BreastCancerTrials.org
find a trial that's right for you

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

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 canccer
☐ 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

BISPHOSPONATE 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
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

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 canccer
☐ 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

☐ Before diagnosis of primary breast canccer
☐ 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

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

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