NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
NATIONAL CANCER REGISTRY PROGRAMME
Indian Council of Medical Research

PATTERNS OF CARE AND SURVIVAL STUDIES
Patient Information Form - Cancer Breast

A. IDENTIFYING, DEMOGRAPHIC AND DIAGNOSTIC INFORMATION

1. Name of Participating Centre ..... Centre Code

2. Registration Number *(as in HBCR)*
(First 2 digits are for year of registration and the next 5 digits for actual registration number)
Year *Reg. No.*

3.1 (a) Name of Source of Registration ..... Code
(Reporting Institution (RI) / Hospital)

(b) Name of Department / Unit etc. ..... Code

(c) Name of Physician ..... Mobile No.....

3.2 Hospital Registration Number .....

3.3 Date of Registration at Source of Registration /
Date of Reporting at this Hospital
dd *mm* *yy*

3.4 Case Registered As

(1) Out-patient (OP) ☐ (2) In-patient (IP) ☐
(3) OP and IP ☐ (4) Not Registered - Clinical Consultation / Opinion ☐
(5) Not Registered - Pathology Consultation / Opinion ☐ (8) Others *(specify)*..... ☐

4. Date of First Diagnosis
(Date of first attendance to any hospital for this disease)
dd *mm* *yy*

5. Full Name of Patient .....
(At least one name is compulsory) *First* *Second* *Last*

6. Name of Spouse / Father / Mother / Caretaker *(give any two names)*

....
Name *Mobile No.* *Name* *Mobile No.*

7. Place of Residence: Permanent place of residence *(where the person has been residing for the past one year (at least))*

Urban Areas *(Town / city / any other)*

House No.....

Road / Street Name.....

Area / Locality.....

Ward / Corporation / Division ☐☐☐

Name of City / Town .....

Non-urban / Rural Areas

House No. and Ward .....

Name of Gram Panchayat / Village, etc:

.....

Name of Sub-Unit of District *(Taluk / Tehsil / Other):*

.....

Name of PHC / Sub Centre .....

Name of District *(in capitals)* ..... Postal Pin Code ☐☐☐☐☐☐

Telephone No(s).: Off. ..... Res. .....

Mobile No. ..... Email ID .....

Aadhaar *(Unique Identification)* No. .....

8. Duration of Stay *(at the permanent place of residence (in years))*

9.1 Local Address

.....

.....

Name of City/Town/District .....

Pin Code

9.2 Name & Address of Referring / Family Doctor

.....

.....

Name of City/Town/District .....

Pin Code

10. Age *(in years)* Date of Birth *dd mm yy*

11. Sex (1) Male (2) Female (8) Others

12. Method of Diagnosis

(1) Clinical Only (2) Microscopic (3) X-Ray / Imaging Techniques

(8) Others (9) Unknown

Microscopic *(if 2 above)*

(1) Histology of Primary
(2) Histology of Metastasis
(3) Cytology of Primary
(4) Cytology of Metastasis

X-Ray / Imaging Techniques *(if 3 above)*

(1) X-Ray
(2) Isotopes
(3) Angiography
(4) Ultrasonogram
(8) All Others *(specify)*.....

Others *(if 8 above)*

(1) Surgery or Autopsy without Histology
(2) Specific Biochemical and / or Immunological Tests
Specify Test(s).....
(8) Others *(specify)*.....

13. Anatomical Site of Specimen / Biopsy / Smear .....

14. Complete Pathological Diagnosis: *(With complete description of Primary Site of Tumour and Morphological Diagnosis)*

14.1 Primary Site of Tumour - Topography .....

14.2 Morphology .....

14.3 Pathology Slide No. Date *dd mm yy*

15. Coding According to ICD-O-3:

15.1 Primary Site of Tumour - Topography C
(Include sub-site if any)

15.2 Primary Histology - Morphology ..... M
If morphology is that of metastasis mention Primary Site above and

15.3 Secondary Site of Tumour C

15.4 Morphology of Metastasis ..... M
If the morphology diagnosis is only that of metastatic site, mention the Primary Site as decided by the treating clinician either through discussion or from case record.

