you stop treatment?**
- [ ] Tumor occurred, recurred, or did not shrink with therapy
- [ ] Stopped treatment due to side-effects of therapy
- [ ] I’m not sure/Other