

Breast Project Data Elements	
DEMOGRAPHICS	
Data Elements	Options
1. Provider	<ul style="list-style-type: none"> <li>• First/Last</li> </ul>
2. Date of initial Radiation/Oncology consult	<ul style="list-style-type: none"> <li>• mm/dd/yyyy</li> </ul>
3. Date of Birth	<ul style="list-style-type: none"> <li>• mm/yyyy</li> </ul>
4. Gender <i>(Select only one)</i>	<ul style="list-style-type: none"> <li>• Male/Female</li> </ul>
5. Race <i>(Select only one)</i>	<ul style="list-style-type: none"> <li>• American Indian/Alaska Native</li> <li>• Asian</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• Black or African American</li> <li>• White</li> <li>• Arab/Middle Eastern</li> <li>• Unknown or not reported</li> <li>• Other (free text)</li> </ul>
6. Medical Insurance <i>(Check all that apply)</i>	<ul style="list-style-type: none"> <li>• No insurance/self-pay</li> <li>• Medicare(all)</li> <li>• Medicare Advantage-BCN</li> <li>• Medicare Advantage- BCBSM</li> <li>• Medicaid-Straight</li> <li>• Medicaid -HMO</li> <li>• Other Payer (government)</li> <li>• Other Payer (Michigan and outstate)</li> <li>• BCBSM-Michigan</li> <li>• BCN- Michigan</li> <li>• Commercial-HMO</li> </ul>

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<p>7. Current Marital Status <i>(Select only one)</i></p> <p>8. Cancer Type <i>(Select only one)</i></p>	<ul style="list-style-type: none"> <li>• Married/ Domestic Partner</li> <li>• Divorced</li> <li>• Never Married</li> <li>• Separated</li> <li>• Widowed</li> <li>• Living with someone</li> <li>• Single</li> </ul> <ul style="list-style-type: none"> <li>• Breast Cancer</li> <li>• Lung Cancer</li> </ul>
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**B1: Patient: Pre-Treatment Breast Cancer Questionnaire**

*Time points: Pre RT Evaluation*

Data Elements	Options
<p><b>Please rate your breast pain</b></p>	
<p>Please rate your breast pain by circling the one number that best describes your breast pain <b>at its worst</b> in the last 24 hours.</p>	<div style="border: 1px solid black; padding: 20px; width: fit-content; margin: auto;"> <p>0 (No pain) To 10 (Pain as bad as you can imagine)</p> </div>
<p>Please rate your breast pain by circling the one number that best describes your breast pain <b>at its least</b> in the last 24 hours</p>	
<p>Please rate your breast pain by circling the one number that best describes your breast pain <b>on the average</b> in the last 24 hours</p>	
<p>Please rate your breast pain by circling the one number that tells how much breast pain you have <b>right now</b></p>	

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<p>Are you using any treatments or medications for the breast to be treated with radiation (lotions, creams, medicine etc.)?</p> <p>If Yes, what treatments are you using? (Check all that apply)</p>	<ul style="list-style-type: none"> <li>• YES/NO</li>   <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> <li>• Miaderm</li> <li>• Biafene</li> <li>• Silvadene</li> <li>• Aloe vera gel</li> <li>• Corn starch</li> <li>• Hydrogel</li> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Corticosteroids used on the skin (such as cortisone cream)</li> <li>• Other (agents) treatments used on skin(specify):_____</li> <li>• Oral pain medication (specify):_____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify):_____</li> </ul>
<p>Have you ever, even once, used Cannabis?</p>	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• No –</li> <li>• Yes</li> </ul>
<p>Think specifically about the past 30 days up to and including today. What is your best estimate of the number of days you used Cannabis during the past 30 days?</p>	<ul style="list-style-type: none"> <li>• 0 days - Proceed to question 6</li> <li>• 1 or 2 days</li> <li>• 3 to 5 days</li> <li>• 6 to 9 days</li> <li>• 10 to 19 days</li> <li>• 20 to 29 days</li> <li>• All 30 days</li> </ul>

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<p>During the past 30 days, which one of the following ways did you use cannabis most often? Did you usually:</p>	<ul style="list-style-type: none"> <li>• Smoke it (for example, in a joint, bong, pipe, or blunt)</li> <li>• Eat it (for example, in brownies, cakes, cookies, or candy)</li> <li>• Drink it (for example, in tea, cola, or alcohol)</li> <li>• Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)</li> <li>• Dab it (for example, using waxes or concentrates)</li> <li>• Apply to skin (for example, using lotions or oils)</li> <li>• Administer rectally (for example, using suppositories).</li> <li>• Use it some other way (please specify:</li> </ul>
<p>What is the major active ingredient in the cannabis product that you use the most? (This information can often be found on the package label.)</p>	<ul style="list-style-type: none"> <li>• THC –also called tetrahydrocannabinol</li> <li>• CBD –also called cannabidiol</li> <li>• Balanced levels of THC and CBD</li> <li>• I don't know</li> </ul>
<p>What was your bra size before surgery (please answer both number and letter, i.e.36C)?</p>	<ul style="list-style-type: none"> <li>• 30 or smaller</li> <li>• 32</li> <li>• 34</li> <li>• 36</li> <li>• 38</li> <li>• 40</li> <li>• 42</li> <li>• 44</li> <li>• 46 or larger</li> <li>• A</li> <li>• B</li> <li>• C</li> <li>• D</li> <li>• DD</li> <li>• Larger than DD</li> </ul>
<p>What is the highest level of education you have completed?</p>	<ul style="list-style-type: none"> <li>• Grade School or less</li> <li>• Some College or Technical School</li> <li>• Some High School</li> <li>• Associate's Degree</li> <li>• High School Graduate or G.E.D.</li> <li>• College Graduate (Bachelor's Degree)</li> <li>• Graduate Degree</li> </ul>

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<p>Which of the following best describes your race?</p>	<ul style="list-style-type: none"> <li>• American Indian/Alaska Native</li> <li>• Asian</li> <li>• Native Hawaiian or other Pacific Islander</li> <li>• Black or African American</li> <li>• White</li> <li>• Arab/Middle Eastern</li> <li>• Other (please specify) _____</li> </ul>
<p>Are you of Hispanic/Latino origin?</p>	<ul style="list-style-type: none"> <li>• YES/NO</li> </ul>
<p>Which of the following are you currently taking/receiving?</p>	<ul style="list-style-type: none"> <li>• Tamoxifen</li> <li>• Any other hormonal/endocrine/anti-hormonal therapy</li> <li>• Chemotherapy</li> <li>• Herceptin/Trastuzumab</li> <li>• None/nothing</li> </ul>

