

SENOVIE, France | Medical Questionnaire

Please complete the questionnaire below.

Thank you !

IDENTIFICATION	
Q001. Name of Inclusion Hospital	<div><input type="radio"/> Saint-Louis</div> <div><input type="radio"/> Delafontaine</div> <div><input type="radio"/> Robert Ballanger</div> <div><input type="radio"/> Avicenne</div>
Q002. Date of inclusion of the woman	<div></div>
Q003. Participant ID	<div></div> <div>(Double entry of the SENOVIE identifier)</div>
Q004. Year of birth of the participant	<div></div>

Q005. Country of birth of the participant	<div><div><input type="radio"/> Other</div><div><input type="radio"/> country</div><div><input type="radio"/> France</div><div><input type="radio"/> South Africa</div><div><input type="radio"/> Angola</div><div><input type="radio"/> Benin</div><div><input type="radio"/> Botswana</div><div><input type="radio"/> Burkina Faso</div><div><input type="radio"/> Burundi</div><div><input type="radio"/> Cameroon</div><div><input type="radio"/> Cape Verde</div><div><input type="radio"/> Comoros</div><div><input type="radio"/> Côte d'Ivoire</div><div><input type="radio"/> Djibouti</div><div><input type="radio"/> Eritrea</div><div><input type="radio"/> Ethiopia</div><div><input type="radio"/> Gabon</div><div><input type="radio"/> Gambia</div><div><input type="radio"/> Ghana</div><div><input type="radio"/> Guinea</div><div><input type="radio"/> Guinea-Bissau</div><div><input type="radio"/> Equatorial Guinea</div><div><input type="radio"/> Kenya</div><div><input type="radio"/> Lesotho</div><div><input type="radio"/> Liberia</div><div><input type="radio"/> Madagascar</div><div><input type="radio"/> Malawi</div><div><input type="radio"/> Little</div><div><input type="radio"/> Mauritania</div><div><input type="radio"/> Mozambique</div><div><input type="radio"/> Namibia</div><div><input type="radio"/> Niger</div><div><input type="radio"/> Nigeria</div><div><input type="radio"/> Uganda</div><div><input type="radio"/> Central African Republic Democratic</div><div><input type="radio"/> Republic of the Congo</div><div><input type="radio"/> Rwanda</div><div><input type="radio"/> São Tomé and Príncipe</div><div><input type="radio"/> Senegal</div><div><input type="radio"/> Seychelles,</div><div><input type="radio"/> Sierra Leone,</div><div><input type="radio"/> Somalia,</div><div><input type="radio"/> South Sudan,</div><div><input type="radio"/> Swaziland,</div><div><input type="radio"/> Tanzania,</div><div><input type="radio"/> Chad</div><div><input type="radio"/> Togo</div><div><input type="radio"/> Zambie</div><div><input type="radio"/> Zimbabwe</div></div>
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Q007. Date of first documented consultation in the medical file for the management of the cancer?	<div></div>
Q009. Family history of breast cancer / ovary ?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q010. Circumstances of breast cancer diagnosis	<div><div><input type="radio"/> Clinical sign</div><div><input type="radio"/> Screening (during a campaign or individual screening)</div></div>
Q011. HIV Positive	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q011.1. Date of HIV diagnosis	<div></div>
CLINICAL	
Q012.1 Size in cm	<div><div></div><div>(Note only the numeric values. For 1m65, rate 165)</div></div>
Q012.2 Weight in Kg (first known)	<div><div></div><div>(Note only the numeric values. For 65 kg, rate 65)</div></div>
Q013. Menopausal at the time of diagnosis	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q014. Pregnancy in progress at the time of diagnosis	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q015. Clinical tumour size (cT)	<div><div><div><input type="radio"/> T0</div><div><input type="radio"/> T1</div><div><input type="radio"/> T2</div><div><input type="radio"/> T3</div><div><input type="radio"/> T4</div></div><div>(Information to be collected in the medical file)</div></div>
Q016. Clinical Classification of Lymph Nodes (cN)	<div><div><div><input type="radio"/> N0</div><div><input type="radio"/> N1</div><div><input type="radio"/> N2</div><div><input type="radio"/> N3</div></div><div>(Information to be collected in the medical file)</div></div>
Q017. Clinical presence of distant metastasis (clinical or radiological metastasis)	<div><div><div><input type="radio"/> M0</div><div><input type="radio"/> M1</div></div></div>

