

**POSH: Additional Treatment For Patients With Early Stage Disease**

|                |              |                  |
|----------------|--------------|------------------|
| Date Of Birth: | Height (m):  | Ethnic Origin:   |
| Hospital:      | Weight (Kg): | Hospital Number: |
|                | Clinician:   |                  |

NOTE: If the patient has metastatic disease then please complete the metastatic disease form

**Section 1 - Chemotherapy**

Tick the type of treatment administered

If chemotherapy was administered please complete the following:

If there were any dose reductions, please fill in this section

**Treatment Type**

None     
  Primary (neoadjuvant)     
  Adjuvant

**Chemotherapy Details**

Date start: \_\_/\_\_/\_\_\_\_ (Date commenced first cycle)

Date finish: \_\_/\_\_/\_\_\_\_ (Date commenced last cycle)

Number of cycles of chemotherapy: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> AC  | <input type="checkbox"/> AC + Docetaxel                          |
| <input type="checkbox"/> AC + Docetaxel + Zoledronic acid          | <input type="checkbox"/> AC + Docetaxel + Trastuzumab            |
| <input type="checkbox"/> ACMF                                      | <input type="checkbox"/> AC + Paclitaxel                         |
| <input type="checkbox"/> AC + Paclitaxel + Trastuzumab             | <input type="checkbox"/> CAF                                     |
| <input type="checkbox"/> capecitabine                              | <input type="checkbox"/> Capecitabine + Docetaxel                |
| <input type="checkbox"/> Capcitabine + Trastuzumab                 | <input type="checkbox"/> capcitabine + Lapitanib                 |
| <input type="checkbox"/> Capcitabine + Zoledronic acid             | <input type="checkbox"/> carboplatin                             |
| <input type="checkbox"/> Carboplatin + Docetaxel                   | <input type="checkbox"/> Carboplatin + Docetaxel & Trastuzumab   |
| <input type="checkbox"/> carboplatin + 5FU                         | <input type="checkbox"/> Carboplatin + Gemcitabine               |
| <input type="checkbox"/> Carboplatin + Vinorelbine + Mitomycin C   | <input type="checkbox"/> CMF                                     |
| <input type="checkbox"/> CMF + Doxorubicin                         | <input type="checkbox"/> CMF + Pacitaxel/Gemcitabine             |
| <input type="checkbox"/> Docetaxel                                 | <input type="checkbox"/> Docetaxel + Bevacizumab                 |
| <input type="checkbox"/> Docetaxel + Cisplatin                     | <input type="checkbox"/> Docetaxol + Gemcitabine                 |
| <input type="checkbox"/> Docetaxel + Trastuzmab                    | <input type="checkbox"/> Doxorubicin                             |
| <input type="checkbox"/> Doxorubicin + Cyclophosphamide            | <input type="checkbox"/> Doxorubicin + Cylophosphamide+Docetaxel |
| <input type="checkbox"/> Doxorubicin + Cyclophosphamide+Paclitaxel | <input type="checkbox"/> Doxorubicin + Docetaxel                 |
| <input type="checkbox"/> EC  | <input type="checkbox"/> E Carbo                                 |
| <input type="checkbox"/> E Carbo F                                 | <input type="checkbox"/> EC + Docetaxel                          |
| <input type="checkbox"/> EC + Docetaxel + Cisplatin                | <input type="checkbox"/> EC + Docetaxel + Trastuzumab            |
| <input type="checkbox"/> EC + Paclitaxel                           | <input type="checkbox"/> EC + Paclitaxel/Gemcitabine             |
| <input type="checkbox"/> ECMF                                      | <input type="checkbox"/> Epirubicin                              |
| <input type="checkbox"/> Epirubicin + capecitabine                 | <input type="checkbox"/> Epirubicin + Docetaxel                  |
| <input type="checkbox"/> Epirubicin + Paclitaxel                   | <input type="checkbox"/> Gemcitabine                             |
| <input type="checkbox"/> FEC                                       | <input type="checkbox"/> FEC + AC                                |
| <input type="checkbox"/> FEC + CMF                                 | <input type="checkbox"/> FEC + Docetaxel                         |
| <input type="checkbox"/> MMM                                       | <input type="checkbox"/> Paclitaxel                              |
| <input type="checkbox"/> Paclitaxel + Gemcitabine                  | <input type="checkbox"/> Paclitaxel + Trastuzmab                 |
| <input type="checkbox"/> Vinorelbine                               | <input type="checkbox"/> Vinorelbine + Capecitabine              |
| <input type="checkbox"/> Vinorelbine + carboplatin                 | <input type="checkbox"/> Vinorelbine + Epirubicin                |
| <input type="checkbox"/> Vinorelbine + 5-Fluorouracil              | <input type="checkbox"/> Vinorelbine + Tratzuzmab                |
| <input type="checkbox"/> Vinorelbine + Zoledronic acid             |  |
| <input type="checkbox"/> Other (please specify) _____              |  |

