

**DETEC - BREAST CANCER SCREENING CYCLE DATA INSTRUCTIONS**

<p><b>1. High Risk for Breast Cancer</b>                  Select <i>Yes</i> if risk was assessed and determined to be high. This response requires completion of screening MRI section                  Select <i>No</i> if risk was assessed and determined not to be high                  Select <i>Not Assessed/Unknown</i> if risk was not assessed or if risk cannot be determined</p>
<p><b>2. Current Breast Symptoms</b>                  Select <i>Yes</i> if patient reports any breast symptoms (lump, dimpling, puckering, skin changes, nipple discharge, pain)</p>
<p><b>3a. Current CBE results</b>                  Select <i>Normal/Benign</i> when findings are within normal limits or findings are not of concern for breast cancer                  Select <i>Abnormality Suspicious for Cancer</i> to indicate a CBE with findings suspicious for cancer. Immediate w/u required                  Select <i>Not done</i> if a CBE was not performed</p>
<p><b>3b. Date of Current CBE</b>                  Enter the date of the CBE using the following format: MM/DD/YYYY</p>
<p><b>4. Current results obtained from a non-EWC provider</b>                  Check box if CBE was not paid by EWC (e.g. FPACT)</p>
<p><b>5. Reason for current mammogram</b>                  Select <i>Routine Screening</i> if current mammogram was performed as part of a routine or annual screening schedule                  Select <i>Initial mammogram for sx, abnormal CBE or previous abnormal</i> if the initial mammogram is a diagnostic mammogram                  Select <i>No initial mammogram</i> if a mammogram was not performed (CBE only, refused mammogram, or sent for other testing)                  Select <i>Initial mammogram not paid by EWC</i> if pt. was enrolled in EWC for diagnostic procedures. Report mammogram results in item 7</p>
<p><b>6. Breast Diagnostic Referral Date</b>                  If current mammogram not done or not paid by EWC, enter the date of the CBE or first procedure done under EWC</p>
<p><b>7a. Current Mammogram Result</b>                  Choose response that matches the result on the mammogram report. See step by step manual for complete instructions</p>
<p><b>7b. Date of Current Mammogram</b> - enter the date of the recipient's initial mammogram: use the following format: MM/DD/YYYY</p>
<p><b>8a. Screening MRI</b> - Selection of a response is required if recipient is at high risk for breast cancer (Yes on #1) Select <i>Not Done</i> if a screening MRI was not performed.                  If MRI done, choose response that matches the result on the MRI report. See step by step manual for complete instructions</p>
<p><b>8b. Date of Screening MRI</b> - enter the date of the screening MRI. Use the following format: MM/DD/YYYY</p>
<p><b>9. Additional Procedures Needed to Complete the Breast Cycle</b>                  Select <i>Not needed or planned - routine rescreen</i> , when the CBE and/or mammogram are normal/benign                  Select <i>Not needed or planned - Short term follow-up</i> , when additional procedures will be needed after a planned delay                  Select <i>Needed or planned-Immediate work-up</i> , when additional procedures are required without delay to rule out breast cancer</p>
<p><b>10a/b. Breast Imaging Procedures and Date of Procedure</b>                  Enter all imaging procedures performed and the date they were performed. See step by step manual for complete instructions                  For film comparison use the date of the addendum report Enter date as MM/DD/YYYY</p>
<p><b>11a. Final Imaging Outcome</b>                  Select the final assessment (based on birads category) using all imaging procedures</p>
<p><b>11b. Date of Final Imaging Outcome</b>-use the date of the last imaging procedure using the format MM/DD/YYYY</p>
<p><b>12a/b. Breast Diagnostic Procedures and Date of Procedure</b>                  Enter all diagnostic procedures performed and the date performed. See step by step manual for complete instructions</p>
<p><b>13a/b. Other Breast Procedure Performed and Date of Procedure</b>                  Select only 1 other breast diagnostic procedure performed. Report procedures listed even if not covered by EWC.                  Do not enter any procedures listed in the drop down menus or procedures done as part of staging or treatment.                  Enter date of procedure using the format MM/DD/YYYY</p>
<p><b>14a. Work-up Status</b>                  Select <i>Work-up Complete</i> if no more immediate diagnostic procedures are needed to determine the diagnosis.                  Select <i>Work-up Refused*</i> if patient refused work-up, obtained insurance, moved, changed PCP or failed to respond to messages or keep appointments. Enter a reason for the refused care in the drop down menu                  Select <i>Lost to Follow-up*</i> if 3 attempts were made to contact the patient including a certified letter returned as undeliverable                  *If Recipient returns for care within 45 days, reopen the current cycle and continue; if Recipient returns after 45 days, start new screening cycle.</p>
<p><b>14b. Date of Work-up Status</b>                  For Work-up Complete enter the date of the final imaging/diagnostic procedure in the format MM/DD/YYYY                  For Refused and Lost to Follow-up use the date the status was determined in the format MM/DD/YYYY</p>
<p><b>15a. Final Diagnosis</b>                  Select <i>No Breast Cancer/Benign - resume annual screening</i> when no cancer is found and routine screening is recommended                  Select <i>No Breast Cancer/Benign - short term follow-up</i> when no cancer is found but short term f/u will be required                  Select <i>Lobular Carcinoma in Situ (LCIS)</i> if pathology report indicates LCIS or lobular neoplasia                  Select <i>Ductal Carcinoma in Situ (DCIS)</i> if pathology report indicates DCIS                  Select <i>Invasive Breast Cancer</i> if pathology report indicates invasive or infiltrating ductal or lobular carcinoma</p>
<p><b>15b. Date of Final Diagnosis</b> - Use the date of the procedure that determined the final diagnosis as MM/DD/YYYY</p>
<p><b>16a/b. Treatment Status and Date of Treatment Status</b>                  Treatment Status is required for a final diagnosis of DCIS or invasive Breast Cancer                  Enter date when treatment was initiated or other treatment status was determined in the format MM/DD/YYYY</p>
<p><b>17. BCCTP enrollment</b> - Check the box only when you have completed the BCCTP enrollment process</p>