# *i*BRA-2

***I**mmediate **B**reast **R**econstruction and **A**djuvant therapy **A**udit*

# Data Collection Sheets

| **Study ID No*** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|

| **Unit Name** | |
|---|---|

**Version 5 - 5th May 2016**

**Study ID = *** Unit code+### e.g BRI001

THE MAMMARY FOLD ACADEMIC & RESEARCH COLLABORATIVE

The Royal Liverpool and Broadgreen University Hospitals NHS Trust

University of BRISTOL

RSTN Reconstructive Surgery Trials Network

CTRC Clinical Trials Research Centre

Royal College of Surgeons ADVANCING SURGICAL CARE

# Patient recruitment and inclusion/exclusion

## Confirm that this patient meets the following inclusion and exclusion criteria:

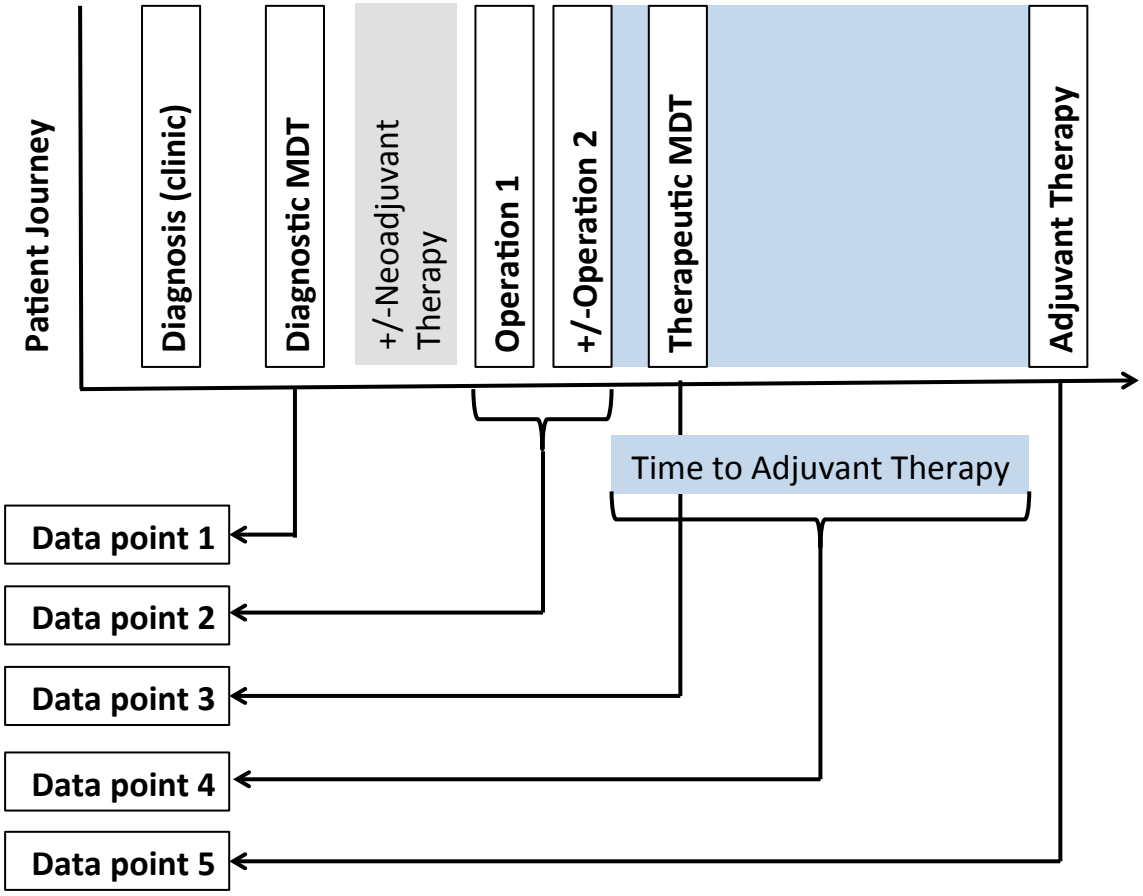
**Inclusion:**

- Any patient undergoing a mastectomy with or without immediate reconstruction for pre-invasive or invasive disease with curative intent is eligible for inclusion in the study