**B2:Patient: Weekly Breast Cancer Treatment Questionnaire**

*Time points: Weekly On-Treatment Visits*

Data Elements	Options
<p><b>Please rate your breast pain</b></p>	
<p>Please rate your breast pain by circling the one number that best describes your breast pain <b>at its worst</b> in the last 24 hours.</p>	<div style="border: 1px solid black; padding: 20px; text-align: center;"> <p>0 (No pain) To 10 (Pain as bad as you can imagine)</p> </div>
<p>Please rate your breast pain by circling the one number that best describes your breast pain <b>at its least</b> in the last 24 hours</p>	
<p>Please rate your breast pain by circling the one number that best describes your breast pain <b>on the average</b> in the last 24 hours</p>	
<p>Please rate your breast pain by circling the one number that tells how much breast pain you have <b>right now</b></p>	

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<p>Are you using any treatments or medications for the breast to be treated with radiation (lotions, creams, medicine etc.)?</p> <p>If Yes, what treatments are you using? (Check all that apply)</p>	<ul style="list-style-type: none"> <li>• YES/NO</li> </ul> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> <li>• Miaderm</li> <li>• Biafene</li> <li>• Silvadene</li> <li>• Aloe vera gel</li> <li>• Corn starch</li> <li>• Hydrogel</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Corticosteroids used on the skin (such as cortisone cream)</li> <li>• Other (agents) treatments used on the skin(specify): _____</li> <li>• Oral pain medication (specify):_____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify):_____</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> <li>• Miaderm</li> <li>• Biafene</li> <li>• Silvadene</li> <li>• Aloe vera gel</li> <li>• Corn starch</li> <li>• Hydrogel</li> </ul>	<ul style="list-style-type: none"> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Corticosteroids used on the skin (such as cortisone cream)</li> <li>• Other (agents) treatments used on the skin(specify): _____</li> <li>• Oral pain medication (specify):_____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify):_____</li> </ul>
<ul style="list-style-type: none"> <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> <li>• Miaderm</li> <li>• Biafene</li> <li>• Silvadene</li> <li>• Aloe vera gel</li> <li>• Corn starch</li> <li>• Hydrogel</li> </ul>	<ul style="list-style-type: none"> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Corticosteroids used on the skin (such as cortisone cream)</li> <li>• Other (agents) treatments used on the skin(specify): _____</li> <li>• Oral pain medication (specify):_____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify):_____</li> </ul>		
<p><b>During the past week, how often have you been bothered by?</b></p>			
<p>Itching of the skin of your treated breast</p>	<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• All the Time</li> </ul> </div>		
<p>Burning or stinging of the skin of your treated breast</p>			
<p>Your treated breast hurting</p>			
<p>Swelling of your treated breast</p>			
<p>Your skin reaction to radiation making it hard to work or do what you enjoy</p>			
<p><b>In general, during the past four weeks, how often did you:</b></p> <p>Feel significant fatigue?</p>	<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> <li>• Always</li> <li>• Most of the time</li> <li>• Sometimes</li> <li>• Rarely</li> <li>• Never</li> </ul> </div>		

B3: Breast Cancer Treatment Questionnaire: End of Treatment	
<i>Time points: Last week of treatment</i>	
Data Elements	Options
<b>Please rate your breast pain</b>	
Please rate your breast pain by circling the one number that best describes your breast pain <b>at its worst</b> in the last 24 hours.	<p>0 (No pain) To 10 (Pain as bad as you can imagine)</p>
Please rate your breast pain by circling the one number that best describes your breast pain <b>at its least</b> in the last 24 hours	
Please rate your breast pain by circling the one number that best describes your breast pain <b>on the average</b> in the last 24 hours	
Please rate your breast pain by circling the one number that tells how much breast pain you have <b>right now</b>	
<b>Are you using any treatments or medications for the breast to be treated with radiation (lotions, creams, medicine etc.)?</b>  If Yes, what treatments are you using? (Check all that apply)	
<b>During the past week, how often have you been bothered by?</b>	
Itching of the skin of your treated breast	

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Burning or stinging of the skin of your treated breast	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• All the Time</li> </ul>
Your treated breast hurting	
Swelling of your treated breast	
Your skin reaction to radiation making it hard to work or do what you enjoy	
<b>In general, during the past four weeks, how often did you</b>	
Feel that your radiation therapy limited your daily activities?	<ul style="list-style-type: none"> <li>• Always</li> <li>• Most of the time</li> <li>• Sometimes</li> <li>• Rarely</li> <li>• Never</li> </ul>
Feel bothered by the side effects of your radiation treatment?	
Feel upset about the side effects of your radiation therapy?	
Feel that your radiation therapy was worth doing even with the side effects?	
Think about stopping your radiation therapy?	
Feel significant fatigue?	
Overall, my radiation therapy treatments have been	<ul style="list-style-type: none"> <li>• Very inconvenient</li> <li>• Inconvenient</li> <li>• Neither convenient nor inconvenient</li> <li>• Convenient</li> <li>• Very convenient</li> </ul>
Overall, how bothered have you been by the amount of time it took to have your radiation therapy treatments?	<ul style="list-style-type: none"> <li>• Very bothered</li> <li>• Quite bothered</li> <li>• Moderately bothered</li> <li>• A little bothered</li> <li>• Not bothered at all</li> </ul>
Overall, are the side effects of radiation therapy as you expected?	<ul style="list-style-type: none"> <li>• Much better than I expected</li> <li>• Somewhat better than I expected</li> <li>• Exactly as I expected</li> <li>• Somewhat worse than I expected</li> <li>• Much worse than I expected</li> </ul>
Overall, how satisfied are you with your radiation therapy treatment?	<ul style="list-style-type: none"> <li>• Very satisfied</li> <li>• Satisfied</li> <li>• Neither satisfied nor dissatisfied</li> <li>• Dissatisfied</li> <li>• Very Dissatisfied</li> </ul>



