# BREAST CANCER FAMILY REGISTRY

# TREATMENT QUESTIONNAIRE

The following questions ask about treatment given for your breast cancer diagnosed in \_\_\_\_\_\_\_ (**DATE**). Treatment is usually given within the first year of the diagnosis. Please do not include treatment given for any cancer that might have occurred after the original treatment.

1. Did you have surgery for this breast cancer diagnosed in \_\_\_\_\_\_\_\_\_ (**DATE**)?

YES 1

NO 2 **GO TO QUESTION 3**

**IF YES:**

2. What type of surgery did you have?  **CIRCLE ALL THAT APPLY**

1 Lumpectomy or removal of just the cancer

1. Mastectomy or removal of the entire breast
2. DK

3. Did you have radiation for this breast cancer?

YES 1

NO 2 **GO TO QUESTION 5**

**IF YES:**

4. Did you have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? **CIRCLE ALL THAT APPLY**

1 radiation to the breast after lumpectomy

2 radiation to the chest after mastectomy

3 other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

5. Did you have hormonal therapy such as Tamoxifen for this breast cancer?

YES 1

NO 2 **GO TO QUESTION 7**

**IF YES:**

6. What medicines did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

7. Did you have chemotherapy for this breast cancer?

YES 1

NO 2 **GO TO QUESTION 9**

**IF YES:**

8. What medicines did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

9. Did you receive other types of treatment for this breast cancer, such as a bone morrow

transplant or immune therapy?

YES 1

NO 2 **GO TO QUESTION 11**

**IF YES:**

10. What other treatment did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

11. Since your breast cancer diagnosis in \_\_\_\_\_\_\_\_\_(**DATE**), did the breast cancer come back or did you have cancer in the opposite breast?

YES 1

NO 2 **IF NO OVARIAN CANCER, GO TO QUESTION E1.**

**IF SUBJECT REPORTED OVARIAN CANCER, GO TO QUESTION 27.**

**IF YES:**

12. Where in the body did this cancer occur?

1 same breast

2 lymph glands

3 skin

4 bone

5 liver

6 lung

7 brain

8 other (**SPECIFY**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 opposite breast **GO TO QUESTION 13**

**IF NOT OPPOSITE BREAST AND NO OVARIAN CANCER REPORTED, GO TO QUESTION E1.**

## IF NOT OPPOSITE BREAST AND SUBJECT REPORTED OVARIAN CANCER, GO TO QUESTION 27.

13. How old were you when the cancer in the opposite breast was diagnosed?\_\_\_\_\_ **AGE**

14. At the time that the cancer in the opposite breast was diagnosed, was it \_\_\_\_\_\_\_\_\_\_\_?

1 only in the breast with or without spread to lymph glands, or

1. spread to other sites besides the breast and lymph glands.

The following questions ask about treatment given for the cancer in the opposite breast. Please do not include treatment given for any cancer that might have occurred after the diagnosis of the cancer in the opposite breast.

15. Did you have surgery for this cancer in the opposite breast?

YES 1

NO 2 **GO TO QUESTION 17**

**IF YES:**

16. What type of surgery did you have?  **CIRCLE ALL THAT APPLY**

1 Lumpectomy or removal of just the cancer

1. Mastectomy or removal of the entire breast

9 DK

17. Did you have radiation for this cancer in the opposite breast?

YES 1

NO 2 **GO TO QUESTION 19**

**IF YES:**

18. Did you have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? **CIRCLE AS MANY AS APPLY**

1 radiation to the breast after lumpectomy

2 radiation to the chest after mastectomy

3 other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

19. Did you have hormonal therapy such as Tamoxifen for this cancer in the opposite breast?

YES 1

NO 2 **GO TO QUESTION 21**

**IF YES:**

20. What medicines did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

21. Did you have chemotherapy for this cancer in the opposite breast?

YES 1

NO 2 **GO TO QUESTION 23**

**IF YES:**

22. What medicines did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DK

23. Did you receive other types of treatment for this cancer in the opposite breast, such as bone marrow transplant or immune therapy?

YES 1

NO 2 **GO TO QUESTION 25**

**IF YES:**

24. What other treatment did you receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9 DK

25. Has the cancer recurred or come back after the treatments listed above?

YES 1

NO 2 **GO TO QUESTION 27**

**IF YES:**

26. At which site in the body did the cancer come back?

1 same breast

2 lymph glands

3 skin

4 bone

5 liver

6 lung

7 brain

8 other (**SPECIFY**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF NO REPORTED OVARIAN CANCER, GO TO QUESTION E1.**

**IF SUBJECT REPORTED OVARIAN CANCER, GO TO 27.**

27. At the time that the ovarian cancer was diagnosed, was it:

1 only in the ovaries, or

1. spread outside the ovaries
2. DK

The following questions ask about the treatment given for your ovarian cancer at the time it was

first diagnosed. Treatment is usually given within the first year of the diagnosis. Please do not

include treatment given for any cancer which came back after the original treatment.

28. Which of the following treatments did you have for the ovarian cancer at the time it was first diagnosed? **CIRCLE AS MANY AS APPLY**

1 surgery

2 radiation

3 chemotherapy List medicine(s) if known

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 other Describe treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. Has the cancer come back or recurred after the treatments listed above?

YES 1

NO 2

DK 9

**END:** Thank you very much for taking the time to complete this interview.