

**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 &gt;1 changed/new lesion biopsied please complete separate form for each and state number _____</i>
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**REASSESSMENT AND BIOPSY**

<p><b>Mammography</b></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><b>Predominant/new mammographic feature: (tick one)</b></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><b>BI-RADS breast density: (tick one)</b>                  a <input type="checkbox"/>                  b <input type="checkbox"/>                  c <input type="checkbox"/>                  d <input type="checkbox"/></p>
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<p><b>Clinical examination</b></p> <p>P score (1-5) _____</p> <p>Not performed <input type="checkbox"/></p> <p>Not known <input type="checkbox"/></p>	<p><b>Ultrasound</b></p> <p>U score (1-5) _____</p> <p>Not performed <input type="checkbox"/></p> <p>Not known <input type="checkbox"/></p>	<p><b>Biopsy</b></p> <p>Date of biopsy _____</p> <p><b>Procedure giving definitive diagnosis:</b></p> <p>VAB <input type="checkbox"/> Gauge _____                  14G core <input type="checkbox"/>                  Other <input type="checkbox"/> State _____</p> <p><b>Mode:</b>                  Stereo/tomo <input type="checkbox"/>                  Ultrasound <input type="checkbox"/>                  Freehand <input type="checkbox"/></p> <p><b>No. of cores</b> _____</p>
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<p><b><u>Histology on core biopsy / VAB</u></b></p> <p>Laboratory number _____</p> <p><b>DCIS</b>                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p><b>Nuclear grade:</b>      Low <input type="checkbox"/>                                        Intermediate <input type="checkbox"/>                                        High <input type="checkbox"/></p> <p><b>Necrosis:</b>              Yes <input type="checkbox"/>                                        No <input type="checkbox"/></p> <p><b>Microinvasion:</b>      Yes <input type="checkbox"/>                                        Possible <input type="checkbox"/>                                        No <input type="checkbox"/></p> <p><b>Invasive cancer</b>      Yes <input type="checkbox"/>                                        Possible <input type="checkbox"/>                                        No <input type="checkbox"/></p>	<p><b>Invasive cancer type</b> _____</p> <p><b>Invasive grade:</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    3 <input type="checkbox"/>    nk <input type="checkbox"/></p> <p><b>Receptor status</b> (of invasive cancer if present, otherwise DCIS):</p> <p><b>ER</b>    Positive <input type="checkbox"/>                                             Score _____                Negative <input type="checkbox"/>                Not known <input type="checkbox"/></p> <p><b>PR</b>    Positive <input type="checkbox"/>                                             Score _____                Negative <input type="checkbox"/>                Not known <input type="checkbox"/></p> <p><b>HER2</b> 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>
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**SURGERY**

<p>No surgery <input type="checkbox"/></p> <p>Mastectomy <input type="checkbox"/></p> <p>WLE <input type="checkbox"/></p>	<p>Other <input type="checkbox"/> state _____</p> <p>Date of surgery _____</p>
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<p><b><u>Surgical pathology</u></b></p> <p>Laboratory number: _____</p> <p><b>DCIS</b>                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p><b>Nuclear grade</b> (highest present):</p> <p>    Low <input type="checkbox"/>          Intermediate <input type="checkbox"/>          High <input type="checkbox"/>          not known <input type="checkbox"/></p> <p><b>Invasive cancer</b>      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p><b>Type:</b>    Ductal/NST <input type="checkbox"/>                Lobular <input type="checkbox"/>                Tubular/cribriform <input type="checkbox"/>                Mucinous <input type="checkbox"/>                Medullary-like <input type="checkbox"/>                Mixed <input type="checkbox"/>                state types _____</p> <p>    Other <input type="checkbox"/>          state _____</p> <p><b>Invasive grade:</b> 1 <input type="checkbox"/>    2 <input type="checkbox"/>    3 <input type="checkbox"/>    nk <input type="checkbox"/></p> <p><b>Nodes:</b> no. examined _____                no. with macromets _____                no. with micromets _____                no. with ITCs _____</p>	<p><b>Size</b>    Total (DCIS +/- invasive) _____ mm                Invasive component _____ mm</p> <p><b>Receptor status</b> (of invasive cancer if present, otherwise DCIS)</p> <p><b>ER</b>    Positive <input type="checkbox"/>                                             Score _____                Negative <input type="checkbox"/>                Not known <input type="checkbox"/></p> <p><b>PR</b>    Positive <input type="checkbox"/>                                             Score _____                Negative <input type="checkbox"/>                Not known <input type="checkbox"/></p> <p><b>HER2</b> Positive <input type="checkbox"/>                                             Score _____                Negative <input type="checkbox"/>                Not known <input type="checkbox"/></p> <p><b>Ki67</b>    Score _____</p> <p><i>Please send copy of histopathology report with form</i></p> <p><b><u>ADDITIONAL INFORMATION</u></b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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