# Intrabeam TARGIT IORT data collection FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Date of operation: [Date] | NHS number: | Hospital number: |  PATIENT and tumour characteristics and treatments  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Last name**: | **First name**: | **Middle**: |  | **Birth date**: Date |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Tumour type**  Invasive duct carcinoma (no special type)  Tubular carcinoma  Cribriform carcinoma  Papillary carcinoma  Micropapillary carcinoma  Medullary carcinoma  Mucinous carcinoma  Invasive lobular carcinoma  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Grade**  1  2  3 | **Pathological Tumour size**  \_\_\_\_\_\_\_\_ (mm) | **Side**  Left  Right | **Number of lymph nodes affected**  \_\_\_\_ | **ER status**  Positive  Negative  Unknown  Score  \_\_\_ /8 | **PgR status**  Positive  Negative  Unknown  Score  \_\_\_ /8 | **HER2neu:**  Positive  Negative  Unknown  If equivocal,  FISH/DDISH:  \_\_\_\_\_\_ |  | | **Number of lymph nodes excised**  \_\_\_\_ | |  |   Additional treatment (optional)  Re-excision?  Mastectomy?  Additional EBRT?  Hormone therapy?  Chemotherapy  Bisphosphonates? Follow up information  |  |  |  |  | | --- | --- | --- | --- | | **The patient is alive and well at these follow up dates:** | | | | | Follow up (6m) Date | Follow up (12m) Date | Follow up (18m) Date | Follow up (18m) Date | | Follow up (24m) Date | Follow up (30m) Date | Follow up (36m) Date | Follow up (42m) Date | | Follow up (48m) Date | Follow up (54m) Date | Follow up (60m) Date | Longer Follow up Date |  Longer Follow up Date  |  |  |  |  | | --- | --- | --- | --- | | **Complications of treatment (if any):** | | | | | Complication 1 details Date | Complication 2 details Date | Complication 3 details Date | Complication 4 details Date | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Disease relapse and death (if any)** | | | | | | **Date of local recurrence (if any)** | **Treatment of local recurrence** | **Date of distant disease (if any)** | **Date of death (if any)** | **Cause of death:** | | Date |  | Date | Date |  |   **Any other Notes:** Quality of life – please fill in the questionnaire between 6 months to 1 year of completion of treatment  |  | | --- | | QOL questionnaire is on the last 2 pages of this document. | |

This page is intentionally blank

|  |  |  |
| --- | --- | --- |
| Date of operation: [Date] | NHS number: | Hospital number: |

**Under each heading, please tick the ONE box that best describes your health TODAY**

**Date: \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_**

MOBILITY

I have no problems in walking about

I have slight problems in walking about

I have moderate problems in walking about

I have severe problems in walking about

I am unable to walk about

SELF-CARE

I have no problems washing or dressing myself

I have slight problems washing or dressing myself

I have moderate problems washing or dressing myself

I have severe problems washing or dressing myself

I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

PAIN / DISCOMFORT

I have no pain or discomfort

I have slight pain or discomfort

I have moderate pain or discomfort

I have severe pain or discomfort

I have extreme pain or discomfort

ANXIETY / DEPRESSION

I am not anxious or depressed

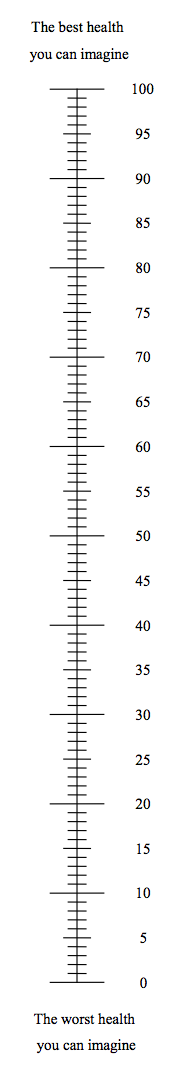
I am slightly anxious or depressed

I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

|  |  |  |
| --- | --- | --- |
| Date of operation: [Date] | NHS number: | Hospital number: |

**Date: \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_**

* We would like to know how good or bad your health is TODAY.
* This scale is numbered from 0 to 100.

100 means the best health you can imagine.

0 means the worst health you can imagine.

* + - * 1. **Mark an X on the scale to indicate how your health is TODAY.**
* **Now, please write the number you marked on the scale in the box below.**
  1. YOUR HEALTH TODAY =

UK (English) v.2 © 2009 EuroQol Group. EQ-5D TM is a trade mark of the EuroQol Group