



7100

SentiMAG Multicentre Phase II Trial Adjuvant Therapy Form (A1)



Trial number: Patient Identifier:

Primary Chemotherapy: Yes* No *If yes, please complete Primary Chemotherapy section

Date started: ^{Day} - ^{Month} - ^{Year} Date ended: ^{Day} - ^{Month} - ^{Year}

Specify regime

Adjuvant Chemotherapy: Yes* No *If yes, please complete Adjuvant Chemotherapy section

Date started: ^{Day} - ^{Month} - ^{Year} Date ended: ^{Day} - ^{Month} - ^{Year}

Specify regime Number of Cycles

Endocrine treatment: Yes* No *If yes, please complete Endocrine Treatment section:

Date started: ^{Day} - ^{Month} - ^{Year} Planned duration (years):

Specify regime

Radiotherapy: Yes* No **If yes, please complete Radiotherapy section

IORT: Yes No External Beam: Yes** No **Please specify

Breast: Yes No Dose: Number of fraction: Date started ^{Day} - ^{Month} - ^{Year} Date ended ^{Day} - ^{Month} - ^{Year}

Herceptin: Yes No Herceptine Duration (Months):

Other adjuvant therapy/Clinical trial: Yes* No *If yes, Other adjuvant therapy/clinical trial

Recorded by			
Name and Hospital	Date	Signature	Checked by

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