**Exclusion:**

- Patients without pre-invasive or invasive disease (i.e. those undergoing risk-reducing surgery)
- Patients undergoing partial mastectomy including lumpectomy, wide local excision or therapeutic mammaplasty
- Patients with metastatic disease

## Patient Pathway Schematic and data collection points



# Section 1- Baseline Demographic Data

**1.1 Patient age at diagnosis (years)** ……

**1.2 Height (m)……** **1.3 Weight (kg) ……..** **1.4 BMI (Kg/m$^2$)**:……

**1.5 Smoking status**

Current Smoker ☐ Ex-smoker of >6 weeks ☐ Non-smoker ☐

**1.6 Diabetic**:

Yes ☐ No ☐

**1.7 Other co-morbidities**

| | | | | |
|---|---|---|---|---|
| Ischaemic heart disease: | Yes | ☐ | No | ☐ |
| Current steroid therapy: | Yes | ☐ | No | ☐ |
| Other immunosuppressant therapy | Yes | ☐ | No | ☐ |
| Connective tissue disorder: | Yes | ☐ | No | ☐ |
| Other co-morbidities | Yes | ☐ | No | ☐ |

## Prior and neoadjuvant treatments

| | | | | | |
|---|---|---|---|---|---|
| **1.8** | **Previous radiotherapy to ipsilateral breast** | Yes | ☐ | No | ☐ |
| **1.9** | **Neoadjuvant chemotherapy within 4-6 weeks of surgery** | Yes | ☐ | No | ☐ |
| **1.10** | **Neoadjuvant endocrine therapy** | Yes | ☐ | No | ☐ |
| **1.11** | **Neoadjuvant radiotherapy** | Yes | ☐ | No | ☐ |

**1.12 Previous surgery to ipsilateral breast**

| | | | | | |
|---|---|---|---|---|---|
| Wide local excision | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Therapeutic mammaplasty | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Reduction | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Augmentation | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Other | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |

**1.13 Previous surgery to ipsilateral axilla**

| | | | | | |
|---|---|---|---|---|---|
| Sentinel node biopsy with WLE | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Stand-alone sentinel node biopsy | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Axillary sample | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |
| Axillary clearance | Yes | ☐ | No | ☐ | Date (MM/YY)…….. |

# Section 2 - Operative data

**2.1 Date of mastectomy +/- reconstruction** DD / MM / YY

**2.2 ASA grade**

| | | |
|---|---|---|
| 1 | Normal healthy individual | ? |
| 2 | Mild systemic disease that does not limit activities | ? |
| 3 | Severe systemic disease that limits activities but is not incapacitating | ? |
| 4 | Incapacitating systematic disease which is constantly life-threatening | ? |

**2.3 Antibiotic use**:

| | | | |
|---|---|---|---|
| Prophylactic (<24 hours) | ☐ | 1-5 days | ☐ |
| Extended course (5+ days) | ☐ | Until drains removed | ☐ |
| Other …… | ☐ | | |

**2.4 Type of skin prep used at time of surgery**

| | | | |
|---|---|---|---|
| Iodine (Betadine) (brown) | ☐ | Chlorhexidine (pink) | ☐ |
| 2% Chlorprep | ☐ | Other | ☐ |

**2.5 Procedure performed to <u>RIGHT</u> breast:**

| | | | |
|---|---|---|---|
| None | ☐ | Mastectomy only | ☐ |
| Skin-sparing mastectomy + IBR | ☐ | Nipple sparing mastectomy + IBR | ☐ |
| Skin-reducing mastectomy + IBR | ☐ | Wide local excision | ☐ |
| Reduction/mastopexy | ☐ | Augmentation | ☐ |