PATHOLOGICAL	
Q018. Form of cancer	<div><input type="radio"/> In situ</div> <div><input type="radio"/> Infiltrating</div>
Q019. Histological type	<div><input type="radio"/> NST (Invasive Canal)</div> <div><input type="radio"/> Infiltrating lobular</div> <div><input type="radio"/> Other</div>
Q019.1. Other histological type, please specify	<div></div> <div>(Note the type or "Don't know" if you don't have the information)</div>
Q020. Grade SBR	<div><input type="radio"/> 1</div> <div><input type="radio"/> 2</div> <div><input type="radio"/> 3</div>
Q021. Emboles	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q022.1 ER (estrogen receptors)	<div><input type="radio"/></div> <div><input type="radio"/> Negative</div> <div><input type="radio"/> Positive</div>
Q022.2 PR (progesterone receptors)	<div><input type="radio"/></div> <div><input type="radio"/> Negative</div> <div><input type="radio"/> Positive</div>
Q022.3 HER 2	<div><input type="radio"/> Negative (0, 1+, 2+ unamplified)</div> <div><input type="radio"/> Positive (2+ amplified, 3+)</div>
Q023.1 pTNM or ypTNM ?	<div><input type="radio"/> pTNM</div> <div><input type="radio"/> ypTNM (neo-adjuvant)</div>
Q023.2 Tumour size (pT or ypT)	<div><input type="radio"/> T0</div> <div><input type="radio"/> Tis</div> <div><input type="radio"/> T1</div> <div><input type="radio"/> T2</div> <div><input type="radio"/> T3</div> <div><input type="radio"/> T4</div> <div>(Information to be collected in the medical file)</div>
Q024. Classification of the lymph nodes (pN or ypN)	<div><input type="radio"/> N0</div> <div><input type="radio"/> N1</div> <div><input type="radio"/> N2</div> <div><input type="radio"/> N3</div> <div>(Information to be collected in the medical file)</div>
Q025. Presence of distant metastasis (pM or ypM)	<div><input type="radio"/> M0</div> <div><input type="radio"/> M1</div>

Q026. Stage of cancer at diagnosis?	<div><div><input type="radio"/> 0</div><div><input type="radio"/> I</div><div><input type="radio"/> IIA</div><div><input type="radio"/> IIB</div><div><input type="radio"/> IIIA</div><div><input type="radio"/> IIIB</div><div><input type="radio"/> IIIC</div><div><input type="radio"/> IV</div></div> <div>(Information to be collected in the medical file)</div>
Q027. Has she had chemotherapy in treatment initial (regardless of the location)?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q027.1 Type of chemotherapy	<div><div><input type="radio"/> Adjuvant Neo-</div><div><input type="radio"/> adjuvant</div><div><input type="radio"/> Neo-adjuvant + metastatic adjuvant</div><div><input type="radio"/></div></div>
Q027.2 Chemotherapy start date	<div></div>
Q027.3 Chemotherapy end date	<div></div>
Q027.4 Type (therapeutic class)	<div><div></div><div>(Note the type or "Don't know" if you don't have the information)</div></div>
Q027.5 Number of Chemotherapy Cycles	<div><div></div><div>(Write down the exact number or "999" if you don't have the information)</div></div>
Q027.6 Has she received all or part of her chemotherapy outside France?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q027.6.1 In which country?	<div><div></div><div>(Note the country or "Don't know" if you don't have the information)</div></div>
Q028. Did she have surgery as an initial treatment? (regardless of the location)?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q028.1. Date of First Surgery	<div></div>
Q028.2. What type of surgery?	<div><div><input type="checkbox"/> Total mastectomy</div><div><input type="checkbox"/> Partial mastectomy</div><div><input type="checkbox"/> Axillary dissection</div><div><input type="checkbox"/> Sentinel lymph node</div><div><input type="checkbox"/> Other</div><div>(Several answers possible)</div></div>
Q028.2.1. Other types of surgery, please specify	<div></div>