16. Laterality (1) Right (2) Left

17. Sequence

(0) One Primary Only
(1) First of two or more primaries
(2) Second of two or more primaries
(3) Third of three or more primaries
(4) Fourth of four or more primaries
(5) Fifth of five or more primaries
(6) Sixth of six or more primaries
(7) Seventh of seven or more primaries
(8) Eighth or later primary
(9) Unspecified sequence number *(Unknown)*

B. DETAILS OF SOCIOECONOMIC STATUS, FAMILY INCOME, OCCUPATION, ETC.*

Co-Morbid Conditions	*Yes*	*No*	*Unknown*	*Co-Morbid Conditions*	*Yes*	*No*	*Unknown*
(1) Tuberculosis	☐	☐	☐	(2) Hypertension	☐	☐	☐
(3) Diabetes	☐	☐	☐	(4) Ischaemic Heart Disease	☐	☐	☐
(5) Bronchial Asthma	☐	☐	☐	(6) Allergic Conditions *(specify)*.....	☐	☐	☐
(7) Hepatitis / HBsAg +ve	☐	☐	☐	(8) Others *(specify)*.....	☐	☐	☐
(10) AIDS/HIV +ve	☐	☐	☐				

**Separate detailed information may be incorporated for assessment of family history vis-a-vis BRCA gene.*

C. DETAILS OF STAGE *(Tick (√) as appropriate)*

1. Staging System Followed

(1) TNM staging ☐ (8) Others *(specify)*..... ☐ (9) Unknown ☐

2. Staging Done at

(1) Reporting institution ☐ (2) Previous institution ☐

(8) Others *(specify)*..... ☐ (9) Unknown ☐

3. Clinical Stage - UICC

3.1 TNM with description

(i) Tumour Size (in cms): .....X.....

(ii) Axillary Lymph Node(s): 1) Not Present ☐ 2) Present ☐

If present, Number: ☐ Size (in cms) of largest node :.....x.....

Whether Matted: 0) No ☐ 2) Yes ☐ 9) Unknown ☐

Whether Fixed: 0) No ☐ 2) Yes ☐ 9) Unknown ☐

(iii) Supra-Clavicular Node(s): 1) Not Present ☐ 2) Present ☐

If present, Number: ☐ Size (in cms) of largest node :.....x.....

Whether Matted: 0) No ☐ 2) Yes ☐ 9) Unknown ☐

Whether Fixed: 0) No ☐ 2) Yes ☐ 9) Unknown ☐

(iv) Skin Involvement: 0) No ☐ 2) Yes ☐ 9) Unknown ☐

If yes,	*Not present*	*Present*		*Not present*	*Present*
Ulcer	☐	☐	Peau-de-orange	☐	☐
Infiltration	☐	☐	Satellite Nodule	☐	☐
Others *(specify)*.....	☐	☐			

3.2 TNM Stage

T	TX ☐	T0 ☐	Tis ☐	Tis(DCIS) ☐	Tis(LCIS) ☐	Tis(Paget) ☐
	T1 ☐	T1a ☐	T1b ☐	T1c ☐		
	T2 ☐	T3 ☐				
	T4 ☐	T4a ☐	T4b ☐	T4c ☐	T4d ☐	Unknown ☐
N	NX ☐	N0 ☐	N1 ☐	N2 ☐	N2a ☐	N2b ☐
	N3 ☐	N3a ☐	N3b ☐	N3c ☐	Unknown ☐	
M	MX ☐	M0 ☐	M1 (e.g. PUL) ☐		Unknown ☐	

3.3 Stage Grouping

I ☐	IA ☐	IB ☐	IIA ☐	IIB ☐
IIIA ☐	IIIB ☐	IIIC ☐	IV ☐	Unknown ☐

4. Investigations for Staging

	Yes	No	Unknown		Yes	No	Unknown
(1) Mammography*	☐	☐	☐	(2) Chest X-ray film	☐	☐	☐
(3) Ultrasound – Abdomen & Pelvis	☐	☐	☐	(4) Bone Scan	☐	☐	☐
(8) Others *(specify)*.....	☐	☐	☐				

