

BCCCP BREAST CANCER SCREENING AND FOLLOW-UP DATA ENTRY FORM

Revised April 2015

NAME		Purpose of screening		3. Referral (enter date at left)	
1. Routine Screening		4. No mammogram, just CBE or other imaging or diagnostic work up			
ID	VISIT DATE	REFERRAL DATE			
BCCCP CLIENT	BREAST SYMPTOMS	LAST MAMMOGRAM	BSE EDUCATION	BREAST CANCER HISTORY	
1. Yes 2. No	1. Yes 2. No	MM YY 88/88 Unknown 00/00 Never	1. Provided 2. Provided, needs additional training 8. Not indicated 9. Indicated, not provided	1. No personal or family history of breast cancer 2. Patient has had breast cancer 3. Mother, daughter and/or sister has had breast cancer 4. Patient and mother/daughter/ sister have had breast cancer 8. Unable to answer 9. Refused to answer	
SCREENING PROCEDURE	PROCEDURE DATE	CHARGED TO	RESULT RECEIVED DATE	RESULT	
CLINICAL BREAST EXAM	MM DD YY	1 2 3 4 5 6 (see codes below)	MM DD YY	01. Normal exam 02. Benign finding 03. Discrete palpable mass 04. Bloody or serous nipple discharge 05. Nipple or areolar scaliness 06. Skin dimpling or retraction 07. Normal CBE in last 12 months 08. CBE not done for other reason 09. Patient Refused CBE Codes 03, 04, 05, & 06 are suspicious for cancer and require a diagnostic work-up. An initial mammogram that is diagnostic does not constitute a diagnostic work-up.	
INITIAL MAMM	MM DD YY	1 2 3 4 5 6 (see codes below)	MM DD YY	01. Negative 02. Benign findings 03. Probably benign; Short-term follow up suggested 04. Suspicious abnormality; Consider biopsy 05. Highly suggestive of malignancy 06. Assessment incomplete; additional imaging req'd 07. Technically unsatisfactory 08. Not indicated/needed 09. Indicated, but not performed (refused) 10. Result is pending 11. Recent, NonBCCCP, Abn. Mam requires Follow-up 12. Recent, NonBCCCP, Mam w/ no follow-up required Note: If initial mammogram results are 04, 05, 06 or 11 then diagnostic work-up must be planned.	
REPEAT INITIAL MAMMOGRAM	MM DD YY	1 2 3 4 5 6 (see codes below)	MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 1-7 above) Note: Use this field ONLY if initial mammogram is technically unsatisfactory (code 07)	
PLAN	DX WORK-UP PLANNED? 1=Yes 2=No	SHORT-TERM FU REQUIRED? 1=Yes 2=No	NEXT SCREENING MAMMOGRAM DUE IN 00 02 03 04 05 06 12 24 MONTHS		
DX WORKUP PROCEDURE	PROCEDURE DATE	CHARGED TO	RESULT DATE	RESULT	
ADDITIONAL IMAGING					
ADDITIONAL MAMMOGRAM	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 01-07 above)	FINAL IMAGING
ULTRASOUND	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 01-07 above)	Outcome: 01 02 03 04 05 06 07
FILM COMPARISON	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY	01 02 03 04 05 06 07 (same as initial mammogram codes 01-07 above)	Date: ___/___/___
DIAGNOSTIC PROCEDURES					
REPEAT BREAST EXAM	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY	01 02 03 04 05 06 (same as CBE result codes 01-06 above)	
PHYSICIAN CONSULT	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY	CHARGED TO CODES: 1-Federal BCCCP 2-Non BCCCP 3-Partial Federal BCCCP 4-State BCCCP 5-Partial State BCCCP 6-Part State and Federal BCCCP	
BIOPSY/LUMPECTOMY	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY	Comments (to report special situations as needed): LTF = Lost to follow-up NC = Neoadjuvant Chemotherapy CDUSTF = Clinician Directed Ultrasound for Short Term Follow up.	
FINE NEEDLE ASPIRATION	MM DD YY	1 2 3 4 5 6 (see codes right)	MM DD YY		
DIAGNOSIS					
DX DISP			DX DISP DATE	Note:	
1. No Breast Cancer; case closed 2. Diagnostic workup or results are pending 3. Patient Died 4. Moved out of county/state 5. Unable to obtain results from provider 6. Patient non-responsive/refuses follow up 7. Breast cancer diagnosed; Tx required. 8. Patient Lost to Follow up (LTF)			MM DD YY	*If Dx Disp = 1 or 7 enter date of last procedure. *If Dx Disp = 3,4,5, or 6 enter date of admin closure.	
Note: ONLY if 7, are Final Diagnosis, Stage, tumor Size, Tx Disp & Date required *IF breast cancer diagnosed then Biopsy &/or Fine Needle Aspiration row must be completed.					
FINAL DX	2. Invasive breast cancer 3. Other cancer (non-breast) 4. Atypical epithelial hyperplasia	STAGE	3=Stage III 4=Stage IV 5=Stage unknown or unstaged	6=Summary local 7=Summary regional 8=Summary distant	SIZE
0. Breast ductal carcinoma in-situ (DCIS) 1. Breast lobular carcinoma in-situ (LCIS)		0=Stage 0 (in-situ) 1=Stage I 2=Stage II			1= 0 - 1 cm. 2= >1 - 2 cm. 3= >2 - 5 cm. 4= > 5 cm. 5= Unknown
*Required if Dx Disp is 7.					
TREATMENT					
TX DISP	2=Treatment pending 3=Patient died 4=Moved out of the county or state	5=Unable to obtain results from provider 6=Non-responsive or refused treatment	TX DATE	Patient Navigation	
0=Treatment not needed 1=Treatment initiated		Note: Required if Dx Disp. is 7.	MM DD YY	PN ASSESS COMPLETED?: Y=YES N=NO PN PLAN COMPLETED?: Y=YES N=NO	
			Note: Required if Dx Disp. is 7		