

BREAST CANCER SURGERY CHECKLIST (BREAST CANCER SYNOPTIC OPERATIVE REPORT TEMPLATE)

The Breast Cancer Surgery Checklist was developed through the Surgical Oncology Network's Breast Surgical Tumour Group in collaboration with surgeons across BC and with medical and radiation oncologists. Information from the operative report will be extracted and collected by the Breast Cancer Outcomes Unit at the BC Cancer Agency. Dictating the information on this template will enable all relevant information to be captured reliably, accurately and consistently.

INSTRUCTIONS

There are two ways to dictate your operative report from this template:

1. Summary Report

- Consists of 18 essential data elements (#1-3; 6-9; 11-16; 18; 20; 22-23; 26) followed by your narrative report.
- Dictate all items marked in red as a list before your narrative report.
- Dictate "skip" for each item in blue.
- Specify element number, name and response (eg. 1. Indication: Primary Treatment).
- For patients undergoing operations for bilateral breast cancer, please dictate the **18** essential data elements for each side.

2. Complete Report

- Consists of all 28 data elements and replaces the traditional narrative report.
- Dictate all items as a list.
- Specify the element number, name and response (eg. 1. Indication: Primary Treatment).
- For patients undergoing operations for bilateral breast cancer, please dictate all **28** data elements for each side.

ACRONYMS

ALND - Axillary Lymph Node Dissection	LCIS - Lobular Carcinoma In Situ
BCS - Breast Conserving Surgery	MMO - Mammography
DCIS - Ductal Carcinoma In Situ	SLNB - Sentinel Lymph Node Biopsy
DIEP - Deep Inferior Epigastric Perforators	TRAM - Trans-Rectus Abdominis Muscle
FNA - Fine Needle Biopsy	US - Ultrasound

SAMPLE OPERATIVE REPORT

CLINICAL PREAMBLE: As appropriate

1. Indication: Primary treatment
2. Preop Biopsy: Core by radiology
3. Preop Diagnosis: Invasive carcinoma
4. Preop Stage: 2cm tumour right breast with nodes clinically negative
5. Neoadjuvant Therapy: None
6. Breast Procedure: Partial mastectomy
7. Indication for Total Mastectomy: Not applicable, BCS done
8. Reconstruction: Not applicable, BCS done
9. Localization: Wire localization
10. Incision: Lateral to tumour at wire site
11. Intraoperative Confirmation of Lesion Removal: Yes, Xray
12. Clips Marking Site: Yes
13. Specimen Orientation: Yes
14. Additional Margin Tissue Taken: Yes, superior and medial
15. Pectoral Fascia Removed: Yes
16. Anterior Breast Tissue Remaining: No, skin remaining
17. Additional Notes on Breast Procedure: No more medial tissue
18. Axillary Procedure: SLNB
19. Axillary Incision Location: Axillary skin crease incision
20. Sentinel Node Technique: Technetium and blue dye
21. Internal Mammary Radioactivity: No
22. Number of Submitted Sentinel Nodes: 2
23. Indication for ALND: Not applicable, SLNB done
24. Structures Identified and Preserved: Not applicable, SLNB done
25. Additional Notes on Axillary Surgery: None
26. Unplanned Events/Complications: None
27. Drain: No
28. Closure: Skin closure breast and axilla with subcuticular stitch

FOLLOW-UP: The patient will return to the office to review results in 2 weeks and then will be referred for adjuvant treatment.

SUMMARY REPORT - dictate items in red; dictate "skip" for items in blue
COMPLETE REPORT - dictate all 28 items

CLINICAL PREAMBLE

Dictate as appropriate. May include details such as marking, antibiotics, DVT, radiology results, metastatic workup, etc.

A. PREOPERATIVE RATIONALE FOR SURGERY

1. Indication

(select all that apply)

- Primary treatment
- Re-excision for positive margins after BCS
- Completion of mastectomy after initial BCS
- Additional axillary surgery after identification of invasive disease
- Locally recurrent
- 2nd primary
- Prophylactic
- Palliative as part of relapse
- Palliative for initial diagnosis
- Unknown
- Other (specify)

2. Preoperative Biopsy

- Core biopsy - Radiology
- Core biopsy - Surgeon
- FNA - Radiology
- FNA - Surgeon
- Open/surgical biopsy (Imaging Biopsy Not Technically Possible)
- Open/surgical biopsy (Equipment Not Available for Imaging Biopsy)
- Surgical biopsy following suspicious lesion on needle biopsy
- None

3. Preoperative Diagnosis (pathology)

- Invasive carcinoma
- DCIS
- Phylloides
- Pagets
- LCIS
- Other (specify)

4. Preoperative Stage (Narrative)

Dictate as appropriate. May include details such as: size (mm) ___ by ___ (exam, US, MRI or MMO), location, multicentric/multifocal. distant mets, etc.