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Have any of your radiation oncology providers ever asked if you use cannabis? If the only mention of cannabis that you recall is from a survey form, then the answer is “No”.	<ul style="list-style-type: none"> <li>• Yes/No</li> </ul>
Have you been satisfied with your radiation oncology providers’ ability to answer questions about cannabis?	<ul style="list-style-type: none"> <li>• I have not asked any questions about cannabis</li> <li>• No</li> <li>• Yes</li> </ul>
Have you used cannabis, even once, since the first treatment in your course of radiation?	<ul style="list-style-type: none"> <li>• Prefer not to answer</li> <li>• No</li> <li>• Yes</li> </ul>
If you use cannabis, please tell us the reason(s) why.	<ul style="list-style-type: none"> <li>• Free text</li> </ul>
Taking everything into consideration, if given the choice again, would you decide to have radiation therapy?	<ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Probably yes</li> <li>• I don’t know</li> <li>• Probably not</li> <li>• Definitely not</li> </ul>

**B4: Patient: Breast Cancer Follow-Up Questionnaire**

*Time points: Follow-up visits 2 weeks-3 months*

Data Elements	Options
<b>Please rate your breast pain</b>	
Please rate your breast pain by circling the one number that best describes your breast pain <b>at its worst</b> in the last 24 hours.	0 (No pain) To 10 (Pain as bad as you can imagine)
Please rate your breast pain by circling the one number that best describes your breast pain <b>at its least</b> in the last 24 hours	
Please rate your breast pain by circling the one number that best describes your breast pain <b>on the average</b> in the last 24 hours	
Please rate your breast pain by circling the one number that tells how much breast pain you have <b>right now</b>	
<b>Are you using any treatments or medications for the breast to be treated with radiation (lotions, creams, medicine etc.)?</b>  If Yes, what treatments are you using? (Check all that apply)	<ul style="list-style-type: none"> <li>• YES/NO</li> <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> <li>• Miaderm</li> <li>• Biafene</li> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Corticosteroids used on the skin (such as</li> </ul>

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	<ul style="list-style-type: none"> <li>• Silvadene</li> <li>• Aloe vera gel</li> <li>• Corn starch</li> <li>• Hydrogel</li> </ul> <ul style="list-style-type: none"> <li>• cortisone cream)</li> <li>• Other (agents) treatments used on the skin(specify): _____</li> <li>• Oral pain medication (specify): _____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify): _____</li> </ul>
<p><b>During the past week, how often have you been bothered by?</b></p>	
<p>Itching of the skin of your treated breast</p>	<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• All the Time</li> </ul> </div>
<p>Burning or stinging of the skin of your treated breast</p>	
<p>Your treated breast hurting</p>	
<p>Swelling of your treated breast</p>	
<p>Your skin reaction to radiation making it hard to work or do what you enjoy</p>	
<p><b>Differences between treated and untreated breast:</b></p>	
<p><b>Please rate the following items on this four-point scale, according to your evaluation at this point in time:</b></p>	<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> <li>• None</li> <li>• Slight</li> <li>• Moderate</li> <li>• Large</li> </ul> </div>
<p>Breast size</p>	
<p>Breast texture (hardening)</p>	
<p>Arm heaviness</p>	
<p>Nipple appearance</p>	
<p>Shoulder movement</p>	
<p>Arm movement</p>	
<p>Breast pain</p>	
<p>Ability to lift objects</p>	
<p>Fit of shirt sleeve</p>	
<p>Breast tenderness</p>	
<p>Shoulder stiffness</p>	
<p>Breast shape</p>	

- None
  - Slight
  - Moderate
  - Large

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Breast elevation (how high the breast is)	
Scar tissue	
Shoulder pain	
Arm pain	
Arm swelling	
Breast swelling	
Arm stiffness	
Fit of bra	
Breast sensitivity	
Fit of clothing	
Overall, how satisfied are you with your radiation therapy treatment?	<ul style="list-style-type: none"> <li>• Very satisfied</li> <li>• Satisfied</li> <li>• Neither satisfied nor dissatisfied</li> <li>• Dissatisfied</li> <li>• Very Dissatisfied</li> </ul>
Taking everything into consideration, if given the choice again, would you decide to have radiation therapy?	<ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Probably yes</li> <li>• I don't know</li> <li>• Probably not</li> <li>• Definitely not</li> </ul>
In general, during the past four weeks, how often did you feel significant fatigue?	<ul style="list-style-type: none"> <li>• Always</li> <li>• Most of the time</li> <li>• Sometimes</li> <li>• Rarely</li> <li>• Never</li> </ul>
<p><b>Has hormonal/endocrine/anti-hormonal therapy been prescribed for you?</b></p> <p>If Yes, what has been prescribed for you:</p> <p>If Yes, are you still taking the hormonal/endocrine/anti-hormonal therapy?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• I chose not to take hormonal/endocrine/anti-hormonal therapy</li> <li>• Tamoxifen</li> <li>• Aromatase Inhibitors</li> <li>• Other, Specify: _____</li> <li>• Yes</li> <li>• No</li> </ul>

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B5: Breast Cancer Baseline Clinical Data	
<i>Time points: Last week of treatment &amp; Follow-up visit 3 months</i>	
Data Elements	Options
Weight (specify lbs or kg):	_____
BMI OR Height (specify inches or cm): <b>*If you do not have access to the height and weight, please ask the patient.</b>	_____
Breast Cancer / Pre-treatment Characteristics	
<p>Tumor Stage:</p> <p>a. Pathologic stage: A value for each (T-N-M) is required. If the physician has left N and M blank, <b>you must verify</b> with the physician if the answer is unknown(X) or negative (0).</p>	<ul style="list-style-type: none"> <li>• T _____</li> <li>• N _____</li> <li>• M _____</li> </ul>
Histology	<ul style="list-style-type: none"> <li>• DCIS</li> <li>• Invasive ductal carcinoma (predominant)</li> <li>• Invasive lobular carcinoma (predominant)</li> <li>• Other (specify): _____</li> </ul>
Tumor Grade	<ul style="list-style-type: none"> <li>• Grade 1: well differentiated</li> <li>• Grade 2: moderately differentiated</li> <li>• Grade 3: poorly differentiated</li> <li>• Not Specified</li> </ul>

