Treatment decision support consultations

To be completed by the treating clinician or clinical nurse specialist as soon as possible after the treatment decision support consultation(s) took place.

Was there a consultation about treatment with primary endocrine therapy or surgery and adjuvant endocrine therapy?

- [ ] Yes
- [ ] No

Date of consultation

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Was the patient offered a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy?

- [ ] Yes
- [ ] No

Did the patient follow the recommended treatment?

- [ ] Yes
- [ ] No

Following this consultation, please:
- Complete the Treatment decision form
- Provide the participant with the relevant Treatment options and decision questionnaire if they:
  - Are a full participant
  - Were offered a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy
  - Have not already completed it in relation to a choice between chemotherapy or no chemotherapy

Was there a consultation about whether or not to have chemotherapy?

- [ ] Yes
- [ ] No

Date of consultation

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Was the patient offered a choice between chemotherapy or no chemotherapy?

- [ ] Yes
- [ ] No

Did the patient follow the recommended treatment?

- [ ] Yes
- [ ] No

Following this consultation, please:
- Complete the Treatment decision form
- Provide the participant with the relevant Treatment options and decision questionnaire if they:
  - Are a full participant
  - Were offered a choice between chemotherapy or no chemotherapy
  - Have not already completed it in relation to a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy