

DCI SUPPLEMENT INSERT
Breast Cancer

FOR REGISTRY USE ONLY:
I.D. - -
Date received: _____


TEAM: IUBMID:
(Institutional Unique Blood or Marrow Transplant Identification Number)

1. Date of first DCI for which this form is being completed:
Month Day Year

Registry (circle one): **IBMTR** **ABMTR**

2. Date of report: Month Day Year

DCI Disease Supplement Inserts



Statistical Center
Medical College of Wisconsin
P.O. Box 26509, 8701 Watertown Plank Road
Milwaukee, WI 53226
• Telephone: 414-456-8325 • Fax: 414-456-6530
• Email: ibmtr@mcw.edu

If answer on 002-DCI Insert, Q.513 is "No", **do not submit this insert** to the IBMTR.

Information

1st Line of Therapy

BIOPSY: 3. Yes No

SURGICAL: 4. Yes No

CHEMOTHERAPY/IMMUNOTHERAPY: 5. Yes No

# of cycles: 6. <input type="text"/>	-8 <input type="checkbox"/> Unknown
5-fluorouracil (5-FU): 7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Adriamycin: 8. <input type="checkbox"/> Yes <input type="checkbox"/> No
Capecitabine: 9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Carboplatin: 10. <input type="checkbox"/> Yes <input type="checkbox"/> No
Docetaxel: 11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Cyclophosphamide: 12. <input type="checkbox"/> Yes <input type="checkbox"/> No
Epirubicin: 13. <input type="checkbox"/> Yes <input type="checkbox"/> No	Gemcitabine: 14. <input type="checkbox"/> Yes <input type="checkbox"/> No
Methotrexate: 15. <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitomycin: 16. <input type="checkbox"/> Yes <input type="checkbox"/> No
Mitoxantrone: 17. <input type="checkbox"/> Yes <input type="checkbox"/> No	Navelbine: 18. <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxol: 19. <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxotere: 20. <input type="checkbox"/> Yes <input type="checkbox"/> No
Thiotepa: 21. <input type="checkbox"/> Yes <input type="checkbox"/> No	Trastuzumab (Herceptin): 22. <input type="checkbox"/> Yes <input type="checkbox"/> No
Vinblastine: 23. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: 24. <input type="checkbox"/> Yes, 25. specify: _____	

RADIATION THERAPY: 26. Yes No

Local/Regional: 27. <input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> No
Sites of distant metastatic disease: 28. <input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> No
Other: 29. <input type="checkbox"/> Yes	<input type="text"/>	30. Specify: _____

HORMONAL THERAPY: 31. Yes No

Anastrozole: 32. <input type="checkbox"/> Yes <input type="checkbox"/> No	Letrozole: 33. <input type="checkbox"/> Yes <input type="checkbox"/> No
LHRH antagonists: 34. <input type="checkbox"/> Yes <input type="checkbox"/> No	Megace: 35. <input type="checkbox"/> Yes <input type="checkbox"/> No
Tamoxifen: 36. <input type="checkbox"/> Yes <input type="checkbox"/> No	Toremifene: 37. <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: 38. <input type="checkbox"/> Yes, 39. specify: _____	

Retired - Not for Data Submission

TEAM:

IUBMID:

Copy this page for recording more instances

2nd Line of Therapy

BIOPSY: 40. Yes No

SURGICAL: 41. Yes No

CHEMOTHERAPY/IMMUNOTHERAPY: 42. Yes No

of cycles: 43. -8 Unknown

5-fluorouracil (5-FU): 44. <input type="checkbox"/> Yes <input type="checkbox"/> No	Adriamycin: 45. <input type="checkbox"/> Yes <input type="checkbox"/> No
Capecitabine: 46. <input type="checkbox"/> Yes <input type="checkbox"/> No	Carboplatin: 47. <input type="checkbox"/> Yes <input type="checkbox"/> No
Cisplatin: 48. <input type="checkbox"/> Yes <input type="checkbox"/> No	Cyclophosphamide: 49. <input type="checkbox"/> Yes <input type="checkbox"/> No
Epirubicin: 50. <input type="checkbox"/> Yes <input type="checkbox"/> No	Gemcitabine: 51. <input type="checkbox"/> Yes <input type="checkbox"/> No
Methotrexate: 52. <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitomycin: 53. <input type="checkbox"/> Yes <input type="checkbox"/> No
Mitoxantrone: 54. <input type="checkbox"/> Yes <input type="checkbox"/> No	Navelbine: 55. <input type="checkbox"/> Yes <input type="checkbox"/> No
Taxol: 56. <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxotere: 57. <input type="checkbox"/> Yes <input type="checkbox"/> No
Thiotepa: 58. <input type="checkbox"/> Yes <input type="checkbox"/> No	Trastuzumab (Herceptin): 59. <input type="checkbox"/> Yes <input type="checkbox"/> No
Vinblastine: 60. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: 61. <input type="checkbox"/> Yes, 62. specify: _____	

RADIATION THERAPY: 63. Yes No

Local/Regional: 64. Yes No

Sites of distant metastatic disease: 65. Yes No

Other: 66. Yes No 67. Specify: _____

Total cGy (rads)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HORMONAL THERAPY: 68. Yes No

Anastrozole: 69. <input type="checkbox"/> Yes <input type="checkbox"/> No	Letrozole: 70. <input type="checkbox"/> Yes <input type="checkbox"/> No
LHRH antagonists: 71. <input type="checkbox"/> Yes <input type="checkbox"/> No	Megace: 72. <input type="checkbox"/> Yes <input type="checkbox"/> No
Tamoxifen: 73. <input type="checkbox"/> Yes <input type="checkbox"/> No	Toremifene: 74. <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: 75. <input type="checkbox"/> Yes, 76. specify: _____	

Retired - Not for Data Submission