



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

Annex “O – Breast Cancer Medical Records Summary”

HEALTH CARE PROVIDER (HCP)		
ADDRESS OF HCP		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<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"/>
B. MEMBER	<input type="checkbox"/> Same as patient (Answer the following only if the patient is a dependent)	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<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"/>

BREAST CANCER MEDICAL RECORDS SUMMARY FORM

Instructions: This form is required for all breast cancer mortalities and “lost to follow-up” patients in contracted health care institutions. Completely fill-out all required items. Submit this form as attachment to claims for the 2nd tranche.

I. Breast Cancer Disease Profile

Laterality of breast cancer (Choose one by ticking the appropriate box)	<input type="checkbox"/> Right
	<input type="checkbox"/> Left
	<input type="checkbox"/> Both
	<input type="checkbox"/> Not recorded in the chart
Biopsy Histological Diagnosis (Verbatim from histopathology report)	
Date of biopsy	Date (mm/dd/yyyy)
Clinical Cancer Stage at pre-authorization (Choose one by ticking the appropriate box)	<input type="checkbox"/> CIS
	<input type="checkbox"/> I
	<input type="checkbox"/> IIA
	<input type="checkbox"/> IIB
	<input type="checkbox"/> IIIA
	<input type="checkbox"/> Not recorded in the chart



Revised as of November 2021

TNM (Choose one by ticking the appropriate box)	<input type="checkbox"/> With data
	<input type="checkbox"/> Not recorded in the chart
If with data on TNM:	What is T?
	What is N?
	What is M?
Widest diameter size of primary tumor	__ __. __ (cm) or __ __ (mm)
	<input type="checkbox"/> Not recorded in the chart
Skin ulceration (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not recorded in the chart
Skin satellite lesion/s (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not recorded in the chart
Multifocal carcinomata (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not recorded in the chart
Regional lymph node involvement (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not recorded in the chart
Distant metastasis (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not recorded in the chart
If yes, when did first metastasis happen?	<input type="checkbox"/> Date (mm/dd/yyyy) <input type="checkbox"/> Not recorded in the chart
If yes, which organ site/s? (Can choose more than one by checking the appropriate box/es)	<input type="checkbox"/> Regional lymph nodes
	<input type="checkbox"/> Brain
	<input type="checkbox"/> Skin
	<input type="checkbox"/> Lung
	<input type="checkbox"/> Pleura
	<input type="checkbox"/> Liver
	<input type="checkbox"/> Adrenal
	<input type="checkbox"/> Bone
	<input type="checkbox"/> Peritoneum
	<input type="checkbox"/> Pelvic
	<input type="checkbox"/> Adjacent Organ/s (Specify):
<input type="checkbox"/> Others (Specify):	
Post-surgical histological diagnosis (Verbatim from pathological report)	