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ER Status	<ul style="list-style-type: none"> <li>• Pos</li> <li>• Neg</li> <li>• Unknown</li> </ul>
PR Status	<ul style="list-style-type: none"> <li>• Pos</li> <li>• Neg</li> <li>• Unknown</li> </ul>
Her2Neu	<ul style="list-style-type: none"> <li>• Pos</li> <li>• Neg</li> <li>• Unknown</li> </ul>
<b>Method</b> of determining Her2Neu	<ul style="list-style-type: none"> <li>• FISH/DISH</li> <li>• IHC</li> <li>• Both</li> <li>• N/A</li> <li>• Unknown</li> </ul>
<b>Date</b> of last lumpectomy or excisional biopsy	mm/dd/yyyy
Margin Status If close, how many mm from margin?	<ul style="list-style-type: none"> <li>• Pos</li> <li>• Neg</li> <li>• Close</li> </ul>
<b>Axillary surgery</b> (check all that apply)	<ul style="list-style-type: none"> <li>• None</li> <li>• Axillary lymph node dissection</li> <li>• Sampling</li> <li>• Sentinel node bx</li> <li>• Other (Specify): _____</li> </ul>
<b>Number</b> of total lymph nodes <b>taken</b>	_____

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<p><b>Number of total lymph nodes positive</b></p>	<p>_____</p>
<p>Current smoker?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>
<p>Former smoker? (quit at least one month prior to diagnosis)</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>
<p>Was this patient counseled by a doctor or other healthcare worker about quitting cigarettes? (applies to current smokers only)</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p><b>Comorbidities: Does the patient have?</b></p>	
<p>Hypertension Diabetes mellitus Scleroderma Rheumatoid Arthritis Lupus Cerebrovascular disease Chronic pulmonary disease Congestive heart failure Connective tissue disease Confusion Hemiplegia Leukemia Malignant lymphoma Myocardial infarction Peripheral vascular disease Ulcer disease Liver disease Renal disease Malignant solid tumor (other than breast)</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p align="center"><b>B6: Breast Systemic Therapy Data</b></p>	
<p><i>Time points: Last week of treatment &amp; Follow-up visit 3 months</i></p>	
<p align="center"><b>Data Elements</b></p>	<p align="center"><b>Options</b></p>

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<p>Did the patient receive systemic therapy?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p>If yes, how was systemic therapy administered (check all that apply)?</p>	
<p>Neo adjuvant therapy (prior to breast-conserving surgery (BCS)) Agents Administered (check all that apply):</p>	<ul style="list-style-type: none"> <li>• Adriamycin/Doxorubicin</li> <li>• Cyclophosphamide/Cytoxan</li> <li>• Paclitaxel/Taxol</li> <li>• Docetaxel/Taxotere</li> <li>• Methotrexate/Trexall</li> <li>• 5-fluorouracil/ 5-FU</li> <li>• Trastuzumab/Herceptin</li> <li>• Other (specify) _____</li> </ul>
<p>Concurrently with Radiation Therapy Agents Administered (check all that apply):</p>	<ul style="list-style-type: none"> <li>• Adriamycin/Doxorubicin</li> <li>• Cyclophosphamide/Cytoxan</li> <li>• Paclitaxel/Taxol</li> <li>• Docetaxel/Taxotere</li> <li>• Methotrexate/Trexall</li> <li>• 5-fluorouracil/5-FU</li> <li>• Trastuzumab/Herceptin</li> <li>• Other (specify) _____</li> </ul>
<p>Adjuvant therapy (after BCS) Agents Administered (check all that apply):</p>	<ul style="list-style-type: none"> <li>• Adriamycin/Doxorubicin</li> <li>• Cyclophosphamide/Cytoxan</li> <li>• Paclitaxel/Taxol</li> <li>• Docetaxel/Taxotere</li> <li>• Methotrexate/Trexall</li> <li>• 5-fluorouracil/5-FU</li> <li>• Trastuzumab/Herceptin</li> <li>• Other (specify) _____</li> </ul>
<p>Concurrently with Radiation Therapy Agents Administered (check all that apply):</p>	<ul style="list-style-type: none"> <li>• Adriamycin/Doxorubicin</li> <li>• Cyclophosphamide/Cytoxan</li> <li>• Paclitaxel/Taxol</li> <li>• Docetaxel/Taxotere</li> <li>• Methotrexate/Trexall</li> <li>• 5-fluorouracil/5-FU</li> <li>• Trastuzumab/Herceptin</li> <li>• Other (specify) _____</li> </ul>
<p>Has hormonal therapy been prescribed?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Patient chose to opt out of hormonal therapy</li> </ul>
<p>If Yes, Agents Administered:</p>	<ul style="list-style-type: none"> <li>• Tamoxifen</li> <li>• Aromatase Inhibitors</li> <li>• Other, Specify: _____</li> </ul>

**B7: Physician: Toxicity Evaluation First Week of Treatment**

MROQC Breast Data Elements Guide

*Time points: Weekly On-Treatment Visits*

<b>Toxicity Scoring (CTCAE v 4.0)</b>						
Adverse Event	Grade					
	0	1	2	3	4	5
<b>Breast</b>						
Breast pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		
Lymphedema of breast	none	Trace thickening or faint discoloration	Marked discoloration; leathery skin texture; papillary formation; limiting instrumental ADL	Severe symptoms; limiting self-care ADL		
<b>Skin Disorders</b>						
Radiation dermatitis	none	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death
Pruritus	none	Mild or localized; topical intervention indicated	Intense or widespread; intermittent; skin changes from scratching (e.g., edema, population, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL	Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated		
Skin induration	none	Mild induration, able to move skin parallel to plane (sliding) and perpendicular to skin (pinching up).	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental to ADL	Severe induration, unable to slide or pinch skin; limiting joint movement or orifice (e.g., mouth, anus); limiting self-care ADL	Generalized; associated with signs or symptoms or impaired breathing or feeding	Death
<b>Musculoskeletal and connective tissue disorders</b>						
Chest wall pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		
<b>Cardiac disorders</b>						
Pericarditis	none	Asymptomatic, ECG or physical findings (e.g., rub) consistent with pericarditis	Symptomatic pericarditis (e.g., chest pain)	Pericarditis with physiologic consequences (e.g., pericardial constriction)	Life-threatening consequences; urgent intervention indicated	Death
Pericardial effusion	none		Asymptomatic effusion size small to moderate	Effusion with physiologic consequences	Life-threatening consequences; urgent intervention indicated	Death
<b>Respiratory, thoracic and mediastinal disorders</b>						
Dyspnea	none	Shortness of breath with moderate exertion	Shortness of breath with minimal exertion; limiting instrumental ADL	Shortness of breath at rest; limiting self-care ADL	Life-threatening consequences; urgent intervention indicated	Death
Pleuritic pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		



