NC BCCCP BREAST CAN	ICER SCRE	ENING AN	D FOLLOW-UP DATA	ENTRY FORM		REVISED Feb. 202	3 Page 1 of 2			
Visit Date/	_/	_ (MM /DE) /YYYY)	Referr	al Date	//_				
Name(Last)				 irst)			(M.I.)			
ID NUMBER			(F	1131)	Date of Birth	/ /	(101.1.)			
.5.10.11.5.11										
RACE	☐ White	e 🗆 Bl	ack/African American	☐ Asian	☐ Native I	Hawaiian or Other Pacif	fic Islander			
(check all that apply)	☐ Amer	nerican Indian or Alaska Native Unknown/Prefer not to Answer								
Ethnicity	· · · · · · · · · · · · · · · · · · ·									
High Risk for Breast Cancer? ☐ Yes ☐ No ☐ Not assessed/Unknown										
Patient Navigation: Re	quired if I	PN delivere	ed consistent with CD	C policy (refe	r to BCCCP Train	ning Manual).				
Patient Navigation Nee	eds	Patient Na	vigation Completed?	Pati	ent Navigation	Paid by Federal Funds:				
Assessment Completed	d?	☐ Yes ☐] No	PN not delivered)						
☐ Yes ☐ No	☐ Unknown									
Clinical Breast Exam		-								
Date of CBE		CBE Pa	id By: ☐ Federal Fund	ds 🗆 State I	Funds 🗆 Nor	n-BCCCP				
CBE Results:				☐ * Skin [Dimpling or Retr	action				
☐ Normal	· · · · · · · · · · · · · · · · · · ·									
☐ Benign Finding				☐ CBE no	t done today					
☐ * Discrete Palpable I	□ * Discrete Palpable Mass □ CBE Refused									
□ * Bloody or Serous Nipple Discharge										
☐ * Nipple or areola so	caliness									
		All scree	ning results with an a	sterisk () red	quire diagnostic	work-up.				
Mammogram Screenin)g									
Date of Mammogram		Date of La	st Mammogram			Initial Mammogram F	Paid By:			
						\square Federal Funds				
		/_	YYYY			\square State Funds				
		If 'Unknow	ın' use 88/8888			\square State Funds				
Purpose of Initial Mam	nmogram	If 'Unknow If 'Never' ເ				\square State Funds				
Purpose of Initial Mam Routine Screening	nmogram	If 'Unknow If 'Never' u Screening:	ın' use 88/8888	valuation		\square State Funds				
=	nmogram	If 'Unknow If 'Never' u Screening:	ın' use 88/8888 use 00/0000			\square State Funds				
☐ Routine Screening☐ No mammogramMammogram Results:	_	If 'Unknow If 'Never' u Screening:	<i>in' use 88/8888</i> <i>use 00/0000</i> red in for Diagnostic E	ıp)	ot indicated/Nee	☐ State Funds ☐ Non-BCCCP				
 □ Routine Screening □ No mammogram Mammogram Results: □ Negative (BI-RADS 1)	If 'Unknow If 'Never' u Screening:	<i>in' use 88/8888</i> <i>use 00/0000</i> red in for Diagnostic E	ıp) □ No □ In	dicated but not	☐ State Funds ☐ Non-BCCCP				
□ Routine Screening □ No mammogram Mammogram Results: □ Negative (BI-RADS 1 □ Benign Findings (BI-	.) RADS 2)	If 'Unknow If 'Never' u Screening: Referi Diagno	vn' use 88/8888 use 00/0000 red in for Diagnostic E ostic (short term fol. u	up) No In Re	dicated but not esult pending	State Funds Non-BCCCP				
