**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 |  | | |
| **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) |  |  |  |