**2.6 If <u>immediate reconstruction</u> (IBR); type of reconstruction performed to <u>RIGHT</u> breast**

| | | | |
|---|---|---|---|
| Implant based | ☐ | Pedicled flap | ☐ |
| Free flap | ☐ | Other | ☐ |

**If patient undergoing <u>implant-based reconstruction to the right breast</u>**

**2.7 Right breast –implant reconstruction - planned procedure**

| | | | |
|---|---|---|---|
| One stage reconstruction | ☐ | Two-stage reconstruction | ☐ |
| Immediate-delayed reconstruction | ☐ | | |

**2.8 Right breast – implant reconstruction – mode of lower pole coverage**

None (submuscular expander – lower pole uncovered) ☐

Fascial coverage/complete submuscular placement ☐

Dermal sling ☐

Biological mesh e.g. Strattice ☐

Synthetic mesh e.g. TiLOOP ☐

Pre-pectoral implant placement with total ADM coverage (e.g BRAXON) ☐

Pre-prectoral implant placement with dermal sling/ADM ☐

**2.9. Right breast - Details of product used for lower pole coverage**

| | | | |
|---|---|---|---|
| Strattice | ☐ | SurgiMend | ☐ |
| Native | ☐ | BioDesign | ☐ |
| Vertias | ☐ | SERI | ☐ |
| TiLOOP | ☐ | TIGR Mesh | ☐ |

Other (please give details –name and manufacturer) ☐

.....

**2.10 Right breast - Breast prosthesis details**

| | | | |
|---|---|---|---|
| Fixed volume implant | ☐ | Size.....ccs | |
| Temporary expander | ☐ | Vol of saline inserted (mls)..... | |
| Combined implant (Beckers) | ☐ | Silicone component (g)..... | |
| Size when fully expanded..... | | Vol of saline inserted (mls)..... | |

**2.11 Right breast – polyurethane implant?**

Yes ☐ No ☐

**If patient undergoing <u>flap-based reconstruction to right breast</u>**

**2.12 Right breast - Type of flap used**

**Pedicled flap**

| | | | |
|---|---|---|---|
| Autologous LD (no implant) | ☐ | LD with implant | ☐ |
| Pedicled TRAM | ☐ | Other | ☐ |

**2.12.1 If LD with implant, prosthesis details**

| | | | |
|---|---|---|---|
| Fixed volume implant | ☐ | Size.....ccs | |
| Temporary expander | ☐ | Vol of saline inserted (mls)..... | |
| Combined implant (Beckers) | ☐ | Silicone component (g)..... | |
| Size when fully expanded..... | | Vol of saline inserted (mls)..... | |

**Polyurethane implant?**

| | | | |
|---|---|---|---|
| Yes | ☐ | No | ☐ |

**Free-flap**

| | | | | | |
|---|---|---|---|---|---|
| Free TRAM | ☐ | DIEP | ☐ | SIEA | ☐ |
| TUG | ☐ | SGAP/IGAP | ☐ | Other | ☐ |

**2.13 Indication for surgery to <u>RIGHT</u> breast**

| | | | |
|---|---|---|---|
| Malignancy (invasive/DCIS) – first operation | ☐ | Risk reduction | ☐ |
| Malignancy – failed BCS (WLE/TM) | ☐ | Symmetrisation | ☐ |

If failed WLE/TM (i.e. Mastectomy for positive margins), date of initial surgery……

**2.14 Grade of primary operating surgeon - <u>RIGHT</u> breast**

| | | | |
|---|---|---|---|
| Consultant | ☐ | Non consultant career grade | ☐ |
| Senior trainee (OPF/ST8+) | ☐ | ST6/7 | ☐ |
| ST5 or below | ☐ | Other | ☐ |

**2.15 Mastectomy weight – <u>RIGHT</u> breast (g)……**

**2.16 Axillary surgery - <u>RIGHT</u>**

| | | | |
|---|---|---|---|
| None | ☐ | Sentinel Node Biopsy | ☐ |
| Axillary sample | ☐ | Axillary clearance | ☐ |
| Previous axillary staging | ☐ | | |

**2.17 Procedure performed to <u>LEFT</u> breast:**

| | | | |
|---|---|---|---|
| None | ☐ | Mastectomy only | ☐ |
| Skin-sparing mastectomy + IBR | ☐ | Nipple sparing mastectomy + IBR | ☐ |
| Skin-reducing mastectomy + IBR | ☐ | Wide local excision | ☐ |

| | | | |
|---|---|---|---|
| Reduction/mastopexy | ☐ | Augmentation | ☐ |

**2.18 If immediate reconstruction (IBR); type of reconstruction performed to LEFT breast**

| | | | |
|---|---|---|---|
| Implant based | ☐ | Pedicled flap | ☐ |
| Free flap | ☐ | Other | ☐ |

**If patient undergoing implant-based reconstruction to LEFT breast**

**2.19 Left breast –implant reconstruction - planned procedure**

| | | | |
|---|---|---|---|
| One stage reconstruction | ☐ | Two-stage reconstruction | ☐ |
| Immediate-delayed reconstruction | ☐ | | |

**2.20 Left breast – implant reconstruction – mode of lower pole coverage**

| | |
|---|---|
| None (submuscular expander – lower pole uncovered) | ☐ |
| Fascial coverage/complete submuscular placement | ☐ |
| Dermal sling | ☐ |
| Biological mesh e.g. Strattice | ☐ |
| Synthetic mesh e.g. TiLOOP | ☐ |
| Pre-pectoral implant placement with total ADM coverage (e.g BRAXON) | ☐ |
| Pre-prectoral implant placement with dermal sling/ADM | ☐ |

**2.21 Left breast - Details of product used for lower pole coverage**

| | | | |
|---|---|---|---|
| Strattice | ☐ | SurgiMend | ☐ |
| Native | ☐ | BioDesign | ☐ |
| Vertias | ☐ | SERI | ☐ |
| TiLOOP | ☐ | TIGR Mesh | ☐ |
| Other (please give details –name and manufacturer) | | | ☐ |

.....

**2.22 Left breast - Breast prosthesis details**

| | | | |
|---|---|---|---|
| Fixed volume implant | ☐ | Size.....ccs | |
| Temporary expander | ☐ | Vol of saline inserted (mls)..... | |
| Combined implant (Beckers) | ☐ | Silicone component (g)..... | |

Size when fully expanded..... Vol of saline inserted (mls).....

**2.23 Left breast – polyurethane implant?**

Yes ☐ No ☐

**If patient undergoing <u>flap-based reconstruction to left breast</u>**

**2.24 Left breast - Type of flap used**
**Pedicled flap**

| | | | |
|---|---|---|---|
| Autologous LD (no implant) | ☐ | LD with implant | ☐ |
| Pedicled TRAM | ☐ | Other | ☐ |

**If LD with implant, left breast prosthesis details**

| | | | |
|---|---|---|---|
| Fixed volume implant | ☐ | Size.....ccs | |
| Temporary expander | ☐ | Vol of saline inserted (mls)..... | |
| Combined implant (Beckers) | ☐ | Silicone component (g)..... | |
| Size when fully expanded. ..... | | Vol of saline inserted (mls)..... | |

**Polyurethane implant?**

| | | | |
|---|---|---|---|
| Yes | ☐ | No | ☐ |

**Free-flap**

| | | | | | |
|---|---|---|---|---|---|
| Free TRAM | ☐ | DIEP | ☐ | SIEA | ☐ |
| TUG | ☐ | SGAP/IGAP | ☐ | Other | ☐ |

**2.25 Indication for surgery to <u>LEFT</u> breast**

| | | | |
|---|---|---|---|
| Malignancy (invasive/DCIS) – first operation | ☐ | Risk reduction | ☐ |
| Malignancy – failed BCS (WLE/TM) | ☐ | Symmetrisation | ☐ |

If failed WLE/TM (i.e. Mastectomy for positive margins), date of initial surgery……

**2.26 Grade of primary operating surgeon - <u>LEFT</u> breast**

| | | | |
|---|---|---|---|
| Consultant | ☐ | Non consultant career grade | ☐ |
| Senior trainee (OPF/ST8+) | ☐ | ST6/7 | ☐ |
| ST5 or below | ☐ | Other | ☐ |

**2.27 Mastectomy weight – <u>LEFT</u> breast (g)……**

**2.28 Axillary surgery - LEFT**

| | | | |
|---|---|---|---|
| None | ☐ | Sentinel Node Biopsy | ☐ |
| Axillary sample | ☐ | Axillary clearance | ☐ |
| Previous axillary staging | ☐ | | |

**Form completed by** (name).....**Date (dd/mm/yy)**.....

**Contact e-mail**.....

# Section 3 – Post-operative Oncology and MDT Outcomes

To be collected for each side from which surgery for malignancy (invasive/DCIS) is performed.

## RIGHT BREAST

**3.1 Right breast – if neoadjuvant chemotherapy – did the patient have a complete pathological response (path CR)?**

Yes ☐ No ☐

**3.2 Right breast – Invasive status (on core biopsy if path CR)**

Invasive ☐ DCIS ☐

**3.3 Right breast – Grade of DCIS/invasive disease (on core biopsy if path CR)**

1 – Low grade (DCIS) or well-differentiated (invasive) ☐

2 – Intermediate grade (DCIS) or moderately differentiated (invasive) ☐

3 – High grade (DCIS) or poorly differentiated (invasive) ☐

**3.4 Right breast - histological type: (on core biopsy if path CR)**

Ductal ☐ Lobular ☐

Mixed ☐ Other ☐

**3.5 Right breast**

Single tumour ☐ Multifocal/centric ☐

**3.6 Right breast - Size of invasive tumour (largest if >1 ipsilateral tumours) (mm)** ……....

**3.7 Right breast - Total size of lesion including DCIS**

In pathological specimen (mm)……

On pre-treatment diagnostic imaging (if ***neoadjuvant chemo/endocrine therapy***) (mm)……

**3.8 Right breast - Receptor status (on core biopsy if path CR)**

3.7.1 **ER**: Positive ☐ Negative ☐ Not known ☐

3.7.2 **Her-2**: Positive ☐ Negative ☐ Not known ☐

3.7.3 **Ki67**: High ☐ Low ☐ Not known ☐

**3.9 Right breast – lymphovascular invasion (LVI)**

Yes ☐ No ☐ Not known ☐

**3.10 Right breast – lymph node involvement**

3.10.1 Number of involved lymph nodes (macromets only)……

3.10.2 Total number of lymph nodes in pathology specimen……....

## LEFT BREAST

**3.11 Left breast – if neoadjuvant chemotherapy – did the patient have a complete pathological response (path CR)?**

Yes ☐ No ☐

**3.12 Left breast – Invasive status**

Invasive ☐ DCIS ☐

**3.13 Left breast – Grade of DCIS/invasive disease (on core biopsy if path CR)**

1 – Low grade (DCIS) or well-differentiated (invasive) ☐

2 – Intermediate grade (DCIS) or moderately differentiated (invasive) ☐

3 – High grade (DCIS) or poorly differentiated (invasive) ☐

**3.14 Left breast - histological type: (on core biopsy if path CR)**

Ductal ☐ Lobular ☐

Mixed ☐ Other ☐

**3.15 Left breast**

Single tumour ☐ Multifocal/centric ☐

**3.16 Left breast - Size of invasive tumour (mm) (largest if >1 ipsilateral tumours)**……

**3.17 Left breast - Total size of lesion including DCIS (mm)**

In pathological specimen (mm)……

On pre-operative imaging (if received *neoadjuvant chemo/endocrine therapy*) (mm)……

**3.18 Left breast - Receptor status (on core biopsy if path CR)**

| | | | | | | |
|---|---|---|---|---|---|---|
| 3.7.1 | **ER**: Positive | ☐ | Negative | ☐ | Not known | ☐ |
| 3.7.2 | **Her-2**: Positive | ☐ | Negative | ☐ | Not known | ☐ |
| 3.7.3 | **Ki67**: High | ☐ | Low | ☐ | Not known | ☐ |

**3.19 Left breast – lymphovascular invasion (LVI)**

| | | | | | |
|---|---|---|---|---|---|
| Yes | ☐ | No | ☐ | Not known | ☐ |

**3.20 Left breast – lymph node involvement**

3.18.1 Number of involved lymph nodes (macromets only)…….

3.18.2 Total number of lymph nodes in pathology specimen……....

## Plan from therapeutic (post-operative) MDT

**3.21 Date of post-operative MDT (DD/MM/YY) ……..**

**3.22 Further oncological surgery required**

| | | | |
|---|---|---|---|
| No | ☐ | Completion axillary clearance | ☐ |
| Further margins | ☐ | Other | ☐ |

3.20.1 Surgery planned **before** adjuvant therapy Yes ☐ No ☐

3.20.2 If **yes**, planned date of surgery (DD/MM/YY) ……

**3.23 Treatments recommended**

3.23.1 **Chemotherapy**

| | | | |
|---|---|---|---|
| Recommended by MDT | ☐ | Not recommended by MDT | ☐ |
| For discussion with patient | ☐ | For Oncotype DX | ☐ |
| Chemotherapy already received | ☐ | | |

3.23.2 **Biological (e.g Herceptin) therapy**:

| | | | |
|---|---|---|---|
| Recommended by MDT | ☐ | Not recommended by MDT | ☐ |

3.23.3 **Radiotherapy to chest wall;**

| | | | |
|---|---|---|---|
| Recommended by MDT | ☐ | Not recommended by MDT | ☐ |
| For discussion with patient | ☐ | Already received | ☐ |

| | | | | |
|---|---|---|---|---|
| **With boost** | Yes | ☐ | No | ☐ |
| **To supraclavicular fossa** | Yes | ☐ | No | ☐ |
| **To axilla** | Yes | ☐ | No | ☐ |

3.23.4 **Endocrine therapy**

Recommended by MDT ☐ Not recommended by MDT ☐

**Form completed by** (name).....**Date (dd/mm/yy)**.....

**Contact e-mail**.....

## Section 4 – Complications occurring "before start of adjuvant therapy" or by 6 weeks if no adjuvant chemo or radiotherapy recommended (or adjuvant therapy started <6/52)

**4.1 Post-operative complication experienced:**

| | | | |
|---|---|---|---|
| Yes | ☐ | No | ☐ |

4.1.1 If yes, side affected

| | | | |
|---|---|---|---|
| Right | ☐ | Left | ☐ |

Please tick if complication experienced:

## Right side

| | Right breast | Right donor site |
|---|---|---|
| **4.2 Seroma** | | |
| Requiring aspiration 1-2 times | ☐ | ☐ |
| Requiring aspiration 3 or more times | ☐ | ☐ |
| **4.3 Haematoma** | | |
| Minor - Managed conservatively | ☐ | ☐ |
| Major 1 - Requiring aspiration in clinic (+/-USS, no GA) | ☐ | ☐ |
| Major 2 - Requiring evacuation in theatre | ☐ | ☐ |
| **4.4 Wound infection** | | |
| Minor - Requiring oral antibiotics | ☐ | ☐ |
| Major 1 - Requiring admission for IV antibiotics | ☐ | ☐ |
| Major 2 - Requiring surgical drainage/debridement | ☐ | ☐ |
| **4.5 Mastectomy skin flap necrosis** | | |
| Minor – Managed conservatively | ☐ | |
| Major 1 – Requiring surgical debridement in clinic (no GA) | ☐ | |
| Major 2 – Requiring surgical debridement in theatre (GA) | ☐ | |
| **4.6 Nipple necrosis** | | |
| Minor – Managed conservatively | ☐ | |
| Major 1 – Requiring surgical debridement | ☐ | |
| Major 2 – Total NAC loss | ☐ | |

