

Data required for FH01 Mammography study

1. Baseline data not pertaining to family history recorded at recruitment

Name				
Address 1				
Address 2				
Address 3				
Address 4				
Postcode				
NHS number				
Hospital Number				
Study number (Study number as used by centre)				
Date of birth				
Date of recruitment (Date consent from signed)				
BRCA1 mutation identified in family	Not tested	Positive	Negative	Unknown
BRCA2 mutation identified in family	Not tested	Positive	Negative	Unknown
Personal search (If yes to either of above, has subject been tested for relevant mutation)	Yes	No		Unknown
Personal BRCA status (If yes, to above, was subject positive for relevant mutation?)	Yes	No		Unknown
Menopausal status	Pre (regular periods)		peri- (7-12 months since last period)	
	post (>12 months since last period)		unknown	
Age at menopause (years) (0 if pre- or perimenopausal)				
Age at hysterectomy/oophorectomy (years)				
HRT use	Never		Previously	
	Currently		Unknown	
Parity (Number of pregnancies to at least 30 weeks)				

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2 Screening and assessment data recorded for each screening episode
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Name					
NHS number					
Screening Centre					
Study number					
Date of mammogram					
Screening round	1	2	3	4	5
Suspicion left breast (Five point score)					
Suspicion right breast (Five point score)					
Mammographic pattern (Fatty/mixed/dense)					
Recall for assessment (Yes/No)					
Percutaneous biopsy (Yes/No)					
Physical examination not done (1) done after mammography result (2) done before mammography result (3) mammography and physical examination results each assessed with knowledge of the other (4)					
Ultrasound scan performed not done (1) done after mammography result (2) done before mammography result (3) mammography and USS results each assessed with knowledge of the other (4)					
Palpable lump (Yes/No)					
Other tests 1					
Other test 1 result					
Other tests 2					
Other test 2 result					
Surgery/open biopsy (Yes/No)					
Final diagnosis (Breast cancer, BBD, normal- if cancer, form below required)					

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3. Cancer data- all cancers, whether detected by screening or clinically

Name	
NHS number	
Screening Centre	
Study number	
Date of diagnosis (Date of surgery, or date of most definitive test otherwise)	
Mode of detection (Prevalence screen, incidence screen, interval cancer, clinically diagnosed after non-attendance at last scheduled screen)	
Date of mammogram (prompting diagnosis if screen-detected)	
Date of last scheduled mammogram (if clinically detected)	
Date of last actual mammogram (if clinically detected)	
Tumour palpable (on physical examination)	
Symptoms (yes/no)	
Invasive or Insitu s	
Neoadjuvant chemotherapy Preoperative chemotherapy (yes/no)	
Tumour size Pathological size of invasive component (mm)	
Lymph nodes examined Number of lymph nodes examined pathologically	
Lymph nodes positive (Number of pathologically examined nodes with tumour)	
Axillary surgery (None, sentinel only, sampling, clearance (either immediately or after positive sentinel finding))	
Histological grade (1,2 or 3)	
Histological type (DCIS, invasive ductal, lobular, medullary, tubular, mucinous)	...
Ultrasound size (Ultrasonically assessed size, if pathology not available (mm))	
Mammographic size if pathology and ultrasound size both unavailable (mm)	
Surgery (None, local excision, mastectomy)	.
Radiotherapy (Yes/no)	
Hormone therapy (Yes/no)	
Chemotherapy (Yes/no)	
Oestrogen receptor status (Positive/negative)	
Progesterone receptor status (Positive/negative)	