*If Mammography is done Normal ☐ Abnormal ☐ Suspicious/Inconclusive ☐

Specify any relevant abnormal findings _____

5. The Actual Assessment of Staging was done by:

(1) One Consultant Oncologist (CO) only	☐	(2) Two COs from same department	☐
(3) Two COs from different departments	☐	(4) Tumour Board/Joint Clinic	☐
(8) Others *(specify)*.....	☐	(9) Unknown	☐

D. DETAILS OF CANCER DIRECTED TREATMENT (CDT) *(Tick (√) as appropriate)*

6. Treatment Given Prior to Registration at Reporting Institution (RI)

(0) No ☐ (2) Yes ☐ (9) Unknown ☐

If Yes,

6.1 Type of Prior Treatment Given	Yes	No	Unknown	If yes, Date of completion of treatment (dd mm yy)
(1) Surgery	☐	☐	☐	
(2) Radiotherapy	☐	☐	☐	
(3) Chemotherapy	☐	☐	☐	
(8) Others *(specify)*..... * including Hormone Therapy	☐	☐	☐	

6.2 Details of Prior Treatment *(Including treatment interruption and complications)*

7. Treatment at Reporting Institution

7.1 Intention to Treat

(1) Curative /Radical ☐ (2) Palliative ☐

(3) No treatment ☐ (9) Unknown ☐

7.2 If Palliative yes,

(1) Palliative RT only ☐ (2) Palliative RT + CT ☐ (3) Palliative CT only ☐

(4) Pain & Symptom Relief Drugs *(specify)*..... ☐ (5) Palliative Surgery ☐

(8) Others *(specify)*..... ☐ (9) Unknown ☐

7.3 Type of Cancer Directed Treatment Planned at Reporting Institution:

	Yes	No	Unknown
(1) Surgery	☐	☐	☐
(2) Radiotherapy	☐	☐	☐
(3) Chemotherapy	☐	☐	☐
(8) Others* *(specify)*.....	☐	☐	☐

* including Hormone Therapy

8. Performance Status (WHO) before Treatment

(0) Able to carry out all normal activity without restriction ☐

(1) Restricted in physically strenuous activity but ambulatory and able to carry out light work ☐

(2) Ambulatory and capable of all self-care but unable to carry out any work; up and about more than 50% of waking hours ☐

(3) Capable of only limited self-care; confined to bed or chair more than 50% of waking hours ☐

(4) Completely disabled; cannot carry on any self-care; totally confined to bed or chair ☐

(9) Unknown ☐

9. Surgery

9.1 (0) Surgery not planned ☐ (1) Yes, done as planned ☐

(2) Surgery planned but not taken ☐ (8) Others *(specify)*..... ☐

(9) Unknown ☐

9.2 If Surgery Done, Type of Surgical Procedure — Date(s)

(1) Lumpectomy/Quadrantectomy ☐ dd mm yy
(2) Lumpectomy/Quadrantectomy + Axillary clearance ☐ dd mm yy
(3) Simple Mastectomy ☐ dd mm yy
(4) Simple Mastectomy + Axillary clearance (ESM)/ Modified Radical Mastectomy ☐ dd mm yy
(5) Axillary clearance only ☐ dd mm yy
(6) Radical Mastectomy ☐ dd mm yy
(7) Toilet Mastectomy ☐ dd mm yy
(8) Others *(specify)* ..... ☐ dd mm yy
(9) Unknown ☐ dd mm yy

9.3 Axillary Clearance

(0) Not Done ☐ (1) Done ☐ (2) Sentinel ☐ (9) Unknown ☐

If Done, Date(s)

Level I ☐ dd mm yy
Level II ☐ dd mm yy
Level III ☐ dd mm yy
Unspecified ☐ dd mm yy

9.4 Reconstruction

(0) Not Done ☐ (1) Done ☐ (9) Unknown ☐

If Done, type..... Date dd mm yy

10. Surgical Histopathology Findings

10.1 pT size (in cms.) .....X.....

