

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

Patient ID #: _____

Date: __/__/____

Radiation

Completed or in progress Yes No

Planned Yes No

Incident Breast*:

Right Left

Type of Radiation Received:

- Whole Breast Irradiation Only
- Whole Breast Irradiation and Regional Nodal Irradiation
- Partial Breast Irradiation

- Post Mastectomy Irradiation – Chest Wall Only
- Post Mastectomy Irradiation – Chest Wall and Regional Nodes
- Unknown

RT Begin Date Year

MM DD

RT End Date Year

MM DD

I. Radiation Dose to Whole Breast or Chest Wall

- 1. Total dose prior to boost _____ Gy unknown
- 2. Total # of fractions _____ unknown

Boost to Lumpectomy Cavity or Chest Wall Scar

- 1. Was a boost given? Yes No unknown
- 2. RT Total dose to boost field _____ Gy unknown
- 3. Total # of fractions to boost field _____ unknown
- 4. Time Point: Intra-Op or Post-Op unknown

II. Radiation Dose to Targeted Regional Nodes (if applicable)

A) Nodal Regions Targeted (Check all that apply)

- Axillary
- Supraclavicular / Axillary Level 3
- Internal Mammary Nodes
- Unknown

B) Total Dose to nodal regions _____ Gy unknown

C) Total # of Fractions _____ unknown

III. Partial Breast Irradiation

- A) Total dose delivered: ____ ____ . ____ Gy unknown
- B) Total Number Fractions: _____ unknown
- C) # of Fractions delivered daily: _____ unknown
- D) Partial Breast Irradiation Method
1. Intra-Op
 2. Post Op Brachytherapy Device (MammoSite, Contoura, ClearPath, Savi)
 3. Post Op External beam (3DCRT, IMRT, Protons)
 4. Unknown

* If study allows for bilateral breast cancer, a separate radiation form will be required for each breast.