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□ Routine Screening □ No mammogram Mammogram Results: □ Negative (BI-RADS 1 □ Benign Findings (BI-I) □ Probably Benign; she □ * Suspicious abnorm	.) RADS 2) ort-term f nality, con	If 'Unknow If 'Never' u Screening: Referi Diagno Follow up su sider biops	un' use 88/8888 use 00/0000 red in for Diagnostic E ostic (short term fol. u uggested (BI-RADS 3) y (BI-RADS 4)	up)	dicated but not esult pending Recent Non-BCC ecent Non-BCCC	State Funds Non-BCCCP				
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□ Routine Screening □ No mammogram Mammogram Results: □ Negative (BI-RADS 1 □ Benign Findings (BI-I) □ Probably Benign; shout a Suspicious abnorm	.) RADS 2) ort-term f nality, con of maligna nplete; add	If 'Unknow If 'Never' u Screening: Referred Diagnor Follow up su sider biops ancy (BI-RA ditional ima	un' use 88/8888 use 00/0000 red in for Diagnostic Electric (short term fol. use 10 cm fol. use	up) No In Re Re re OS 0) sterisk (*) rec	dicated but not esult pending Recent Non-BCC ecent Non-BCCC equired)	State Funds Non-BCCCP eded performed CCP, Abn. Mam (follow-P, mammogram (no fol				
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□ Routine Screening □ No mammogram Mammogram Results: □ Negative (BI-RADS 1 □ Benign Findings (BI-I □ Probably Benign; shout a support of the street of the stree	.) RADS 2) ort-term f nality, con of maligna nplete; add	If 'Unknow If 'Never' u Screening: Referr Diagno Follow up su sider biops ancy (BI-RA ditional ima *All screen MRI Date	red in for Diagnostic Eostic (short term fol. usggested (BI-RADS 3) y (BI-RADS 4) DS 5) aging required (BI-RAD ning results with an a	DS 0) Sterisk (*) rec Highly s Known I * Assessm Results Pe Not Done	dicated but not esult pending Recent Non-BCC equired) quire diagnostic uggestive of mal Malignancy tent incomplete ending	State Funds Non-BCCCP eded performed CCP, Abn. Mam (follow-P, mammogram (no follow-P, mammogram) work-up. lignancy (BI-RADS 5) ; additional imaging recommonders	llow-up			
□ Routine Screening □ No mammogram Mammogram Results: □ Negative (BI-RADS 1 □ Benign Findings (BI-I □ Probably Benign; shout a support of the street of the stree	n) RADS 2) ort-term f nality, con of maligna nplete; add n) RADS 2) ort-term F nality, con	If 'Unknow If 'Never' u Screening: Referr Diagn Follow up su sider biops ancy (BI-RA ditional ima *All screen MRI Date F/U suggest sider biops *All screen nogram, ar	red in for Diagnostic Eostic (short term fol. usggested (BI-RADS 3) y (BI-RADS 4) DS 5) aging required (BI-RAD ning results with an a	DS 0) * Highly s * Known I * Assessm Results Pe Not Done sterisk (*) rec	dicated but not esult pending Recent Non-BCCC ecent Non-BCCC equired) quire diagnostic uggestive of male Malignancy nent incomplete ending	State Funds Non-BCCCP eded performed CCP, Abn. Mam (follow-P, mammogram (no follow-P, mammogram) ignancy (BI-RADS 5) ; additional imaging recommodules.	llow-up			

	ER SCREENING AND FOLLOW-UP		REVISED Fe	- U						
ADDITIONAL IMAGING PROCEDURES (*All additional imaging results with an asterisk (*) require diagnostic procedure.)										
