

**Worksheet 1: PROCEM**

SUBJECT BIRTHDATE (YYMMDD): \_\_\_\_\_

SUBJECT ID: \_\_\_\_\_

SUBJECT INITIALS: \_\_ \_\_

DATE OF MG (YYMMDD): \_\_\_\_\_

**PROCEM: MAMMOGRAPHY/TOMOSYNTHESIS**

<b>Breast density according to BIRADS</b>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
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**MAMMOGRAPHY/TOMOSYNTHESIS FINDINGS**

**RIGHT BREAST**

<b>No. of pathological findings</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> >3
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	Lesion A	Lesion B	Lesion C
<b>Localization clockwise (centre of lesion)</b>	_ _ _	_ _ _	_ _ _
<b>Centre of lesion area from mamilla</b>	cm	cm	cm
<b>Lesion size*</b>	mm	mm	mm
<b>Findings</b>	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Arch dist, asymmetry etc)	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Arch dist, asymmetry etc)	<input type="checkbox"/> Mass <input type="checkbox"/> Mass + microcalc <input type="checkbox"/> Microcalc only <input type="checkbox"/> Other (Arch dist, asymmetry etc)
<b>Birads score</b>	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4 <input type="checkbox"/> M5	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4 <input type="checkbox"/> M5	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4 <input type="checkbox"/> M5

\* Enter 0 if lesion is not visible by this modality

<b>Total extent malignant lesions</b>	mm
<b>Total extent w/ continuity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Comment in free text:</b>	
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SIGNATURE RESPONSIBLE RADIOLOGIST: \_\_\_\_\_

SEE NEXT PAGE/SIDE FOR LEFT BREAST

SUBJECT BIRTHDATE (YYMMDD): \_ \_ \_ \_ \_

SUBJECT ID: \_ \_ \_ \_ \_

SUBJECT INITIALS: \_ \_

DATE OF MG (YYMMDD): \_ \_ \_ \_ \_

### MAMMOGRAPHY/TOMOSYNTHESIS FINDINGS

**LEFT BREAST**

<b>No. of pathological findings</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3
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	Lesion A	Lesion B	Lesion C
<b>Localization clockwise (centre of lesion)</b>	— —	— —	— —
<b>Centre of lesion area from mamilla</b>	cm	cm	cm
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<b>Total extent malignant lesions</b>	mm
<b>Total extent w/ continuity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Comment in free text:</b>	
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SIGNATURE RESPONSIBLE RADIOLOGIST: \_\_\_\_\_