ID Number:

UKOSS

UK Obstetric Surveillance System

# Breast Cancer in Pregnancy
# Study 04/15

## Data Collection Form - CASE

**Please report any woman delivering between 1st October 2015 to 30th September 2017.**

## Case Definition:

**Any woman meeting one of the following criteria:**

- Newly diagnosed case of breast cancer during pregnancy.
- First pathological diagnosis of breast cancer during pregnancy.
- A new confirmed diagnosis of breast cancer during pregnancy determined from the medical records.

**Excluded:**

- Breast cancer diagnosed before pregnancy.
- Recurrence of breast cancer in current pregnancy.



Royal College of Obstetricians and Gynaecologists

Bringing to life the best in women's health care

Please return the completed form to:

**UKOSS**
**National Perinatal Epidemiology Unit**
**University of Oxford**
**Old Road Campus**
**Oxford**
**OX3 7LF**
**Fax: 01865 617775**
**Phone: 01865 289714**

**Case reported in:** _____

npeu National Perinatal Epidemiology Unit

# Instructions

1. Please do not enter any personally identifiable information (e.g. name, address or hospital number) on this form.
2. Please record the ID number from the front of this form against the woman's name on the Clinician's Section of the blue card retained in the UKOSS folder.
3. Fill in the form using the information available in the woman's case notes.
4. Tick the boxes as appropriate. If you require any additional space to answer a question please use the space provided in section 7.
5. Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock e.g. 18:37
6. If codes or examples are required, some lists (not exhaustive) are included on the back page of the form.
7. If the woman has not yet delivered, please complete the form as far as you are able, excluding delivery and outcome information, and return to the UKOSS Administrator. We will send these sections again for you to complete two weeks after the woman's expected date of delivery.
8. **If you do not know the answers to some questions, please indicate this in section 7.**
9. If you encounter any problems with completing the form please contact the UKOSS Administrator or use the space in section 7 to describe the problem.

## Section 1: Woman's details

**1.1 Year of birth:** Y Y Y Y

**1.2 Ethnic group:**[1]* *(enter code, please see back cover for guidance)* ☐☐

**1.3 Marital status:** single ☐ married ☐ cohabiting ☐

**1.4 Was the woman in paid employment at booking?** Yes ☐ No ☐

**If Yes**, what is her occupation:

_____

**If No**, what is her partner's (if any) occupation:

_____

**1.5 Height at booking:** ☐☐☐ *cm*

**1.6 Weight at booking:** ☐☐☐.☐ *kg*

**1.7 BMI at booking (kg/m²):** ☐☐

**1.8 Was the woman known to carry BRCA1 or BRCA2 mutation?** Yes ☐ No ☐

**1.9 Did the woman have any previous medical problems?**[2]* Yes ☐ No ☐

**If Yes**, please specify: _____

## Section 2: Previous Obstetric History

**2.1 Gravidity**

Number of completed pregnancies beyond 24 weeks: ☐☐

Number of pregnancies less than 24 weeks: ☐☐

**If no previous pregnancies**, *please go to section 3*

**2.2 Did the woman have any previous pregnancy problems?**[3]* Yes ☐ No ☐

**If Yes**, please specify: _____

*For guidance please see back cover

## Section 3: Current pregnancy

**3.1 Was this an IVF pregnancy?** Yes ☐ No ☐

**3.2 Final estimated date of delivery (EDD)?[4]*** D D / M M / Y Y

**3.3 What type of clinicians were involved in the patient's care during the antenatal period?** *(please tick all that apply)*

| | | | |
|---|---|---|---|
| Obstetrician/s | ☐ | Anaesthetist | ☐ |
| Maternal fetal specialist/s | ☐ | Neonatologist | ☐ |
| Obstetric physicians | ☐ | Breast cancer nurse | ☐ |
| Breast cancer surgeon/s | ☐ | Radiotherapist | ☐ |
| Medical oncologist/s | ☐ | Other – please specify | ☐ |

_____

**3.4 What is the name and unit of the lead oncologist:**

Name: _____

Unit: _____

**3.5 Was a breast cancer support organisation accessed during pregnancy?**

Yes ☐ No ☐ Not known ☐

**If Yes**, please give organisation name(s) _____

## Section 4: Complications during pregnancy

**4.1 Were there any complications during pregnancy?** Yes ☐ No ☐

**If Yes**, please tick any of the following that apply:

| | | | |
|---|---|---|---|
| Polyhydramnios | ☐ | Oligohydramnios | ☐ |
| Uncontrolled nausea/ vomiting | ☐ | Preeclampsia | ☐ |
| Thromboembolism | ☐ | Other – please specify | ☐ |
| Sepsis | ☐ | _____ | |