10.2 Tumour Origin: (1) Single ☐ (2) Multicentric ☐

10.3 Modified Richardson Bloom Score .....

	Not Applicable	Positive	Negative	Unknown
10.4 Extensive Intraductal Component (EIC)	☐	☐	☐	☐
10.5 Cut Margin	☐	☐	☐	☐
10.6 Lymphatic / Vascular Invasion	☐	☐	☐	☐
10.7 Nipple/Skin Involvement	☐	☐	☐	☐
10.8 Oestrogen Receptor Status	☐	☐	☐	☐
10.9 Progesterone Receptor Status	☐	☐	☐	☐
10.10 C-erb - B2 / HER - 2	☐	☐	☐	☐

10.11 Number of Axillary Nodes Removed ☐☐ Number showing tumour ☐☐

10.12 Pathological Stage

pT pTX ☐ pT0 ☐ pTis ☐ pTis(DCIS) ☐ pTis(LCIS) ☐ pTis(Paget) ☐
pT1 ☐ pT1a ☐ pT1b ☐ pT1c ☐
pT2 ☐ pT3 ☐
pT4 ☐ pT4a ☐ pT4b ☐ pT4c ☐ pT4d ☐ Unknown ☐

pN pNX ☐ pN0 ☐ pN1 ☐ pN1mi ☐ pN1a ☐ pN1b ☐ pN1c ☐
pN2 ☐ pN2a ☐ pN2b ☐ pN3 ☐ pN3a ☐ pN3b ☐ pN3c ☐ Unknown ☐

pM pMX ☐ pM0 ☐ pM1 *(specify)*..... ☐ Unknown ☐

10.13 R Classification RX ☐ R0 ☐ R1 ☐ R2 ☐ Unknown ☐

11. Radiotherapy

11.1 (0) Radiotherapy (RT) not planned ☐ (1) Yes, RT given as planned ☐
(2) Yes, RT given, but incomplete ☐ (3) RT planned but not taken ☐
(specify reason)..... *(specify reason)*.....
(8) Others *(specify)*..... ☐ (9) Unknown ☐

If (1) or (2) or (3) above, Planned total RT dose ☐☐☐☐ (cGy)

11.2 Type of RT
(1) Teletherapy (External RT) ☐ (2) Brachytherapy ☐ (8) Others *(specify)*..... ☐

11.3(a) Details of Teletherapy
(1) 2DCRT ☐ (2) 3DCRT ☐ (3) IMRT ☐ (4) IGRT ☐ (5) IORT ☐
(6) Tomotherapy ☐ (7) Electron Beam ☐ (8) Others *(specify)*..... ☐

11.3(b) Type of RT Machine
(1) Linear Accelerator ☐ (2) Cobalt ☐ (8) Others (specify)..... ☐

11.3(c) Details of External RT	Breast / Chest Wall	Axilla	Supra Clav	Boost	Others* *(specify)*
Technique *(specify)*	.....	.....	.....	.....	.....
Type of beam *(Photon/Electron)*	.....	.....	.....	.....	.....
Energy	.....	.....	.....	.....	.....
Field Size	.....	.....	.....	.....	.....
Total No. of Fields	.....	.....	.....	.....	.....
Total Tumour Dose (cGy)	.....	.....	.....	.....	.....
Total No. of Fractions	.....	.....	.....	.....	.....
Fractions/week	.....	.....	.....	.....	.....
Region(s) of Irradiation	.....	.....	.....	.....	.....
Interruption - Total No. of days	.....	.....	.....	.....	.....
Date first started	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
Date last ended	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
	dd mm yy	*dd mm yy*	*dd mm yy*	*dd mm yy*	*dd mm yy*

11.4 Details of Brachytherapy

	I	II	III	IV	V	>V
Date	dd mm yy	dd mm yy	dd mm yy	dd mm yy	dd mm yy	dd mm yy

Planning based with (1) Orthogonal X-Ray ☐ (2) CT Scan ☐ (3) MRI ☐

Type of Dose Rate *(LDR/MDR/HDR/PDR)*	.....	.....	.....	.....	.....	.....
Prescribed dose in cGy.	.....	.....	.....	.....	.....	.....
Volume covered by prescribed dose	.....	.....	.....	.....	.....	.....
Dose rate in cGy.	.....	.....	.....	.....	.....	.....

