Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Completion Status - V01

Section Title: End of Neoadjuvant Treatment Completion Status and Reason of Discontinuation

Was Trastuzumab treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: * ○ (select one) ○ Adverse event ○ Consent withdrawn ○ Progressive disease ○ Patient refused to continue trastuzumab ○ Other

Specify: *

Was Pertuzumab treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: * ○ (select one) ○ Adverse event ○ Consent withdrawn ○ Progressive disease ○ Patient refused to continue pertuzumab ○ Other

Specify: *

Was Palbociclib treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: * ○ (select one) ○ Adverse event ○ Consent withdrawn ○ Progressive disease ○ Patient refused to continue palbociclib ○ Other

Specify: *

Was Fulvestrant treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: *

Specify: *

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID:_____
Interviewer Name:_____
Interview Date:_____

Completion Status - V02

Section Title: End of Neoadjuvant Treatment Completion Status and Reason of Discontinuation

Was Trastuzumab treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: *
- ○ (select one)
- ○ Adverse event
- ○ Consent withdrawn
- ○ Progressive disease
- ○ Patient refused to continue trastuzumab
- ○ Other

Specify: *

Was Pertuzumab treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: *
- ○ (select one)
- ○ Adverse event
- ○ Consent withdrawn
- ○ Progressive disease
- ○ Patient refused to continue pertuzumab
- ○ Other

Specify: *

Was Palbociclib treatment completed as per protocol?: * ○ Yes ○ No

If No, please specify the reason of discontinuation: *
- ○ (select one)
- ○ Adverse event
- ○ Consent withdrawn
- ○ Progressive disease
- ○ Patient refused to continue palbociclib
- ○ Other

Specify: *

Was Fulvestrant treatment completed as per protocol?: * ○ Yes ○ No ○ Not Done (Cohort B)

If No, please specify the reason of discontinuation: *

Specify: *