

SLOANE PROJECT QUESTIONNAIRE FOR PATIENTS WITH NO OR DELAYED (>6 MONTHS) SURGICAL TREATMENT OF BIOPSY-PROVEN SCREEN-DETECTED DCIS: FORM 2 (FURTHER BIOPSY OR SURGERY)

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: _____

REASON FOR FURTHER BIOPSY OR SURGERY

Clinical change <input type="checkbox"/> Imaging change <input type="checkbox"/> Patient choice <input type="checkbox"/> Other <input type="checkbox"/> state _____ On endocrine treatment at time of decision? Yes <input type="checkbox"/> No <input type="checkbox"/>	Site: At known DCIS <input type="checkbox"/> New lesion – same breast, different site <input type="checkbox"/> opposite breast <input type="checkbox"/> <i>If >1 changed/new lesion biopsied please complete separate form for each and state number _____</i>
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REASSESSMENT AND BIOPSY

<p>Mammography</p> <p>Date of mammogram _____</p> <p>Digital <input type="checkbox"/> Film/screen <input type="checkbox"/></p> <p>Side: Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Site: UOQ <input type="checkbox"/> (tick all that apply) UIQ <input type="checkbox"/> LOQ <input type="checkbox"/> LIQ <input type="checkbox"/> Retroareolar <input type="checkbox"/></p> <p>Does the lesion contain microcalcification? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, most suspicious pattern: (tick one) Casting <input type="checkbox"/> Granular <input type="checkbox"/> Punctate <input type="checkbox"/></p> <p>Distribution: (tick one) Diffuse <input type="checkbox"/> Regional <input type="checkbox"/> Grouped <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/></p>	<p>Predominant/new mammographic feature: (tick one)</p> <p>Calcification <input type="checkbox"/> Mass – well-defined <input type="checkbox"/> Mass – ill-defined <input type="checkbox"/> Distortion <input type="checkbox"/> Spiculate mass <input type="checkbox"/> None of above – state _____</p> <p>Maximum size of lesion _____ mm</p> <p>BI-RADS breast density: (tick one)</p> <p>a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/></p>
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Clinical examination

P score (1-5) _____

Not performed

Not known

Ultrasound

U score (1-5) _____

Not performed

Not known

Biopsy

Date of biopsy _____

Procedure giving definitive diagnosis:

VAB Gauge _____
 14G core
 Other State _____

Mode:

Stereo/tomo
 Ultrasound
 Freehand

No. of cores _____

