

## DETEC - BREAST CANCER SCREENING CYCLE DATA

Recipient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

EWC ID# \_\_\_\_\_

### Risk

**1. High Risk for Breast Cancer**       Yes       No       Not assessed/Unknown

### Clinical Breast Exam

<b>2. Current Breast Symptoms?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<b>3a. Current CBE results</b> <input type="radio"/> Normal/Benign <input type="radio"/> Not done <input type="radio"/> *Abnormality suspicious for cancer- diagnostic evaluation needed	<b>3b. Date of Current CBE</b> ___/___/___ mm/dd/yyyy
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**4.  Current results obtained from a non-EWC provider**

### Mammogram

**5. Reason for CURRENT mammogram**

Routine screening mammogram

Initial mammogram for symptoms, abnormal CBE or previous abnormal mammogram

± No initial mammogram - CBE only or sent to other imaging or diagnostics only  
(includes refused mammogram)

± Initial mammogram not paid by EWC - Client referred for diagnostics only  
(report mammogram results in item 7)

± Complete diagnostic referral date    **6. ± Breast Diagnostic Referral Date**    \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy

**7a. CURRENT Mammogram Result**

<input type="radio"/> Negative (Birads 1)	<input type="radio"/> *Highly Suggestive of Malignancy (Birads 5)
<input type="radio"/> Benign Finding (Birads 2)	<input type="radio"/> Known biopsy-proven malignancy (Birads 6)
<input type="radio"/> Probably Benign (Birads 3)	<input type="radio"/> *Assessment is incomplete (Birads 0) -
<input type="radio"/> * Suspicious Abnormality (Birads 4)	needs more imaging/film comparison
<input type="radio"/> Unsatisfactory	<input type="radio"/> *Immediate w/u needed (#9)

**7b. Date of CURRENT Mammogram** \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy

### Screening MRI - only for pts at high risk for breast cancer

<b>8a. Screening MRI results</b>	<b>8b. Date of Screening MRI</b>
<input type="radio"/> Negative (Cat 1)	<input type="radio"/> Highly Suggestive of Malignancy (Cat 5)    ___/___/___ mm/dd/yyyy
<input type="radio"/> Benign Finding (Cat 2)	<input type="radio"/> Known malignancy (Cat 6)
<input type="radio"/> Probably Benign (Cat 3)	<input type="radio"/> Assessment is incomplete (Cat 0) - needs more imaging/evaluation
<input type="radio"/> Suspicious Abnormality (Cat 4)	<input type="radio"/> Not Done

### 9. Additional Procedures Needed to Complete the Breast Cycle

Not needed or planned - Routine rescreen

Not needed or planned - Short term follow-up

Needed or planned - Immediate work-up

### Breast Imaging Procedures

<b>10a. Type of procedure</b>	<b>10b. Date of Procedure: mm/dd/yyyy</b>		
<input type="radio"/> Additional Mammographic Views	___/___/___	___/___/___	___/___/___
<input type="radio"/> Ultrasound	___/___/___	___/___/___	___/___/___
<input type="radio"/> Film Comparison	___/___/___	___/___/___	___/___/___
<input type="radio"/> MRI	___/___/___	___/___/___	___/___/___

### 11a. Final Imaging Outcome

Negative (Birads1)       Suspicious Abnormality (Birads 4)

- Benign Finding (Birads 2)
- Highly Suggestive of Malignancy (Birads 5)
- Probably Benign (Birads 3)
- Unsatisfactory - Unable to read, no final outcome

**11b. Date of Final Imaging Outcome**      \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy

**Breast Diagnostic Procedures**

**12a. Type of procedure**

**12b. Date of Procedure: mm/dd/yyyy**

- |   |             |             |             |
|---|-------------|-------------|-------------|
| <input type="radio"/> Repeat Breast Exam          | ___/___/___ | ___/___/___ | ___/___/___ |
| <input type="radio"/> Surgical Consultation       | ___/___/___ | ___/___/___ | ___/___/___ |
| <input type="radio"/> Biopsy/Lumpectomy           | ___/___/___ | ___/___/___ | ___/___/___ |
| <input type="radio"/> Fine Needle/Cyst Aspiration | ___/___/___ | ___/___/___ | ___/___/___ |

**13a. Other Breast Procedure Performed**

- Skin Biopsy       Other medical consults       Other - please specify \_\_\_\_\_

**13b. Date of Procedure:** \_\_\_/\_\_\_/\_\_\_       Not Covered by EWC

**Breast Work-up Status and Final Diagnosis Information**

**14a. Work-up Status**

**14b. Date of Work-up Status:**

- Work-up Complete       Died before work-up complete      \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy
- Lost to Follow-up
- Work-up Refused: Select a reason for refused care:
  - Declined care     Obtained insurance/Medi-Cal     Moved     Changed PCP

**15a. Final Diagnosis**

**15b. Date of Final Diagnosis:**

- No Breast Cancer/Benign - resume annual screening      \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy
- No Breast Cancer/Benign - short-term follow-up
- ♦ Ductal Carcinoma in Situ (DCIS)     ♦ Invasive Breast Cancer
- Lobular Carcinoma in Situ (LCIS)     **Treatment status required for DCIS or Invasive Breast Cancer**

**Breast Cancer Treatment Information**

**16a. Treatment Status**

**16b. Date of Treatment Status:**

- Treatment Started       Treatment Refused      \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy
- Lost to follow-up       Treatment Not Needed
- (2 calls and certified letter sent)       Died before treatment started

**17.  Patient enrolled in BCCTP. Check this box only if you have completed the BCCTP enrollment process.**