

ASPIRE in-clinic data collection

Patient Demographics

ASPIRE Study ID

(This should be linked to the NHS number, in an excel file stored securely on your local trust computer)

Patient's email ID for PROMs

Patient has agreed to complete a feedback survey at the end of the clinic visit

- Yes - via email
 Yes - paper questionnaire given
 This is standard practice for our pathway
 No

Patient has agreed to complete feedback survey after 6 weeks, once the Mammogram has been performed

- Yes - via email
 Yes - paper questionnaire given
 This is standard practice for our pathway
 No

Patient has agreed to complete feedback survey after 3 months, after the self-managed pathway is complete

- Yes - via email
 Yes - paper questionnaire given
 This is standard practice for our pathway
 No

Date of referral

Patient's age when seen in clinic (or for self-managed and imaging only pathways, age at referral)

Assessment details

Date of First assessment (or for self-managed and imaging-only pathways, date that pathway started)

(e.g. date seen in clinic/telephone assessment/sent out self-managed pack)

Pathway (refer to protocol to define pathway choice).

- Standard of Care (2WW/OSC)
 Registered Breast Pain pathway

Modality of First assessment

- Face to face
 Telephone
 Video
 Self managed pathway registration
 Other - please give details

If self-managed pathway, did the patient subsequently request a consultation?

- Yes
 No

If the patient requested a consultation, what was the date this was carried out?

Details of 'other' assessment

Professional undertaking the assessment

- Advanced Nurse practitioner or Nurse Consultant
 Physician Associate
 GP
 Trainee Breast Surgeon
 Consultant Breast Surgeon
 Breast Clinician
 Other

Breast pain was the sole presenting symptom

	Yes - Right	Yes -Left	Yes - Bilateral	Breast pain AND other symptoms
Breast Pain Only (no other symptoms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Symptoms - if Breast pain not the sole presenting symptom

	Right	Left	Bilateral
Breast Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nipple discharge (clear or bloody)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lump in the breast/axilla	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other symptoms requiring further evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Objective Family History assessment using recognised assessment tools completed? Yes No

If Family History assessment performed, what was the outcome of risk assessment? Population Risk Moderate Risk High Risk

Clinical Examination Findings

	Not examined	P1	P2	P3	P4	P5
Clinical Examination Findings Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Examination Findings Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Imaging performed? Yes No

Details of imaging performed

	Yes - Right	Yes -Left	Yes- Both	Not requested (e.g. performed within last 6 months)
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomosynthesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Results of Mammogram (+/- Tomosynthesis)

	Not Performed	M1	M2	M3	M4	M5
Mammogram Result Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram Result Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date of mammogram _____

Results of Ultrasound

	Not Performed	U1	U2	U3	U4	U5
US Result Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
US Result Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date of Ultrasound

Tissue Biopsy taken as a result of assessment?

- Yes
 No

	Not Taken	B1 / C1	B2 / C2	B3 / C3	B4 / C4	B5 / C5
Core Biopsy Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Core Biopsy Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNA Right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNA Left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date of biopsy taken

Outcome of Assessment

Is the Breast Pain Assessment Pathway now complete?

- Yes - and no further assessment/investigations have been planned
 No - a mammogram has been requested, and the patient will receive the results of this later, which will complete the pathway

Assessment Outcome

- Reassure & Discharge
 Onward Referral to OSC or 2WW clinic from the Breast Pain Pathway Clinic
 Referral to Family History clinic / Clinical Genetics
 Other Follow up appointment
 Cancer diagnosis (requires histological confirmation) following Breast Pain Pathway Clinic
 Cancer diagnosis (requires histological confirmation) following OSC referral subsequent to Breast Pain Pathway Clinic

Date of discharge

If referred to OSC/2WW clinic following referral from the Breast Pain Pathway Clinic - What was the date patient was seen in clinic?

	not performed	M1 / U1 / B1 / C1	M2 / U2 / B2 / C2	M3 / U3 / B3 / C3	M4 / U4 / B4 / C4	M5 / U5 / B5 / C5
If referred to OSC/2WW clinic following referral from the Breast Pain Pathway Clinic - was mammography performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If referred to OSC/2WW clinic following referral from the Breast Pain Pathway Clinic - was Ultrasound performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If referred to OSC/2WW clinic following referral from the Breast Pain Pathway Clinic - was Core biopsy performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If referred to OSC/2WW clinic following referral from the Breast Pain Pathway Clinic - was FNA performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If referred to Family History Clinic / Clinical genetics, date seen? _____

Date of Cancer diagnosis (i.e. results appointment date) _____

Laterality of cancer

- Right
 Left
 Bilateral

Pathology

- Invasive Ductal Carcinoma
 Invasive Lobular Carcinoma
 Mixed
 Special Type (e.g. mucinous, tubular)
 Non-invasive (DCIS, Pleomorphic LCIS)

Total tumour size in mm (please give largest size, if different on various imaging modalities)

 (if multiple, size of largest. If disparity between modalities e.g. clinical versus US, largest measurement)

Tumour grade

- 1
 2
 3

ER status (Allred score /8)

- 0/8
 1/8
 2/8
 3/8
 4/8
 5/8
 6/8
 7/8
 8/8

HER 2 status

- Positive
 Negative

Pre-operative axillary status

- Positive
 Negative
 (Based on local diagnostic criteria e.g. core biopsy or FNA findings)