

<b>Surgeon name</b>	
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**Patient details**

<b>Surname (first 3 letters)</b>		<b>Postcode</b>	
<b>Date of birth</b>	(dd-mm-yyyy)	<b>Private/Public</b>	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Unknown
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Clinic reference</b>	
<b>Indigenous Status</b>	<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	<b>Hospital</b>	
		<b>Breast Care Nurse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		<b>Multi-disciplinary Treatment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**Diagnosis**

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

**Surgery – date (dd-mm-yyyy)**
**No breast surgery** 

Open biopsy		CLE		Re-excision	
Total mastectomy		Reconstruction			

**Axillary surgery – date (dd-mm-yyyy)**
**No axillary surgery** 

Sentinel node		Level 1		Level 2		Level 3	
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**Invasive pathology**

<b>Tumour size in mm</b>		<b>Histological grade of tumour</b>	<input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3																
<b>Total extent of lesion in mm (DCIS plus invasive carcinoma)</b>		<b>Vascular/lymphatic invasion</b>	<input type="checkbox"/> Present <input type="checkbox"/> Absent																
<b>Histological type of tumour</b>	<input type="checkbox"/> Ductal NOS <input type="checkbox"/> Basal-like <input type="checkbox"/> Other neoplasm <input type="checkbox"/> Tubular <input type="checkbox"/> Invasive Lobular <input type="checkbox"/> Mixed type <input type="checkbox"/> Medullary <input type="checkbox"/> Mucinous	<b>Receptor status</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"><b>Oestrogen</b></td> <td style="width:25%;"><b>Progesterone</b></td> <td style="width:25%;"><b>HER 2</b></td> </tr> <tr> <td>Positive</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Negative</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not done</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		<b>Oestrogen</b>	<b>Progesterone</b>	<b>HER 2</b>	Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Not done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<b>Distance (in mm) to closest circumferential margin</b>		<b>Number of axillary nodes examined</b>																	
<b>Distance (in mm) to closest vertical margin</b>		<b>Number of positive axillary nodes</b>																	

**Adjuvant therapies**

	<b>Radiotherapy</b>	<b>Chemotherapy</b>	<b>SERMs</b>	<b>Ovarian ablation</b>	<b>Aromatase inhibitors</b>	<b>Herceptin (immunotherapy)</b>
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"/>

**Neoadjuvant therapies**

	<b>Radiotherapy</b>	<b>Chemotherapy</b>	<b>SERMs</b>	<b>Ovarian ablation</b>	<b>Aromatase inhibitors</b>	<b>Herceptin (immunotherapy)</b>
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"/>

**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, Laterality and Total extent of lesion.