5. Neoadjuvant Treatment

(select all that apply)

- Chemotherapy
- Radiotherapy
- Hormone therapy
- None

B. OPERATIVE DETAILS: BREAST

6. Breast Procedure

(select all that apply)

- Partial mastectomy/BCS/Wide local excision
- BCS with oncoplastic approach
- Total mastectomy
- Skin sparing mastectomy (with recon)
- Nipple sparing mastectomy (with recon)
- Contralateral prophylactic mastectomy
- None (if none, dictate "#7-17 not applicable" then continue with #18)

7. Indication for Total Mastectomy

- Not applicable, BCS done
- Tumour too large for size of breast
- Multicentric
- Margins positive
- Margins close (<2mm)
- Contraindication to radiotherapy
- Previous cancer
- Patient preference
- Patient unable to access radiotherapy
- Recurrence
- Other (specify)

8. Reconstruction

- Not applicable, BCS done
- Not planned
- Delayed reconstruction desired
- Immediate recon desired, but unavailable
- Tissue expander
- DIEP
- Permanent implant with bioprosthesis
- TRAM
- Other (specify)

9. Localization

- Not applicable, mastectomy done
- Palpable
- Wire localization
- Intraoperative ultrasound
- None
- Other (specify)

10. Incision and Relation to Tumour

- Not applicable, mastectomy done
- Radial
- Circumareolar
- Curvilinear
- Elliptical
- Overlying tumour or ___ (superior/interior/medial/lateral) to tumour

11. Intraoperative Confirmation of Lesion Removal

- Not applicable, mastectomy done
- Yes, specify method (palpation/MMO/US/Xray)
- No

12. Clips Marking Site after BCS

- Not applicable, mastectomy done
- Yes
- No

13. Specimen Orientation

- Yes
- No

14. Additional Margin Tissue Taken and Submitted Separately

- Not applicable, mastectomy done
- Yes, specify (superior/inferior/medial/ lateral/ deep/superficial/ nipple)
- No
- Other (specify)

15. Pectoral Fascia Removed

- Yes
- No

16. Anterior Breast Tissue Remaining

- Yes
- No, skin removed
- No, skin remaining

17. Additional Notes on Breast Procedure (Narrative)

Dictate as appropriate. May include details such as: chest wall taken, issues with wires, core biopsy site excised, details of oncoplastic reconstruction with lumpectomy, etc.

C. OPERATIVE DETAILS: AXILLA

18. Axillary Procedure

- SLNB only
- ALND only (sampling of nodes)
- ALND only (complete level 1 & 2 clearance)
- ALND (sampling of nodes) after previous SLNB
- ALND (complete level 1 & 2 clearance) after previous SLNB
- SLNB & ALND (sampling of nodes)
- SLNB & ALND (complete level 1 & 2 clearance)
- None (if none, dictate "#19-25 not applicable" then continue with #26)

19. Axillary Incision Location

- Axillary
- Mastectomy
- Other (specify)

20. Sentinel Node Biopsy Technique

- Not applicable, ALND done
- Technetium
- Blue dye
- Technetium & blue dye
- Other (specify)

21. Internal Mammary Radioactivity and Method of Detection

- Not applicable, ALND done
- Yes, specify (lymphosyntigraphy/intraop gamma probe evaluation)
- No

22. Specify Number of SUBMITTED Sentinel Nodes

23. Indication for ALND (select all that apply)

- Not applicable, SLNB done
- Preoperative positive node
- Intraoperative positive node
- Other intraoperative findings
- Previous positive sentinel node
- Does not meet sentinel node criteria (eg T3/T4 tumour, pregnant)
- SLNB not available
- SLNB non mapping (unsuccessful)
- Too many sentinel nodes detected
- Patient preferences

24. Structures Identified and Preserved

(select all that apply)

- Not applicable, SLNB done
- Thoracodorsal nerve
- Long thoracic nerve
- Number of intercostal brachial nerves
- Medial pectoral nerve
- Axillary vein
- Other (specify)

25. Additional Notes on Axillary Surgery (Narrative)

Dictate as appropriate. May include details such as: abnormal axillary anatomy, etc.

D. PROCEDURE COMPLETION

26. Unplanned Events/Complications

- None
- Describe, if occurred

27. Drain

- Yes, specify (axilla; below mastectomy incision medial/lateral; placed plastics)
- No

28. Closure (Narrative)

Dictate as appropriate. May include details such as: incision closure, closure by plastics, sponge and instrument counts, etc.

FOLLOW-UP : As appropriate