**Early Stage Breast Cancer Referral for Radiotherapy**

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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. Does the patient have DCIS ONLY?
 | [ ]  | [ ]  |  |
| 1. Does the patient have bilateral breast cancer?
 | [ ]  | [ ]  |  |
| 1. Please state breast tumour type: Her 2 + [ ]  TNBC [ ]  ER+ [ ]
 |
| 1. Please state tumour stage
 | T (mm):  | N:  |
| 1. Are all investigations complete/planned in line with standard referral criteria ? (including CT scan if indicated (pT3/4 or pTx N2 )
 | [ ]  | [ ]  |  |
| 1. Has the patient been started on endocrine therapy if appropriate?
 | [ ]  | [ ]  | [ ]  |
| Please state any outstanding investigations:  |
| Does the patient require an interpreter?  | [ ]  | [ ]  |  |
| If yes, please confirm which language: |

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| Additional information e.g. relevant information to prioritise urgency - visceral crisis etc: |
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**Continue to next page…**

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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 e.g. re-do WLE
 | [ ]  | [ ]  | [ ]  |
| 1. Oncotype Dx report
 | [ ]  | [ ]  | [ ]  |
| 1. CT scan report (if report available in SECTRA – do not attach)
 | [ ]  | [ ]  | [ ]  |
| 1. Breast Imaging reports if NACT (mammogram, ultrasound, MRI)
 | [ ]  | [ ]  | [ ]  |
| 1. Post-operative MDT outcome form
 | [ ]  | [ ]  | [ ]  |
| 1. Surgical operation notes
 | [ ]  | [ ]  | [ ]  |

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| **Planned MDT Discussion Date:**  |
| **Additional comment (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 please 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 eg re-do WLE
 | [ ]  | [ ]  | [ ]  |
| 1. Post-operative MDT form
 | [ ]  | [ ]  | [ ]  |
| 1. Genetic result (if not previously sent)
 | [ ]  | [ ]  | [ ]  |