

BACKGROUND

Name: _____ Age: _____ Menopausal Status: ☐ Pre ☐ Peri ☐ Post

Family History of Cancer: ☐ Yes ☐ No Genetic Testing Completed: ☐ Yes ☐ No

Gene Mutations Identified: ☐ No mutation ☐ BRCA ☐ Other: _____

If yes, who in your family had cancer and what type of cancer was it? _____

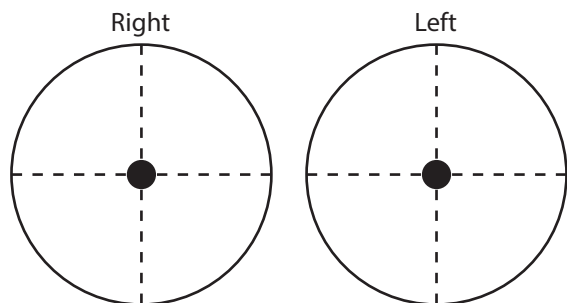
Other Known Health Conditions: _____

Family Plans: Do you plan to have one or more children? _____

Notes: _____

CLINICAL ASSESSMENT

Tumor Location



Tumor Size: ☐ Tis ☐ T1 ($\leq 2\text{cm}$) ☐ T2 ($\geq 2\text{cm} \leq 5\text{cm}$) ☐ T3 ($\leq 5\text{cm}$) ☐ T4*

*tumor of any size growing into the chest wall or skin

Number of Lymph Nodes: _____ ☐ N0 ☐ N1 ☐ N2 ☐ N3

Metastatic Spread: ☐ No (M0) ☐ Yes (M1)

Cancer Stage: _____ Site of Spread: _____

Tumor Grade: ☐ 1 ☐ 2 ☐ 3

IHC (ImmunoHistoChemistry):

☐ ER+ ☐ ER- ☐ PR+ ☐ PR- ☐ HER2- ☐ HER2+ ☐ Triple Negative

Cancer Type: ☐ Ductal Carcinoma in Situ (DCIS) ☐ Lobular Carcinoma in Situ (LCIS) ☐ Invasive Ductal Carcinoma (IDC)

☐ Invasive Lobular Cancer (ILC) ☐ Other: Tubular, Medullary: _____

Notes: _____

TUMOR GENOMIC ASSESSMENT

MammaPrint® Result: ☐ UltraLow ☐ Low ☐ High 1 ☐ High 2

Blueprint® Result: ☐ Luminal A ☐ Luminal B ☐ HER2 ☐ Basal-Type (ER-) ☐ Basal-Type (ER+)

Notes: _____

TREATMENT PLAN

Chemotherapy: ☐ Yes ☐ No Timing of Chemotherapy: ☐ Neoadjuvant (Before Surgery) ☐ Adjuvant (After Surgery)

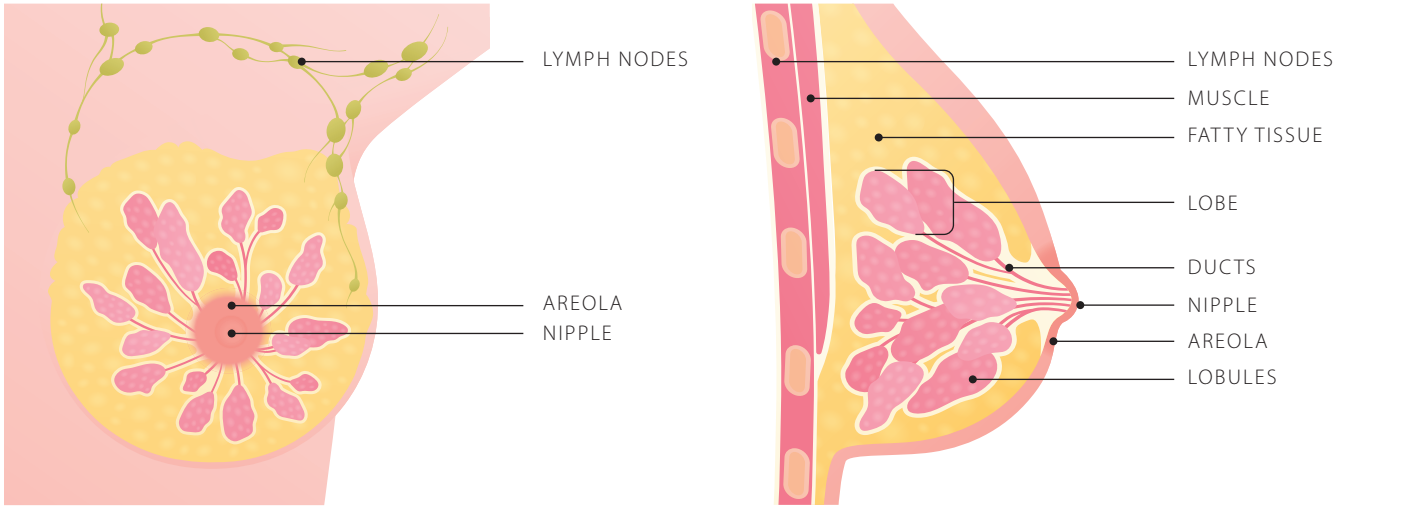
Chemotherapy Regimen: _____

Surgery: ☐ Sentinel Lymph Node Removal ☐ Axillary Node Dissection ☐ Lumpectomy ☐ Single Mastectomy ☐ Double Mastectomy

Systemic Therapy: ☐ HER2 Targeted Therapy ☐ Hormone Therapy (Endocrine) ☐ Other: _____

☐ Radiation: _____ ☐ Immunotherapy: _____

☐ Discuss if qualify for any clinical trials: _____



Notes: _____

Important Dates:

___/___/___: _____

___/___/___: _____

___/___/___: _____

___/___/___: _____