

# Breast Cancer

## Client Questionnaire



The first sign of **breast cancer** is often a breast lump or an abnormal mammogram. Breast cancer stages range from early, curable breast cancer to metastatic breast cancer, with a variety of treatments. Male breast cancer is not uncommon and must be taken seriously.

### Important to know:

- **Age at diagnosis**
- **Type of cancer**
- **Stage and grade of cancer**
- **Estrogen, progesterone and HER2 receptors**
- **Treatment received**
- **Adjuvant & Neoadjuvant Therapy**
- **Hormonal treatment**
- **Family history**
- **Genetic markers BRCA1 - BRCA 2**

### Helpful terms:

**Types of breast cancer:** two most common are invasive ductal carcinoma and infiltrating (invasive) lobular carcinoma  
**Ductal Carcinoma In-Situ (DCIS):** most common type of non-invasive breast cancer; in situ means "in its original place," so DCIS is called "non-invasive" because it hasn't spread beyond the milk duct into any normal surrounding breast tissue  
**TNM:** a system used to describe stages of breast cancer; it takes into account tumor size (T), if the cancer has spread to lymph nodes (N), and if it has spread to distant organs (metastasis) (M)  
**Tumor Grade:** grade 1 is well differentiated, grade 2 is intermediate and grade 3 is poorly differentiated; for any given tumor size and cancer stage, prognosis is poorer with a higher tumor grade  
**Estrogen, Progesterone and HER2 Receptors:** Positive hormone receptor(s) are generally related to a better treatment response and possibly more favorable prognosis; HER2/neu is a marker for a specific oncogene that is overexpressed in some breast cancers and can be targeted by the drug trastuzumab (Herceptin®)  
**Lumpectomy (also called breast conserving surgery, partial mastectomy or wide excision):** surgeon makes an incision in the breast and removes the tumor, along with a small rim of normal tissue around it; the surgeon may also make an incision in the underarm area to remove some lymph nodes  
**Mastectomy:** surgeon removes all of the breast tissue and in most, but not all cases, the nipple and areola are also removed  
**Neoadjuvant and Adjuvant Therapy:** Neoadjuvant therapy is treatment given before primary therapy, and adjuvant therapy is given after primary therapy; a patient may receive neoadjuvant chemotherapy, hormonal therapy or trastuzumab to shrink a tumor that is inoperable in its current state, so it can be surgically removed  
**Genetic markers (BRCA1 and BRCA2):** The BRCA gene test is a blood test that uses DNA analysis to identify harmful changes (mutations) in either one of the two breast cancer susceptibility genes, BRCA1 and BRCA2; women who have inherited mutations in these genes face a much higher risk of developing breast cancer and ovarian cancer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Producer's name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of first diagnosis: \_\_\_\_\_

How was the cancer treated?

- Tumor removal only     Mastectomy     Lumpectomy or wide excision  
 Chemotherapy     Radiation therapy     Hormonal therapy (tamoxifen)

Please give details, including dates of treatment, number of treatments and date of last treatment: \_\_\_\_\_

What type of cancer? (check all that apply)

- DCIS     Infiltrating DCIS     Lobular Carcinoma     Lobular Invasive Carcinoma     Adenocarcinoma

What grade of cancer?  1     2     3     Low     High    What size tumor? \_\_\_\_\_

What stage was the cancer?

- Stage 0 (in-situ)     Stage I     Stage Ia     Stage Ib     Stage Ic     Stage II     Stage III     Stage IV

Any metastasis (spreading to other body parts)?  Yes     No

If "YES," where did it spread? \_\_\_\_\_

Was there any lymph node involvement?  Yes     No    If "YES," how many? \_\_\_\_\_

Sentinel node positive?  Yes     No

Is there a family history of cancer?  Yes     No

If "YES," please explain the nature of the cancer, the relationship to the insured, etc.: \_\_\_\_\_

Has genetic testing been performed?  Yes     No    If "YES," please indicate results below:

BRCA1:  Positive     Negative    BRCA2:  Positive     Negative

Is the insured taking any medications?  Yes     No    If "YES," please give details: \_\_\_\_\_

Has there been any evidence of recurrence?  Yes     No    If "YES," please give details: \_\_\_\_\_

Date and results of last mammogram: \_\_\_\_\_

Does the insured have any type of follow-ups for the cancer (e.g., CT scans, x-rays, bone scans, labs, etc.)?  Yes     No

If "YES," please give details and dates of follow-ups: \_\_\_\_\_

Has the insured had any other cancers?  Yes     No    If "YES," please give details: \_\_\_\_\_

Has the insured used tobacco in the last 12 months?  Yes     No    If "YES," please give details: \_\_\_\_\_

**This is not an application for insurance and in no way guarantees a specific underwriting class or binds any insurance coverage with any insurance carrier.** This form is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classification. Information contained herein is for informational purposes only and is not intended to be a substitute for medical advice. Please refer to the Preliminary Risk Evaluator for information regarding Information Practices and the required HIPAA Authorization.