

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

___ / ___ / _____