NCI BOLD Task Force Common Data Elements (CDE) – Surgical

Patient ID#:						
Tumor Assessment						
Tumor Singularity (check one) ☐ Sol ☐ >1	itary □# of I Quadrant	psilateral tun	nors	🗆 1	Quadrant_	
Tumor Laterality (check one)	□ Left	□ Right	□ Bilate	ral		
Which quadrant? ☐ Central region ☐ Central region ☐ ☐ Central region ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				quadrant [□ Upper-inn	er quadrant
Is the tumor inoperable or unresectable Longest Diameter of Lesion(s)		□ Yes	□ No			
Clinical T Stage Prior to Surgery and C □ cTX □ cT0 □ cT1a □ cT1b □			□ cT4a [⊒ cT4b	□ cT4c	□ cT4d
Clinical N Stage Prior to Surgery and C □ cNx □cN0 □cN1mi □cN1a □ cN3a □CN3b □cN3c	hemotherapy a □cN1b		□ cN2a	□cN2b		
Surgical Procedures						
Pre-Operative Therapy: ☐ NO ☐Y	'es					
Type of Preoperative therapy (check al	I that apply)	□Chemot	herapy	☐ Hormor	nal □ Rad	diation
Surgery Site (check all that apply)	☐ Breast	□A	xilla	□ Interna	l mammary	lymph node
Most Extensive Definitive Surgery (che	Breast: ☐ Partial r ☐ Quadra ☐ Oncopl ☐ Total m ☐ Modified ☐ Radica ☐ Skin Sp ☐ Nipple ☐ Masteo	mastectomy/ antectomy/ S astic partial astectomy d radical mad mastectom paring Maste Sparing Maste stomy NOS I mastectom	Segmente mastecto stectomy y ectomy stectomy	ctomy my / lumpe		
	☐ Single (☐ Sentine☐ Level I a☐ None	non-sentinei I node biops and II axillar III or just axi	ry y dissecti	ion		
Was a re-operation necessary?	□ Yes	Λ	lo			

Date of Most Extensive Primary Sur	gery / /			
Did the patient undergo <u>contralatera</u>	I prophylactic mastectomy (bilateral mastectomy)? ☐ Yes ☐ No			
Final Margins (Invasive or Non-Inv	vasive)			
Does the tumor involve the s	urgical margin(s)? □ Yes □ No □Unknown			
If YES, de	scribe the extent of margin involvement			
☐ Single ı	margin, focal; Single margin, extensive; Multiple margins			
If YES, de	scribe the cancer histology of margin involvement			
□ Invasive	e tumor (with or without DCIS/LCIS) 🗆 DCIS 🗀 LCIS			
If the tumor does not involve	the margins, is it < 2 mm from margin(s)? \square Yes \square No			
If YES, de	scribe the extent of margin involvement			
□ Single ı	margin, focal □ Single margin, extensive □ Multiple margins			
If YES, de	scribe the cancer histology of margin involvement.			
□ Invasive	e tumor (with or without DCIS/LCIS) 🗆 DCIS 🗀 LCIS			
How close is the nearest ma	rgin? 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	/			