Date of post-surgical histopathologic report	(mm/dd/yyyy)
Histological/nuclear grade (Choose one by checking the appropriate box)	<input type="checkbox"/> GX: Grade cannot be assessed (undetermined grade)
	<input type="checkbox"/> G1: well-differentiated (low grade)
	<input type="checkbox"/> G2: moderately differentiated (intermediate grade)
	<input type="checkbox"/> G3: poorly differentiated (high grade)
	<input type="checkbox"/> G4: undifferentiated (high grade)
<input type="checkbox"/> Not recorded in the chart	
Pathological Cancer Stage (Choose one by checking the appropriate box)	<input type="checkbox"/> CIS
	<input type="checkbox"/> I
	<input type="checkbox"/> IIA
	<input type="checkbox"/> IIB
	<input type="checkbox"/> IIIA
	<input type="checkbox"/> IIIB
	<input type="checkbox"/> IV
<input type="checkbox"/> Not recorded in the chart	
Provide the appropriate information for TNM	What is T?
	What is N?
	What is M?
	<input type="checkbox"/> Not recorded in the chart
Widest diameter of primary tumor	__ __.__(cm) or __ __ (mm)
	<input type="checkbox"/> Not recorded in the chart
Number of positive lymph nodes/TLNs harvested	__ __ positive lymph nodes
	__ __ TLNs
<input type="checkbox"/> Not recorded in the chart	
Lymphovascular invasion (Choose one by checking the appropriate box)	<input type="checkbox"/> Negative
	<input type="checkbox"/> Positive
	<input type="checkbox"/> Not recorded in the chart
Perineural invasion (Choose one by checking the appropriate box)	<input type="checkbox"/> Negative
	<input type="checkbox"/> Positive
	<input type="checkbox"/> Not recorded in the chart
Surgical margin involvement (Choose one by checking the appropriate box)	<input type="checkbox"/> Negative
	<input type="checkbox"/> Positive
	<input type="checkbox"/> Not recorded in the chart
Were tumor markers done? (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not recorded in the chart
ER (Choose one by checking the appropriate box)	<input type="checkbox"/> Negative
	<input type="checkbox"/> Positive: __ % (1% to 100%); Alfred score ____
	<input type="checkbox"/> Not recorded in the chart
PR (Choose one by checking the appropriate box)	<input type="checkbox"/> Negative
	<input type="checkbox"/> Positive: __ % (1% to 100%); Alfred score ____
	<input type="checkbox"/> Not recorded in the chart



Her2neu IHC staining intensity (Choose one by checking the appropriate box)	<input type="checkbox"/> Negative
	<input type="checkbox"/> Positive
	<input type="checkbox"/> Equivocal
	<input type="checkbox"/> Not recorded in the chart
Her2neu gene amplification (Choose one by checking the appropriate box)	<input type="checkbox"/> Non-amplified
	<input type="checkbox"/> Amplified
	<input type="checkbox"/> Not recorded in the chart

II. Breast Cancer Treatment Profile

Was definitive surgery done? (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> No operative record in the chart
If yes, what is the name of the surgical procedure?	
Was chemotherapy given in the contracted health care institution? (Choose one by checking the appropriate box)	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> No record found in the contracted health care institution
	<input type="checkbox"/> Chemotherapy was given by another healthcare provider
If answer to previous question is “no,” check the appropriate box and must provide details.	<input type="checkbox"/> Patient preference
	<input type="checkbox"/> Advised by healthcare provider
	<input type="checkbox"/> Patient is “lost to follow-up” ¹
If answer is “yes,” specify the drug regimen used.	
Specify the total dose per cycle for the drug regimen used (Choose one by checking the appropriate box)	<input type="checkbox"/> Total dose per cycle: _____
	<input type="checkbox"/> Not recorded in the chart
If chemotherapy was given, provide the date when chemotherapy started (Choose one by checking the appropriate box)	<input type="checkbox"/> mm/dd/yyyy _____
	<input type="checkbox"/> Not recorded in the chart
	<input type="checkbox"/> NA, chemotherapy was not given
If chemotherapy was given, how many cycles were given? (Choose one by checking the appropriate box)	<input type="checkbox"/> _____
	<input type="checkbox"/> NA, chemotherapy was not given

¹ Lost to follow-up means the patient has not come back as advised for immediate next treatment visit or within 12 weeks from last patient-attended clinic visit. Visiting the clinic for a treatment more than 12 weeks from advised scheduled treatment visit renders the patient lost to follow-up. The contracted healthcare institution is required to submit a sworn declaration for all their breast cancer patients who are “lost to follow-up.”



