CRF 1 – Study entry

Signed written informed consent: ☐ yes, date: _____
☐ not applicable (retrospective data collection)

Sex: ☐ female ☐ male Age at the time of diagnosis: _____ years

Height: ___ cm Weight: ___ kg

Inclusion and exclusion criteria checked and fulfilled: ☐ yes ☐ no

Histological diagnosis:

☐ Idiopathic granulomatous mastitis

☐ Cystic neutrophilic granulomatous mastitis

Exclusion of tuberculosis performed by:

☐ Histopathology (e.g. Ziehl-Neelsen staining)

☐ Microbiological testing of breast tissue/aspirate (PCR/culture)

☐ Skin or blood test (e.g., tuberculin skin test or IGRA)

☐ Chest X-ray

☐ Other: _____

☐ none of the above

Other diagnostics:

☐ microbiological tests for *Corynebacterium* species (specifically the *C. kroppenstedtii* complex) in breast tissue/aspirate performed ☐ yes ☐ no

☐ exclusion of sarcoidosis performed ☐ yes ☐ no

☐ exclusion of fungal infection (e.g. PAS staining) performed ☐ yes ☐ no

Race / ethnic group

U.S. categories:

☐ White: Not Arab ☐ White: Arab ☐ Asian

☐ Black / African American ☐ Amer. Indian / Alaska Native ☐ Hispanic / Latino

☐ Native Hawaiian / Pacific Islander ☐ other: _____

☐ unknown

Obstetric and gynecologic history

History of pregnancy ☐ yes ☐ no

If yes, pregnancy at the time of IGM diagnosis ☐ yes ☐ no

Number of previous pregnancies (including current pregnancy): _____

Number of births: _____

Last birth (year): _____

History of breastfeeding: ☐ yes ☐ no ☐ unknown

If yes, breastfeeding at the time of diagnosis: ☐ yes ☐ no

If yes, duration of lactation (incl. all breastfed children):

☐ < 3 months ☐ 3-6 months ☐ > 6 months

If yes, last lactation until: _____ (year)

History of milk stasis: ☐ yes ☐ no ☐ unknown

If yes: ☐ right ☐ left ☐ both

History of birth control pill use: ☐ yes, duration: ____ years ☐ no

Birth control pill at the time of diagnosis: ☐ yes ☐ no

History of hormone replacement therapy: ☐ yes, duration: ____ years ☐ no

Hormone replacement therapy at the time of diagnosis ☐ yes ☐ no

Medical history

History of tuberculosis: ☐ yes, first diagnosed: _____ (year) ☐ no

History of sarcoidosis: ☐ yes, first diagnosed: _____ (year) ☐ no

History of vasculitis: ☐ yes, first diagnosed: _____ (year) ☐ no

If yes, type of vasculitis: _____

History of autoimmune diseases: ☐ yes, first diagnosed: _____ (year) ☐ no

If yes, which: _____

History of Diabetes mellitus:

☐ yes, first diagnosed: _____ (year) ☐ no

Medication at the time of diagnosis: ☐ yes, which: _____ ☐ no

Smoking at the time of diagnosis: ☐ yes, _____ packyears ☐ no

If no, history of smoking: ☐ yes, _____ packyears ☐ no

History of previous breast conditions

Has the patient had an episode of idiopathic granulomatous mastitis (IGM) before?

☐ no ☐ yes, date: _____ (year) side: ☐ right ☐ left

History of any other breast condition: ☐ yes ☐ no

If yes: *[multiple selection possible]*

☐ puerperal mastitis, year: _____ side: ☐ right ☐ left

☐ nonpuerperal mastitis, year: _____ side: ☐ right ☐ left

☐ breast surgery, year: _____ side: ☐ right ☐ left

If yes, type of surgery: _____

If yes, indication for surgery: _____

☐ breast implant, year of first implantation: _____ side: ☐ right ☐ left

If yes, does the patient still have a breast implant? ☐ yes ☐ no

If yes: side: ☐ right ☐ left

☐ breast cancer, year: _____ side: ☐ right ☐ left

☐ breast irradiation, year: _____ side: ☐ right ☐ left

☐ other: _____

CRF 2a – Onset of current episode

Side: ☐ left ☐ right ☐ bilateral

If bilateral, simultaneous onset: ☐ yes ☐ no, details: _____

If bilateral, questions in this CRF refer to the side with earlier onset of symptoms or, in case of simultaneous onset, stronger symptoms; this corresponds to:

☐ left side ☐ right side

Please fill out an additional CRF 2b for the contralateral breast.

