

TNO: Initials:

Please complete this form if a participant has any cancer event.
 It may be necessary to complete this form more than once per participant

7.1 BREAST CANCER RECURRENCE

1. Has the participant been diagnosed with an invasive breast cancer recurrence OR a new breast malignancy?

Yes → Skip to question 7.1.2

No → Skip to Section 7.2

2. Which of the following has the participant been diagnosed with?

- Breast cancer recurrence (continue to question 7.1.3)
- New breast cancer malignancy (skip to question 7.1.4)

3. Please select the site of recurrence (please select all that apply)

- Local recurrence (breast or chest wall)
- Regional nodal Recurrence (i.e. Axilla, supraclavicular nodes)
- Distant recurrence

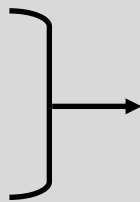
4. Date recurrence, OR new breast malignancy was confirmed

- -

5. What treatment is planned for the recurrence OR new breast malignancy?

(Please select all that apply and always provide additional details of the treatment).

- Chemotherapy
- Surgery
- Radiotherapy
- Hormone therapy
- Other



ADDITIONAL DETAILS

7.2 NEW NON-BREAST MALIGNANCY

1. Has the participant been diagnosed with a new non-breast malignancy

Yes → Continue to Q7.2.2

No → Form complete

2. Date of diagnosis of new non-breast malignancy:

- -

Form completed by

Printed name:

Signature:

Date signed:

- -