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Pneumonitis	none	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self-care ADL; oxygen indicated	Life-threatening respiratory compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death
<b>General disorders</b>						
Fatigue	none	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest, limiting self-care ADL		
<b>ECOG Performance Status**</b>						
*As published in Am. J. Clin. Oncol.: Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.	Fully active	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	Dead
What was the date of the first fraction?				_____		
Please rate the patient's current breast pain on a scale of 0-10				_____		
Please characterize the extent of any breast erythema at present				<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>		
Characterize the severity of any breast hyperpigmentation at present				<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>		
Characterize the severity of any breast hypopigmentation at present				<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>		
<b>Is this patient enrolled on any breast cancer clinical trial, study, or protocol (do not include MROQC)?</b>  a. Does this study (these studies) influence your radiation dose/treatment plan, or expected toxicity for this patient?				<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li>   <li>• Yes</li> <li>• No</li> </ul>		

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<p>For patients meeting the 2018 ASTRO AWBI guidelines who are NOT receiving AWBI, please record the reason (Please check all that apply)</p>	<ul style="list-style-type: none"> <li>• N/A-patient does not meet the guideline</li> <li>• Patient age &lt; 40</li> <li>• Patient enrolled in a clinical trial that specifies no use of hypo fractionation</li> <li>• Patient preference/choice</li> <li>• Patient received or receiving chemotherapy</li> <li>• Physician preference/choice</li> <li>• Triple negative disease (TNBC)</li> <li>• Other, please specify: _____</li> <li>• N/A-patient received AWBI</li> </ul>
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**B8: Physician: Toxicity Evaluation First Week of Treatment**

*Time points: Weekly On-Treatment Visits*

**Complete each week during treatment (Excluding first and last week)**

**Toxicity Scoring (CTCAE 4.0)**

		Grade					
Adverse Event	0	1	2	3	4	5	
<b>Breast</b>							
Breast pain	None	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL			
Lymphedema of breast	None	Trace thickening or faint discoloration	Marked discoloration; leathery skin texture; papillary formation; limiting instrumental ADL	Severe symptoms; limiting self-care ADL			
<b>Skin Disorders</b>							
Radiation dermatitis	None	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death	
Pruritus	None	Mild or localized; topical intervention indicated	Intense or widespread; intermittent; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL	Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated			
<b>Musculoskeletal and connective tissue disorders</b>							
Chest wall pain	None	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL			
<b>General Disorders</b>							
Fatigue	None	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest; limiting self-care ADL			
<b>ECOG Performance Status*</b>							

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*As published in Am. J. Clin. Oncol.: Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.	Fully active	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	Dead
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Does the patient have <b>MOIST</b> desquamation?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Does the patient have <b>DRY</b> desquamation?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Characterize the severity of any breast <b>hyperpigmentation</b> at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Characterize the severity of any breast <b>hypopigmentation</b> at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>

**B9: Breast Cancer Outcomes: Last Week of Treatment**

*Time points: Last week of treatment*

Data Elements	Options
<b>Patient's Status:</b>	
Rate patient's current breast pain on a scale of 0-1	_____
Does the patient have <b>MOIST</b> desquamation?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Does the patient have <b>DRY</b> desquamation?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Characterize extent of breast <b>erythema</b> at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> </ul>

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	<ul style="list-style-type: none"> <li>• Severe</li> </ul>
Characterize the severity of any breast <b>hyper</b> pigmentation at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Characterize the severity of any breast <b>hypo</b> pigmentation at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Please select all treatments recommended for management of acute reaction to RT within the past month:	<ul style="list-style-type: none"> <li>• None</li> <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> <li>• Miaderm</li> <li>• Biafene</li> <li>• Silvadene</li> <li>• Corn starch</li> <li>• Hydrogel</li> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Topical corticosteroids</li> <li>• Other topical agent (specify): _____</li> <li>• Oral anti-inflammatory or analgesic medication (specify): _____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify): _____</li> <li>• Other intervention (specify): _____</li> </ul>
How was the boost volume defined?	<ul style="list-style-type: none"> <li>• No boost given</li> <li>• Volume defined by Ultrasound</li> <li>• Volume defined clinically on set</li> <li>• Volume defined on CT</li> <li>• Other, please specify: _____</li> </ul>
If CT was used to define boost volume, the tumor bed was contoured based on: (check all that apply)	<ul style="list-style-type: none"> <li>• N/A</li> <li>• Surgical clips</li> <li>• Surgical changes</li> <li>• Surgical clips and surgical changes</li> <li>• Scar</li> <li>• Other please specify _____</li> </ul>
What was the date of the last fraction	_____
Did any break in treatment occur?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

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If Yes, was it due to toxicity?		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>				
Was the toxicity-related treatment break >5 days?		<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>				
<b>Toxicity Scoring (CTCAE v 4.0)</b>						
		<b>Grade</b>				
<b>Adverse Event</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Breast</b>						
Breast pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		
Lymphedema of breast	none	Trace thickening or faint discoloration	Marked discoloration; leathery skin texture; papillary formation; limiting instrumental ADL	Severe symptoms; limiting self-care ADL		
<b>Skin Disorders</b>						
Radiation dermatitis	none	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death
Pruritus	none	Mild or localized; topical intervention indicated	Intense or widespread; intermittent; skin changes from scratching (e.g., edema, population, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL	Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated		
Skin induration	none	Mild induration, able to move skin parallel to plane (sliding) and perpendicular to skin (pinching up).	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental to ADL	Severe induration, unable to slide or pinch skin; limiting joint movement or orifice (e.g., mouth, anus); limiting self-care ADL	Generalized; associated with signs or symptoms or impaired breathing or feeding	Death
<b>Musculoskeletal and connective tissue disorders</b>						
Chest wall pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		
<b>Cardiac disorders</b>						
Pericarditis	none	Asymptomatic, ECG or physical findings (e.g., rub) consistent with pericarditis	Symptomatic pericarditis (e.g., chest pain)	Pericarditis with physiologic consequences (e.g., pericardial constriction)	Life-threatening consequences; urgent intervention indicated	Death
Pericardial effusion	none		Asymptomatic effusion size small to moderate	Effusion with physiologic consequences	Life-threatening consequences; urgent intervention indicated	Death
<b>Respiratory, thoracic and mediastinal disorders</b>						
Dyspnea	none	Shortness of breath with moderate exertion	Shortness of breath with minimal exertion; limiting instrumental ADL	Shortness of breath at rest; limiting self-care ADL	Life-threatening consequences; urgent intervention indicated	Death