| | Right breast | Right donor site |
|---|---|---|
| **4.7 Wound dehiscence** | | |
| Minor – Managed conservatively | ☐ | ☐ |
| Major – Requiring return to theatre for resuturing | ☐ | ☐ |

**4.8 Implant loss** ☐

**4.9 Donor site skin necrosis**

Minor – Managed conservatively ☐

Major 1 – Requiring surgical debridement in clinic (no GA) ☐

Major 2 – Requiring surgical debridement in theatre (GA) ☐

**4.10 Impaired flap perfusion requiring return to theatre for exploration/revision of anastomosis (flap salvage)** ☐

**4.11 Flap necrosis**

Partial flap necrosis requiring surgical debridement ☐

Total flap necrosis requiring removal of flap ☐

**4.12 Other** ☐ ☐

Details……

## Left side

| | | Left breast | Left donor site |
|---|---|---|---|
| **4.13** | **Seroma** | | |
| | Requiring aspiration 1-2 times | ☐ | ☐ |
| | Requiring aspiration 3 or more times | ☐ | ☐ |
| **4.14** | **Haematoma** | | |
| | Minor - Managed conservatively | ☐ | ☐ |
| | Major 1 - Requiring aspiration in clinic (+/-USS, no GA) | ☐ | ☐ |
| | Major 2 - Requiring evacuation in theatre | ☐ | ☐ |
| **4.15** | **Wound infection** | | |
| | Minor - Requiring oral antibiotics | ☐ | ☐ |
| | Major 1 - Requiring admission for IV antibiotics | ☐ | ☐ |
| | Major 2 - Requiring surgical drainage/debridement | ☐ | ☐ |

| | | Left breast | Left donor site |
|---|---|---|---|
| **4.16** | **Mastectomy skin flap necrosis** | | |
| | Minor – Managed conservatively | ☐ | |
| | Major 1 – Requiring surgical debridement in clinic (no GA) | ☐ | |

Major 2 – Requiring surgical debridement in theatre (GA) ☐

**4.17 Nipple necrosis**

Minor – Managed conservatively ☐

Major 1 – Requiring surgical ☐

Major 2 – Total NAC loss ☐

**4.18 Wound dehiscence**

Minor – Managed conservatively ☐ ☐

Major – Requiring return to theatre for resuturing ☐ ☐

**4.19 Implant loss** ☐

**4.20 Donor site skin necrosis**

Minor – Managed conservatively ☐

Major 1 – Requiring surgical debridement in clinic (no GA) ☐

Major 2 – Requiring surgical debridement in theatre (GA) ☐

**4.21 Impaired flap perfusion requiring return to theatre for exploration/revision of anastomosis (flap salvage)** ☐

**4.22 Flap necrosis**

Partial flap necrosis requiring surgical debridement ☐

Total flap necrosis requiring removal of flap ☐

**4.23 Other** ☐ ☐

Details……

**4.24 In-hospital complication including systemic complications at time of initial surgery**

Yes ☐ No ☐

**If yes complication(s) experienced – tick all that apply**

DVT/PE Yes ☐ No ☐

Urinary tract infection Yes ☐ No ☐

| | | | | |
|---|---|---|---|---|
| Chest infection (LRTI) | Yes | ☐ | No | ☐ |
| Myocardial infarction | Yes | ☐ | No | ☐ |
| Blood transfusion | Yes | ☐ | No | ☐ |
| Unplanned admission to HDU/ITU | Yes | ☐ | No | ☐ |
| Surgical complication as above | Yes | ☐ | No | ☐ |
| Other | Yes | ☐ | No | ☐ |

**4.25 Readmission to hospital within 30 days or prior to commencement of adjuvant therapy**

Yes ☐ No ☐

Date (DD/MM/YY)……..

