

BREAST TUMOURS – CLINICAL DETAILS

Date of Diagnosis:

Primary Tumour Site:

- Right Breast Left Breast Other (Specify):

(If cancer is bilateral, please fill in a separate form for each cancer)

Inherited Mutation Status:

- BRCA1 Positive – location of mutation:.....
- BRCA1 Negative
- BRCA2 Positive – location of mutation:.....
- BRCA2 Negative
- Lynch Syndrome mutation (e.g, *MLH1, MSH2, MSH6, PMS2, or EPCAM*)
– location of mutation:.....
- Other gene variant (e.g, *PALPB2, RAD51C*)
– location of mutation:.....
- Not known

Pre-treatment CA153 (optional):

Pretreatment number of CTCs (optional):

Staging Type and Figures:

T:..... Size.....mms
 N:..... Number of nodes removed
 Numbers of nodes affected
 M:..... Site of Metastasis.....

Histology:

- Invasive Ductal
- Invasive Lobular
- DCIS
- Unknown

Other (Specify).....

ER:	<input type="checkbox"/> +ve	<input type="checkbox"/> -ve	<input type="checkbox"/> unknown
PR:	<input type="checkbox"/> +ve	<input type="checkbox"/> -ve	<input type="checkbox"/> unknown
HER2:	<input type="checkbox"/> +ve	<input type="checkbox"/> -ve	<input type="checkbox"/> unknown

Grade:

- Grade I
- Grade II
- Grade III

Unknown

If BENIGN:

LCIS

Fibroadenoma

Papilloma

ADH

Inflammation

Other (please specify).....

Treatment:

A. Surgery

Lumpectomy

Wide Local Excision (WLE)

Simple Mastectomy

Radical Mastectomy

Unknown

Axillary nodes:

Sentinel Lymph Node (SLN) ANC No dissection Unknown

B. Radiotherapy: Yes No Unknown

C. Systemic Therapy:

- | | | |
|--|---|--|
| <input type="checkbox"/> neo-adjuvant | <input type="checkbox"/> adjuvant | |
| <input type="checkbox"/> Anthracycline | <input type="checkbox"/> Non Anthracycline | <input type="checkbox"/> Taxanes |
| <input type="checkbox"/> Tamoxifen | <input type="checkbox"/> Aromatase Inhibitors | <input type="checkbox"/> GnRH Analogue |
| <input type="checkbox"/> Herceptin | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Unknown |

Follow up:

Alive (NO recurrence) – Date:

Recurrence – Date:

Death – Date:

Cause of death: