

**1. CURRENT Breast Symptoms**

- Select **Yes** if patient-reported symptoms include a lump, dimpling, puckering, skin ulceration, scaliness, inflammation, nipple discharge or non-cyclic pain.

**2. Current CBE Results and Date of CURRENT CBE (2b)** See Date Instructions at the bottom of this page.

- Select *Normal* to indicate a normal, within normal limits (WNL), or a negative CBE.
- Select *Benign findings* when CBE findings are not a concern for cancer.
- Select *Abnormality suspicious for cancer* to indicate a CBE with abnormal findings suspicious for breast cancer. Immediate diagnostic procedures are needed even if CURRENT Mammogram Result is negative or benign (see Item 8).
- If CBE was not performed:
  - Select *Not Needed* if a CBE was normal or benign within last 12 months (even if done elsewhere) or not needed per PCP discretion.
  - Select *Needed but not performed at this visit* (includes refused).

**3. Current results obtained from a non-CDP provider**

- Check box if CBE was performed by a non-CDP provider.

**4. PREVIOUS Mammogram and Date of PREVIOUS Mammogram (4b)** Make every effort to report previous mammogram information.

- Select *Yes - Date known* if the recipient had a previous mammogram and the date is known. If only the year is known, enter the year and leave the month blank.
- Select *Yes - Date unknown* if the recipient has had one or more previous mammograms and the date is unknown.
- Select *No* if the recipient has not had a previous mammogram.
- Select *Unknown* and the reason the previous mammogram information is unavailable.

**5. Reason for CURRENT Mammogram**

- Report the reason for starting this breast cycle.
- Select *No initial mammogram - CBE only or sent to other imaging or diagnostics* if recipient refused mammogram or requires other imaging and/or diagnostic procedure (not diagnostic mammogram).
- Report mammogram result not paid by CDP in Item 7.

**6. Breast Diagnostic Referral Date**

- Enter the date of the CBE or first imaging/diagnostic procedure, whichever was done first. Continue to Item 8 and select *Immediate work-up* to enter imaging and/or diagnostic procedures.

**7. CURRENT Mammogram Result and Date of CURRENT Mammogram (7b)** Items marked with \* require Immediate work-up (see Item 8).

- Select *Assessment is incomplete (BI-RADS 0) - Needs more imaging* if additional imaging evaluation is needed.
- Select *Assessment is incomplete (BI-RADS 0) - Needs film comparison* if review of prior mammograms is needed.
- Select *Unsatisfactory* if the mammogram could not be read. Select *Short-term follow-up* (see Item 8) if CBE is normal or benign.

**8. Additional Procedures Needed to Complete Breast Cycle**

- Select *Not needed or planned - Routine rescreen* (resume annual screenings) when both the CBE and mammogram are normal or benign.
- Select *Not needed or planned - Short term follow-up* when more procedures will be needed after a 3 to 6 month planned delay.
- Select *Needed or planned - Immediate work-up* when diagnostic procedures are required without delay to rule out breast cancer. (Same day ultrasound is considered an *Immediate work-up*.) Data should be submitted within 30 days.

**9. Type of Procedure (Breast Imaging) and Date of Procedure (9b)**

- Select all breast imaging procedures performed.
- For film comparison, use the date of the addendum report.

**10. Final Imaging Outcome and Date of Final Imaging Outcome (10b)**

- Select the final assessment (using the BI-RADS category) based on all imaging procedures.

**11. Type of Procedure (Breast Diagnostic) and Date of Procedure (11b)**

- Select all breast diagnostic procedures performed.

**12. Other Breast Procedure Performed and Date of Procedure (12b)**

- Select only one other breast diagnostic procedure. Please report procedures listed even if they are not covered by CDP:EWC.
- Do not enter mammogram, CBE, ultrasound, biopsy, FNA, staging procedures or treatment as an *Other Breast Procedure Performed*.

**13. Work-up Status and Date of Work-up Status (13b)**

- Select *Work-up Status* for all patients who required an *Immediate work-up* (see Item 8).
- Select *Work-up is complete* when no more diagnostic procedures are needed. Continue to Item 14 and complete Final Diagnosis and Date of Final Diagnosis.
- Select *Work-up refused* if patient refused work-up, obtained insurance, moved out of the area, or changed PCP.

**14. Final Diagnosis and Date of Final Diagnosis (14b)**

- Select *No Breast Cancer / Benign* when cancer is not found during current diagnostic procedures.
- Select *Lobular Carcinoma In Situ (LCIS)* for lobular neoplasia (LN).
- Select *Invasive Breast Cancer* for infiltrating carcinoma.

**15. Treatment Status and Date of Treatment Status (15b)**

- Treatment Status must be completed for a final diagnosis of *DCIS* or *Invasive Breast Cancer*.
- Indicate when treatment started (regardless of insurance status) or why it wasn't started.

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

- See DETEC HELP or contact BCCTP Eligibility Specialist for a list of BCCTP qualifying diagnoses.

**Date Instructions:**

- Enter the date of the test or procedure for Items 2, 7, and 9 through 12, not the date of the result.
- For the Date of Work-up Status (13b), enter the date of the last procedure or the date other status choices occurred.
- For the Date of Final Diagnosis (14b), enter the date of the definitive diagnostic procedure.
- For the Date of Treatment Status (15b), enter the date treatment started or when other choices for treatment status occurred.

You will see a DETEC warning message if the dates in the cycle fail program standards for time to diagnosis and treatment. Recheck the dates you entered to make sure they are the dates the procedure(s) were performed.