

Worksheet 8: PROCEM

SUBJECT BIRTHDATE (YYMMDD): _ _ _ _ _

SUBJECT ID: _ _ _ _ _

SUBJECT INITIALS: _ _

PROCEM: RECOMMENDATION AFTER CEM

Change of therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes above:

Change from partial mastectomy (PME) to mastectomy (ME)	<input type="checkbox"/> Yes, due to larger unifocal extent <input type="checkbox"/> Yes, due to multifocal disease <input type="checkbox"/> No
Change from PME +/- displacement to PME + replacement	<input type="checkbox"/> Yes, due to larger unifocal extent <input type="checkbox"/> Yes, due to multifocal disease <input type="checkbox"/> No
Change from mastectomy (ME) to partial mastectomy (PME)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change from PME + replacement to PME +/- displacement	<input type="checkbox"/> Yes <input type="checkbox"/> No
New findings of contralateral malignancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neoadjuvant chemotherapy instead of primary surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Axillary clearance instead of sentinel node biopsy	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE RESPONSIBLE SURGEON: _____