Date of first symptoms: _____ *[day, month, year]*

Date of first patient visit at your institution: _____

Has the patient consulted other physicians before presentation at your institution?

☐ yes ☐ no ☐ unknown

Date of first histological confirmation: _____

Type of first histological confirmation: ☐ core needle biopsy ☐ open surgery ☐ fine needle aspiration ☐ other: _____

Symptoms at the onset of disease *[multiple selection possible]*:

☐ pain if yes, VAS pain intensity (1-10): _____

☐ palpable mass ☐ skin redness ☐ skin ulceration

☐ abscess ☐ fever ☐ fatigue ☐ nipple discharge

☐ galactorrhea ☐ nipple retraction ☐ skin retraction ☐ other: _____

Size of the lesion / skin change upon clinical examination: _____ cm

Location of local symptoms: ___ o'clock

or quadrant (multiple selection possible):

☐ upper outer ☐ upper inner ☐ lower outer ☐ lower inner ☐ central

Location in relation to the nipple: ☐ periareolar ☐ peripheral ☐ diffuse

Blood sample(s) examined at least once: ☐ yes ☐ no

If yes, highest white blood cells count: _____ x 1000/µl or x 10^9/L ☐ not assessed

If yes, highest C-reactive protein level: _____ mg/dL or _____mg/l ☐ not assessed

Prolactin level: _____ µg/L _____ mIU/L ☐ not assessed

☐ other: _____

Breast imaging at the onset of current condition:

Imaging performed *[multiple selection possible]*:

☐ Breast ultrasound ☐ Mammography ☐ Breast MRI

☐ Breast CT ☐ PET-CT ☐ no breast imaging performed

Presentation at breast imaging

Some questions below refer to the lesion size. If only one or two dimensions are available, fill in only those. It is not necessary to measure additional dimensions outside of clinical routine.

Ultrasound

Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm

Size of the largest lesion: ___ x ___ x ___ mm

DEGUM / BIRADS (if known): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Morphology of the main lesion on ultrasound:

Shape: ☐ irregular ☐ oval ☐ round

Orientation ☐ parallel ☐ not parallel

Margins: ☐ well defined (circumscribed) ☐ ill defined (not circumscribed)

If ill defined, please specify (indistinct, spiculated, angular, microlobulated): _____

hyperechogenic rim: ☐ yes ☐ no

Echogenicity: ☐ anechoic ☐ hypoechoic ☐ hyperechoic ☐ heterogenous

☐ complex (cystic/solid) ☐ isoechoic

Posterior acoustic features: ☐ Indifferent ☐ Acoustic enhancement

☐ Attenuation or shadowing ☐ Combined pattern/complex behavior

Co-existing findings on ultrasound:

☐ cyst ☐ benign lesion: _____ ☐ duct ectasia ☐ skin oedema

☐ floating debris

☐ abnormal axillary lymph nodes: ☐ yes ☐ no

if yes ☐ ipsilateral ☐ contralateral

if yes please specify: cortical thickness of > 3.0 mm ☐ yes ☐ no

Size of the largest lymph node in mm: longitudinal diameter: ___ transverse diameter: ___

☐ other: _____ ☐ none

Mammography ☐ not performed

Contrast-enhanced: ☐ yes ☐ no Tomosynthesis: ☐ yes ☐ no

Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm

Size of the largest lesion: ___ x ___ x ___ mm Microcalcifications: ☐ yes, size: ___ x ___ x ___ mm ☐ no BIRADS (if known): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Breast MRI ☐ not performed Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no if visible, visible as: ☐ mass ☐ non-mass enhancement Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4 If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm Size of the largest lesion: ___ x ___ x ___ mm BIRADS (if known): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Breast CT ☐ not performed Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4 If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm Size of the largest lesion: ___ x ___ x ___ mm
☐ PET-CT ☐ not performed Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4 If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm Size of the largest lesion: ___ x ___ x ___ mm

CRF 3 – Treatment

Watch and wait

Patient first treated with watch and wait ☐ yes ☐ no

If yes, start of observation _____ [day, month, year]

End of observation: _____ [day, month, year]

Systemic treatment

Antibiotics administered: ☐ yes ☐ no

If yes, start of treatment: _____ *[day, month, year]*

How many antibiotic regimens have been used: ☐ 1 ☐ 2 ☐ ≥ 3

First antibiotic: _____ Duration: _____ weeks

Second antibiotic: _____ Duration: _____ weeks

Third antibiotic: _____ Duration: _____ weeks

Further: _____ Duration: _____ weeks

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Application of antibiotics before histologic diagnosis of IGM: ☐ yes ☐ no

Application of antibiotics after histologic diagnosis of IGM: ☐ yes ☐ no

Steroids administered: ☐ yes ☐ no

If yes, start of treatment: _____ [day, month, year]

Application of steroid before histologic diagnosis of IGM: ☐ yes ☐ no

Application of steroids after histologic diagnosis of IGM: ☐ yes ☐ no

First steroid:

☐ Prednisolone ☐ Methylprednisolone ☐ Prednisone ☐ Dexamethasone

☐ Hydrocortisone ☐ Triamcinolone ☐ other: _____

Administration: ☐ systemic Initial dose: _____ mg. per day

☐ topic Initial dose: _____ % _____ per day

☐ local depot steroid injection: Initial dose: _____ mg. _____ per week

Duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

First steroid scheme: _____ *[in case of dose reductions or weaning, please document here as well]*

Second steroid:

☐ Prednisolone ☐ Methylprednisolone ☐ Prednisone ☐ Dexamethasone

☐ Hydrocortisone ☐ Triamcinolone ☐ other: _____

Administration: ☐ systemic Initial dose: _____ mg. per day

☐ topic Initial dose: _____ % _____ per day

☐ local depot steroid injection: Initial dose: _____ mg. _____ per week

Second steroid duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Second steroid scheme: _____ *[in case of dose reductions or weaning, please document here as well]*

Further steroid therapy (details): _____

Steroids side effects:

☐ Weight gain ☐ Osteoporosis ☐ Diabetes ☐ Hypertension

☐ Skin problems ☐ Cushing syndrome ☐ other_____ ☐ none

NSAIDs administered: ☐ yes ☐ no

Name of the agent (if known): _____

Duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Further analgetic therapy (details): _____

MTX administered: ☐ yes ☐ no

If yes, was MTX administreted simultaneously with steroids ☐ yes ☐ no

How many MTX regimens have been administreted ☐ 1 ☐ 2 ☐ ≥ 3

First MTX regimen: ☐ 7.5mg/week ☐10mg/week ☐ 15mg/week ☐ other: _____

Start of treatment: _____ [day, month, year]

Duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Second MTX regimen: ☐ 7.5mg/week ☐10mg/week ☐ 15mg/week ☐ other: _____

Start of treatment: _____ [day, month, year]

Duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Further MTX therapy (details): _____

MTX side effects:

☐ Nausea ☐ Hair loss ☐ Liver function disorders ☐ other_____ ☐ none

Other Immunosuppressants administered: ☐ yes ☐ no

If yes, start of treatment: _____ [day, month, year]

First regimen: _____

Duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Dose: _____

Second regimen: _____

Duration in weeks: _____

[The duration of therapy should be rounded up to full weeks if the treatment exceeds 3 days]

Dose: _____

Further therapy (details): _____

Other systemic treatment: ☐ yes ☐ no If yes:

☐ Colchicine ☐ Hydrochloroquine ☐ Other: _____

In case of more than one therapy line

Reason for treatment escalation /treatment switch (Multiple answers possible)

☐ No response ☐ Partial response ☐ Persistent pain ☐ Persistent findings on imaging ☐ Side effects of the treatment ☐ Other: _____ ☐ Not applicable

Local interventions

Needle puncture with aspiration ☐ yes, ☐ no

[This field refers to a puncture with a needle, not an incision using a scalpel. If an incision with a scalpel was performed, please document this under Local Interventions-Open Surgery]

If yes: date of first intervention: _____

☐ local anaesthesia ☐ general anaesthesia ☐ no anaesthesia

Clinical appearance: ☐ pus ☐ serous ☐ blood ☐ other: _____

Instillation of an active substance: ☐ yes, details: _____ ☐ no

Drain placed: ☐ yes, duration in days: _____ ☐ no

Intervention performed under ultrasound guidance: ☐ yes ☐ no

Microbiological analysis performed: ☐ yes ☐ no

If yes: ☐ standard microbiological stain ☐ standard microbiological culture ☐ specialized microbiological culture for *Corynebacterium kroppenstedtii* complex ☐16S rRNA gene sequencing ☐ microbiological culture for tuberculosis ☐ PCR for tuberculosis (MTB-PCR) ☐ other (please specify): _____

If yes, result: ☐ sterile ☐ positive (specify pathogen): _____

☐ Staphylococcus species ☐ Streptococcus species ☐ MRSA ☐ Corynebacterium *kroppenstedtii* complex ☐ Gram-negative species ☐ other: _____

Further drainage / puncture: ☐ yes, how many: _____ ☐ no

Further details: _____

Open surgery: ☐ yes, date of first surgery: _____ ☐ no

If yes: Type of surgery

☐ incision ☐ partial excision ☐ complete excision ☐ mastectomy

☐ other: _____

Wound healing: ☐ primary ☐ secondary

If yes: ☐ local anaesthesia ☐ general anaesthesia ☐ no anaesthesia

Clinical appearance: ☐ pus ☐ serous ☐ blood ☐ other: _____

Instillation of an active substance: ☐ yes, details: _____ ☐ no

Drain placed: ☐ yes, duration in days: _____ ☐ no

Microbiological analysis performed: ☐ yes ☐ no

If yes: ☐standard microbiological stain ☐ standard microbiological culture ☐ specialized microbiological culture for *Corynebacterium kroppenstedtii* complex ☐16S rRNA gene sequencing ☐ microbiological culture for tuberculosis ☐ PCR for tuberculosis (MTB-PCR)

☐ other (please specify): _____

If yes, result: ☐ sterile ☐ positive (specify pathogen): _____

☐ Staphylococcus species ☐ Streptococcus species ☐ MRSA ☐ Corynebacterium *kroppenstedtii* complex ☐ Gram-negative species ☐ other: _____

Further surgeries: ☐ yes, how many: _____ ☐ no

If yes, details: _____

Type of surgery *[multiple selection possible]*:

☐ incision, date: _____

☐ partial excision, date: _____

☐ complete excision, date: _____

☐ mastectomy, date: _____

Wound healing: ☐ primary ☐ secondary

Further details: _____

Local interventions side effects

Which side effects have you observed with local interventions?

(Multiple answers possible)

☐ Secondary infections ☐ Disfiguring scarring ☐ Delayed wound healing

☐ Long-term pain ☐ Ensuing breast deformity ☐ Recurrences

Other:_____ ☐ None

CRF 4 – End of treatment

Duration of clinical symptoms:

☐ < 1 month ☐ 1-3 months ☐ 3-6 months ☐ > 6 months

Did the clinical symptoms resolve completely? ☐ yes ☐ no

If no, type of symptoms at the end of treatment *[multiple selection possible]*:

☐ pain if yes, VAS pain intensity (1-10): _____

☐ palpable mass ☐ skin redness ☐ skin ulceration

☐ abscess ☐ fever ☐ fatigue ☐ nipple discharge

☐ galactorrhea ☐ nipple retraction ☐ skin retraction ☐ other: _____

Size of the lesion / skin change upon clinical examination: _____ cm

Location of local symptoms: ___ o'clock

or quadrant (multiple selection possible):

☐ upper outer ☐ upper inner ☐ lower outer ☐ lower inner ☐ central

Location in relation to the nipple: ☐ periareolar ☐ peripheral ☐ diffuse

Breast imaging at the end of the treatment

*This question refers to breast imaging after the IGM treatment, not to the initial breast imaging. Some questions below refer to the lesion size. If only one or two dimensions are available, fill in only those. It is **not necessary** to measure additional dimensions outside of clinical routine.*

Breast imaging performed at the end of the treatment ☐ yes ☐ no

If yes: Residual lesion visible upon imaging: ☐ yes ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all residual lesions together: ___ x ___ x ___ mm

Size of the largest residual lesion: ___ x ___ x ___ mm

Lesion seen upon: *[multiple selection possible]*:

☐ Breast ultrasound ☐ Mammography ☐ Breast MRI

☐ Breast CT ☐ PET-CT

CRF 5 – Follow up after 1 year

☐ not available / not applicable (retrospective data collection)

Did the clinical symptoms of the first episode resolve completely?