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Pleuritic pain	none		Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL		
Pneumonitis	none	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self-care ADL; oxygen indicated	Life-threatening respiratory compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death
<b>General disorders</b>						
Fatigue	none	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest, limiting self-care ADL		
<b>ECOG Performance Status*</b>						
<small>*As published in Am. J. Clin. Oncol.: Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.</small>	Fully active	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	Dead

**B10: Physician: Breast Cancer Clinical Outcomes Follow-up**

*Time points: Follow-up visit 2 weeks - 3 months*

Data Elements	Options
<b>Patient's Status:</b>	
Rate patient's current breast pain on a scale of 0-1	_____
Does the patient have MOIST desquamation	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Does the patient have DRY desquamation	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Characterize extent of breast erythema at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Characterize the severity of any breast hyperpigmentation at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Characterize the severity of any breast hypopigmentation at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Please select all treatments recommended for management of acute reaction to RT within the past month:	<ul style="list-style-type: none"> <li>• None</li> <li>• Calendula</li> <li>• Aquaphor</li> <li>• Alra</li> </ul>

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		<ul style="list-style-type: none"> <li>• Miaderm</li> <li>• Biafene</li> <li>• Silvadene</li> <li>• Corn starch</li> <li>• Hydrogel</li> <li>• Domeboro solution</li> <li>• Eucerin</li> <li>• Cocoa butter</li> <li>• Topical corticosteroids</li> <li>• Other topical agent (specify): _____</li> <li>• Oral anti-inflammatory or analgesic medication (specify): _____</li> <li>• Oral antibiotic</li> <li>• Other oral agent (specify): _____</li> <li>• Other intervention (specify): _____</li> </ul>				
<b>Toxicity Scoring (CTCAE v 4.0)</b>						
		<b>Grade</b>				
<b>Adverse Event</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Breast</b>						
Breast pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL		
Lymphedema of breast	none	Trace thickening or faint discoloration	Marked discoloration; leathery skin texture; papillary formation; limiting instrumental ADL	Severe symptoms; limiting self-care ADL		
<b>Skin Disorders</b>						
Radiation dermatitis	none	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death
Pruritus	none	Mild or localized; topical intervention indicated	Intense or widespread; intermittent; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL	Intense or widespread; constant; limiting self care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated		
Skin induration	none	Mild induration, able to move skin parallel to plane (sliding) and perpendicular to skin (pinching up).	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental to ADL	Severe induration, unable to slide or pinch skin; limiting joint movement or orifice (e.g., mouth, anus); limiting self-care ADL	Generalized; associated with signs or symptoms or impaired breathing or feeding	Death
<b>Musculoskeletal and connective tissue disorders</b>						
Chest wall pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL		
<b>Cardiac disorders</b>						

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Pericarditis	none	Asymptomatic, ECG or physical findings (e.g., rub) consistent with pericarditis	Symptomatic pericarditis (e.g., chest pain)	Pericarditis with physiologic consequences (e.g., pericardial constriction)	Life-threatening consequences; urgent intervention indicated	Death
Pericardial effusion	none		Asymptomatic effusion size small to moderate	Effusion with physiologic consequences	Life-threatening consequences; urgent intervention indicated	Death
<b>Respiratory, thoracic and mediastinal disorders</b>						
Dyspnea	none	Shortness of breath with moderate exertion	Shortness of breath with minimal exertion; limiting instrumental ADL	Shortness of breath at rest; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death
Pleuritic pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL		
Pneumonitis	none	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; oxygen indicated	Life-threatening respiratory compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death
<b>General disorders</b>						
Fatigue	none	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest, limiting self care ADL		
<b>ECOG Performance Status*</b>						
<small>*As published in Am. J. Clin. Oncol.: Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.</small>	Fully active	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work	Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours	Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours	Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair	Dead

**B13: Patient: Breast Cancer Long-Term Follow-Up Questionnaire**

*Time points: Annually*

Data Elements	Options
<b>Please rate your breast pain:</b>	
Please rate your breast pain by circling the one number that best describes your breast pain at its <b>worst</b> in the last 24 hours	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>0 (No pain) To 10 (Pain as bad as you can imagine)</p> </div>
Please rate your breast pain by circling the one number that best describes your breast pain at its <b>least</b> in the last 24 hours	
Please rate your breast pain by circling the one number that best describes your breast pain <b>on the average</b> in the last 24 hours	





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	<p><b>GOOD:</b> there is a slight difference in the size or shape of the treated breast as compared to the opposite breast or the original appearance of the treated breast. There may be some mild reddening or darkening of the breast. The thickening or scar tissue within the breast causes only a mild change in the shape or size</p> <p><b>FAIR:</b> obvious differences in the size and shape of the treated breast. This change involves a quarter or less of the breast. There can be moderate thickening or scar tissue of the skin and the breast, and there may be obvious color changes</p> <p><b>POOR:</b> marked change in the appearance of the treated breast involving more than a quarter of the breast tissue. The skin changes may be obvious and detract from the appearance of the breast. Severe scarring and thickening of the breast, which clearly alters the appearance of the breast, may be found</p>
Overall, how satisfied are you with your radiation therapy treatment	<ul style="list-style-type: none"> <li>• Very satisfied</li> <li>• Satisfied</li> <li>• Neither satisfied nor dissatisfied</li> <li>• Dissatisfied</li> <li>• Very dissatisfied</li> </ul>
Taking everything into consideration, if given the choice again, would you decide to have radiation therapy	<ul style="list-style-type: none"> <li>• Yes, definitely</li> <li>• Probably yes</li> <li>• I don't know</li> <li>• Probably not</li> <li>• Definitely not</li> </ul>
<b>B14: Physician: 1-year/Annual Follow-up Clinical Assessment</b>	
<i>Time points: Annually</i>	
<b>Data Elements</b>	<b>Options</b>
<b>Patient's Status:</b>	
Rate patient's current breast pain on a scale of 0-10	_____
Please characterize the severity of any breast <b>edema</b> at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Please characterize the severity of any breast <b>erythema</b> at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
Please characterize the severity of any breast <b>hyperpigmentation</b> at present	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> </ul>

