BreastScreen AUSTRALIA
A joint Australian, State and Territory Government Program

BSAPROFORMA-2021

PROFORMA FOR FALSE POSITIVE BIOPSIES

Clinical Data Proforma

1. Background information

Jurisdiction:	
SAS:	
Client age:	
Side:	
Lesion imaging grade:	
Lesion imaging morphology:	Choose an item.
Lesion imaging size, mm:	
Strong FHX indicated/known:	
Findings on Clinical Breast Examination:	

2. Biopsy

Guidance:	Choose an item.
Equipment technical issues:	Choose an item.
	If Other, please explain:
Issues:	
Method:	Choose an item.
Biopsy clip placed:	Choose an item.
	If Other, please explain:
Position:	
Biopsy pathology diagnosis: (copy and paste from the pathology report)	
Date of Biopsy:	Click or tap to enter a date.
Original needle biopsy report and slides reviewed:	Choose an item.
	If Other, please explain:
Needle biopsy and slide review outcome:	
Original needle biopsy reviewed and no longer definitive for malignancy:	Choose an item.
	If Other, please explain:
Any further needle biopsy (with result)?	

3. BSA Service Recommendation

Service Recommendation	Choose an item.
	If Other, please explain:

4. Client Consultation

What was the woman told regarding the nature of her screen detected lesion at the time?	Choose an item.

5. Surgery

Nature of surgery:	Choose an item.
Was any image guided or surgical axillary procedure performed? (Choose all relevant options)	FNA ☐ Core ☐ SN Biopsy ☐ Axillary Sampling ☐ Axillary Dissection ☐
Findings on surgical pathology: (copy and paste from the pathology report)	
Biopsy site seen in pathology report:	Choose an item.
Date of Surgical pathology report:	Click or tap to enter a date.

6. Timelines

What was the time interval between the initial diagnosis and the final pathology result being known at the Service?	

7. Service Clinical Review After the Incident, led by Clinical Director

Was a clinical review of the incident undertaken?	Choose an item.
What was the nature of the review?	
Was there multidisciplinary input into the review?	Choose an item.
Outcome of review:	

8. Notification

Were the clinical and risk oversight committees notified?	Choose an item.
Was the NQMC notified?	Choose an item.
How was the patient notified of the adverse event?	

9. Authorisation

Clinical Director:	
Signature:	
Date:	Click or tap to enter a date.