

**NCI BOLD Task Force  
Common Data Elements (CDE) – Radiation Therapy**

Patient ID #: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

**Type of Radiation Received:**

- |  |  |
|--|--|
| <input type="checkbox"/> Whole Breast Irradiation Only                           | <input type="checkbox"/> Post Mastectomy Irradiation – Chest Wall Only               |
| <input type="checkbox"/> Whole Breast Irradiation and Regional Nodal Irradiation | <input type="checkbox"/> Post Mastectomy Irradiation – Chest Wall and Regional Nodes |
| <input type="checkbox"/> Partial Breast Irradiation                              | <input type="checkbox"/> No Radiation Received                                       |

<u>RT Begin Date</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD					
<u>RT End Date</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD					

**I. Radiation Dose to Whole Breast or Chest Wall**

- Total dose prior to boost \_\_\_\_\_ Gy
- Total # of fractions \_\_\_\_\_

**Boost to Lumpectomy Cavity or Chest Wall Scar**

- Was a boost given?    Yes                    No
- Boost site                Chest Wall                    Lumpectomy bed
- RT Total dose to boost field \_\_\_\_\_ Gy
- Total # of fractions to boost field \_\_\_\_\_
- Time Point:            Intra-Op            or            Post-Op
- Boost Method:        Electrons                     Photons                     Brachy

**II. Radiation Dose to Targeted Regional Nodes (if applicable)**

- Nodal Regions Targeted (Check all that apply)
  - Axillary
  - Supraclavicular / Axillary Level 3
  - Internal Mammary Nodes
- Total Dose to nodal regions \_\_\_\_\_ Gy
- Total # of Fractions \_\_\_\_\_

### **III. Partial Breast Irradiation**

- A) Total dose delivered: \_\_\_\_ \_\_\_\_ . \_\_\_\_ Gy
- B) Total Number Fractions: \_\_\_\_\_
- C) # of Fractions delivered daily: \_\_\_\_\_
- D) Partial Breast Irradiation Method
  - 1. Interstitial Brachytherapy
  - 2. Intra-cavitary Brachytherapy Device (MammoSite, Contour, ClearPath, etc.)
  - 3. Intra-Op
  - 4. 3-D CRT
  - 5. IMRT
  - 6. Protons
  - 7. Other  \_\_\_\_\_