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	<ul style="list-style-type: none"> <li>• Severe</li> </ul>
<p>Please characterize the severity of any <b>hypopigmentation</b> in the treated field at present</p>	<ul style="list-style-type: none"> <li>• None</li> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>
<p>Since completing radiation treatment, has the patient had additional surgery on their treated breast?</p> <p>If yes, please specify (check all that apply):</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li>   <li>• Biopsy</li> <li>• Mastectomy</li> <li>• Reconstructive surgery</li> <li>• Scar revision</li> <li>• Lipofilling</li> <li>• Other-specify _____</li> </ul>
<p><b>Toxicity Scoring</b></p>	
<p>Please assess the patient’s overall breast cosmesis at this time</p> <p><b>Circle the number (1 – 4)</b> next to the word and description that best fits today’s cosmetic results.</p>	<p><b>1. EXCELLENT:</b> when compared to the untreated breast or the original appearance of the breast, there is minimal or no difference in the size or shape of the treated breast. The way the breast feels (texture) is the same or slightly different. There may be thickening, scar tissue, or fluid accumulation within the breast, but not enough to change the appearance.</p> <p><b>2. GOOD:</b> there is a slight difference in the size or shape of the treated breast as compared to the opposite breast or the original appearance of the treated breast. There may be some mild reddening or darkening of the breast. The thickening or scar tissue within the breast causes only a mild change in the shape or size.</p> <p><b>3. FAIR:</b> there is an obvious difference in the size and shape of the treated breast. This change occupies a quarter or less of the breast. There can be moderate thickening or scar tissue of the skin and the breast, and there may be obvious color changes.</p> <p><b>4. POOR:</b> there is a marked change in the appearance of the treated breast involving more than a quarter of the breast tissue. The skin changes may be obvious and detract from the appearance of the breast. Severe scarring and thickening of the breast, which clearly alters the appearance of the breast may be found.</p>
<p>Please circle the number which most closely describes the following possible outcomes</p> <ul style="list-style-type: none"> <li>• Skin telangiectasia</li> <li>• Skin atrophy</li> </ul>	<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> <li>• None - 0</li> <li>• Present but doesn’t affect cosmesis - 1</li> <li>• Present and affects cosmesis - 2</li> </ul> </div>

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<ul style="list-style-type: none"> <li>• Scarring</li> <li>• Pigment change</li> <li>• Erythema</li> <li>• Fat necrosis</li> <li>• Fibrosis</li> <li>• Retraction or contour defect</li> <li>• Volume loss</li>   <li>• Other significant treatment effects (Please specify)</li> </ul>	
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**Toxicity Scoring (CTCAE v 4.0)**

Adverse Event	0	1	2	3	4	5
<b>Breast</b>						
Breast pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		
Lymphedema of breast	none	Trace thickening or faint discoloration	Marked discoloration; leathery skin texture; papillary formation; limiting instrumental ADL	Severe symptoms; limiting self-care ADL		
Breast nipple/areolar deformity	none	Asymptomatic ; asymmetry with slight retraction and/or thickening of the nipple areolar complex	Symptomatic; asymmetry of nipple areolar complex with moderate retraction and/or thickening of the nipple areolar complex			
Breast volume/ hypoplasia REMARK: Breast volume is referenced with both arms straight overhead	none	Minimal asymmetry; minimal atrophy	Moderate asymmetry; moderate atrophy	Asymmetry >1/3 of breast volume; severe atrophy		
<b>Skin Disorders</b>						
Radiation dermatitis	none	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death
Pruritus	none	Mild or localized; topical intervention indicated	Intense or widespread; intermittent; skin changes from scratching (e.g., edema, papulation, excoriations, lichenification, oozing/crusts); oral intervention indicated; limiting instrumental ADL	Intense or widespread; constant; limiting self-care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated		
Skin induration	none	Mild induration, able to move skin parallel to plane (sliding) and perpendicular	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental to ADL	Severe induration, unable to slide or pinch skin; limiting joint movement or orifice (e.g., mouth, anus); limiting self-care ADL	Generalized; associated with signs or symptoms or impaired breathing or feeding	Death



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		to skin (pinching up).				
<b>Musculoskeletal and connective tissue disorders</b>						
Chest wall pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self-care ADL		
Fibrosis – deep connective tissue	none	Mild induration, able to move skin parallel to plane (sliding) and perpendicular to skin (pinching up)	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental to ADL	Severe induration, unable to slide or pinch skin; limiting joint movement or orifice (e.g., mouth, anus); limiting self-care ADL	Generalized; associated with signs or symptoms or impaired breathing or feeding	Death
<b>Cardiac disorders</b>						
Pericarditis	none	Asymptomatic , ECG or physical findings (e.g., rub) consistent with pericarditis	Symptomatic pericarditis (e.g., chest pain)	Pericarditis with physiologic consequences (e.g., pericardial constriction)	Life-threatening consequences; urgent intervention indicated	Death
Pericardial effusion	none		Asymptomatic effusion size small to moderate	Effusion with physiologic consequences	Life-threatening consequences; urgent intervention indicated	Death
<b>Respiratory, thoracic and mediastinal disorders</b>						
Dyspnea	none	Shortness of breath with moderate exertion	Shortness of breath with minimal exertion; limiting instrumental ADL	Shortness of breath at rest; limiting self-care ADL	Life-threatening consequences; urgent intervention indicated	Death
Pleuritic pain	none	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL		
Pneumonitis	none	Asymptomatic ; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self-care ADL; oxygen indicated	Life-threatening respiratory compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death
<b>General disorders</b>						
Fatigue	none	Fatigue relieved by rest	Fatigue not relieved by rest; limiting instrumental ADL	Fatigue not relieved by rest, limiting self-care ADL		
<b>ECOG Performance Status*</b>						
*As published in Am. J. Clin. Oncol.: Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.	Fully active	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	Dead
<b>Breast Radiotherapy Technical Details Form</b>						