☐ yes, when: _____ *[month / year]* ☐ no

If no, type of symptoms at 1 year follow up *[multiple selection possible]*:

☐ pain if yes, VAS pain intensity (1-10): _____

☐ palpable mass ☐ skin redness ☐ skin ulceration

☐ abscess ☐ fever ☐ fatigue ☐ nipple discharge

☐ galactorrhea ☐ nipple retraction ☐ skin retraction ☐ other: _____

Breast imaging after 1 year

*This question refers to breast imaging 1 year after the end of IGM treatment, not to the initial breast imaging. Some questions below refer to the lesion size. If only one or two dimensions are available, fill in only those. It is **not** necessary to measure additional dimensions outside of clinical routine.*

Breast imaging performed ☐ yes ☐ no

If yes, Residual lesion visible upon imaging: ☐ yes ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all residual lesions together: ___ x ___ x ___ mm

Size of the largest residual lesion: ___ x ___ x ___ mm

Lesion seen upon: *[multiple selection possible]*:

☐ Breast ultrasound ☐ Mammography ☐ Breast MRI

☐ Breast CT ☐ PET-CT

New episode of IGM after the end of treatment?

☐ yes, date of recurrence: _____ *[month / year]* ☐ no

If yes: Side: ☐ right ☐ left

If yes: Treatment (if known): _____

Did further events of interest occur? (e.g., breast cancer, other breast disease, autoimmune disease, sarcoidosis, tuberculosis…)

☐ yes, details: _____ ☐ no

CRF 6 – Follow up after 3 years

☐ not available / not applicable (retrospective data collection)

Did the patient experience another episode of IGM after the end of treatment, that has not been documented in CRF 5?

☐ yes, date of recurrence: _____ *[month / year]* ☐ no

If yes: Side: ☐ right ☐ left

If yes: Treatment (if known): _____

If no, did clinical symptoms of the first episode resolve completely?

☐ yes, when: _____ *[month / year]* ☐ no

If no, type of symptoms at 3 years follow up *[multiple selection possible]*:

☐ pain if yes VAS pain intensity (1-10): _____

☐ palpable mass ☐ skin redness ☐ skin ulceration

☐ abscess ☐ fever ☐ fatigue ☐ nipple discharge

☐ galactorrhea ☐ nipple retraction ☐ skin retraction ☐ other: _____

Breast imaging after 3 years

*This question refers to breast imaging 3 years after the end of IGM treatment, not to the initial breast imaging. Some questions below refer to the lesion size. If only one or two dimensions are available, fill in only those. It is **not necessary** to measure additional dimensions outside of clinical routine.*

Breast imaging performed ☐ yes ☐ no

If yes Residual lesion visible upon imaging: ☐ yes ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all residual lesions together: ___ x ___ x ___ mm

Size of the largest residual lesion: ___ x ___ x ___ mm

Lesion seen upon: *[multiple selection possible]*:

☐ Breast ultrasound ☐ Mammography ☐ Breast MRI

☐ Breast CT ☐ PET-CT

Did further events of interest occur? (e.g., breast cancer, other breast disease, autoimmune disease, sarcoidosis, tuberculosis…)

☐ yes, details: _____ ☐ no

CRF 7 – Follow up after 5 years

☐ not available / not applicable (retrospective data collection)

Did the patient experience another episode of IGM after the end of treatment, that has not been documented in CRF 6?

☐ yes, date of recurrence: _____ *[month / year]* ☐ no

If yes: Side: ☐ right ☐ left

If yes: Treatment (if known): _____

If no, did clinical symptoms of the first episode resolve completely?

☐ yes, when: _____ *[month / year]* ☐ no

If no, type of symptoms at 5 years follow up *[multiple selection possible]*:

☐ pain if yes VAS pain intensity (1-10): _____

☐ palpable mass ☐ skin redness ☐ skin ulceration

☐ abscess ☐ fever ☐ fatigue ☐ nipple discharge

☐ galactorrhea ☐ nipple retraction ☐ skin retraction ☐ other: _____

Breast imaging after 5 years

*This question refers to breast imaging 5 years after the end of IGM treatment, not to the initial breast imaging. Some questions below refer to the lesion size. If only one or two dimensions are available, fill in only those. It is **not** necessary to measure additional dimensions outside of clinical routine.*

Breast imaging performed: ☐ yes ☐ no

Residual lesion visible upon imaging: ☐ yes ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all residual lesions together: ___ x ___ x ___ mm

Size of the largest residual lesion: ___ x ___ x ___ mm

Lesion seen upon: *[multiple selection possible]*:

☐ Breast ultrasound ☐ Mammography ☐ Breast MRI

☐ Breast CT ☐ PET-CT

Did further events of interest occur? (e.g., breast cancer, other breast disease, autoimmune disease, sarcoidosis, tuberculosis…)

☐ yes, details: _____ ☐ no

CRF 2b – Onset of symptoms on the contralateral breast in case of bilateral IGM

In case of bilateral IGM, questions in this CRF refer to the side with later onset of symptoms or, in case of simultaneous onset, weaker symptoms; this corresponds to:

☐ left side ☐ right side

Date of first symptoms: _____ *[day, month, year]*

Date of first patient visit at your institution: _____

Has the patient consulted other physicians before presentation at your institution?

