

Worksheet 7: PROCEM

SUBJECT BIRTHDATE (YYMMDD): _____

SUBJECT ID: _____

SUBJECT INITIALS: __ __

DATE OF MG (YYMMDD): _____

PROCEM: SECOND LOOK US & ADDITIONAL CORE BIOPSY

	Right breast	Left breast
Second look ultrasound performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extra CEM findings detectable at ultrasound?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ULTRASOUND FINDINGS

RIGHT BREAST

	Lesion A	Lesion B	Lesion C	Lesion D	Lesion E
BIRADS score	<input type="checkbox"/> U1	<input type="checkbox"/> U1	<input type="checkbox"/> U1	<input type="checkbox"/> U1	<input type="checkbox"/> U1
	<input type="checkbox"/> U2	<input type="checkbox"/> U2	<input type="checkbox"/> U2	<input type="checkbox"/> U2	<input type="checkbox"/> U2
	<input type="checkbox"/> U3	<input type="checkbox"/> U3	<input type="checkbox"/> U3	<input type="checkbox"/> U3	<input type="checkbox"/> U3
	<input type="checkbox"/> U4	<input type="checkbox"/> U4	<input type="checkbox"/> U4	<input type="checkbox"/> U4	<input type="checkbox"/> U4
	<input type="checkbox"/> U5	<input type="checkbox"/> U5	<input type="checkbox"/> U5	<input type="checkbox"/> U5	<input type="checkbox"/> U5
Additional core biopsy performed due to findings at CEM?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Comment in free text:					

LEFT BREAST

	Lesion A	Lesion B	Lesion C	Lesion D	Lesion E
BIRADS score	<input type="checkbox"/> U1	<input type="checkbox"/> U1	<input type="checkbox"/> U1	<input type="checkbox"/> U1	<input type="checkbox"/> U1
	<input type="checkbox"/> U2	<input type="checkbox"/> U2	<input type="checkbox"/> U2	<input type="checkbox"/> U2	<input type="checkbox"/> U2
	<input type="checkbox"/> U3	<input type="checkbox"/> U3	<input type="checkbox"/> U3	<input type="checkbox"/> U3	<input type="checkbox"/> U3
	<input type="checkbox"/> U4	<input type="checkbox"/> U4	<input type="checkbox"/> U4	<input type="checkbox"/> U4	<input type="checkbox"/> U4
	<input type="checkbox"/> U5	<input type="checkbox"/> U5	<input type="checkbox"/> U5	<input type="checkbox"/> U5	<input type="checkbox"/> U5
Additional core biopsy performed due to findings at CEM?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Comment in free text:					

SIGNATURE RESPONSIBLE RADIOLOGIST: _____