NCI BOLD Task Force Common Data Elements (CDE) – Radiation Therapy

Patient ID #:	Date: _/_/
Incident Breast Enter the breast being radiated. A separate radiated breast. □ Left □ Right	tion therapy form will be required for each
Type of Radiation Received:UWhole Breast Irradiation OnlyWhole Breast Irradiation and Regional Nodal IrradiationPartial Breast Irradiation	 Post Mastectomy Irradiation – Chest Wall Only Post Mastectomy Irradiation – Chest Wall and Regional Nodes No Radiation Received
RT Begin DateIIIIIIMMDDYearRT End DateIIIIIIMMDDYear	
I. Radiation Dose to Whole Breast or Chest Wall 1. Total dose prior to boost Gy 2. Total # of fractions	
 4. Total # of fractions to boost field 5. Time Point: Intra-Op□ or 6. Boost Method: Electrons □ 	Post-Op□ Photons □ Brachy □
II. Radiation Dose to Targeted Regional Nodes (if applicable)	
 A) Nodal Regions Targeted (Check all the Axillary Supraclavicular / Axillary Level 3 Internal Mammary Nodes 	at apply) □ □ □

- B) Total Dose to nodal regions
 C) Total # of Fractions
 Gy

III. Partial Breast Irradiation

- A) Total dose delivered: _____. ___Gy
- B) Total Number Fractions:
- C) # of Fractions delivered daily: _____
- D) Partial Breast Irradiation Method
 - 1. Interstitial Brachytherapy

- 2. Intra-cavitary Brachytherapy Device (MammoSite, Contour, ClearPath, etc.)
- 3. Intra-Op
- 4. 3-D CRT □
- 5. IMRT
- 6. Protons