

Decision Tool for Advanced or Metastatic Breast Cancer

This Decision Tool is provided as a worksheet for you to complete when considering treatment options available with your physician and other health care providers. This tool does not constitute medical advice and is not a substitute for consultations with your physician or other health care providers.

PART 1		
My Background Information		
<p>When Diagnosed: This is the first time I have ever been diagnosed with breast cancer:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NOTE: Newly diagnosed patients may have different treatment options compared to patients who have already undergone treatment.</p>	
<p>If you answered "YES," please continue to the "Breast Cancer Stage/Receptor Status" section below.</p> <p>If you answered "NO," please complete "Treatment" and "Treatment Outcomes" sections in the boxes below.</p>		
<p>Treatment: Please indicate the type of treatment you received in section A. Then, please indicate in section B and C whether the treatment was previously received or is currently being received."</p>		
A. Type of Treatment	B. Previous Treatment	C. Current Treatment
<input type="checkbox"/> Surgery	<input type="checkbox"/> Breast conserving <input type="checkbox"/> Mastectomy	<input type="checkbox"/> Breast conserving <input type="checkbox"/> Mastectomy
<input type="checkbox"/> Radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hormonal treatment	<input type="checkbox"/> How long: _____	<input type="checkbox"/> How long: _____
<input type="checkbox"/> Other	<input type="checkbox"/> Please specify: _____	<input type="checkbox"/> Please specify: _____
<p>Treatment Outcomes:</p> <p><input type="checkbox"/> Responded to initial treatment for a period of time</p> <p><input type="checkbox"/> Did not respond to initial treatment</p>		
<p>Breast Cancer Stage/Receptor Status:</p> <p>The stage of my breast cancer is:</p> <p><input type="checkbox"/> IIIB (locally advanced) <input type="checkbox"/> IV (metastatic) <input type="checkbox"/> Do not know</p> <p>My breast cancer is hormone receptor positive:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know</p> <p>My breast cancer is HER2/neu positive:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know</p>		
<p>NOTE: Stage and receptor status help to determine your treatment options.</p>		
<p>Menopausal/Health Status:</p> <p>My menopausal status is:</p> <p><input type="checkbox"/> Premenopausal <input type="checkbox"/> Postmenopausal <input type="checkbox"/> Don't know</p> <p>My current health status is:</p> <p><input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Poor</p>		
<p>NOTE: Menopausal and health statuses can also affect your treatment options.</p>		

PART 2

Treatment Options	Considerations: As you discuss treatment options with your physician or other health care provider, take notes under each column below for effectiveness, possible side effects, and treatment convenience. You may also want to ask your doctor or other health care provider any other questions that you have, such as "how long will I be on treatment?" During the course of your therapy, you may receive more than one of the treatment options listed in the left-hand column.		
	Effectiveness (ie, what are the chances of this treatment working for me)	Possible side effects (eg, diarrhea, nausea, hot flashes, infection, fatigue, hair loss)	Treatment Convenience (eg, frequency of physician visits, blood monitoring, pill vs injection)
Surgery			
Radiation			
Chemotherapy			
Hormonal Treatment			
Novel Targeted Therapy			
Investigational Therapy (Clinical Trials)			
Best Supportive Care (BSC)			
Other			