

Worksheet 6: PROCEM

SUBJECT BIRTHDATE (YYMMDD): _____

SUBJECT ID: _____

SUBJECT INITIALS: _____

PROCEM: CEM

DATE OF CEM (YYMMDD): _____

	Right breast	Left breast
Background enhancement	<input type="checkbox"/> Minimal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Minimal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
CEM findings	<input type="checkbox"/> Unifocal <input type="checkbox"/> Multifocal <input type="checkbox"/> Enhancement w/ benign appearance <input type="checkbox"/> Negative/normal	<input type="checkbox"/> Unifocal <input type="checkbox"/> Multifocal <input type="checkbox"/> Enhancement w/ benign appearance <input type="checkbox"/> Negative/normal
No. of suspicious findings	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3
Image quality	<input type="checkbox"/> Good <input type="checkbox"/> Poor (CEM cannot be assessed) <i>If poor, please describe reason:</i>	<input type="checkbox"/> Good <input type="checkbox"/> Poor (CEM cannot be assessed) <i>If poor, please describe reason:</i>

Comment in free text:	
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SIGNATURE RESPONSIBLE RADIOLOGIST: _____

SEE NEXT PAGE/SIDE

SUBJECT BIRTHDATE (YYMMDD): _____

SUBJECT ID: _____

SUBJECT INITIALS: ____

CEM FINDINGS

RIGHT BREAST

	Lesion A	Lesion B	Lesion C	Lesion D	Lesion E
Localization clockwise (centre of lesion)	---	---	---	---	---
Centre of lesion from mamilla	cm	cm	cm	cm	cm
Lesion size*	mm	mm	mm	mm	mm
CEM BIRADS score for malignancy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Visual assesment of CEM enhancement in lesion/area	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
Enhancement corresponding to lesion on DM (visible on ≥ 2 views) or baseline US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe orientation of enhancement not corresponding to lesion on DM or US (non-mass enhancement)	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse
Total extent malignant lesions					mm
Total extent w/ continuity?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Second look ultrasound needed?					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Enter 0 if lesion not visible by CEM

SIGNATURE RESPONSIBLE RADIOLOGIST: _____

SEE NEXT PAGE/SIDE FOR LEFT BREAST

SUBJECT BIRTHDATE (YYMMDD): _____

SUBJECT ID: _____

SUBJECT INITIALS: ____

CEM FINDINGS

LEFT BREAST

	Lesion A	Lesion B	Lesion C	Lesion D	Lesion E
Localization clockwise (centre of lesion)	---	---	---	---	---
Centre of lesion from mamilla	cm	cm	cm	cm	cm
Lesion size*	mm	mm	mm	mm	mm
CEM BIRADS score for malignancy	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Visual assesment of CEM enhancement in lesion/area	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked
Enhancement corresponding to lesion on DM (visible on ≥ 2 views) or baseline US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe orientation of enhancement not corresponding to lesion on DM or US (non-mass enhancement)	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse	<i>If no, orientation:</i> <input type="checkbox"/> Focal <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Multiple regions <input type="checkbox"/> Diffuse
Total extent malignant lesions					mm
Total extent w/ continuity?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Second look ultrasound needed?					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Enter 0 if lesion not visible by CEM

SIGNATURE RESPONSIBLE RADIOLOGIST: _____