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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**

- d
- d
- m
- m
- y
- y
- y

**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**

- d
- d
- m
- m
- y
- y
- y

**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