

Offline Condition Questionnaire

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| Full Name of Person: | |
| Date of Birth: | |
| Enquiry reference (if known): | |
| Intermediary (if applicable) Contact Name: | |
| Contact Tel: | |

Breast Cancer questions

What was the exact type of tumour or malignancy?

When was your cancer first diagnosed?

Which site(s) or organ(s) were involved?

What was the size or staging of the tumour and its TNM classification?

What stage had it reached?

- it was completely localised to the tissue or organ of origin?
- Had lymph nodes been involved? If so, please state site(s) and number of nodes involved if known below
- Had it spread to other organs? If so, please state where below

Please give any more details about the stage here

Please advise the date(s) and type of any surgery undergone or enter NONE?

Please advise the date(s) and type of any radiotherapy or enter NONE?

Please advise the date(s) and type of any chemotherapy or enter NONE?

Please advise the date(s) if Tamoxifen or Bromocriptine was used or enter NONE?

Has there been any recurrence or relapse? Enter NO or If yes, please state dates, site and treatment received.