

ESMO Checklist: Breast Cancer Patient Related Treatment Workflow

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA					
Last Name:			First Name:		
Date of birth: __/__/__			Gender:		
DATE OF REFERRAL/1ST CONSULTATION: __/__/__					
__/__/__ MEDICAL HISTORY AND RISK FACTORS					
Past personal medical history and menopausal status (if applicable)					
Family history:					
Past surgical history:					
Fertility preservation (if relevant)					
Menopausal status					
Age at first period					
Age at first pregnancy					
Number of children					
Concurrent medication:					
Allergies:					
Smoking history: __pack/y from age__ to age__					
Alcohol consumption:					
Normal weight:		Height:		BMI:	
__/__/__ PRESENT MEDICAL CONDITIONS					
Main symptoms:					
Physical breast examination:		Inflammatory	Peau d'orange	Palpable lymph nodes	Nipple secretion
Weight loss:					
Karnofsky or ECOG Performance Status:					
Other relevant clinical conditions:					
__/__/__ DIAGNOSIS AND CLINICAL STAGING					
__/__/__ Mammography:		Tumour size:		Location:	
__/__/__ Ultrasound of primary and axillary region					
Further imaging if necessary:					
__/__/__ MRI (lobular carcinoma, BRCA germline mutation carrier)					
__/__/__ CT scan and bone scan (locally advanced disease)					
__/__/__ PET scan					
__/__/__ Genetic counselling and BRCA if family history suggests harmful mutation					
__/__/__ TNM stage and grade					
__/__/__ HISTOLOGICAL ANALYSIS					
Core biopsy of primary tumor					
Size:		Type:		Grade:	
IHC staining for ER/PR receptors					
IHC staining/FISH for Her2Neu, Ki67					
Insertion of a clip (in patients undergoing neoadjuvant chemotherapy)					
Lymph node biopsy/fine needle aspiration					
Genetic signatures					
Germline testing for HRD mutations					
Tissue material available/stored for future molecular analyses				YES	NO

__/__/__	LAB TESTS
	<p>FBC Liver Enzymes LDH Calcium Renal Function</p> <p>Cardiac function test (in case of neoadjuvant anthracycline or trastuzumab)</p>
Timeline for further work-up has been checked and it is tight enough	
__/__/__	MDT discussion and decision
	<p>Chemoradiotherapy</p> <p>Chemotherapy + antiHer-2antibodies</p> <p>Chemoimmunotherapy</p> <p>Endocrine therapy +/- CDK6/4i</p> <p>PARPi</p> <p>Radiotherapy</p> <p>Supportive and palliative care</p> <p>Enrolment in a clinical trial</p>
__/__/__	Treatment options have been discussed with the patient and strategy accepted
COMPILER INFORMATION	
Name:	Date: __/__/__
Comments:	