

Mammography form (1/2)

1. Surname and forename(s)		5. Invitation year	6. Inviting municipality	7. Visit municipality
2. Identity code	3. Mother tongue <input type="checkbox"/> Finnish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Swedish	8. Suggested date for a visit _____ of _____ 20_____ <input type="checkbox"/> Reminder sent		9. Randomisation code
4. Address		10. Telephone number		11. Screening centre

12. Preliminary information

Earlier screening mammograms

Number: _____, latest in _____

Earlier clinical mammograms

Number: _____, latest in _____

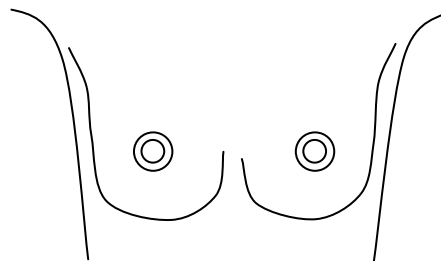
Hormonal therapy

- ☐ Never
☐ Before, but finished
☐ Active – medicine brand: _____

Inspection/palpation

Symptom/finding	dx	sin
Fluid from breast	<input type="checkbox"/>	<input type="checkbox"/>
Lump	<input type="checkbox"/>	<input type="checkbox"/>
Extraction	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Operation scar	<input type="checkbox"/>	<input type="checkbox"/>
Breast removed	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>

Year of the breast cancer diagnosis _____



- Scar
 Lump
 Mole/wart
 Extraction
 Breast removed

13. Mammography test

☐ Analogic ☐ Computed radiography ☐ Direct digital

Number of projections: _____

Number of expositions: _____

Amount of radiation, front (mGy, integer): _____

measurement method ☐ Skin dose ☐ Glandular tissue dose

Confirmation (radiographer):

Date

_____ 20____

Finding (0-5)

dx

sin

Confirmation (radiologist 1):

Date

Radiologist 1

_____ 20____

Radiologist 2

Confirmation (radiologist 2):

Date

To consensus reading

☐

☐

_____ 20____

Result of consensus reading (0-5)

Confirmation (consensus reading):

Date

To further examinations

☐

☐

_____ 20____

Additional information

Coding instructions for the finding

- 0 Failed
- 1 Normal
- 2 Benign
- 3 Malignancy cannot be excluded
- 4 Strong suspect for malignancy
- 5 Malignant

1. Surname and forename(s)

2. Identity code

14. Additional mammogram(s)

Date

☐ Not done

____ 20 ____

Imaging

dx				sin			
1	2	3		1	2	3	
			Additional image				
			Subject image				
			Subj. enlargement				
			Enlargement				

1 = craniocaudal 2 = oblique 3 = side

Finding (0-5)

Shape: Star

Round/oval

Structural failure/asymmetry

Calcification: Diffuse

Cluster

Calcification structure: Casting

'Slack'

'Spot-like'

Other

Lesion: Diameter, mm

One-focus

Multifocal

Site

To additional further examinations

Confirmation:

18. Surgical procedures

Date

☐ Not done

____ 20 ____

Codes for primary operation

dx

sin

Codes for subsequent operation

dx

sin

Coding instructions

- 0 Failed
 1 Normal
 2 Benign
 3 Malignancy cannot be excluded
 4 Strong suspect for malignancy
 5 Malignant
 x Examination done

Additional information

15. Additional further examinations

Date

☐ Not done

____ 20 ____

dx

sin

Ultrasound (0-5)

Pneumocystography (0-5)

Cyst puncture (Examination done)

Galactography (Examination done)

Radiological result, summary (0-5)

Palpable change?

☐ Yes☐ No☐ Yes☐ No

FNB breast (0-5)

FNB axilla (0-5)

Confirmation:

16. CNB (core needle biopsy)

Date

☐ Not done

____ 20 ____

PAD dx

sin

Confirmation:

17. Further measures

Date

To surgical procedure

____ 20 ____

☐ dx☐ sin

Place _____

Control mammogram test _____ months after

19. Histological response

PAD breast dx

sin

PAD other dx

sin

dx

sin

Sentinel nodes: metastatic / examined

Axillary nodes: metastatic / examined

Diameter in histological specimen, mm

pTNM

Stage

Grade

One-focus

Multifocal

T__ N__ M__ T__ N__ M__

☐☐☐☐