Patient ID#:___________________________

Tumor Assessment

Tumor Singularity (check one)  □ Solitary □ # of Ipsilateral tumors______ □ 1 Quadrant__________
□ >1 Quadrant

Tumor Laterality (check one)  □ Left □ Right □ Bilateral

Which quadrant? □ Central region □ Subareolar □ Upper-outer quadrant □ Upper-inner quadrant
□ Lower-outer quadrant □ Lower-inner quadrant □ Axillary Tail

Is the tumor inoperable or unresectable? □ Yes □ No

Longest Diameter of Lesion(s) __ __ . __ __cm

Clinical T Stage Prior to Surgery and Chemotherapy
□ cTX □ cT0 □ cT1a □ cT1b □ cT1c □ cT2 □ cT3 □ cT4a □ cT4b □ cT4c □ cT4d

Clinical N Stage Prior to Surgery and Chemotherapy
□ cNx □ cN0 □ cN1mi □ cN1a □ cN1b □ cN1c □ cN2a □ cN2b
□ cN3a □ cN3b □ cN3c

Surgical Procedures

Pre-Operative Therapy: □ NO □ Yes

Type of Preoperative therapy (check all that apply) □ Chemotherapy □ Hormonal □ Radiation

Surgery Site (check all that apply) □ Breast □ Axilla □ Internal mammary lymph node

Most Extensive Definitive Surgery (check one in each section)

**Breast:**
□ Partial mastectomy/ lumpectomy/ excisional biopsy
□ Quadrantectomy/ Segmentectomy
□ Oncoplastic partial mastectomy/ lumpectomy
□ Total mastectomy
□ Modified radical mastectomy
□ Radical mastectomy
□ Skin Sparing Mastectomy
□ Nipple Sparing Mastectomy
□ Mastectomy NOS
□ Bilateral mastectomies
□ Other __________

**Axilla**
□ Single (non-sentinel) node excision
□ Sentinel node biopsy
□ Level I and II axillary dissection
□ None
□ Axillary III or just axillary dissection

Was a re-operation necessary? □ Yes □ No
Date of Most Extensive Primary Surgery __ __ / __ __ / __ __ __ __

Did the patient undergo contralateral prophylactic mastectomy (bilateral mastectomy)? □ Yes □ No

**Final Margins (Invasive or Non-Invasive)**

Does the tumor involve the surgical margin(s)? □ Yes □ No □ Unknown

If YES, describe the extent of margin involvement

□ Single margin, focal; □ Single margin, extensive; □ Multiple margins

If YES, describe the cancer histology of margin involvement

□ Invasive tumor (with or without DCIS/LCIS) □ DCIS □ LCIS

If the tumor does not involve the margins, is it < 2 mm from margin(s)? □ Yes □ No

If YES, describe the extent of margin involvement

□ Single margin, focal □ Single margin, extensive □ Multiple margins

If YES, describe the cancer histology of margin involvement.

□ Invasive tumor (with or without DCIS/LCIS) □ DCIS □ LCIS

How close is the nearest margin? ______ mm

**Breast Reconstruction**

Surgical Procedure Type □ Mastectomy □ Partial Mastectomy / Lumpectomy

Did the patient receive breast reconstruction:

□ Yes, immediate

□ Yes, delayed (length of delay: ___ days)

□ No

Type of breast reconstruction □ Breast Implant

□ Free Flap

□ Pedicle Flap

□ Random Flap

□ Reduction pattern/Mammoplasty

□ Tissue expander (for delayed reconstruction).

□ Oncoplastic

Date of breast reconstruction __ __ / __ __ / __ __ __ __