

8. Other Lesions Present? <input type="checkbox"/> Yes → <input type="checkbox"/> No	8a. Specify number of lesions: <u> NN </u> Complete Imaging Module 2 (IM-2) for each additional lesion
9. Associated Findings? <input type="checkbox"/> Yes → <input type="checkbox"/> No	9a. Specify Associated Findings (select all that apply) <input type="checkbox"/> Nipple retraction <input type="checkbox"/> Adenopathy (complete Q10) <input type="checkbox"/> Nipple invasion <input type="checkbox"/> Pectoralis muscle invasion <input type="checkbox"/> Skin thickening (focal) <input type="checkbox"/> Chest wall invasion <input type="checkbox"/> Skin thickening (diffuse) <input type="checkbox"/> Hematoma/blood <input type="checkbox"/> Skin invasion <input type="checkbox"/> Cysts <input type="checkbox"/> Edema
10. Lymphadenopathy/Axilla <input type="checkbox"/> Suspicious → <input type="checkbox"/> Known Malignant → <input type="checkbox"/> None	10a. Largest diameter of largest node = <u> NNNN </u> mm 10b. Changed Since Last Study? <input type="checkbox"/> New finding <input type="checkbox"/> No change <input type="checkbox"/> Increase in size <input type="checkbox"/> Unable to assess <input type="checkbox"/> Decrease in size
11. U/S Evaluation of Node(s)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (NOS) <input type="checkbox"/> Cortical thickening <input type="checkbox"/> Loss of fatty hilum

ASSESSMENT / RECOMMENDATIONS

12. Assessment Category: (select one)	<input type="checkbox"/> 0 Incomplete, need additional evaluation <input type="checkbox"/> 1 Negative, no abnormal enhancement <input type="checkbox"/> 2 Benign <input type="checkbox"/> 3 Probably benign <input type="checkbox"/> 4 Suspicious abnormality <input type="checkbox"/> 5 Highly suggestive of malignancy <input type="checkbox"/> 6 Known biopsy proven malignancy
13. Recommendation(s): (select all that apply)	<input type="checkbox"/> Normal interval follow-up <input type="checkbox"/> Additional Imaging <input type="checkbox"/> Mammography <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> Old films for comparison <input type="checkbox"/> Other: _____ <input type="checkbox"/> Short interval follow-up <input type="checkbox"/> Biopsy should be considered <input type="checkbox"/> Histology using core biopsy <input type="checkbox"/> Needle localization and biopsy <input type="checkbox"/> Cytologic analysis <input type="checkbox"/> Suggestive/proven malignancy – take appropriate action <input type="checkbox"/> Other, specify: _____

**NCI BOLD Task Force
IMAGING CDE – MODULE 2**

ADDITIONAL LESIONS

1. Image date: _____ - _____ - _____ (mm-dd-yyyy)
2. Imaging Modality: <input type="checkbox"/> Mammo → <input type="checkbox"/> Film-Screen (skip to Q6) <input type="checkbox"/> Digital (skip to Q6) <input type="checkbox"/> US <input type="checkbox"/> MRI <input type="checkbox"/> PEM <input type="checkbox"/> Breast Specific Gamma Imaging (BSGI) <input type="checkbox"/> Other: _____
3. Lesion Number: <u> N </u> (# 2-5, <i>number each additional lesion consecutively</i>)
4. Lesion Type (select one): <input type="checkbox"/> Mass <input type="checkbox"/> Architectural Distortion <input type="checkbox"/> Calcification(s) <input type="checkbox"/> MR Non-Mass-Like Enhancement
5. Lesion Laterality: (select one) <input type="checkbox"/> Right <input type="checkbox"/> Left
6. Clockface Location (o'clock): <u> NNNN </u> (o'clock) <input type="checkbox"/> not provided
7. Location: (select all that apply) <input type="checkbox"/> Nipple <input type="checkbox"/> Upper-outer quadrant <input type="checkbox"/> Central / subareolar region <input type="checkbox"/> Lower-outer quadrant <input type="checkbox"/> Upper-inner quadrant <input type="checkbox"/> Axillary tail <input type="checkbox"/> Lower-inner quadrant
8. Size: Largest horizontal measure = <u> NNNN </u> mm D Vertical A-P measure = <u> NNNN </u> mm D2 Horizontal Perpendicular measure = <u> NNNN </u> mm D3
9. Changes Since Last Study? Prior Breast Carcinoma Imaging Study Date: _____ - _____ - _____ (mm-dd-yyyy) Changes Since Last Study: <input type="checkbox"/> New finding <input type="checkbox"/> No significant change <input type="checkbox"/> Increase in size <input type="checkbox"/> Unable to assess <input type="checkbox"/> Decrease in size