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- FORM:** 154 – ~~BREAST CANCER PREVENTION AND TREATMENT MEDICATIONS~~ BREAST HEALTH SUPPLEMENT TO THE MEDICATION INVENTORY
- Version:** 1 – July, 2009
- Description:** Self-administered or interviewer-administered; 3-page booklet; key-entered at the Clinical Coordinating Center (CCC).
- When used:** Collected one time as part of the annual contacts for Clinical Trial (CT) and Observational Study (OS) participants enrolled in the WHI Extension Study who have indicated a diagnosis of breast cancer on WHI Form 33/33D.
- Purpose:** To collect updated information on specific types of medications (SERMS and aromatase inhibitors) currently being prescribed for the prevention and treatment of breast cancer.
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### GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 154*) and Spanish (*Form 154S*) versions.
2. The *Form 154* for WHI Extension Study participants will be labeled and mailed from the CCC directly to the participant in the routine annual CCC mailing. This form is only mailed to participants with a diagnosis of breast cancer.
  - The CCC mails the form to the participant and asks her to mail it back in a return envelope by a specified date. Following the CCC mailing, if the participant does not return the *Form 153* within 3 months of the first mailing, it will be sent again. If the form is not returned within 2 months of the second mailing, the form will be sent a third time. If the form is still not returned, CCC staff will contact the participants by telephone to collect the information from willing participants. The CCC will data enter the forms.
3. In the event that this form is collected by FC staff, the form should be sent to the CCC for data entry.

### Item Instructions

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| 1.   | Tamoxifen (Nolvadex) –<br>Ever Taken                   | No/Yes/DK. Participants indicating “No” or “DK” skip to Q2.   |
| 1.1. | Tamoxifen – Duration                                   | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 2.   | Raloxifene (Evista) –<br>Ever Taken                    | No/Yes/DK. Participants indicating “No” or “DK” skip to Q3.   |
| 2.1. | Raloxifene – Duration                                  | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 3.   | Toremifene (Fareston) –<br>Ever Taken                  | No/Yes/DK. Participants indicating “No” or “DK” skip to Q4.   |
| 3.1. | Toremifene – Duration                                  | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 4.   | Anastrozole (Arimidex) –<br>Ever Taken                 | No/Yes/DK. Participants indicating “No” or “DK” skip to Q5.   |
| 4.1. | Anastrozole – Duration                                 | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 5.   | Exemestane (Aromasin)<br>– Ever Taken                  | No/Yes/DK. Participants indicating “No” or “DK” skip to Q6.   |
| 5.1. | Exemestane – Duration                                  | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 6.   | Letrozole (Femara) –<br>Ever Taken                     | No/Yes/DK. Participants indicating “No” or “DK” skip to Q7.   |
| 6.1. | Letrozole – Duration                                   | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 7.   | Ever Taken Any Other<br>SERM or Aromatase<br>Inhibitor | No/Yes/DK. Participants indicating “No” or “DK” skip to Q8.   |
| 7.1. | Other SERM or<br>Aromatase Inhibitor –<br>Duration     | Participant indicates length of time the medication was taken: 1. Less than 1 month; 2. 1-5 months; 3. 6-11 months; 4. 1-2 years; 5. 3-4 years; 6. 5 or more years. |
| 8.   | Barriers to Breast Cancer<br>Medications               | Check all that apply.   |