**Chemotherapy Dose Reductions**

Were there any chemotherapy dose reductions?       Yes       No

If yes, please list below:

| Cycle Number             | Percentage dose reduction<br>(as percentage of original dose) |
|--------------------------|---|
| <input type="checkbox"/> | <input type="text"/>  |
| <input type="checkbox"/> | <input type="text"/>  |
| <input type="checkbox"/> | <input type="text"/>  |

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If there were any dose delays, please fill in this section

**Chemotherapy Dose Delays**

Were there any chemotherapy dose delays?  Yes  No

If yes, please list below:

| Cycle Number             | Number of days that treatment was delayed for |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>                      |
| <input type="checkbox"/> | <input type="checkbox"/>                      |
| <input type="checkbox"/> | <input type="checkbox"/>                      |

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Hospital:

Height (m):  
Weight (Kg):  
Clinician:

Ethnic Origin:  
Hospital Number:

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Section 2 - Antioestrogen Therapy

If antioestrogen was administered please complete the following:

Treatment Type

None  Primary (neoadjuvant)  Adjuvant

Date start: \_\_/\_\_/\_\_

Planned duration (years): \_\_\_\_\_  Is the treatment ongoing?

- Tamoxifen
- Anastrozole
- Letrozole
- Exemestane
- Faslodex
- Formestone
- Toremefine
- Megestrolacetate

Section 3 - Ovarian Suppression

Treatment Type

LHRH agonist Date Start: \_\_/\_\_/\_\_ Planned duration (years): \_\_\_\_\_

Oophorectomy Date: \_\_/\_\_/\_\_

Ovarian irradiation Date Start: \_\_/\_\_/\_\_ Planned duration (years): \_\_\_\_\_

If oophorectomy was performed, please indicate whether this was:

- Adjuvant treatment
- Prophylactic
- Therapeutic

Section 4 - Trastuzumab

Treatment Type

None  Primary (neoadjuvant)  Adjuvant

Date start: \_\_/\_\_/\_\_

Date finish: \_\_/\_\_/\_\_

Schedule:  weekly  
 3 weekly

Date Of Birth:  
Hospital:

Height (m):  
Weight (Kg):  
Clinician:

Ethnic Origin:  
Hospital Number:

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Section 5 - Bisphosphonates

Treatment Type

None  Primary (neoadjuvant)  Adjuvant

Date start: \_\_/\_\_/\_\_

Date finish: \_\_/\_\_/\_\_

- Pamidronate  
 Zoledronate  
 Clodronate  
 IBANDRONATE  
 Alendronic acid  
 Zoledronic acid  
 Risedronate  
 Calcitonin  
 Other (please specify) \_\_\_\_\_

Section 6 - Radiotherapy

Treatment Type

None  Primary (neoadjuvant)  Adjuvant

Date start: \_\_/\_\_/\_\_

Date finish: \_\_/\_\_/\_\_

Radiotherapy Fields

- Intact breast  
 Intact breast + boost  
 Chest wall  
 Axilla  
 SCF  
 IMC  
 Bone  
 Supraclavicular Lymph Nodes  
 Mediastinal Lymph Nodes  
 Whole Brain  
 Reconstruction  
 Other  
 Other (please specify) \_\_\_\_\_

Total dose: \_\_\_\_\_ Gray (Gy)

Total number of fractions: \_\_\_\_\_

Boost dose: \_\_\_\_\_ Gray (Gy)

Cutaneous reaction to Radiotherapy

- Mild  
 Moderate  
 Severe  
 Unknown

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Section 7 - Treatment Trials

Please specify if involved in a treatment trial