

BREAST DIAGNOSTICS DATA ENTRY TOOL



AGENCY OR SITE		CLINICIAN NAME		eCaST ID	
LAST NAME		FIRST NAME		SSN	DATE OF BIRTH
AGE					

DIAGNOSTIC BREAST PROCEDURES

DIAGNOSTIC MAMM / ADDITIONAL VIEWS OR FILM COMPARISON

DATE PERFORMED: ___/___/___ FUNDING: WWC Other

RESULT:

BI-RADS 1: Negative BI-RADS 5: Highly suggestive of malignancy
 BI-RADS 2: Benign BI-RADS 0: Need additional imaging
 BI-RADS 3: Probably benign Film Comparison Required
 BI-RADS 4: Suspicious abnormality

LOCATION PERFORMED: _____

BREAST ULTRASOUND

DATE PERFORMED: ___/___/___ FUNDING: WWC Other

RESULT:

BI-RADS 1: Negative BI-RADS 4: Suspicious abnormality
 BI-RADS 2: Benign BI-RADS 5: Highly suggestive of malignancy
 BI-RADS 3: Probably benign

LOCATION PERFORMED: _____

CLINICAL BREAST EXAM (CBE)

DATE PERFORMED: ___/___/___ FUNDING: WWC Other

TYPE OF CBE: Repeat CBE Clinical Correlation CBE

RESULT: Not Suspicious for Breast Cancer Suspicious for Breast Cancer

LOCATION PERFORMED: _____

SURGICAL OR MEDICAL CONSULT

DATE PERFORMED: ___/___/___ FUNDING: WWC Other

RESULT:

No intervention at this time, routine follow-up recommended Biopsy recommended
 Short term follow-up recommended Surgery, treatment recommended

LOCATION PERFORMED: _____

BREAST BIOPSY

DATE PERFORMED: ___/___/___ FUNDING: WWC Other

TYPE OF BREAST BIOPSY: Excisional Stereotactic Ultrasound guided percutaneous core Ultrasound vacuum assisted

RESULT: Breast cancer not diagnosed Atypical Ductal Hyperplasia (ADH) Atypical Lobular Hyperplasia (ALH) Lobular carcinoma in situ/lobular neoplasia Ductal carcinoma in situ Invasive Breast Carcinoma Intraductal papilloma Insufficient sample

LOCATION PERFORMED: _____

OTHER BREAST DIAGNOSTIC PROCEDURE

DATE PERFORMED: ___/___/___ FUNDING: WWC Other

TYPE OF BREAST BIOPSY: Cyst aspiration FNA by palpation FNA ultrasound guided Ductogram (Single Multiple) Other (requires preapproval for coverage): _____

RESULT: Not suspicious for breast cancer Suspicious for breast cancer Insufficient sample

LOCATION PERFORMED: _____

FINAL DIAGNOSIS SUMMARY

FINAL DIAGNOSIS: COMPLETE ONCE FINAL DIAGNOSIS IS ACHIEVED OR CASE IS ADMINISTRATIVELY CLOSED.

DIAGNOSTIC WORK-UP IS COMPLETE (CHOOSE ONE BELOW):

Return for routine screening
 Patient needs short-term follow-up in ___ months
 Treatment needed

DATE FINAL DIAGNOSIS ACHIEVED (DATE OF PROCEDURE YIELDING FINAL DX): ___/___/___

FINAL DIAGNOSIS (CHOOSE ONE):

Breast cancer not diagnosed Atypical hyperplasia* Ductal carcinoma in situ (DCIS)* Lobular carcinoma in situ (LCIS)* Non-invasive breast cancer* Invasive breast cancer*

* Treatment & BCCP Medicaid information required

DIAGNOSTIC WORK-UP IS ADMINISTRATIVELY CLOSED AS INCOMPLETE (CHOOSE ONE BELOW):

Lost to follow-up
 Refused
 Deceased

DATE WORK-UP ADMINISTRATIVELY CLOSED: ___/___/___

BENCHMARKS FOR FINAL DIAGNOSIS, TREATMENT AND BCCP MEDICAID ENROLLMENT:

- Final diagnosis to be achieved within 60 days of first abnormal
- Treatment to be started within 60 days of final diagnosis
- BCCP Medicaid to be initiated within 5 business days of final diagnosis

TREATMENT: COMPLETE WHEN FINAL DX IS ABNORMAL (MARKED WITH ASTERISK).

TREATMENT STATUS:

Treatment pending Treatment started (Date: ___/___/___)

TREATMENT NOT STARTED OR STATUS UNKNOWN: (DATE ASSESSED: ___/___/___)

Treatment not medically indicated or not needed
 Client lost to follow-up, treatment not started or unknown
 Client refused treatment
 Client is deceased

BCCP MEDICAID ELIGIBILITY: COMPLETE WHEN FINAL DIAGNOSIS IS ABNORMAL (MARKED WITH ASTERISK).

ELIGIBILITY STATUS:

Eligible (Client appears eligible, and provider to initiate enrollment)
 Not eligible (Reason: _____)
 Eligible but client refused enrollment