Q028.3. Side of surgery	<div><input type="radio"/> Right</div> <div><input type="radio"/> Left</div> <div><input type="radio"/> Bilateral</div>
Q028.4. Revision surgery	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q028.5 Has she received all or part of her surgery outside France?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q028.5.1 In which country?	<div></div> <div>(Note the country or "Don't know" if you don't have the information)</div>
Q028.6. Did she have reconstructive surgery (regardless of the location)?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q028.6.1. Has it received all or part of its reconstructive surgery outside France?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q028.6.1.1. In which country?	<div></div> <div>(Note the country or "Don't know" if you don't have the information)</div>
Q029. Has she had radiation therapy in treatment? initial (regardless of the location)?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q029.1. Radiation therapy start date	<div></div>
Q029.2. End date of radiation therapy	<div></div>
Q029.3. Which areas were irradiated?	<div><input type="checkbox"/> Breast</div> <div><input type="checkbox"/> chest wall Lymph</div> <div><input type="checkbox"/> node areas Other</div> <div><input type="checkbox"/> areas</div>
Q029.3.1. Other irradiated areas, specify which ones	<div></div>
Q029.4. Has she received all or part of her radiotherapy outside France?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q029.4.1. In which country?	<div></div> <div>(Note the country or "Don't know" if you don't have the information)</div>
Q030. Has she had hormone therapy in treatment? initial (regardless of the location)?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>
Q030.1. Hormonal Therapy Start Date	<div></div>

Q030.2. End date of hormonal therapy	
<div></div>	
Q030.3. What treatments did the patient receive for his hormone therapy (regardless of the location)?	<div><div><input type="radio"/> Tamoxifen</div><div><input type="radio"/> Anti-aromatase</div><div><input type="radio"/> LH-RH Agonist</div><div><input type="radio"/> Others</div></div>
Q030.3.1. Other treatments received with hormone therapy, please specify	
<div></div>	
Q030.4. Has it received all or part of its Hormone therapy outside France?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q030.4.1. In which country?	
<div></div>	
Q031. Has she had targeted therapy in treatment? initial (regardless of the location)?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q031.1. What targeted therapies did she receive?	<div><div><input type="radio"/> Trastuzumab (Herceptin)</div><div><input type="radio"/> Immunotherapy (Pembrolizumab)</div><div><input type="radio"/> Other</div></div>
Q031.2. Other targeted therapies received, please specify	
<div></div>	
Q031.4 Has she received all or part of her therapy targeted outside France?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q031.4.1. In which country?	
<div>(Note the country or "Don't know" if you don't have the information)</div>	
<div></div>	
Q033. Has she had a local recurrence (regardless of the moment, whatever the country)?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q033.1. Date of the first documented local recurrence	
<div></div>	
Q034. Has she had a metastatic recurrence (what whatever the time, whatever the country)?	<div><div><input type="radio"/> No</div><div><input type="radio"/> Yes</div></div>
Q034.1. Date of First Documented Metastatic Recurrence	
<div></div>	
Q034.2. Treatments received since metastatic recurrence	<div><div><input type="checkbox"/> Chemotherapy</div><div><input type="checkbox"/> Intravenous Targeted</div><div><input type="checkbox"/> Therapy Hormone Therapy</div><div><input type="checkbox"/> Oral Targeted</div><div><input type="checkbox"/> Therapy</div><div><input type="checkbox"/> Radiotherapy</div><div><input type="checkbox"/> Surgery</div><div><input type="checkbox"/> Other</div></div>

Q034.2.1. Other treatments received since metastatic recurrence, please specify	<div>(Note the treatment or "Don't know" if you don't have the information)</div>
Q034.3. Number of lines of treatment received since metastatic recurrence	<div>(Write down the exact number or "999" if you don't have the information)</div>
Q034.5. Has he received all or part of the treatments for metastatic recurrence outside France ?	<div><input type="radio"/> No <input type="radio"/> Yes</div>
Q034.5.1 In which country?	<div>(Note the country or "Don't know" if you don't have the information)</div>
Q036. Has she received an offer to meet A palliative care team?	<div><input type="radio"/> No <input type="radio"/> Yes</div>
Q036.1. Did she meet with a health care team? Palliative?	<div><input type="radio"/> No <input type="radio"/> Yes</div>
Q037. What treatments was the patient receiving at the time of the investigation?	<div><input type="checkbox"/> Chemotherapy <input type="checkbox"/> Intravenous Targeted <input type="checkbox"/> Therapy Hormone Therapy <input type="checkbox"/> Oral Targeted <input type="checkbox"/> Therapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Surgery Other</div>
Q037.1. Other treatments received at the time of the survey, please specify	<div>(Note the treatment or "Don't know" if you don't have the information)</div>
Q038 Participant ID	<div>(Double entry of the SENOVIE identifier)</div>