

Worksheet 3: PROCEM

SUBJECT BIRTHDATE (YYMMDD): _ _ _ _ _

SUBJECT ID: _ _ _ _ _

SUBJECT INITIALS: _ _

DATE OF MDT CONFERENCE (YYMMDD): _ _ _ _ _

PROCEM: MDT CONFERENCE AT BASELINE

RIGHT BREAST

Recommendation due to imaging extent from mammography/tomosynthesis and US	<input type="checkbox"/> Mastectomy <input type="checkbox"/> Partial Mastectomy +/- displacement OPS <input type="checkbox"/> Replacement OPS <input type="checkbox"/> Reduction mammoplasty <input type="checkbox"/> NA
Surgery in axilla	<input type="checkbox"/> Sentinel node biopsy <input type="checkbox"/> Axillary clearance

LEFT BREAST

Recommendation due to imaging extent from mammography/tomosynthesis and US	<input type="checkbox"/> Mastectomy <input type="checkbox"/> Partial Mastectomy +/- displacement OPS <input type="checkbox"/> Replacement OPS <input type="checkbox"/> Reduction mammoplasty <input type="checkbox"/> NA
Surgery in axilla	<input type="checkbox"/> Sentinel node biopsy <input type="checkbox"/> Axillary clearance

SIGNATURE RESPONSIBLE SURGEON: _____