

3.

Did you have radiation for this breast cancer? No Yes Don't know**3.1 Type of radiation (mark all that apply)**

- Radiation to the breast after lumpectomy
- Radiation to the chest after mastectomy

Other (specify) _____

Don't know

4.

Did you have hormonal treatment such as Tamoxifen for this breast cancer? No Yes Don't know**4.1 Type of hormonal treatment (mark all that apply)** Tamoxifen Other (specify) _____ Don't know what type

5.

Did you have chemotherapy for this breast cancer? No Yes Don't know**5.1 Type of chemotherapy (mark all that apply)** CMF (cyclophosphamide, methotrexate, 5-FU) AC (adriamycin, cyclophosphamide) EC (epirubicin, cyclophosphamide) High dose chemotherapy with bone marrow or stem cell transplant Other (specify) _____ Don't know what type

6.

Did you receive other types of treatment for this breast cancer? No Yes Don't know**6.1 Type (mark all that apply)** Immune therapy Other (specify) _____ Don't know what type

Questions 10-14 ask about treatment given for the cancer in the second breast. This treatment would usually be given within the first year of the diagnosis of cancer in the second breast (do not include treatment given for any cancer that came back after the original treatment).

10. Did you have surgery for this cancer in the second breast?

- No Yes Don't know

10.1 Type of surgery (mark all that apply)

- Lumpectomy (removal of just the cancer)
 Mastectomy (removal of the entire breast)
 Lymph glands (nodes) under the arm removed
 Don't know

11. Did you have radiation for the cancer in the second breast?

- No Yes Don't know

11.1 Type of radiation (mark all that apply)

- Radiation to the breast after lumpectomy
 Radiation to the chest after mastectomy
 Other (specify) _____
 Don't know

12. Did you have hormonal treatment such as Tamoxifen for the cancer in the second breast?

- No Yes Don't know

12.1 Type of hormonal treatment (mark all that apply)

- Tamoxifen
 Other (specify) _____
 Don't know what type

13. Did you have chemotherapy for the cancer in the second breast?

- No Yes Don't know

13.1 Type of chemotherapy (mark all that apply)

- CMF (cyclophosphamide methotrexate, 5-FU)
 AC (adriamycin cyclophosphamide)
 EC (epirubicin, cyclophosphamide)
 High dose chemotherapy with bone marrow or stem cell transplant
 Other (specify) _____
 Don't know what type



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14.

Did you receive other types of treatment for the cancer in the second breast?

- No
- Yes
- Don't know

14.1 Type (mark all that apply)

- immune therapy
- Other (specify) _____
- Don't know what type

15.

Has the cancer come back (recurred) after the treatments listed above?

- No
- Yes
- Don't know

15.1 Where did it come back? (mark all that apply)

- Breast
- Lymph glands under the arm
- Other lymph glands
- Skin
- Bone
- Liver
- Lung
- Brain
- Other (specify) _____
- Don't know where

15.2 When did it first come back?

- Jan

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- Feb

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Mar

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Apr

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- May

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Jun

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Jul

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Aug

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Sep

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Oct

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Nov

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Dec

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Don't know month
- Don't know year

Thank you for taking the time to complete this questionnaire

Please send this questionnaire and the completed consent form in the enclosed reply paid envelope to:

Reply paid 1124
 The University of Melbourne
 Centre for Genetic Epidemiology
 200 Berkeley Street
 Carlton VIC 3053