Public Health England

The Sloane Project
Understanding non-invasive breast disease

Sloane follow up form

Submit data on previously diagnosed women who are already known to the Sloane Project when they have been diagnosed with a further breast cancer, regional or distant event.

This form is for you to record information on ipsilateral recurrences, contralateral breast disease and metastases. Please complete all sections that apply.

Return forms securely using only nhs.net mail to PHE.Sloaneproject@nhs.net or to Sloane Project team, Screening QA Service, 1st Floor, 5 St Philip's Place, Birmingham, B3 2PW.

If you need help completing any part of this form, contact the team on PHE.Sloaneproject@nhs.net

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Section 1: details about the patient

Patient NHS number ☐ **Date of birth** ☐

Screening unit ☐ **Screening number** ☐

Hospital number ☐ **Hospital** ☐

Is the patient still alive? Y/N ☐ If no, date of death ☐

Cause of death: breast cancer ☐ other cancer ☐ not cancer ☐ cancer (unknown type) ☐

Section 2: type of recurrence detected and route of presentation

Please mark with an 'x' all types that apply and give date.

Local/regional ☐ Distant ☐ Contralateral disease ☐

Date ☐ Date ☐ Date ☐

Route of presentation (mark all that apply)

Detected on FU mammogram ☐ Clinical exam at routine FU ☐

Following GP referral to OPD clinic ☐ Other ☐

(if other, please give details below)

☐

Section 3: local/regional recurrence

Record information on ipsilateral recurrences including when it happened, where in the breast, how it presented and how it was treated.

Site of local/regional recurrences (mark each of the below options that apply)		**Procedures used to confirm recurrence** (mark all that apply)					
		Mammogram	FNA	Core biopsy	Excision biopsy	MRI	Other (please specify)
Breast (if conserved) – at or adjacent to site of original primary							
Breast (if conserved) – second neoplasm some distance from site of original							
Nipple							
Mastectomy scar/flaps							
Ipsilateral axilla							
Ipsilateral supraclavicular fossa							
Reconstructed breast mound							
Other (please specify)							

Treatment of local/regional recurrence (mark all that apply)

Surgical procedures ☐ Radiotherapy ☐ Hormone therapy ☐ Chemotherapy ☐

Surgical procedures (mark all that apply)

Further wide local excision ☐ Mastectomy ☐ Axillary node surgery ☐ Other _____

Radiotherapy to recurrence (mark all treated sites)

Breast ☐ Axilla ☐ Chest wall ☐ Supraclavicular fossa ☐ Interstitial ☐

Hormone therapy (please mark if given for recurrence)

Tamoxifen ☐ Aromatase inhibitor ☐ Other (please state) _____

Chemotherapy (please give details of the regime)

CMF alone ☐ Herceptin ☐ Anthracycline containing regime (example FEC or Epi-CMF) ☐

Taxane containing regime (example taxol or taxotere) ☐ Other regime (please give details) _____

Pathology of local/regional recurrence

Type and grade of recurrence (please mark all that apply)

Invasive ☐ Non-invasive (DCIS) ☐ Non-invasive (LCIS/ALH) ☐

Invasive grade Grade 1 ☐ Grade 2 ☐ Grade 3 ☐

DCIS grade Low ☐ Intermediate ☐ High ☐

Size of local/regional recurrence

DCIS (mm) ☐ Invasive size (mm) ☐ Whole tumour DCIS/invasive (mm) ☐

DCIS growth patterns (mark all that apply)

Solid ☐ Cribriform ☐ Micropapillary ☐ Papillary ☐

Apocrine ☐ Flat ☐ Other (please specify) ☐

Microinvasion Present ☐ Not present ☐

Histological type of invasive tumour

No special type (ductal NST) ☐

Pure special type (90% purity). If yes, indicate which ones below ☐

Mixed tumour type (50-90% special type component), If yes, indicate which ones below ☐

Components present for pure special type and mixed tumour types

Tubular/cribriform ☐ Lobular ☐ Mucinous ☐ Medullary like ☐

Ductal or no special type ☐ Other (please specify) ☐

Nodes

Number examined overall ☐ Number positive ☐

Vascular invasion Present ☐ Possible ☐ Absent ☐ Not known ☐

Receptor status

	Positive	Negative	Not known	Cut off for positivity used	Invasive	DCIS (indicate)
ER status	☐	☐	☐	☐	☐	☐
PgR status	☐	☐	☐	☐	☐	☐
HER-2 status	☐	☐	☐	☐	☐	☐

Section 4: contralateral disease

We need to quantify the risk to the opposite breast, which is why we need to know whether the cancer is invasive or non-invasive and how it was treated.

