

LENT SOMA SCALE FOR BREAST CARCINOMA RADIOTHERAPY - PART 1Hospital Number Name (Surname first) Date Entered into Study (ddmmyyyy) Initials of Researcher **Patient Information**

Build	Breast Size	Acute Reaction	Family History	Smoker
<input type="text"/> 1=Small <input type="text"/> 2=Medium <input type="text"/> 3=Large	<input type="text"/> 1=Small <input type="text"/> 2=Medium <input type="text"/> 3=Large	<input type="text"/> 0=No <input type="text"/> 1=Yes	<input type="text"/> 0=No <input type="text"/> 1=Yes	<input type="text"/> 0=No <input type="text"/> 1=Yes <input type="text"/>

Side

<input type="text"/> 1=Right <input type="text"/> 2=Left	Stage T <input type="text"/>	N <input type="text"/>	M <input type="text"/>
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Manchester Stage (1-4) Surgery 0=No
 1=Yes Date of Surgery Date of Start of XRT Date of Finish of XRT

Planned Dose	Tumour Dose	Max Skin Dose
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Number of Fractions Energy (MV) Field Size (cm) x IFD (cm) Right Arm Measurement (mm) Left Arm Measurement (mm)