Reason……..

**4.26 Re-operation for complication within 30 days or prior to commencement of adjuvant therapy**

Yes ☐ No ☐

Date (DD/MM/YY)……..

Details……..

**Form completed by** (name).....**Date (dd/mm/yy)**.....

**Contact e-mail**.....

# Section 5 - Adjuvant therapy data

**This section documents time from <u>LAST CANCER</u> surgery to <u>FIRST</u> adjuvant treatment i.e 1st dose of chemotherapy OR 1st dose of radiotherapy. <u>DO NOT INCLUDE ENDOCRINE</u>**

**Please collect data for the FIRST adjuvant therapy ONLY -** i.e. if a patient is planned for chemotherapy followed by radiotherapy, you only need to record data for the chemotherapy part of their treatment.

**5.1 Date of last definitive cancer surgery (if not mastectomy procedure) (DD/MM/YY)……..**

**5.2 Chemotherapy**

**5.2.1 If offered**

Patient accepts ☐ Patient declines ☐

5.2.2 **If Oncotype DX** – risk stratification

High ☐ Intermediate ☐ Low risk ☐

**5.2.3 Chemotherapy offered based on Oncotype-DX score**

Yes ☐ No ☐

**5.2.4 Actual chemotherapy start date (DD/MM/YY**)……..

5**.2.5 Was planned treatment modified, delayed or omitted (not given) due to a post-operative complication?**

Not affected ☐ Delayed ☐

Modified ☐ Omitted completely ☐

Details……..

**5.3 Radiotherapy**

5.3.1 **If offered:**

Patient accepts ☐ Patient declines ☐

5.3.2 **Actual radiotherapy start date (DD/MM/YY**)……..

**5.3.3 Was planned treatment modified, delayed or omitted (not given) due to a post-operative complication?**

Not affected ☐ Delayed ☐

Modified ☐ Omitted completely ☐

Details……..

**5.4 Did any factors impact on the time to delivery of adjuvant therapy?**

Yes ☐ No ☐ Unsure ☐

**5.4.1 If yes, please tick any factors that apply**

| | | | | |
|---|---|---|---|---|
| Post-operative complication | Yes | ☐ | No | ☐ |
| Capacity issue – lack of medical oncology (chemo) OPD appointments | Yes | ☐ | No | ☐ |
| Capacity issue – lack of clinical oncology (RT) OPD appointments | Yes | ☐ | No | ☐ |
| Capacity issue – lack of chemotherapy delivery slots | Yes | ☐ | No | ☐ |
| Capacity issue – lack of radiotherapy planning slots | Yes | ☐ | No | ☐ |
| Capacity issue – lack of radiotherapy delivery slots | Yes | ☐ | No | ☐ |
| Waiting for staging CT scan or scan results | Yes | ☐ | No | ☐ |
| Waiting for staging bone scan or scan results | Yes | ☐ | No | ☐ |
| Waiting for staging PET scan or scan results | Yes | ☐ | No | ☐ |
| Waiting for ECHO or ECHO results | Yes | ☐ | No | ☐ |
| Awaiting Oncotype DX results | Yes | ☐ | No | ☐ |
| Administrative delay – problem with booking | Yes | ☐ | No | ☐ |
| Patient choice | Yes | ☐ | No | ☐ |
| Patient-related issue e.g. needing physio to receive RT | Yes | ☐ | No | ☐ |
| Other – please give details | Yes | ☐ | No | ☐ |

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**Form completed by** (name).....**Date (dd/mm/yy)**.....

**Contact e-mail**.....