Site of contralateral disease (mark any of the below four options which apply)		**Procedures used to confirm contralateral disease** (mark all that apply)					
		Mammogram	FNA	Core biopsy	Excision biopsy	MRI	Other (please specify)
Contralateral breast							
Contralateral nipple							
Contralateral axilla							
Other (please specify)							

Treatment of contralateral disease (mark all that apply)

Surgical procedures ☐ Radiotherapy ☐ Hormone therapy ☐ Chemotherapy ☐

Surgical procedures (mark all that apply)

Wide local excision ☐ Mastectomy ☐ Axillary node surgery ☐ Other _____ (please give details)

Radiotherapy for contralateral disease (mark all sites that were treated)

Breast ☐ Axilla ☐ Chest wall ☐

Supraclavicular fossa ☐ Interstitial ☐

Hormone therapy (please mark if given after diagnosis of contralateral disease)

Tamoxifen ☐ Aromatase inhibitor ☐ Other (please state) _____

Chemotherapy (please give details of the regime)

CMF alone ☐ Herceptin ☐ Anthracycline containing regime (example FEC or Epi-CMF) ☐

Taxane containing regime (example taxol or taxotere) ☐ Other regime (please give details) _____

Other treatment given (please specify) _____

Pathology of contralateral disease

Type and grade of recurrence (please mark all that apply)

Invasive ☐ Non-invasive (DCIS) ☐ Non-invasive (LCIS/ALH) ☐

Invasive grade Grade 1 ☐ Grade 2 ☐ Grade 3 ☐

DCIS grade Low ☐ Intermediate ☐ High ☐

Size of contralateral recurrence

DCIS (mm) ☐ Invasive size (mm) ☐ Whole tumour (DCIS and invasive) size (mm) ☐

DCIS growth patterns (mark all that apply)

Solid ☐ Cribriform ☐ Micropapillary ☐ Papillary ☐

Apocrine ☐ Flat ☐ Other (please specify) ☐

Microinvasion Present ☐ Not present ☐

Histological type of invasive tumour

No special type (ductal NST) ☐ Pure special type (90% purity). Specify components present below ☐ Mixed tumour type (50-90% special type component). Specify components present below ☐

Components present for pure special type and mixed tumour types

Tubular/cribriform ☐ Lobular ☐ Mucinous ☐ Medullary like ☐

Ductal or no special type ☐ Other (please specify) ☐

Nodes

Number examined overall ☐ Number positive ☐

Vascular invasion Present ☐ Possible ☐ Absent ☐

Receptor status

	Positive	Negative	Not known	Cut off for positivity used	Invasive	DCIS (indicate)
ER status	☐	☐	☐	☐	☐	☐
PgR status	☐	☐	☐	☐	☐	☐
HER-2 status	☐	☐	☐	☐	☐	☐

SECTION 5: distant metastases

Information on confirmed distant metastases.

Site of distant metastases (mark all that apply)

Bone ☐ Lung ☐ Liver ☐ Brain ☐

Other (please specify) _____

Treatment (mark all that apply)

Surgical procedures ☐ If marked, please indicate type of procedure below _____

Radiotherapy ☐ If marked, please give details of site below _____

Hormone therapy ☐ If marked, please indicate type of hormone therapy below _____

Bisphosphonates ☐ If marked, please give details of type of regime below _____

Chemotherapy ☐ If marked, please give details of type of regime below _____

Other ☐ If marked, please give details below _____

Is there any evidence of invasive focus to account for the metastases?

Yes ☐ No ☐ Not known ☐ Please comment if you wish _____

Thank you for completing this form. Please double check all details before submitting.

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