Date first started ☐☐☐ (dd mm yy) Date last ended ☐☐☐ (dd mm yy)

12. Chemotherapy

12.1 (0) Chemotherapy (CT) not planned ☐ (1) Yes, CT given as planned ☐
(2) Yes, CT given, but incomplete ☐ (3) CT planned but not taken ☐
(8) Others *(specify)*..... ☐ (9) Unknown ☐

12.2 Type of CT

(1) Anterior/neo-adjuvant/induction ☐ (2) Concurrent ☐ (3) Adjuvant ☐
(4) Combination of any of the above ☐ (8) Others *(specify)*..... ☐ (9) Unknown ☐

12.3 Other Details of CT

Height in cms. ☐☐☐ Weight in Kg. ☐☐

Cycles	I	II	III	IV	V	VI	>VI
Regimen							
Date(s)	dd mm yy	dd mm yy	dd mm yy	dd mm yy	dd mm yy	dd mm yy	dd mm yy
Day(s)							

Drug (s)

Name	Dose	Dose	Dose	Dose	Dose	Dose	Dose
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

Date of start of First Cycle of CT ☐☐☐ (dd mm yy) Date of completion of Last Cycle of CT ☐☐☐ (dd mm yy)

12.4 Response to Neo-Adjuvant CT *(Adopted from WHO)*

(0) Neo-Adjuvant CT not received ☐ (1) Complete response - No Evidence of Disease ☐

(2) Partial response ☐ (3) No change ☐

(4) Progressive disease ☐ (9) Unknown ☐

12.5 Date(s) of Assessment of Maximal Response to Neo-Adjuvant CT ☐☐ *dd* ☐☐ *mm* ☐☐ *yy*

13. Hormone Therapy

13.1 (0) Hormone therapy (HT) not given ☐ (1) Yes, HT given as adjuvant ☐

(2) Yes, given as Neo-Adjuvant ☐ (3) Yes, given for metastasis ☐

(4) Yes, HT given, but incomplete ☐ (5) HT advised/planned but not taken ☐

(specify reason)..... *(specify reason)*.....

(8) Others *(specify)*..... ☐ (9) Unknown ☐

13.2 If Yes, Type of HT

(1) Surgical Oophorectomy ☐ (2) RT-Ovarian Ablation ☐

(3) Medical Tamoxifen ☐ (4) Aromatase Inhibitors ☐

(5) Herceptin ☐ (8) Others *(specify)*..... ☐

13.3 Details of HT

Regimen specify.....

Date of start of HT ☐☐ *dd* ☐☐ *mm* ☐☐ *yy* Date of completion of HT ☐☐ *dd* ☐☐ *mm* ☐☐ *yy*

13.4 Response of Disease *(Adopted from WHO)* to HT, when given alone

(0) HT not received ☐ (1) Complete response - No Evidence of Disease ☐

(2) Partial response ☐ (3) No change ☐

(4) Progressive disease ☐ (5) NA / Adjuvant ☐

(9) Unknown ☐

13.5 Date(s) of Assessment of Response to HT

dd mm yy

14.1 Date of Completion of Initial Cancer Directed Treatment at RI

dd mm yy

14.2 Complications During Treatment

(0) No ☐ (2) Yes ☐ (9) Unknown ☐

If Yes,

Nature of Complication(s)	Maximum Grade	Date of Onset	Resolved Yes	Resolved No	Date last seen (if resolved)
_____	_____	dd mm yy	☐	☐	dd mm yy
_____	_____		☐	☐	
_____	_____		☐	☐	
_____	_____		☐	☐	
_____	_____		☐	☐	

15. Performance Status at 6-12 Weeks of Completion of all of CDT

(0) Able to carry out all normal activity without restriction ☐

(1) Restricted in physically strenuous activity but ambulatory and able to carry out light work ☐

(2) Ambulatory and capable of all self-care but unable to carry out any work; up and about more than 50% of waking hours ☐

(3) Capable of only limited self-care; confined to bed or chair more than 50% of waking hours ☐

(4) Completely disabled; cannot carry on any self-care; totally confined to bed or chair ☐

(9) Unknown ☐

15.1 Date of Assessment of Performance Status

dd mm yy

Name of Person Completing Form (in capitals).....

