# Intrabeam TARGIT IORT data collection FORM

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

PATIENT and tumour characteristics and treatments

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| --- | --- | --- | --- | --- |
| **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 carcinomaOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Grade**[ ]  1[ ]  2[ ]  3 | **Pathological Tumour size**\_\_\_\_\_\_\_\_ (mm) | **Side** [ ] Left[ ] Right | **Number of lymph nodes affected**\_\_\_\_ | **ER status**[ ] Positive[ ] Negative[ ] UnknownScore \_\_\_ /8 | **PgR status**[ ] Positive[ ] Negative[ ] UnknownScore \_\_\_ /8 | **HER2neu:**[ ] Positive[ ] Negative[ ] UnknownIf equivocal,FISH/DDISH:\_\_\_\_\_\_ |  |
| **Number of lymph nodes excised**\_\_\_\_ |
|  |

Additional treatment (optional)Re-excision? [ ]  Mastectomy? [ ]  Additional EBRT? [ ]  Hormone therapy? [ ]  Chemotherapy [ ]  Bisphosphonates? [ ]  Follow up information

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| --- |
| **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

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| **Complications of treatment (if any):** |
| Complication 1 details Date | Complication 2 details Date | Complication 3 details Date | Complication 4 details Date |
|  |  |  |  |

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| **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

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| QOL questionnaire is on the last 2 pages of this document.  |

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|  |  |  |
| --- | --- | --- |
| 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 =

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