

Feasibility Questionnaire for Study Sites



MEthods for LOfcalization of Different types of breast lesions

<p>Is your study site a certified breast cancer center? <i>(not mandatory in the MELODY study)</i></p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Certification standard: <input type="checkbox"/> EUSOMA <input type="checkbox"/> other:</p>														
<p>Does your site participate in a structured mammography screening program?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>														
<p>How many surgeons perform breast surgeries at your site?</p>														
<p>How many new breast cancer patients with primary breast cancer are treated at your site per year?</p>														
<p>How many breast cancers at your site are non-palpable at time of diagnosis? %</p>														
<p>How many patients at your site receive breast conserving surgery? %</p>														
<p>How many breast cancer patients are treated at your site with neoadjuvant chemotherapy? per year</p>														
<p>Which localization technique do you routinely use for lesions visible on ultrasound? <i>(multiple answers possible)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Wire-guided localization</td> <td style="width: 50%;"><input type="checkbox"/> MagSeed</td> </tr> <tr> <td><input type="checkbox"/> Intraoperative ultrasound</td> <td><input type="checkbox"/> Sirius Pintuition</td> </tr> <tr> <td><input type="checkbox"/> SaviScout</td> <td><input type="checkbox"/> LOCalizer</td> </tr> <tr> <td><input type="checkbox"/> EnVisio</td> <td><input type="checkbox"/> MOLLI</td> </tr> <tr> <td><input type="checkbox"/> Radioactive seed</td> <td><input type="checkbox"/> Ink</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> ROLL (Radioactive Occult Lesion Localization)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Wire-guided localization	<input type="checkbox"/> MagSeed	<input type="checkbox"/> Intraoperative ultrasound	<input type="checkbox"/> Sirius Pintuition	<input type="checkbox"/> SaviScout	<input type="checkbox"/> LOCalizer	<input type="checkbox"/> EnVisio	<input type="checkbox"/> MOLLI	<input type="checkbox"/> Radioactive seed	<input type="checkbox"/> Ink	<input type="checkbox"/> ROLL (Radioactive Occult Lesion Localization)		<input type="checkbox"/> Other:	
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<p>Which localization technique do you routinely use for lesions not clearly visible on ultrasound (e.g., microcalcification)? <i>(multiple answers possible)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Wire-guided localization</td> <td style="width: 50%;"><input type="checkbox"/> MagSeed</td> </tr> <tr> <td><input type="checkbox"/> Intraoperative ultrasound</td> <td><input type="checkbox"/> Sirius Pintuition</td> </tr> </table>	<input type="checkbox"/> Wire-guided localization	<input type="checkbox"/> MagSeed	<input type="checkbox"/> Intraoperative ultrasound	<input type="checkbox"/> Sirius Pintuition										
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How many procedures using these localization technique(s) have been performed so far at your site? (approximately):

Technique: Number of procedures:

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Complete only if intraoperative ultrasound is used at your site:

Type and manufacturer of ultrasound machine(s) available in the surgical room:

Do you use any additional marking techniques during intraoperative ultrasound?

Yes, wire

Yes, skin marking

Yes, other:

No

Who performs ultrasound during surgery?

Surgeon Radiologist Other:

In case of neoadjuvant chemotherapy, which marker do you routinely place in the tumor at the beginning of chemotherapy?

Clip / coil, type:

<input type="checkbox"/> MagSeed	<input type="checkbox"/> Sirius Pintuition
<input type="checkbox"/> SaviScout	<input type="checkbox"/> LOCALizer
<input type="checkbox"/> EnVisio	<input type="checkbox"/> MOLLI
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<input type="checkbox"/> Other:	

What are current recommendations at your study site regarding the negative margin in invasive breast cancer?

no tumor on ink other: _____ mm

What are current recommendations regarding negative margin in DCIS?

<input type="checkbox"/> no tumor on ink <input type="checkbox"/> other: _____ mm Are there any exceptions from these recommendations? <input type="checkbox"/> no <input type="checkbox"/> yes, please specify: _____
Does your study site have dedicated personnel for study-related documentation (e.g., study nurse or secretary)? <input type="checkbox"/> yes <input type="checkbox"/> no If no, who will be responsible for documentation?
Do you foresee any difficulties in conducting the study? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify:
How many patients do you expect to enroll in the MELODY study per year? pts. in cohort: pts. in cohort: pts. in cohort:
Name of the study site: Address: Country: Name of the contact person: E-mail: Phone number:

Date
Signature

**Please send the questionnaire by e-mail to:
melody@eubreast.com**