

**NCI BOLD Task Force
Common Data Elements (CDE) – Surgical**

Patient ID#: _____

Tumor Laterality *Left* *Right* *Bilateral****

Tumor Singularity *Solitary* *Multiple* *Unknown*

Longest Diameter of Lesion(s) ___/___cm

Pre-Operative Therapy: *No* *Yes* *Unknown*

Type of Preoperative therapy (check all that apply) *Chemotherapy* *Hormonal* *Unknown*

Most Extensive Definitive Surgery (check one in each section)

Breast

- Partial mastectomy / lumpectomy / excisional biopsy*
- Modified radical mastectomy*
- Nipple/Skin sparing mastectomy*
- Unknown*

Axilla

- Sentinel node biopsy*
- Level I and II axillary dissection*
- None*
- Unknown*

Was breast / chest wall re-excision/reoperation necessary? *Yes* *No* *Unknown*

Date of last breast tumor surgery ___/___/___

Did the patient undergo contralateral prophylactic mastectomy (bilateral mastectomy)? *Yes* *No*

Final Margins (Invasive or Non-Invasive)

Does the tumor involve the surgical margin(s)? *Yes* *No* *Unknown*

If YES, describe the extent of margin involvement

- Single margin-focal;* *Single margin-extensive;* *Multiple margins* *Unknown*

If YES, describe the cancer histology of margin involvement

- Invasive tumor (with or without DCIS)* *DCIS*

If the tumor does **not** involve the margins, is it *<1 mm* *1-2mm* *>2mm* *Unknown*

Breast Reconstruction

Did the patient receive breast reconstruction:

- Yes, immediate*
- Yes, delayed (length of delay: ___days)*
- No*
- Unknown*

Type of breast reconstruction

- Breast Implant (Not expander)*
- Free Flap (e.g. DIEP)*
- Pedicle Flap (e.g. TRAM, Lat Dorsi)*
- Reduction pattern /Mammoplasty*
- Tissue expander (for delayed reconstruction)*
- Unknown*

Date of last breast reconstruction surgery ___/___/___

***If Bilateral breast cancer, please complete form for each side