

Baseline Data Collection

Record ID

Please submit 1 form per patient seen. Programs must submit up to 20 patients (or all patients, if < 20) seen within the time frame. Program may submit more than 20 if so desired.

Accession number. If unavailable, please enter "000"

Is this the patient's 1st breast cancer?

- Yes
- No

This cancer is a:

- Recurrence
- New primary

The patient has already undergone genetic testing

- Yes
- No
- unsure

Age at diagnosis

Sex

- Male
- Female

Race (Select all)

- a. White
- b. Black
- c. American Indian, Aleutian, or Eskimo
- d. Chinese
- e. Japanese
- f. Filipino
- g. Hawaiian
- h. Korean
- i. Vietnamese
- j. Laotian
- k. Hmong
- l. Kampuchean (including Khmer and Cambodian)
- m. Thai
- n. Asian Indian or Pakistani, NOS (formerly code 09)
- o. Asian
- p. Indian
- q. Pakistani
- r. Micronesian, NOS
- s. Chamorran
- t. Guamanian, NOS
- u. Polynesian, NOS
- v. Tahitian
- w. Samoan
- x. Tongan
- y. Melanesian, NOS
- z. Fiji Islander
- aa. New Guinean
- bb. Other Asian, including Asian, NOS and Oriental, NOS
- cc. Pacific Islander, NOS
- dd. Other
- ee. Unknown

Ethnicity

- a. Non-Spanish, Non-Hispanic
- b. Mexican (includes Chicano)
- c. Puerto Rican
- d. Cuban
- e. South or Central America (except Brazil)Other Specified Spanish/Hispanic Origin (includes European; excludes Dominican Republic)
- f. Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1 - 5)
- g. Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name, and there is no contrary evidence that the person is not Hispanic)
- h. Dominican Republic (for use with patients who were diagnosed with cancer on January 1, 2005, or later)
- i. Unknown whether of Spanish/Hispanic origin; not stated in patient record

Patient zip code

Insurance status

- a. Not insured
- b. Private insurance/Managed Care
- c. Medicaid
- d. Medicare
- e. Other Government
- f. Insurance Status Unknown

Histology

Receptor status

Family history

- a. No known family history of breast cancer
- b. History of breast cancer in first degree relative (parent/sibling/child)
- c. History of breast cancer in grandparent/aunt/cousin

Is there a family history of ovarian cancer

- Yes
- No
- Unsure

Was genetic testing offered? (Is there evidence in notes that a discussion of genetic testing occurred between the patient and clinical care provider, or is there evidence of a test being ordered, or a referral was made?)

- Yes
- No

If yes,

- o Test ordered: BRCA
- o Test ordered: Panel
- o Documentation of discussion present
- o Referred to CGC

If yes, who ordered (select one)

- o Surgeon
- o Medical Oncologist
- o OBGYN
- o Geneticist/genetic counselor (in-house)
- o Geneticist/genetic counselor (outside testing and counseling company)
- o Radiation Oncologist
- o Primary care physician
- o Advanced practice provider (NP, PA)
- o RN
- o Other (please explain)