**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) |  |  |  |