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Data Elements	Options
<b>Simulation</b>	
Which breast was treated?	<ul style="list-style-type: none"> <li>• Right</li> <li>• Left</li> </ul>
In what position was the patient simulated?	<ul style="list-style-type: none"> <li>• Supine</li> <li>• Decubitus</li> <li>• Prone</li> <li>• Other. Please specify: _____</li> </ul>
What positioning system was the patient immobilized with? Check all that apply.	<ul style="list-style-type: none"> <li>• Breast board</li> <li>• No immobilization</li> <li>• Custom cradle</li> <li>• Evacuated bean bag</li> <li>• Other. Please Specify: _____</li> </ul>
How was the breast immobilized? Check all that apply	<ul style="list-style-type: none"> <li>• No special immobilization</li> <li>• Patient's bra (__ cm)</li> <li>• Thermoplastic material (__ cm)</li> <li>• Custom bra (__ cm)</li> <li>• Breast cup (__ cm)</li> <li>• Other. Please Specify: _____</li> </ul>
Select the primary method used to assess the motion of the breast and organs-at-risk during simulation.	<ul style="list-style-type: none"> <li>• 4DCT</li> <li>• Fluoroscopy</li> <li>• Slow CT</li> <li>• Not determined. Flash to ensure coverage</li> <li>• Scans at multiple breath hold states</li> <li>• Other. Please Specify: _____</li> </ul>
Select the primary device or technique used to minimize or account for the impact of respiration on the patient's simulation	<ul style="list-style-type: none"> <li>• No special instruction</li> <li>• Gating of radiotherapy (RPM, AlignRT, etc.)</li> <li>• Voluntary breath hold without device</li> <li>• Abdominal compression</li> </ul>

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	<ul style="list-style-type: none"> <li>Breath hold with device (ABC, SDX, etc.)</li> <li>Other. Please Specify: _____</li> </ul>
Was patient re-simulated for boost (new imaging and treatment plan)?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Patient did not receive a boost</li> </ul>
If yes, in what position was the patient's boost simulated? [if Q7 = Yes]	<ul style="list-style-type: none"> <li>Supine</li> <li>Decubitus</li> <li>Prone</li> </ul>
<b>Targets</b>	
What is the patient's mid-breast separation?	_____ cm [between 10 and 50]
[Q10] Were any of the following nodal regions intentionally treated? Check all that apply.	<ul style="list-style-type: none"> <li>Supraclavicular</li> <li>Axillary (level I &amp; II)</li> <li>Infraclavicular (level III axillary)</li> <li>Other. Please specify: _____</li> <li>Internal Mammary</li> <li>None</li> </ul>
[Q11] Were contours for the lumpectomy cavity drawn for treatment planning?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>
If the lumpectomy cavity is contoured, is a planning target volume (PTV) margin added for treatment planning?	<p>[if Q11 = Yes]</p> <ul style="list-style-type: none"> <li>Expansion added to cavity. Please specify: _____ cm</li> <li>Included in auto-shaping margin for planning (such as for electron cutouts)</li> <li>Not explicitly considered</li> </ul>
<b>Treatment Planning</b>	
[Q13] Select the number of plans treated	_____ [drop-down menu: 1-10]
For each plan, specify:	[The user should be able to complete this process for as many plans as were indicated in Q13]

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<p>a. Planning Type</p> <p>b. Dose delivered with this plan (Gy)</p> <p>c. Number of fractions delivered with this plan</p> <p>d. Treatment region</p> <p>e. Reason for plan</p> <p>f. If not initial, what was the reason?</p> <p>g. Did this plan include a concomitant boost?</p>	<ul style="list-style-type: none"> <li>• Forward Planning</li> <li>• Inverse Planning</li> </ul> <p>_____ [between 1 and 70]</p> <p>_____ [between 1 and 40]</p> <ul style="list-style-type: none"> <li>• Breast</li> <li>• Lumpectomy bed</li> <li>• Breast &amp; nodes</li> <li>• Nodes</li> </ul> <ul style="list-style-type: none"> <li>• Initial</li> <li>• Planned boost</li> <li>• Planned adaptation</li> <li>• Unplanned modification</li> </ul> <p>[if Q14e=Planned adaptation or Unplanned modification]</p> <ul style="list-style-type: none"> <li>• Minimize dose to critical structures</li> <li>• Patient anatomy change</li> <li>• Change in motion management strategy</li> <li>• Other. Please specify: _____</li> </ul> <p>[if Q14e=Initial]</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p><b>Prescription</b></p>	
<p>How is the dose to the breast prescribed?</p>	<ul style="list-style-type: none"> <li>• Midplane depth</li> <li>• _____ Gy to a reference point [between 20 and 70]</li> <li>• _____ Gy [between 20 and 70] to _____% Isodose Line [between 70 and 110]</li> <li>• _____ Gy [between 20 and 70] to _____% Volume [between 70 and 100]</li> </ul>



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<p>How is the dose to the regional nodes prescribed?</p>	<p>[If Q10 ≠ None]</p> <ul style="list-style-type: none"> <li>• Depth</li> <li>• ___ Gy to a reference point [between 20 and 70]</li> <li>• ___ Gy [between 20 and 70] to ___% Isodose Line [between 70 and 110]</li> <li>• ___ Gy [between 20 and 70] to ___% Volume [between 70 and 100]</li> </ul>
<p>How is the dose to the lumpectomy bed prescribed? Note: If no boost was given, please enter 0 Gy for the second option.</p>	<ul style="list-style-type: none"> <li>• Midplane depth</li> <li>• ___ Gy to a reference point [between 0 and 30]</li> <li>• ___ Gy [between 5 and 30] to ___% Isodose Line [between 70 and 110]</li> <li>• ___ Gy [between 5 and 30] to ___% Volume [between 70 and 100]</li> </ul>
<p><b>Treatment Delivery and Image Guidance</b></p>	
<p>Select the primary motion management technique used for this patient for treatment delivery</p>	<ul style="list-style-type: none"> <li>• ITV to account for motion, free breathing</li> <li>• Abdominal compression</li> <li>• Voluntary breath hold without device</li> <li>• No special instruction</li> <li>• Breath hold with device (ABC, SDX, etc.)</li> <li>• Other. Please specify: _____</li> <li>• Gating of radiotherapy (RPM, AlignRT, etc.)</li> </ul>
<p>What type of imaging was used to verify this patient's setup?</p>	<ul style="list-style-type: none"> <li>• kV/MV portal</li> <li>• CT (CBCT or TomoTherapy CT)</li> <li>• Films</li> <li>• Video-based system</li> <li>• Other. Please specify: _____</li> </ul>
<p>For each imaging type, specify how often the patient was imaged during treatment.</p>	<ul style="list-style-type: none"> <li>• Daily</li> <li>• Less than daily but more than weekly</li> <li>• Weekly</li> <li>• Other. Please specify: _____</li> </ul>