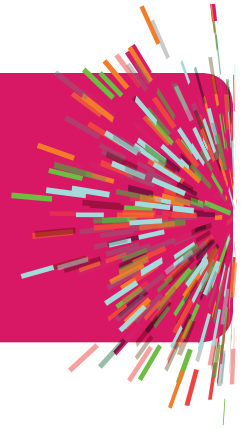


My Personalized Breast Cancer Worksheet



KNOW

For Early-Stage Breast Cancer.
No Questions. Only Results.

No two tumors are alike. What are the characteristics of your breast cancer and how will that effect your treatment?

This worksheet will provide you with the questions that you need answered, so you and your physician can determine the best tools and treatment for your individual cancer.

For more information on terms used on this worksheet, please visit the American Cancer Society (www.cancer.org).

My Personal Information

- Age at diagnosis: _____ DOB: _____
- My Menopausal Status: Pre- (still having periods)
 Peri- (irregular periods, emotional changes,
 hot flashes beginning)
 Post- (no period for 12 months)

- Are there any medical conditions that will impact my treatment (such as diabetes, heart disease, stroke, or neuropathy)?

- Blood relatives (women and men) diagnosed with cancer:
 Name, age at diagnosis, type of cancer, relevant details

Clinical Factors and Information From My Pathology Report*

- The type of my cancer is:

Non-Invasive Breast Cancer

Ductal Carcinoma in Situ (DCIS)

Lobular Carcinoma In Situ (LCIS)

Invasive Breast Cancer

Invasive Ductal Cancer (IDC)

Invasive Lobular Cancer (ILC)

Other: Tubular; Medullary; Mucinous;
Micropapillary

- The size of my tumor(s) in cm is: _____

- The grade of my tumor(s) is: (Grade 1) Well differentiated
(Grade 2) Moderately differentiated
(Grade 3) Poorly Differentiated

- My Lymph-Node Status is:

Negative node

Positive node

If positive, #___ of ___ nodes affected.

- My Cancer is stage: 1(I) 2(II) 3(III) 4(IV)

- My Estrogen Receptor Status is:

Negative

Positive

% Positive:_____

- My Progesterone Receptor Status is:

Negative

Positive

% Positive:_____

- My HER2 or HER2/neu Receptor Status is:

IHC

1+ (Negative)

2+ (Equivocal)

3+(Positive)

FISH

Negative

Equivocal

Positive

- My Ki-67 status (if applicable) is: _____%

Low (<10%)

Borderline (10-20%)

High (>20%)

- Based on these Clinical-Pathological factors, the risk of recurrence of my cancer is considered:

Low Risk

High Risk

Intermediate (uncertain)

* Ask your doctor for a copy of your pathology report for your records

Discussing Genomic Testing with My Doctor

- Based on my clinical factors and pathology report, am I a candidate for a Genomic Test to predict the risk of breast cancer recurrence?

YES NO

Why? _____

If yes, would the genomic test be performed on my biopsy sample or the tumor removed after surgery? _____

- If I am a candidate for a genomic test, would the MammaPrint 70-Gene Breast Cancer Test be right for me?

YES NO N/A

- If I am not a candidate for MammaPrint, will the test you are recommending provide Low Risk or High Risk results like MammaPrint (or could I get an intermediate or ambiguous result?)

Yes (only Low Risk or High Risk results)

No (Intermediate or ambiguous results possible)

- Genomic testing has been performed on my tumor.

Test name: _____

Results are: High Risk Low Risk Intermediate
(which could delay treatment decision)

What is Genomic Testing?

Genomic testing looks at specific genes in a tumor to find out what is driving its growth. This type of testing helps design a personalized medical treatment plan tailored to the patient's specific needs. Genomic tests are not the same as genetic tests. Genetic tests are used to determine your inherited risk or hereditary predisposition for cancer.

REQUEST THE TEST

Ask your doctor if MammaPrint is right for you.
Visit KnowYourBreastCancer.com to learn more.

Will I receive Chemotherapy?

- Regarding chemotherapy, my doctor has:
Advised Chemotherapy Not Advised Chemotherapy
- Will I be given Chemotherapy before (Neoadjuvant) or after (Adjuvant) surgery?
Neoadjuvant Adjuvant
- The chemotherapy combination I will receive is:
Regimen: _____
Drugs (as part of this regimen): _____

- How many cycles of Chemotherapy are recommended for me? _____
- How many weeks will each cycle last, will it vary? _____
- What kind of side effects should I expect from Chemotherapy? _____

- Are there any long lasting side effects from the Chemotherapy recommended?

- Should I look into taking part in a clinical trial? _____

What is Chemotherapy?

Chemotherapy usually refers to a wide range of drugs used to treat cancer. The goal of chemotherapy is to stop or slow the growth of cancer cells. Chemotherapy is considered a systemic therapy because the drugs enter the blood stream and travel throughout the body. It works by focusing on cells that divide rapidly, like cancer cells. The thought of having chemotherapy can be a frightening prospect. Understanding what it is, how it works, what to expect and if it can help to reduce your chance of recurrence, can help to calm those fears.

Targeted HER2 Therapy

- If my tumor is HER2 positive what type of HER2 therapy is recommended?

Herceptin Perjeta Both

- When would I start the treatment, and for how long will I need to stay on the medication? _____

- What kind of side effects should I expect from HER2 Therapy?

- Are there any long lasting side effects from the HER2 Therapy recommended?

Hormonal Treatment

- Will I need hormone therapy? YES NO

- What type of hormonal/systemic therapy is recommended?

- ▶ Drugs that block estrogen (Tamoxifen)
- ▶ Drugs that lower estrogen levels post-menopause (Aromatase Inhibitors)
- ▶ Other
- ▶ Drugs for ovarian supression (Zolodex or Lupron in the US, are sometimes advised for pre-menopausal women)

- What is the name of the therapy, when will I start each treatment and for how long will I need to stay on the medication?

Drug	Dosage	Start Date	Treatment Length

- What are the side effects of these recommended therapies?

Surgery

- What type of surgery is recommended or has already been performed?

Lumpectomy

YES

NO

Already performed

Mastectomy

YES

NO

Already performed

- Will I be eligible for Reconstructive Surgery?

YES

NO

Already performed

Radiation Therapy

- Will I need radiation therapy? YES NO

- Which type of radiation therapy is recommended?

External Beam Radiation (to the breast and tumor area)

Limited Radiation (to the tumor area only)

- If external, how many days a week will I need radiation? _____
- If external, for how many weeks will my radiation treatment last? _____
- If limited radiation, how will the therapy be given and for how long? _____

Genetic Testing

- I've been advised to have Genetic Testing for inherited risk of BRCA1 or BRCA2?

YES

NO