Date of Additional			Additional Mamm	ogram Paid By:						
Mammogram	/(MM DD	YYYY)	☐ Federal Funds	☐ State Funds	☐ Non-BCCCP					
Additional Mammogram	Outcome: Negative (BI-RADS	1)	gn Findings (BI-RAD)	S 2)						
_	t-term F/U suggested (BI-RADS 3	-	spicious abnormality	-	, (BI-RΔDS 4)					
□ * Highly suggestive of			•		ging req'd (Bi-RADS 0)					
inginy suggestive of	Inalignaticy (BI-NAD3 3)	□ A3	Ultrasound Paid B		ging req a (bi-KAD3 0)					
Date of Ultrasound _	/(MM DD	YYYY)	☐ Federal Funds	•	☐ Non-BCCCP					
Ultrasound Outcome:	Negative (BI-RADS 1)	☐ Beni	gn Findings (BI-RAD	S 2)						
☐ Probably Benign; short	t-term F/U suggested (BI-RADS 3) □ * Su	spicious abnormality	, consider biopsy	(BI-RADS 4)					
□ * Highly suggestive of		•	-	• •	ging req'd (Bi-RADS 0)					
0 7			Film Comparison F		5 6 - 1 - 7					
Date of Film Comparison	/(MM D	D YYYY)	☐ Federal Funds	-	☐ Non-BCCCP					
Film Comparison Outcom	1e: \square Negative (BI-RADS 1)		gn Findings (BI-RAD							
☐ Probably Benign; short	t-term F/U suggested (BI-RADS 3		spicious abnormality							
\square * Highly suggestive of	malignancy (BI-RADS 5)	□ * As	sessment incomplet	e; additional ima	ging req'd (Bi-RADS 0)					
Breast Diagnostic Proced	ures									
			Repeat CBE Paid B	y:						
Date of Repeat CBE	/(MM	DD YYYY)	☐ Federal Funds	☐ State Funds	☐ Non-BCCCP					
Repeat CBE Results:	* Bloody or Serous Nipple Discharge									
☐ Normal	□ * Nipple or areola scaliness									
☐ Benign Finding			in Dimpling or Retra							
☐ * Discrete Palpable Ma	ass	_ •	2 b 8 oou a							
		sk (*) require A	Additional Imaging o	r Biopsy						
All results with an asterisk () require Additional Imaging or Biopsy Date of Physician Consult Paid By:										
Date of Frigoreian consum		I DD YYYY)		☐ State Funds	☐ Non-BCCCP					
					- Non Beech					
Date of Biopsy			Biopsy Paid By:	_						
	/(MN	I DD YYYY)	☐ Federal Funds	☐ State Funds	☐ Non-BCCCP					
Date of Fine Needle										
	/ / / / / / / / / / / / / / / / / / / /	DD \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Fine Needle Aspiration Paid By: ☐ Federal Funds ☐ State Funds ☐ Non		□ N DCCCD					
Aspiration		DD YYYY)	- Federal Funds	State Funds	☐ Non-BCCCP					
Final Diagnostic Dispositi	ion									
		Final Diagno	osis:	Stage:	☐ Summary Local					
Diagnostic DX. Date	/	☐ Breast du	uctal carcinoma	☐ Stage 0	☐ Summary Regional					
Diagnostic Disposition:	☐ No breast cancer; case	in-situ ([OCIS)	☐ Stage I	☐ Summary Distant					
☐ Results pending	closed	☐ Breast lo	☐ Breast lobular carcinoma		Tumor size:					
☐ Patient moved	\square Patient died	in-situ (L	in-situ (LCIS)		☐ 0-1cm					
☐ Refuses follow-up	☐ Unable to obtain results	☐ Invasive	☐ Invasive breast cancer		□ >1-2cm					
☐ Lost to follow-up	☐ Breast cancer diagnosed;	☐ Atypical	☐ Atypical epithelial		□ >2-5 cm					
Lost to follow up	Tx required		hyperplasia		□ > 5cm					
	TXTEGUTEG		☐ Other cancer		☐ Unknown					
Dunast Treature 1 D'	itia				_ OTINIOWII					
Breast Treatment Disposition										
Treatment Date	Treatment Disposition:	\square Treatment F	Pending 🗆 Patie	nt Moved	\square Unable to obtain					
	☐ Treatment not needed	☐ Patient Died	I □ Refus	ed Treatment	results					
/	☐ Treatment Initiated									
Comments	Comments to report special situations as needed (Type code in comment field in EHR):									
	CDUSTE (clinician directed ultra	sound for short-t	erm follow-up)	☐ LTF (lost to follo	w-un)					

NC Department of Health and Human Services, Division of Public Health, Revised 02/29/2023