### PLCO Screening Trial: BREAST CANCER SUPPLEMENTAL DATA FORM (BCS)

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Screening Center</td>
<td>...............................................................</td>
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<tr>
<td>Abstractor ID</td>
<td>...............................................................</td>
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<tr>
<td>CTR ID</td>
<td>...............................................................</td>
</tr>
<tr>
<td>Study Year</td>
<td>...............................................................</td>
</tr>
<tr>
<td>Date</td>
<td>M M D D Y Y Y Y</td>
</tr>
<tr>
<td>Additional Breast Primaries:</td>
<td>1 □ Yes 2 □ No Case Code □□□□□</td>
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#### Initial Confirmation of Breast Cancer Diagnosis

1. **Date of DX:** M M D D Y Y Y Y
   a. **Procedure:** 1 □ FNA 2 □ Excisional biopsy 3 □ Incisional biopsy 4 □ Core biopsy 5 □ Other biopsy, specify □□□□□
   b. **Reason for Biopsy:** 1 □ Screen derived (occult) 2 □ Symptomatic 9 □ Can not be determined

2. **ICD-O-2 Code:** C □□□□□□□□□□□□□

#### Definitive Breast Cancer Information

3. **Surgery:** 1 □ Lumpectomy 2 □ Mastectomy 3 □ No extra surgery-- “1a” only 4 □ Other, specify □□□□□
   a. **Primary Tumor Location:**
      1 □ Right breast 2 □ Left breast 9 □ Not specified
      b. **Multiple Simultaneous Ipsilateral Primary** 1 □ Yes 2 □ No
      c. **Anatomic Location of Primary** (MARK ALL THAT APPLY)
         01 □ Nipple 06 □ Lower outer quadrant 11 □ Inner
         02 □ Central portion 07 □ Axillary tail 12 □ Lower
         03 □ Upper-inner quadrant 08 □ Overlapping lesion 13 □ Outer
         04 □ Lower-inner quadrant 09 □ Areola 14 □ Upper
         05 □ Upper outer quadrant 10 □ Skin 15 □ NOS

5. **Histopathologic Type (ICD-O-2 Code):** □□□□□□□□□

6. **Behavior:** 2 □ In situ 3 □ Invasive 4 □ Invasive with in situ component

7. **Recorded Histopathologic Grade:** (Grading Scale: G1-G4)
   1 □ G1 Well differentiated 4 □ G4 Undifferentiated
   2 □ G2 Moderately differentiated 9 □ Unknown, not recorded, or cannot be assessed.
   3 □ G3 Poorly differentiated

8. **Invasive Tumor Size:** (If tumor is in situ only or entire tumor not excised, mark ‘Not Available’ for 8a and 8b)
   a. **Final Invasive Tumor Size:** □□□□□□□□ cm 999 □ Not Available
   b. **Source:**
      1 □ Surgical Resection 2 □ Imaging 3 □ Pulpation 9 □ Not Available
9. **Lymph Node (pN) Status for Staging:**
   - **Type:**
     1. Yes 2. No (SKIP TO 10)
   - **Total Number of Nodes Examined:** (99 Not Available)
   - **Total Number of Positive Nodes:** (99 Not Available)
   - **IHC:**


   **pTNM Stage Determination:**
   - **1. Primary Tumor (T):**
     1. TX 9. T2 0. NX 9. N2 0. MX
     2. T0 10. T3 0. N0 10. N3 0. M0
     3. Tis 11. T4 0. N1a 0. M1
     4. T1 12. T4a 0. N1b
     5. T1mic 13. T4b 0. N1bi
     6. T1a 14. T4c 0. N1bii
     7. T1b 15. T4d 0. N1biii
     8. T1c
   - **2. Nodal Involvement (N):**
   - **3. Distant Metastases (M):**
     1. MX 2. M0 3. M1

   - **Indicate How Stage Was Determined:**
     1. Calculated from item 10 2. Obtained from Records
   - **Stage:**
     1. I 2. IIA 3. IIIB 4. IIIC 5. IIIA 6. IIIB 7. IV

12. **Receptor Status:**
   - **a. Estrogen (ER):**
     1. Yes 8. Not Ordered (SKIP TO 12b) 9. Ordered, No Results (SKIP TO 12b)
   - **b. Progesterone (PR):**
     1. Yes 8. Not Ordered (SKIP TO 12c) 9. Ordered, No Results (SKIP TO 12c)
   - **c. HER2**
     1. HER2 status—IHC:
       1. 0 1+ 2+ 3+ 9. Not Ordered 9. Ordered, No Results (SKIP TO 12c)
     1. IHC Assay Type:
       1. HercepTest (Dako) 2. Ventana CB 11 8. Other (SPECIFY)
     2. HER2 FISH test:
       1. Yes 8. Not Ordered (SKIP TO 13) 9. Ordered, No Results (SKIP TO 13)
     1. Average HER2 gene copy number

13. **Tumor Marker:**
   - **a. Ki67 Result:**
   - **b. Ki67:**
     1. % Immunoreactive cells

14. **DNA Flow Cytometry:**
   - **a. DNA Content:**
   - **b. S-Phase Fraction (SPF):**
     1. % of tumor’s S-phase

15. **Oncotype DX Testing:**
   - **a. Results:**
   - **b. Actual Recurrence Score (RS):**
     1. (range 0-100) 9. Not Available
PLCO Cancer Screening Trial

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Screening Center: ................................ |__|__|
Abstractor ID: ................................ |__|__|__|__|
CTR ID: .................................... |__|__|__|__|   Participant ID Label
Study Year: .......................................... |__|__|
Date: .................... |__|__|-|__|__|-|__|__|__|__|
M M      D   D       Y     Y     Y    Y
Additional Primaries:  1 Yes    2 No  Case Code |____|

Comments

16. Comments:  1 Yes       2 No

a. Item No.    Comments
|____|____|____|____|____|
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r Codes for Question 1a: Other biopsy, (SPECIFY)

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<thead>
<tr>
<th>Code</th>
<th>Definition</th>
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<tbody>
<tr>
<td>r01</td>
<td>other breast biopsy, yielding tissue</td>
</tr>
<tr>
<td>r02</td>
<td>other breast biopsy yielding cytology</td>
</tr>
<tr>
<td>r03</td>
<td>other organ (non breast) biopsy yielding tissue</td>
</tr>
<tr>
<td>r04</td>
<td>other organ (non breast) biopsy yielding cytology</td>
</tr>
<tr>
<td>r05</td>
<td>lymph node biopsy yielding tissue</td>
</tr>
<tr>
<td>r06</td>
<td>lymph node biopsy yielding cytology</td>
</tr>
<tr>
<td>r07</td>
<td>other biopsy, yielding tissue (specify in comments)</td>
</tr>
<tr>
<td>r08</td>
<td>other biopsy, yielding cytology (specify in comments)</td>
</tr>
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</table>