

Table e1. Correlation between pBRA and physician rated cosmetic outcomes

Variable	ρ
Global cosmetic score	0.36
Breast size	0.38
Breast shape	0.37
Skin color	0.41
Location of the areola and nipple	0.47
Shape of the areola and nipple	0.44

Abbreviation: ρ = Spearman correlation coefficient

Appendix eI.PATIENT EVALUATION OF THE TREATED BREAST

You have been treated with breast-conserving therapy for breast cancer. As you know, a reason for choosing this treatment is the potential for keeping a breast that looks and feels as close to normal as possible. Your opinion concerning the appearance of your breast is valuable to us.

I. Please circle the word below which best describes your judgment of the cosmetic results of therapy at this time:

- EXCELLENT** when compared to the untreated breast, there is minimal or no difference in the size or shape of the treated breast. The way the breast feels (its texture) is the same or slightly different. There may be mild thickening or scar tissue within the breast or skin, but not enough to change the appearance.
- GOOD** there is mild asymmetry between the breasts, which means that there is a slight difference in the size or shape of the treated breast as compared to the opposite breast. There may be some mild reddening or darkening of the breast. The thickening or scar tissue within the breast causes only a mild change in the shape.
- FAIR** moderate deformity of the breast, with an obvious difference in the size and shape of the treated breast. This change involves 1/4 or less of the breast. There is moderate thickening or scar tissue of the skin and the breast, and obvious color changes.
- POOR** marked change in the appearance of the treated breast involving more than 1/4 of the breast tissue. The skin changes are very obvious. There is severe scarring and thickening of the breast.

II. In summary, regarding your breast conservation therapy, your overall feeling is:

- A) completely satisfied with the treatment and results
- B) not totally satisfied, but would choose breast conservation therapy again
- C) dissatisfied with breast conservation therapy

III. If you had it all over to do again, would you prefer to have your breast cancer treated:

- A) just the way you were treated
- B) with a mastectomy, not requiring radiation therapy

IV. It is sometimes very difficult to tell if the changes in your treated breast are due to the surgery, the radiation therapy, or both. Try to remember what the breast looked like after the surgery, but before the radiation treatments began. Now compare that memory to the appearance of the breast now. The changes within your breast at this time are in your opinion:

- A) caused mostly by the radiation
- B) caused by both the radiation and surgery, but mostly by the radiation
- C) caused by both the radiation and surgery, but mostly by the surgery
- D) caused mostly by the surgery
- E) can't judge which treatment caused the change.
- F) there are no changes

Appendix eII.PHYSICIAN EVALUATION OF THE TREATED
BREAST

The physician should never share his evaluation with the patient, as it may influence subsequent patient evaluations. Also, do not glance at previous evaluations...it is the evolution of cosmetic changes we are studying.

I. Please assess the cosmetic results of breast conservation therapy at this time (Circle one):

- EXCELLENT** when compared to the untreated breast, there is minimal or no difference in the size or shape of the treated breast. The way the breast feels (its texture) is the same or slightly different. There may be mild thickening or scar tissue within the breast or skin, but not enough to change the appearance.
- GOOD** there is mild asymmetry between the breasts, which means that there is a slight difference in the size or shape of the treated breast as compared to the opposite breast. There may be some mild reddening or darkening of the breast. The thickening or scar tissue within the breast causes only a mild change in the shape.
- FAIR** moderate deformity of the breast, with an obvious difference in the size and shape of the treated breast. This change involves 1/4 or less of the breast. There is moderate thickening or scar tissue of the skin and the breast, and obvious color changes.
- POOR** marked change in the appearance of the treated breast involving more than 1/4 of the breast tissue. The skin changes are very obvious. There is severe scarring and thickening of the breast. In retrospect, the breast may have been better treated by a mastectomy.

II. In the physician's opinion, the changes within the treated breast are:

- A) caused mostly by the radiation
- B) caused by both the radiation and surgery, but mostly by the radiation
- C) caused by both the radiation and surgery, but mostly by the surgery
- D) caused mostly by surgery
- E) can't judge which treatment caused the change
- F) there are no changes

PHYSICIAN EVALUATION OF THE TREATED BREAST

III. Instructions: For each of the breast characteristics presented above, please rate the treated breast *as compared to the untreated breast*. Place a check mark in the appropriate cell for each characteristic.

	No Difference	A Small Difference	A Moderate Difference	A Large Difference	Not Evaluable
	0	1	2	3	4
Breast Size					
Breast Shape					
Skin Color					
Location of the areola and nipple					
Shape of the areola and nipple					

IV. How would you rate the appearance of the surgical scars? Please circle your assessment.

0 = Very unobtrusive

1 = Visible but not affecting cosmetic results

2 = Visible and detracting somewhat from cosmetic results

3 = Visible and detracting a great deal from cosmetic results

4 = Not evaluable

V. Measure and record the Breast Retraction Assessment parameters:

a1= _____

b₁ = _____

a2= _____

b₂ = _____