

Please note that the ## marked fields are MANDATORY for a save.
The # marked fields are REQUIRED for a case to be considered complete.

Patient Details

Patient Name (first 3 letters of last name) ##
Hospital / Clinic ##

Patient Date of Birth ##
Your clinic reference ##

Patient postcode##
Diagnosis date ##

Gender ## Female Male
 Private / Public ## Private Public Unknown

Indigenous Status ## Non-Indigenous Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Maori Pacific Peoples Unknown

Enrolled in trial Yes No
Breast Care Nurse Yes No Unknown
Multi-disciplinary Treatment Yes No Unknown

Diagnosis

Invasive / In situ # Invasive In situ
 Bilateral synchronous # No Yes

Referral source # Symptomatic (from GP) Breast Screen Australia Breast Screen Aotearoa (NZ) Other

Previous surgery No previous surgery Same breast Contralateral breast Both breasts Unknown

Menopausal status # Pre Peri Post Male

Gestational status Currently pregnant Recently pregnant (last 12 months) Not pregnant (now or last 12 months)

Laterality Left Right

Position of principal tumour
 Unknown Superolateral Inferolateral Superomedial Inferomedial Axillary tail
 Lateral Medial Superior Inferior Central > 1 quadrant

If the patient refused any treatment, please indicate what treatment was declined#
 No Conservative Tx Mastectomy Axillary surgery Radiotherapy
 Chemotherapy Hormone therapy Unspecified refusal Reconstruction Herceptin or other immunotherapy

Did you prescribe or refer this patient for any of the following adjuvant / neo-adjuvant therapies? #

	Radiotherapy	Chemotherapy	SERMs	Ovarian Ablation	Aromatase Inhibitors	Herceptin or other immunotherapy
Adjuvant? Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred but not used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neo-adjuvant? Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures

Diagnostic Procedures			Surgical Events #			Axillary Procedures #		
Diagnosis Method	Tick if applicable	Positive Y/N	Surgical Event	Surgery Date	Discharge Date	Surgical Event	Surgery Date	Discharge Date
Clinical Exam	<input type="checkbox"/>		Open Biopsy			Sentinel Node		
Mammography	<input type="checkbox"/>		CLE			Level 1		
Ultrasound	<input type="checkbox"/>		Re Excision			Level 2		
FNA-Cytology	<input type="checkbox"/>		Total Mastectomy			Level 3		
Core	<input type="checkbox"/>		Reconstruction			Unknown		
MRI	<input type="checkbox"/>		Other					
Other	<input type="checkbox"/>		ABBI					

No Breast Surgery
No Axillary surgery

Pathology - Invasive

Histological type of invasive tumour #

<input type="checkbox"/> Ductal NOS	<input type="checkbox"/> Basal-like	<input type="checkbox"/> Invasive lobular	<input type="checkbox"/> Mixed type	<input type="checkbox"/> Other neoplasm
<input type="checkbox"/> Unknown	<input type="checkbox"/> Tubular	<input type="checkbox"/> Medullary	<input type="checkbox"/> Mucinous	

Invasive tumour size in mm #

Total extent of lesion in mm (DCIS plus invasive carcinoma) *if greater than invasive tumour size

Histological grade of invasive tumour #

<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Unknown
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Number of invasive breast cancers

<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Multicentric	<input type="checkbox"/> Unknown
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Vascular / Lymphatic invasion #

<input type="checkbox"/> Present	<input type="checkbox"/> Absent	<input type="checkbox"/> Unknown
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Final assessment of relevant margins – Invasive

Orientation of closest circumferential margin

<input type="checkbox"/> Lateral	<input type="checkbox"/> Medial	<input type="checkbox"/> Superior	<input type="checkbox"/> Inferior	<input type="checkbox"/> Unknown/Not available
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Distance (in mm) to closest circumferential margin # (Whole numbers only)

Orientation of closest vertical margin

<input type="checkbox"/> Superficial	<input type="checkbox"/> Deep	<input type="checkbox"/> Unknown/Not available
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Distance (in mm) to closest vertical margin # (Whole numbers only)

Pathology - DCIS

DCIS size in mm#

Histological grade of lesion #

<input type="checkbox"/> Low	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High	<input type="checkbox"/> Unknown
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Necrosis present #

<input type="checkbox"/> No necrosis	<input type="checkbox"/> Necrosis	<input type="checkbox"/> Not applicable
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Dominant pattern

<input type="checkbox"/> Solid	<input type="checkbox"/> Cribriform	<input type="checkbox"/> Micropapillary	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown / na
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Other pattern

<input type="checkbox"/> Solid	<input type="checkbox"/> Cribriform	<input type="checkbox"/> Micropapillary	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown / na
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Final assessment of relevant margins – In situ

Orientation of closest circumferential margin

<input type="checkbox"/> Lateral	<input type="checkbox"/> Medial	<input type="checkbox"/> Superior	<input type="checkbox"/> Inferior	<input type="checkbox"/> Unknown/Not available
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Distance (in mm) to closest circumferential margin # (Whole numbers only)

Orientation of closest vertical margin

<input type="checkbox"/> Superficial	<input type="checkbox"/> Deep	<input type="checkbox"/> Unknown/Not available
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Distance (in mm) to closest vertical margin # (Whole numbers only)

Number of nodes examined #

Number of positive nodes #

Receptor status #

	Oestrogen	Progesterone	HER 2
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Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ordered but not yet known*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Not done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*If this option is checked for any field, the case will remain incomplete in the system until the answer is replaced with a positive or negative result.

Sentinel

a) Pre-operative scintigraphy

Was scintigraphy conducted? Yes No Scintigraphy date

Number of nodes in the following locations

None Lower axilla Upper axilla Supraclavicular Internal mammary

b) Sentinel Node Biopsy

Number of nodes

Nodes detected with Isotope Blue dye Both Unknown

Position and number of located nodes

Lower axilla Upper axilla Supraclavicular Internal mammary Other

Final pathology of sentinel nodes

Number of sentinel nodes histologically positive None One node Two nodes Three nodes > three nodes

Follow-up

Follow-up date

Patient status

Free of recurrence Progression of disease Local recurrence Systemic recurrence New breast cancer
 New unrelated cancer Death, breast cancer related Death, not related to breast cancer Death, unknown cause Transferred care
 Lost to follow-up Unknown Partial clinical response Complete clinical response Stable disease

Clinical Exam Results Not done No abnormality Abnormal Unknown

Mammogram Results Not done No abnormality Abnormal Unknown

Ultrasound Results Not done No abnormality Abnormal Unknown

Lymphodema None Mild Moderate Severe Extreme Unknown

Cosmetic status Good Fair Poor Mastectomy Unknown

Next appointment date (time from follow-up date)

Days Weeks Months Years

Comments