*For guidance please see back cover

## Section 5: Delivery

**5.1** **Did this woman have a miscarriage?** Yes ☐ No ☐

**If Yes**, please specify date: D D / M M / Y Y

**5.2** **Did this woman have a termination of pregnancy?** Yes ☐ No ☐

**If Yes**, please specify date and reason for termination: D D / M M / Y Y

_____

**If Yes to 5.1 or 5.2, please now complete sections 6a, 7 and 8.**

**5.3** **Is this woman still undelivered?** Yes ☐ No ☐

**If Yes**, will she be receiving the rest of her antenatal care from your hospital? Yes ☐ No ☐

**If No**, please indicate name of hospital providing future care: _____

Will she be delivered at your hospital? Yes ☐ No ☐

**If No**, please indicate name of delivery hospital, then *go to Section 7*

_____

**5.4** **Were corticosteroids administered for fetal lung maturation?** Yes ☐ No ☐

**5.5** **Was induction of labour attempted?** Yes ☐ No ☐

**If Yes**, what was the reason for induction?

Breast cancer (BC) related reason (e.g. recurrence/ progressive disease/to facilitate further treatment) ☐

Postdates ☐

Psychosocial issues ☐

Hypertension/Preeclampsia ☐

Diabetes ☐

Suspected Small for Gestational Age (SGA) baby ☐

Fetal death ☐

Decreased fetal movement ☐

Chorioamnionitis ☐

Other *(please specify)* _____ ☐

## Section 6: Outcomes
## Section 6a: Woman

**6a.1 Was the woman admitted to ITU or level 3 care?** Yes ☐ No ☐

**If Yes**, please specify duration of stay: ☐☐ *days*

**OR** Tick if woman is still in ITU or level 3 care: ☐

**OR** Tick if woman was transferred to another hospital: ☐

**6a.2 Did any other major maternal morbidity occur?[5]*** Yes ☐ No ☐

**If Yes**, please specify: _____

**6a.3 Did the woman die?** Yes ☐ No ☐

**If Yes**, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

What was the primary cause of death as stated on the death certificate?
*(Please state if not known.)* _____

## Section 6b: Infant 1

**NB:** If more than one infant, for each additional infant, please photocopy the infant section of the form **(before filling it in)** and attach extra sheet(s)

**6b.1 Date and time of delivery:** D D / M M / Y Y h h : m m (24hr)

**6b.2 Mode of delivery:**

Spontaneous vaginal ☐ Ventouse ☐ Lift-out forceps ☐ Rotational forceps ☐

Breech ☐ Pre-labour caesarean section ☐ Caesarean section after onset of labour ☐

**6b.3 Birthweight:** ☐☐☐☐ *g*

**6b.4 Sex of infant:** Male ☐ Female ☐ Indeterminate ☐

**6b.5 Did the infant have any congenital anomalies?** Yes ☐ No ☐

**If Yes**, please specify: _____

**6b.6 Was the infant stillborn?** Yes ☐ No ☐

**If Yes**, *please go to section 7*.

**6b.7 5 min Apgar** ☐☐

**6b.8 Was the infant admitted to the neonatal unit?** Yes ☐ No ☐

**If Yes**, what was the reason for admission?

Neutropaenia ☐ IUGR ☐ Congenital malformation ☐

Other *(please specify)* _____ ☐

**6b.9 Did any other major infant complications occur?[6]*** Yes ☐ No ☐

**If Yes**, please specify: _____

**6b.10 Was breastfeeding initiated?** Yes ☐ No ☐ Not known ☐ Not applicable ☐

**6b.11 Was lactation suppression used?** Yes ☐ No ☐

**6b.12 Did this infant die?** Yes ☐ No ☐

**If Yes**, please specify date and time of death D D / M M / Y Y h h : m m (24hr)

What was the primary cause of death as stated on the death certificate?
*(Please state if not known)* _____

*For guidance please see back cover

## Section 7:

Please use this space to enter any other information you feel may be important

## Section 8:

**8.1 Name of person completing Sections 1-7:** _____

**8.2 Designation:** _____

**8.3 Today's date:** D D / M M / Y Y

You may find it useful in the case of queries to keep a copy of this form.