What is the purpose of chemotherapy? (Choose one by checking the appropriate box)	<input type="checkbox"/> Adjuvant <input type="checkbox"/> Neo-adjuvant <input type="checkbox"/> NA, chemotherapy was not given
What is tumor response to chemotherapy? (Choose one by checking the appropriate box)	<input type="checkbox"/> NED (no evidence of disease progression) <input type="checkbox"/> CR <input type="checkbox"/> PR <input type="checkbox"/> SD <input type="checkbox"/> PD (progressive disease) <input type="checkbox"/> Not recorded in the chart <input type="checkbox"/> NA, chemotherapy was not given
Was the chemotherapy regimen ever changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not recorded in the chart <input type="checkbox"/> NA, chemotherapy was not given
What is reason for chemotherapy regimen is changed?	<input type="checkbox"/> Adverse event to former chemotherapy. Specify adverse event: _____ _____ <input type="checkbox"/> PD <input type="checkbox"/> Patient preference <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Not recorded in the chart <input type="checkbox"/> NA, chemotherapy was not given
What drug/s were used in this new chemotherapy regimen?	
Specify the total dose per drug per cycle for this new drug regimen used	<input type="checkbox"/> Total dose per drug per cycle: _____ <input type="checkbox"/> Not recorded in the chart
What is the start date for this new chemotherapy regimen?	mm/dd/yyyy
How many cycles were given for this new chemotherapy regimen?	
What is the purpose for this new chemotherapy regimen?	<input type="checkbox"/> Adjuvant <input type="checkbox"/> Neo-adjuvant <input type="checkbox"/> Palliative <input type="checkbox"/> Not recorded in the chart
What is tumor response for this new chemotherapy regimen? (Choose one by checking the appropriate box)	<input type="checkbox"/> NED <input type="checkbox"/> CR <input type="checkbox"/> PR <input type="checkbox"/> SD <input type="checkbox"/> PD <input type="checkbox"/> Not recorded in the chart
Was radiotherapy advised?	<input type="checkbox"/> Yes, it is recorded in the chart <input type="checkbox"/> No, it is recorded in the chart <input type="checkbox"/> It is not documented in the chart

If RT was advised, was radiotherapy given?	<input type="checkbox"/> Yes, it is recorded in the chart <input type="checkbox"/> No, it is recorded in the chart <input type="checkbox"/> It is not documented in the chart
Was supportive care given?	<input type="checkbox"/> Yes, it is recorded in the chart <input type="checkbox"/> No, it is recorded in the chart <input type="checkbox"/> It is not documented in the chart
If answer is “yes,” specify supportive care (May choose more than one)	<input type="checkbox"/> Pain control (Specify): _____ <input type="checkbox"/> Nutrition build-up <input type="checkbox"/> Rehabilitation from a sequelae of the treatment <input type="checkbox"/> Psychological counseling <input type="checkbox"/> Psychiatric intervention <input type="checkbox"/> Religious/faith counseling <input type="checkbox"/> Referral to Civil Society Organization <input type="checkbox"/> NA, supportive care was not given <input type="checkbox"/> NA, it is not documented in the chart

III. Breast Cancer Survival Status

Date of survival assessment	mm/dd/yyyy
What is the status of this patient at this date	<input type="checkbox"/> Alive
	<input type="checkbox"/> Died
	<input type="checkbox"/> Lost to follow-up ¹
	<input type="checkbox"/> Not recorded in the chart
When was date of last follow-up?	<input type="checkbox"/> mm/dd/yyyy <input type="checkbox"/> Not recorded in the chart
What is the status of this patient at this last follow-up date?	<input type="checkbox"/> Alive, NED
	<input type="checkbox"/> Alive with residual small lesions, on definitive treatment
	<input type="checkbox"/> Alive with residual small lesions, without definitive treatment
	<input type="checkbox"/> Alive with residual big lesions, on definitive treatment
	<input type="checkbox"/> Alive with residual big lesions, without definitive treatment
	<input type="checkbox"/> Alive with terminal disease, only on supportive treatment
	<input type="checkbox"/> Not recorded in the chart
If died, when was date of death?	<input type="checkbox"/> mm/dd/yyyy <input type="checkbox"/> Not recorded in the chart
If died, what is cause of death?	<input type="checkbox"/> Breast cancer-related <input type="checkbox"/> Not cancer-related <input type="checkbox"/> Not recorded in the chart

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