**Early-Stage Breast Cancer Neoadjuvant or Adjuvant Chemotherapy Referral Form**

**Please Note: We do not need a separate referral letter but enclosing any correspondence to GP/patient is helpful**

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| **Details of referrer**Name of Surgeon: Click here to enter text.  |

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| **Patient Details**Name: Click here to enter text. DOB: Click here to enter text.NHS No: Click here to enter text. |

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| **Section One** |
| ***If the patient is a re-referral to oncology after pre-operative SACT and surgery, please complete Section Three ONLY*** |
| **Referral category must be completed below**  | **Yes** | **No** | **N/A** |
| 1. NACT (pre-operative): Her2-Positive pathway
 | [ ]  | [ ]  |  |
| 1. NACT (pre-operative): Triple Negative pathway (ER4 or less)
 | [ ]  | [ ]  |  |
| 1. NACT (pre-operative): Hormone Receptor Positive (Her2-negative) pathway
 | [ ]  | [ ]  |  |
| If NACT and patient is currently inoperable please confirm that the cancer could be rendered operable by drug therapy  | [ ]  | [ ]  | [ ]  |
| 1. Adjuvant (post-operative) chemotherapy: Her2-Positive pathway
 | [ ]  | [ ]  |  |
| 1. Adjuvant (post-operative) chemotherapy: Triple Negative (ER 4 or less) pathway
 | [ ]  | [ ]  |  |
| 1. Adjuvant (post-operative) chemotherapy: Hormone Receptor Positive (Her2-negative) pathway
 | [ ]  | [ ]  |  |
| 1. Adjuvant bisphosphonates ONLY
 | [ ]  | [ ]  |  |
| If patient for adjuvant chemotherapy, is further axillary surgery planned? | [ ]  | [ ]  |  |
| If patient for adjuvant chemotherapy, is further surgery to margins planned? | [ ]  | [ ]  |  |
| All investigations complete/planned in line with standard referral criteria?(including: clip if NACT, CT scan if indicated (pT3/4 and/or pN2 OR cT3/4 and/or cNany)  | [ ]  | [ ]  |  |
| If Her2+ has an echo been requested? | [ ]  | [ ]  |  |
| Has patient been sent for genetic testing? | [ ]  | [ ]  | [ ]  |
| Is the patient post-menopausal?  | [ ]  | [ ]  |  |

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|  | **Yes** | **No** | **NA** |
| Please state any outstanding investigations:  |
| Does the patient require an interpreter?  | [ ]  | [ ]  |  |
| If yes, please confirm which language: |

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| **Section Two** |
| **Minimum Dataset (Clinician please tick what is available for administrator to attach)** | **Yes** | **No** | **N/A** |
| 1. Core biopsy report: histopathology (Inc ER PR and Her2 status)
 | [ ]  | [ ]  | [ ]  |
| 1. Axillary biopsy report: histopathology
 | [ ]  | [ ]  | [ ]  |
| 1. Surgical histopathology report
 | [ ]  | [ ]  | [ ]  |
| 1. Axillary node clearance histopathology report
 | [ ]  | [ ]  | [ ]  |
| 1. Any additional pathology report eg re-do WLE
 | [ ]  | [ ]  | [ ]  |
| 1. Oncotype Dx report
 | [ ]  | [ ]  | [ ]  |
| 1. CT scan report (if report available in SECTRA – do not attach)
 | [ ]  | [ ]  | [ ]  |
| If CT requested but not reported confirm here | [ ]  | [ ]  | [ ]  |
| 1. Breast Imaging reports if NACT (mammogram, ultrasound, MRI)
 | [ ]  | [ ]  | [ ]  |
| 1. MDT outcome form
 | [ ]  | [ ]  |  |
| 1. Please state any additional investigations performed to date e.g. MR spine/liver
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| **Additional comments (e.g. significant co-morbidities)** |

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| **Section Three** |
| **If the patient is a re-referral to oncology after pre-operative SACT and surgery you can complete this section ONLY**  |
| **Minimum Dataset (Clinician please tick what is available for administrator to attach)** | **Yes** | **No** | **N/A** |
| 1. Surgical histopathology report
 | [ ]  | [ ]  | [ ]  |
| 1. Any additional pathology report e.g. re-do WLE
 | [ ]  | [ ]  | [ ]  |
| 1. Post-operative MDT form
 | [ ]  | [ ]  | [ ]  |
| 1. Genetic result (if not previously sent)
 | [ ]  | [ ]  | [ ]  |