

SLOANE PROJECT QUESTIONNAIRE FOR PATIENTS WITH NO OR DELAYED (>6 MONTHS) SURGICAL TREATMENT OF BIOPSY-PROVEN SCREEN-DETECTED DCIS: FORM 1 (DIAGNOSIS AND FOLLOW-UP)

Please return completed forms to:

Karen Clements, Breast Cancer Research Manager, Public Health England Screening, 5 St Philip's Place, Birmingham, B3 2PW or email to phe.sloaneproject@nhs.net

NHS number:

Sx no:

DoB:

Treating hospital

Hospital number

Form completed by

Date of completion

Email

ELIGIBILITY

Has the patient had resection of the DCIS within 6 months of the abnormal screening mammogram?

No

Yes

Is the patient a randomised participant in the LORIS trial?

No

Yes

Does another exclusion criterion apply?

No

Yes

If answer is Yes to any question, please give details overleaf & return form. Otherwise complete rest of form.

ASSESSMENT FINDINGS

Mammography

Date of screening mammogram _____

Digital Film/screen

Side: Right Left

Site: UOQ (tick all that apply)

UIQ

LOQ

LIQ

Retroareolar

Does the lesion contain microcalcification?

Yes No

If yes, most suspicious pattern: (tick one)

Casting

Granular

Punctate

Distribution: (tick one)

Diffuse

Regional

Grouped

Linear

Segmental

Predominant mammographic feature: (tick one)

Calcification

Mass – well-defined

Mass – ill-defined

Distortion

Spiculate mass

None of above – state _____

Maximum size of lesion _____ mm

BI-RADS breast density: (tick one)

a

b

c

d

Biopsy

Procedure giving definitive DCIS diagnosis:

VAB Gauge _____

14G core

Other State _____

Mode:

Stereo/tomo

Ultrasound

Freehand

Number of cores _____

Clinical examination

P score (1-5) _____

Not performed

Not known

Ultrasound

U score (1-5) _____

Not performed

Not known

SLOANE PROJECT QUESTIONNAIRE FOR PATIENTS WITH NO OR DELAYED (>6 MONTHS) SURGICAL TREATMENT OF BIOPSY-PROVEN SCREEN-DETECTED DCIS: FORM 1 (DIAGNOSIS AND FOLLOW-UP)

<p><u>DCIS histology on core biopsy / VAB</u></p> <p>Laboratory number _____</p> <p>Nuclear grade (highest present): Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/></p> <p>Necrosis: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Microinvasion: Yes <input type="checkbox"/> Possible <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Receptor status:</p> <p>ER Positive <input type="checkbox"/> Score _____ Negative <input type="checkbox"/> Not known <input type="checkbox"/></p> <p>PR Positive <input type="checkbox"/> Score _____ Negative <input type="checkbox"/> Not known <input type="checkbox"/></p> <p>HER2 Positive <input type="checkbox"/> Score _____ Negative <input type="checkbox"/> Not known <input type="checkbox"/></p> <p><i>Please send copy of histopathology report with form</i></p>
--	--

Reason for no initial surgery for DCIS

Patient declined
 Unfit for surgery
 Other
 State: _____

Non-surgical treatment of DCIS

None
 Tamoxifen (tick all that apply)
 Aromatase inhibitor
 Raloxifene
 Radiotherapy
 Other
 State: _____

Please give details of duration etc. below

FOLLOW-UP

Is the patient still alive?
 Yes
 No
 Not known

If No, please state:
 Date of death _____
 Cause of death _____

Has the patient undergone further needle biopsy or surgery on either breast?
 Yes If yes, please give details on FORM 2
 No

If no further biopsy or surgery:
 Date of last mammogram _____
 Max. size of DCIS _____ mm
 Any radiological evidence of invasive disease or new radiological abnormality?
 Yes If yes, please give details under ADDITIONAL INFORMATION
 No

ADDITIONAL INFORMATION