National Screening Unit
BreastScreen Aotearoa

Data Management Manual

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The latest electronic version can be downloaded from the National Screening Unit website:
www.nsu.govt.nz

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Chapter 1 – Introduction

The Programme

Background

In 1995 the Government announced that it would fund a high quality, nationally coordinated, population-based, Breast Screening Programme. Screening of 50-64 year old women began in January 1999 and was extended to 45-69 year old women in July 2004.

Programme objective

The key objective of the national Breast Screening Programme (the Programme) is to reduce deaths from breast cancer by detecting cancer at a very early stage when it is potentially curable.

The "Funder"

For the purpose of this document the term "Funder" may be described as: the National Screening Unit (NSU), its agent, nominee, or successor.

Vision & aims

The vision of the National Screening Unit (NSU) is as follows:

"Saving Lives, Reducing Inequalities, and Building the Nation's Health by Leading the Delivery of Screening Programmes, Uncompromising in Their Quality, and Trusted by the Communities we Serve."

Chapter 1 – Introduction

NSU Overview

The NSU, within the Health & Disability National Services Directorate of the Ministry of Health, is responsible for the coordination and funding of a number of national screening programmes including: the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA).

The aim of screening is to reduce the number of people suffering and/or dying from a specified health condition. It reduces the risk of developing or dying from a disease, but is not a guarantee of prevention, or of diagnosis and cure. As screening has benefits, costs, and potential harms, there is an ethical obligation to minimise harm and the overall benefit should outweigh the cost of screening.

The NSU has adopted a definition of 'screening' based upon that of the National Screening Committee of the United Kingdom, and adapted by the New Zealand National Health Committee.

"*Screening is a health service in which members of a defined population, who either do not necessarily perceive they are at risk of, or are already affected by a disease or its complications, are asked a question or offered a test, to identify those individuals who are more likely to be helped than harmed by further tests or treatment to reduce the risk of a disease or its complications*"

Screening refers not only to the initial test but also the sequence of events that comprise the screening pathway. All steps in the screening pathway must be undertaken to a high standard to guarantee that the benefits outweigh the risks.

In order for a screening programme to be successful, a coordinated approach is required. The essentials of such an approach include clear lines of accountability, high quality service provision, effective monitoring of defined policy and quality standards, the availability of timely diagnostic and treatment services, along with high levels of programme enrolment and participation.

Chapter 1 – Introduction

About this Manual

Purpose of this manual

The purpose of this manual is to give contracted Lead Providers the information required to set-up and maintain a data information system that will deliver the requirements of the National Monitoring Indicator Set.

This manual prescribes minimum standards for capture, maintenance, privacy and security of data and information, as well as audit and national monitoring requirements.

Audience

The table below identifies the intended audiences of this manual:

Audience	Uses
Lead Provider	
Data Manager	Reviewing and managing Lead Provider responsibilities to data within the Programme.
Database administrators and/or IT people	Information system specification and maintenance.
Quality Assurance Staff	Reviewing and monitoring quality issues surrounding data collection.
Clinical/Technical Staff	Reference document: for operational use (These staff also to provide ongoing checks that stated requirements meet current best practice).
Coding Staff	Translate clinical notes and diagnosis into data elements for recording.
Software Vendors	Information system development and maintenance.

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Chapter 1 – Introduction

About this Manual, Continued

Ownership

This manual is owned and maintained by the National Screening Unit.

References

Related Documentation

- Public Records Act 2005
- Privacy Act 1993 and Amending Legislation (http://www.privacy.org.nz)
- Health Information Privacy Code 1994 (http://www.privacy.org.nz)
- Health Information Privacy Code Fact Sheets (http://www.privacy.org.nz)
- BSA National Policy and Quality Standards (NPQS)
- NZHIS Guide to Data Requirements
- NZHIS Publications http://www.nzhis.govt.nz/moh.nsf/indexns/publications
- National Health Index Data Dictionary http://www.nzhis.govt.nz/moh.nsf/indexns/dataandservices-datadictionaries-nhi
- Data Quality Plan

Chapter 1 – Introduction

Issue Resolution

Introduction

It is likely during the life of this document, that issues will be raised about changes or improvements to the manner and detail of data management.

Issue resolution *(continued on next page)*

To ensure that the contents of this manual are relevant and appropriate over the long term, the following process has been defined to provide for issue resolution

Stage	Description
1	Issue identified.
2	Issue reported to National Screening Unit (including supporting research/discussion papers).
3	Issue recorded in issues register and appropriate owner identified/assigned.
4	Issue owner • Categorises issue (e.g. data, policy, operational, etc.) • Researches issue • Liaises with other affected parties • Assigns a priority for resolution (in consultation with concerned/ affected parties) • Identifies appropriate action for resolution/determine answer
5	Issues register updated with information from Stage 4.
6	Issue resolved or answer determined. (This Stage may take some time, and involve consultation with/action by specialist groups, teams, or committees). **Note:** Some issues (non-critical) may be held and dealt with collectively in one session.
7	Update to appropriate manual(s) initiated (if an issue is not urgent, the update may be prepared, but held until the next scheduled update is issued).

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8	Interim notification made to Lead Providers if required.
9	Issues register updated (issue closed).

***** Lead Providers are responsible for disseminating information, decisions, or actions required, to relevant interested/affected parties (e.g. their software providers, sub-contractors, etc.).

Chapter 1 – Introduction

Data Overview

Purpose of collection

Data/information collected will be used to provide and monitor breast screening services, and follow-up or treatment services.