ID Number:

# Oncology Details

***Please complete as much of the following sections as you are able to, in consultation with the woman's clinical oncologist if necessary***

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## Section 9: Diagnosis

**9.1 Were symptoms / changes in the breast experienced prior to a diagnosis being confirmed?**

Yes ☐ No ☐

**If No**, how was it diagnosed? _____

**If Yes**, what symptoms/ changes in the breast led the patient to seek medical advice (If noted in medical records)?

| | | | |
|---|---|---|---|
| Thickening/ change in skin appearance (peau d'orange) | ☐ | Discharge from nipple | ☐ |
| Breast tenderness | ☐ | Erythema | ☐ |
| Breast pain | ☐ | Not known | ☐ |
| Breast lump | ☐ | Other – please specify | ☐ |

_____

**If Yes**, how long were the symptoms experienced prior to a diagnosis being confirmed? ☐☐ *weeks*

**9.2 What examinations were performed for diagnosis and staging?**

| | | | | | |
|---|---|---|---|---|---|
| Chest X-ray | Yes ☐ | No ☐ | Liver ultrasound | Yes ☐ | No ☐ |
| Ultrasound of breast | Yes ☐ | No ☐ | Non-contrast abdomen MRI | Yes ☐ | No ☐ |
| Mammogram | Yes ☐ | No ☐ | Non-contrast brain MRI | Yes ☐ | No ☐ |
| Breast MRI | Yes ☐ | No ☐ | CT Chest and /or abdomen | Yes ☐ | No ☐ |
| Non-contrast skeletal MRI | Yes ☐ | No ☐ | A radionuclear bone scan | Yes ☐ | No ☐ |
| Non-contrast thorax MRI | Yes ☐ | No ☐ | PET | Yes ☐ | No ☐ |
| Bone scan | Yes ☐ | No ☐ | Echocardiogram | Yes ☐ | No ☐ |
| Other, please specify _____ | | | | Yes ☐ | No ☐ |

**9.3 When was the first pathological diagnosis of breast cancer (as reported in core biopsy or excision)?** D D / M M / Y Y

**9.4 What was the histological diagnosis?**

Infiltrating ductal adenocarcinoma Yes ☐ No ☐

Infiltrating lobular Yes ☐ No ☐

Other *(please specify)* _____

**9.5 What was the TNM stage at diagnosis?** T ☐ N ☐ M ☐

**9.6 Did the patient have metastatic disease at diagnosis?** Yes ☐ No ☐

**If Yes**, where: _____

**9.7 Was the cancer in a single site or bilateral?** Single ☐ Bilateral ☐

**9.8 Was the cancer unifocal or multifocal?** Unifocal ☐ Multifocal ☐

**9.9 What was the clinical size of tumour in millimetres?** ☐☐ *mm* or tick if not known ☐

**9.10 What was the pathological maximum tumour diameter in millimetres**

☐☐ *mm* or tick if not known ☐

**9.11 Was sentinel lymph node biopsy performed?** Yes ☐ No ☐

**9.12 Was axillary clearance performed?** Yes ☐ No ☐

**If Yes**, how many lymph nodes were removed in total? ☐☐

How many lymph nodes were cancerous? ☐☐

**9.13 Was closest excision RADIAL (i.e. not deep or superficial) margin width greater than 5mm?**

Yes ☐ No ☐ Not known ☐

**9.14 What was the tumour grade (if more than one pathology, report from final surgical procedure/ specimen and not from the biopsy)**

1 (low) ☐

2 (intermediate) ☐

3 (high) ☐

Not applicable ☐

Not known/ details unavailable ☐

**9.15 Was the tumour estrogen receptor positive (ER+)?** Yes ☐ No ☐ Not known ☐

**9.16 Was the tumour progesterone receptor positive (PR+)?** Yes ☐ No ☐ Not known ☐

**9.17 Was the tumour HER2 Positive?** Yes ☐ No ☐ Not known ☐



*For guidance please see back cover

## Section 10: Therapy

**10.1 Did the patient undergo surgery for breast cancer during pregnancy?** Yes ☐

No, surgery not recommended ☐

No, surgery delayed until the end of pregnancy ☐

**If Yes**, please select surgery type and date of surgery

Breast conservation ☐ D D / M M / Y Y

Mastectomy ☐ D D / M M / Y Y

Other, please specify _____ ☐ D D / M M / Y Y

**10.2 Did this patient undergo radiotherapy during pregnancy?** Yes ☐

No, radiotherapy not recommended ☐

No, radiotherapy delayed until end of pregnancy ☐

**If Yes**, please state start date and end date of radiation therapy

Start D D / M M / Y Y End D D / M M / Y Y

**10.3 Did this patient have systemic (chemo-) therapy during pregnancy?** Yes ☐

No, systemic (chemo-) therapy not recommended ☐

No, systemic (chemo-) therapy delayed until end of pregnancy ☐

**If Yes,** please state type of treatment

Primary (neo-adjuvant) ☐

Adjuvant ☐

Metastatic ☐

Not known ☐

Please give dates:

