

**Ontario
Familial Breast Cancer Registry**

Treatment Questionnaire

We would be grateful if you would use this form to answer some questions about your cancer treatment.

If you need more space, please use the back of this questionnaire.

Should you wish to talk to someone about this questionnaire, you may call (416) 946-4409 or 1 800 832-5949.

1. Have you had cancer in one breast only, in two breasts at the same time, or in one breast and then later in the other breast?
- One breast only
 - Two breasts, diagnosed at the same time
 - Two breasts, first one and then the other

If you have had cancer in one breast only, or in two breasts diagnosed at the same time, please complete questions 2-9.

If you have had cancer in two breasts, first one and then the other, please complete questions 2-9 for the first cancer and 10-17 for the second cancer.

2. How old were you when this cancer was diagnosed? _____ years
3. At the time this cancer was diagnosed, was it only in the breast (with or without spread to lymph glands) or had it spread to other sites besides the breast and lymph glands?
- Only in the breast, with or without spread to lymph glands
 - Spread to other sites besides the breast and lymph glands
 - Don't know

Questions 4-9 ask about treatment given for the cancer at the time it was first diagnosed.

This treatment would usually be given within the first year of the original diagnosis of cancer. Please do not include treatment given for cancer which came back after the original treatment.

4. Did you have surgery for this breast cancer?
- No (Please go to question 5)
 - Yes → Type (Please mark all that apply)
 - Lumpectomy (removal of just the cancer)
 - Mastectomy (removal of the entire breast)
5. Did you have radiation for this breast cancer?
- No (Please go to question 6)
 - Yes → Type (Please mark all that apply)
 - Radiation to the breast after lumpectomy
 - Radiation to the chest after mastectomy
 - Other

Please specify _____

6. Did you have hormonal therapy (such as Tamoxifen, Megace, or removal of your ovaries) for this breast cancer?

- No *(Please go to question 7)*
- Yes → *Please list medicine(s) if known*

7. Did you have chemotherapy for this breast cancer?

- No *(Please go to question 8)*
- Yes → *Please list medicine(s) if known*

8. Did you receive other types of treatment for this breast cancer, such as bone marrow transplant or immune therapy (tumour vaccine or monoclonal antibodies, for example)?

- No *(Please go to question 9)*
- Yes → *Please explain*

9. Has the cancer come back (recurred) after the treatments listed above?

- No
- Yes → *Where was the recurrence? (Please tick all that apply)*

- Same breast
- Opposite breast
- Lymph glands
- Skin
- Bone
- Liver
- Lung
- Brain
- Other

Please specify _____

If you have had cancer in the other breast at a different time, please complete questions 10-17. If not, please go to question 18.

10. How old were you when the second breast cancer was diagnosed? _____ years
11. At the time this cancer was diagnosed, was it only in the breast (with or without spread to lymph glands) or had it spread to other sites besides the breast and lymph glands?
- Only in the breast, with or without spread to lymph glands
 - Spread to other sites besides the breast and lymph glands
 - Don't know

Questions 12-17 ask about treatment given for the cancer in the second breast.

This treatment would usually be given within the first year of the original diagnosis of the second cancer. Please do not include treatment given for cancer which came back after the original treatment.

12. Did you have surgery for this breast cancer?
- No (Please go to question 13)
 - Yes → Type (Please mark all that apply)
 - Lumpectomy (removal of just the cancer)
 - Mastectomy (removal of the entire breast)
13. Did you have radiation for this breast cancer?
- No (Please go to question 14)
 - Yes → Type (Please mark all that apply)
 - Radiation to the breast after lumpectomy
 - Radiation to the chest after mastectomy
 - OtherPlease specify _____
14. Did you have hormonal therapy (such as Tamoxifen, Megace, or removal of your ovaries) for this breast cancer?
- No (Please go to question 15)
 - Yes → Please list medicine(s) if known

15. Did you have chemotherapy for this breast cancer?

- No *(Please go to question 16)*
- Yes → *Please list medicine(s) if known*

16. Did you receive other types of treatment for this breast cancer, such as bone marrow transplant or immune therapy (tumour vaccine or monoclonal antibodies, for example)?

- No *(Please go to question 17)*
- Yes → *Please explain*

17. Has the cancer come back (recurred) after the treatments listed above?

- No
- Yes → *Where was the recurrence? (Please tick all that apply)*

- Same breast
- Opposite breast
- Lymph glands
- Skin
- Bone
- Liver
- Lung
- Brain
- Other

Please specify _____

Questions 18-21 ask about cancer in one or both ovaries.

If you have not had ovarian cancer, please answer Question 18 only.

18. Have you had ovarian cancer?

- No **You have now completed this questionnaire. Please see the back page.**
- Yes → (Please go to question 19)

19. How old were you when this cancer was diagnosed? _____ years

20. At the time this cancer was first diagnosed, was it

- Only in the ovary or ovaries
- Spread outside the ovaries
- Don't know

Question 21 asks for treatment given for the ovarian cancer at the time it was first diagnosed.

This treatment would usually be given within the first year after the original diagnosis. Please do not include treatment given for cancer which came back after the original treatment.

21. Which of the following treatments did you have for the ovarian cancer at the time it was first diagnosed?

- Surgery
- Radiation
- Chemotherapy → Please list medicine(s) if known

- Other → Please explain

22. Has the cancer come back (recurred) after the treatments listed above?

- No
- Yes

**Thank you very much for taking the time to fill out this questionnaire.
We appreciate your participation.**

Please mail this completed questionnaire in the return envelope provided.