☐ yes ☐ no ☐ unknown

Date of first histological confirmation: _____

Type of first histological confirmation: ☐ core needle biopsy ☐ open surgery ☐ fine needle aspiration ☐ other: _____

Symptoms at the onset of disease *[multiple selection possible]*:

☐ pain ☐ palpable mass ☐ skin redness ☐ skin ulceration
☐ abscess ☐ fever ☐ fatigue ☐ nipple discharge
☐ galactorrhea ☐ nipple retraction ☐ skin retraction ☐ other: _____

Size of the lesion / skin change upon clinical examination: _____ cm

Location of local symptoms: ___ o'clock

or quadrant (multiple selection possible):

☐ upper outer ☐ upper inner ☐ lower outer ☐ lower inner ☐ central

Location in relation to the nipple: ☐ periareolar ☐ peripheral ☐ diffuse

Breast imaging at the onset of current condition:

Imaging performed *[multiple selection possible]*:

☐ Breast ultrasound ☐ Mammography ☐ Breast MRI
☐ Breast CT ☐ PET-CT ☐ no breast imaging performed

Presentation at breast imaging

Some questions below refer to the lesion size. If only one or two dimensions are available, fill in only those. It is not necessary to measure additional dimensions outside of clinical routine.

Ultrasound

Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm

Size of the largest lesion: ___ x ___ x ___ mm

BIRADS / DEGUM (if known): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Morphology of the main lesion on ultrasound:

Shape: ☐ irregular ☐ oval ☐ round

Orientation ☐ parallel ☐ not parallel

Margins: ☐ well defined (circumscribed) ☐ ill defined (not circumscribed)

If ill defined, please specify (indistinct, spiculated, angular, microlobulated): _____

Hyperechogenic rim: ☐ yes ☐ no

Echogenicity: ☐ anechoic ☐ hypoechoic ☐ hyperechoic ☐ heterogenous

☐ complex (cystic/solid) ☐ isoechoic

Posterior acoustic features: ☐ Indifferent ☐ Acoustic enhancement

☐ Attenuation or shadowing ☐ Combined pattern/complex behavior

☐ abnormal axillary lymph nodes ☐ yes ☐ no

if yes ☐ ipsilateral ☐ contralateral

if yes please specify: cortical thickness of > 3.0 mm ☐ yes ☐ no

Size of the largest lymph node in mm: longitudinal diameter: ___ transverse diameter: ___

Co-existing findings on ultrasound: ☐ cyst ☐ benign lesion: _____

☐ duct ectasia ☐ skin oedema ☐ floating debris

☐ other: _____ ☐ none

<u>Mammography</u>

Contrast-enhanced: ☐ yes ☐ no Tomosynthesis: ☐ yes ☐ no

Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm

Size of the largest lesion: ___ x ___ x ___ mm

Microcalcifications: ☐ yes, size: ___ x ___ x ___ mm ☐ no

BIRADS (if known): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

<u>Breast MRI</u>

Lesion visible: ☐ yes, clearly visible ☐ yes, but not clearly ☐ no

if visible, visible as: ☐ mass ☐ non-mass enhancement

Number of lesions: ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4

If > 1 lesion, size of all lesions together: ___ x ___ x ___ mm

Size of the largest lesion: ___ x ___ x ___ mm

BIRADS (if known): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

☐ Breast CT	☐ not performed	
Lesion visible:	☐ yes, clearly visible ☐ yes, but not clearly	☐ no
Number of lesions:	☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4	
If > 1 lesion, size of all lesions together:	___ x ___ x ___ mm	
Size of the largest lesion:	___ x ___ x ___ mm	
☐ PET-CT	☐ not performed	
Lesion visible:	☐ yes, clearly visible ☐ yes, but not clearly	☐ no
Number of lesions:	☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4	
If > 1 lesion, size of all lesions together:	___ x ___ x ___ mm	
Size of the largest lesion:	___ x ___ x ___ mm	