Start of systemic (chemo-) therapy D D / M M / Y Y

End of systemic (chemo-) therapy D D / M M / Y Y

Please detail drug(s) used during pregnancy *(please tick all that apply)*.

| | | | |
|---|---|---|---|
| Doxorubicin (Adramycin) | ☐ | Trastuzumab (Herceptin) | ☐ |
| Cyclophosphamide | ☐ | Docetaxel | ☐ |
| Paclitaxel | ☐ | Fluorouracil | ☐ |
| Epirubicin | ☐ | Zoladex | ☐ |
| Methotrexate | ☐ | Tamoxifen | ☐ |
| Other – please specify | _____ | | ☐ |

**10.4 Was the woman hospitalised due to complications of chemotherapy?** No ☐

Yes, due to uncontrolled emesis ☐

Yes, due to infection ☐

Yes, other *(please specify)* _____

**10.5 Was systemic (chemo-) therapy given postpartum?** Yes ☐ No ☐

## Section 11: Complications during pregnancy related to breast cancer or therapy for breast cancer

**11.1 Were there any complications during pregnancy related to breast cancer or therapy for breast cancer?** Yes ☐ No ☐

**If Yes,** please tick any of the following that apply:

| | | | |
|---|---|---|---|
| Neutropenic sepsis | ☐ | Heart failure | ☐ |
| Pancytopenia | ☐ | Cardiac arrest | ☐ |
| Cardiomyopathy | ☐ | Uncontrolled emesis | ☐ |
| Polyhydramnios | ☐ | Thromboembolism | ☐ |
| Oligohydramnios | ☐ | Other – please specify | ☐ |

_____

**11.2** Did the woman have metastatic disease later in pregnancy? Yes ☐ No ☐

**If Yes**, where: _____

## Section 12:

Please use this space to enter any other information you feel may be important

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

## Section 13:

**13.1 Name of person completing Sections 9-12:** _____

**13.2 Designation:** _____

**13.3 Today's date:** D D / M M / Y Y

You may find it useful in the case of queries to keep a copy of this form.



*For guidance please see back cover

## Definitions

### 1. UK Census Coding for ethnic group

WHITE
- 01. British
- 02. Irish
- 03. Any other white background

MIXED
- 04. White and black Caribbean
- 05. White and black African
- 06. White and Asian
- 07. Any other mixed background

ASIAN OR ASIAN BRITISH
- 08. Indian
- 09. Pakistani
- 10. Bangladeshi
- 11. Any other Asian background

BLACK OR BLACK BRITISH
- 12. Caribbean
- 13. African
- 14. Any other black background

CHINESE OR OTHER ETHNIC GROUP
- 15. Chinese
- 16. Any other ethnic group

### 2. Previous or pre-existing maternal medical problems, including:

Cardiac disease (congenital or acquired)
Renal disease
Endocrine disorders e.g. hypo or hyperthyroidism
Psychiatric disorders
Haematological disorders e.g. sickle cell disease, diagnosed thrombophilia
Inflammatory disorders e.g. inflammatory bowel disease
Autoimmune diseases
Cancer
HIV

### 3. Previous or current pregnancy problems, including:

Thrombotic event
Amniotic fluid embolism
Eclampsia
3 or more miscarriages
Preterm birth or mid trimester loss
Neonatal death
Stillbirth
Baby with a major congenital abnormality
Small for gestational age (SGA) infant
Large for gestational age (LGA) infant
Infant requiring intensive care
Puerperal psychosis
Placenta praevia
Gestational diabetes
Significant placental abruption
Post-partum haemorrhage requiring transfusion
Surgical procedure in pregnancy
Hyperemesis requiring admission
Dehydration requiring admission
Ovarian hyperstimulation syndrome
Severe infection e.g. pyelonephritis

### 4. Estimated date of delivery (EDD):

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

### 5. Major maternal medical complications, including:

Persistent vegetative state
Cardiac arrest
Cerebrovascular accident
Adult respiratory distress syndrome
Disseminated intravascular coagulopathy
HELLP
Pulmonary oedema
Mendleson's syndrome
Renal failure
Thrombotic event
Septicaemia
Required ventilation

### 6. Fetal/infant complications, including:

Respiratory distress syndrome
Intraventricular haemorrhage
Necrotising enterocolitis
Neonatal encephalopathy
Chronic lung disease
Severe jaundice requiring phototherapy
Major congenital anomaly
Severe infection e.g. septicaemia, meningitis
Exchange transfusion