Date of Abstraction / Completion of this Form dd mm yy Signature.....

E. FOLLOW-UP INFORMATION *(USE SEPARATE PAGE FOR EACH VISIT)*

16. Due Date for Follow up dd mm yy

Date of Actual Follow-up dd mm yy

Follow-up Visit No.

16.1 Method of Follow-up

(0) No follow-up ☐ (1) Hospital visit ☐ (2) By post ☐

(3) Through telephone ☐ (4) Home visit ☐ (8) Others *(specify)*..... ☐

(9) Unknown ☐

16.2 Vital Status

(1) Alive ☐ (2) Dead ☐ (9) Unknown ☐

16.3 Disease Status *(at Follow-up)*

(1) No Evidence of Disease ☐ (2) Residual disease only ☐ (3) Local recurrence ☐

(4) Regional/Nodal recurrence ☐ (5) Distant metastasis : *specify site*..... ☐

(6) Progressive Disease ☐ (9) Unknown ☐

16.4 If Disease is Present, Indicate Basis of Diagnosis

(1) Histopathology ☐ (2) Cytopathology *(Other than FNAC)* ☐ (3) FNAC ☐

(4) Bone Marrow ☐ (5) Peripheral Smear ☐ (6) Radiological ☐

(7) Clinical ☐ (8) Others *(specify)*..... ☐ (9) Unknown ☐

16.5 Treatment if 16.3 above Indicates Presence of Disease

(0) No treatment ☐ (2) Yes, treatment given ☐ (9) Unknown ☐

16.6 If yes, Details of Treatment and Outcome *(Use separate sheet if necessary)*

_____

_____

16.7 Late Complications of CDT

(0) No ☐ (2) Yes ☐ (9) Unknown ☐

If Yes,

Nature of Complication(s)	Maximum Grade	Date of Onset	Resolved Yes	Resolved No	Date last seen (if resolved)
		dd mm yy			dd mm yy

17. Second Primary

(0) No evidence of second primary ☐ (2) Yes, evidence of second primary ☐ (9) Unknown ☐

If Yes,

17.1 Primary Site of Tumour (ICD-O-3) (Topography) C ☐☐.☐

17.2 Primary Histology (ICD-O-3) (Morphology) M ☐☐☐/☐

17.3 Secondary (Metastatic) Site of Tumour (ICD-O-3) C ☐☐.☐

17.4 Histology of Metastasis M ☐☐☐/☐

17.5 Method of Diagnosis

(1) Clinical Only ☐ (2) Microscopic ☐ (3) X-Ray / Imaging Techniques ☐ (8) Others ☐ (9) Unknown ☐

Microscopic *(If 2 above)*		X-Ray / Imaging Techniques *(If 3 above)*		Others *(If 8 above)*	
(1) Histology of Primary	☐	(1) X-Ray	☐	(1) Endoscopy	☐
(2) Histology of Metastasis	☐	(2) Isotopes	☐	(2) Surgery or Autopsy without Histology	☐
(3) Autopsy with Histology	☐	(3) Angiography	☐	(3) Specific Biochemical and /	
(4) Bone Marrow	☐	(4) Ultrasonogram	☐	or Immunological Tests	☐
(5) Blood Film	☐	(8) All Others *(specify)*.	☐	(8) Others *(specify)*.....	☐
(6) Cytology of Primary	☐				
(7) Cytology of Metastasis	☐				

17.6 Date of Diagnosis ☐☐ ☐☐ ☐☐ *dd mm yy*

17.7 Details of Treatment and Outcome: *Use separate appropriate form.*

18. If Dead,

18.1 Cause of Death

(1) As a result of cancer ☐ (2) Most probably due to cancer ☐ (3) Intercurrent Death ☐

(4) Treatment related Death ☐ (8) Others *(specify)*..... ☐ (9) Unknown ☐

18.2 Date of Death ☐☐ ☐☐ ☐☐ *dd mm yy*

19. Remarks *(add additional sheet(s) if necessary)*