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

NHS number: Sx no: DoB:

Treating hospital | Hospital number

Form completed by | Date of completion

Email

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

Has the patient:

- been randomised in the LORIS trial? No ☐ Yes ☐
- had resection of the DCIS within 6 months of the abnormal screening mammogram? No ☐ Yes ☐
- had previous invasive or non-invasive breast cancer or biopsy-proven atypia? No ☐ Yes ☐
- had concurrent invasive breast cancer? No ☐ Yes ☐
- been diagnosed only with a non-DCIS primary (e.g LCIS) (incorrectly coded)? No ☐ Yes ☐

Does another exclusion criterion apply? No ☐ Yes ☐

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 ☐

Clinical examination

P score (1-5) _____
Not performed ☐
Not known ☐

Ultrasound

U score (1-5) _____
Not performed ☐
Not known ☐

Biopsy

Procedure giving definitive DCIS diagnosis:
VAB ☐ Gauge _____
14G core ☐
Other ☐ State _____

Mode:
Stereo/tomo ☐
Ultrasound ☐
Freehand ☐

Number of cores _____

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)

DCIS histology on core biopsy / VAB

Laboratory number _____

Nuclear grade (highest present):
- Low ☐
- Intermediate ☐
- High ☐

Necrosis:
- Yes ☐
- No ☐

Microinvasion:
- Yes ☐
- Possible ☐
- No ☐

Receptor status:

ER	Positive ☐ Negative ☐ Not known ☐	Score _____
PR	Positive ☐ Negative ☐ Not known ☐	Score _____
HER2	Positive ☐ Negative ☐ Not known ☐	Score _____

Please send copy of histopathology report with form

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 ☐
- No ☐

If yes, please give details on FORM 2

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 ☐
- No ☐

If yes, please give details under ADDITIONAL INFORMATION

ADDITIONAL INFORMATION