

Surgeon	
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Patient details

Surname (first 3 letters)		Postcode	
Date of birth	(dd-mm-yyyy)	Private/Public	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Unknown
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Clinic reference	
Indigenous Status	<input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Peoples <input type="checkbox"/> Unknown	Hospital	
		Breast Care Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Multi-disciplinary Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Diagnosis

Diagnosis date	(dd-mm-yyyy)
Referral source	<input type="checkbox"/> Symptomatic from GP <input type="checkbox"/> Breast Screen Australia <input type="checkbox"/> Breast Screen Aotearoa (NZ) <input type="checkbox"/> Other
Bilateral synchronous	<input type="checkbox"/> Yes <input type="checkbox"/> No Laterality <input type="checkbox"/> Left <input type="checkbox"/> Right
Menopausal status	<input type="checkbox"/> Pre <input type="checkbox"/> Peri <input type="checkbox"/> Post <input type="checkbox"/> Male
Gestational status	<input type="checkbox"/> Currently pregnant <input type="checkbox"/> Recently pregnant (last 12 months) <input type="checkbox"/> Not pregnant (now or last 12 mths)

Surgery date (dd-mm-yyyy)

Open biopsy		CLE		Re-excision	
Total mastectomy		Reconstruction		No breast surgery	<input type="checkbox"/>

Axillary surgery date (dd-mm-yyyy)

Sentinel node		Level 1/sampling		Level 2	
Level 3		No axillary surgery	<input type="checkbox"/>		

DCIS pathology

Tumour size in mm		Histological grade of tumour	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Distance (in mm) to closest circumferential margin		Number of axillary nodes examined	
Distance (in mm) to closest vertical margin		Number of positive axillary nodes	
Necrosis	<input type="checkbox"/> No necrosis <input type="checkbox"/> Necrosis <input type="checkbox"/> Not applicable		

Adjuvant therapies

Receptor status

	Radiotherapy	SERMs	Aromatase inhibitors		Oestrogen	Progesterone	HER2
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred but not used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refusal of any recommended treatment (multi-select)

<input type="checkbox"/> No	<input type="checkbox"/> BCS	<input type="checkbox"/> Mastectomy	<input type="checkbox"/> Axillary surgery	<input type="checkbox"/> Radiotherapy
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Hormone therapy	<input type="checkbox"/> Unspecified refusal	<input type="checkbox"/> Herceptin	<input type="checkbox"/> Reconstruction

Please note that all questions require a response except Gestational status and Laterality