Data must be collected in such a way to ensure that an accurate, adequate, timely, and consistent set of health data is available nationally for comparative purposes.

As required by the Public Records Act 2005, no data or records may be disposed of without the approval of the Chief Archivist, New Zealand Archives until a General Disposal Authority has been implemented for BSA records by the NSU.

Philosophy

It is intended that Lead Providers will not be burdened with undue compliance and collection costs, and that required data/information derives from their own operational information systems.

Accordingly, Lead Providers are required to develop (or enhance) and maintain their own information system to collect, store, and report upon Programme data.

Minimum standards

The minimum standards (i.e. business rules and Funder requirements) surrounding the collection and management of data are set out in Chapter 2 of this manual - "Minimum Standards".

Principles of information management

At all times the Funder and Lead Providers should conform to the guiding principles of data collection and management described in the document "NZHIS Guide to Data Requirements". The relevant extract from this document is below.

National health information principles

The guiding principles for national health information are:

- *the need to protect patient confidentiality and privacy*
- *the need to collect data once, as close to the source as possible, and use it as many times as required to meet different information requirements*
- *the need for standard data definitions, classification and coding systems*
- *the requirement for national health data to include only that data which is used, valued and validated at the local level*
- *the need for connectivity between health information systems to promote communication and integrity*
- *the need to address Maori issues*

Chapter 1 – Introduction

Data Overview, Continued

Information collation

The Funder will nationally collate information relating to women who are, or have been eligible for the programme.

Periodic audits

The Funder will periodically carry out audits on the Lead Provider's systems. Such audits will include:

- clinical audits
- data system and process audits
- system specification accreditations and compliance
- staff training
- process/procedure existence and appropriateness
- minimum Programme standards compliance

For the purposes of these audits the Lead Provider will be required to:

- provide access to relevant records, equipment, and premises
- provide facilities reasonably required for the audit team
- permit interviews with staff and other relevant/involved individuals
- provide assistance as required.

Chapter 1 – Introduction

Data Specification & the Data Set

Requirement

The Lead Provider's information system will (as a minimum) be based upon the details contained in the following appendices of this manual:

- Appendix A - National Monitoring Indicator Set
- Appendix B - National Monitoring Indicator Set : Variable Calculation
- Appendix C - Data Set

These appendices form the core collection and monitoring requirements for all BSA data.

Appendix A - National Monitoring Indicator set

This Appendix defines the core indicators that are required to be provided by the Programme for the purposes of national monitoring.

This information will be obtained from the data collected in the National Monitoring data set elements.

Appendix B - Variable Calculation Notes

This Appendix contains detailed calculation definitions for each of the variables used in the National Monitoring Indicator Set.

Appendix C - Data Set

This Appendix defines data elements for collection, whose definition has been agreed between the NSU and the Providers.

There are three types of data element specified:

1. Mandatory national monitoring data elements which are included in the NZHIS extract for national monitoring
2. Mandatory elements required for Lead Provider internal audit by NPQS and not for inclusion in the NZHIS extract
3. Non-mandatory data elements (optional) which are not required for collection, but if a provider decides to use the elements, they must be used as specified.

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Chapter 1 – Introduction

Data Specification & the Data Set, Continued

Enhancing the data set

Lead Providers may enhance their system to collect additional data to assist them to provide a comprehensive service to participating women.

However, new elements must be advised to the NSU. This will ensure there is consistency between providers in the use and definition of common data elements.

The table below describes the required process.

Stage	Description	Who
1	Element identified and defined. This includes (as a minimum): - purpose - definition - valid values - notes - description - format - rules	Provider (or Provider's agent)
2	Element (and definition) forwarded to NSU Issues Register Co-ordinator for inclusion in Issues Register.	Provider (or Provider's agent)
3	Element forwarded to other Providers and interested parties for evaluation and comment. When **NO** issues are indicated, proceeds to Stage 4. When issues **ARE** indicated, issue is resolved via the standard issue resolution process (see page 9 of this Chapter). **Note:** Correspondents will have 10 working days to respond. No response will indicate approval/ agreement.	NSU (assigned issue owner)
4	Data element signed off by NSU for data collection and inclusion into Appendix C of this document.	NSU

Note: Unless a new data element is marked as MANDATORY use of any new element is optional. However, if a Provider decides to use the element in the future it must be used as specified.

Chapter 1 – Introduction

Key Participants & Information Flow

Introduction

In order to understand the high level information flow for the Programme, it is necessary to recognise the key participants and be aware of what their role is.

Key participants are:

- Lead Provider(s)
- Funder
- New Zealand Health Information Service (NZHIS)

Lead Provider(s)

It is the role of the Lead Provider(s) to provide an integrated service, working with a range of others, to ensure all aspects of the Programme. These include:

- **identification** of eligible women through various **recruitment** strategies
- **enrolment**
- **invitation** to participate
- **screening** at sites that enhance access
- **assessment** at sites that ensure a quality multidisciplinary service (including referral to appropriate treatments)
- accurate and complete **recording of** associated **data**
- **capture** of treatment data
- **ensuring the requirements of the NPQS are incorporated** into every aspect of service

Funder

It is the role of the Funder of the Programme to:

- fund the Programme within the boundaries of current Government policy
- develop a national breast screening framework
- ensure there is national consistency, but regional implementation of the Programme
- ensuring that monitoring and evaluation are able to occur
- ensuring all necessary components of the Programme exist
- ensuring appropriate integration linkages with treatment and primary care services

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Chapter 1 – Introduction

Key Participants & Information Flow, Continued

NZHIS

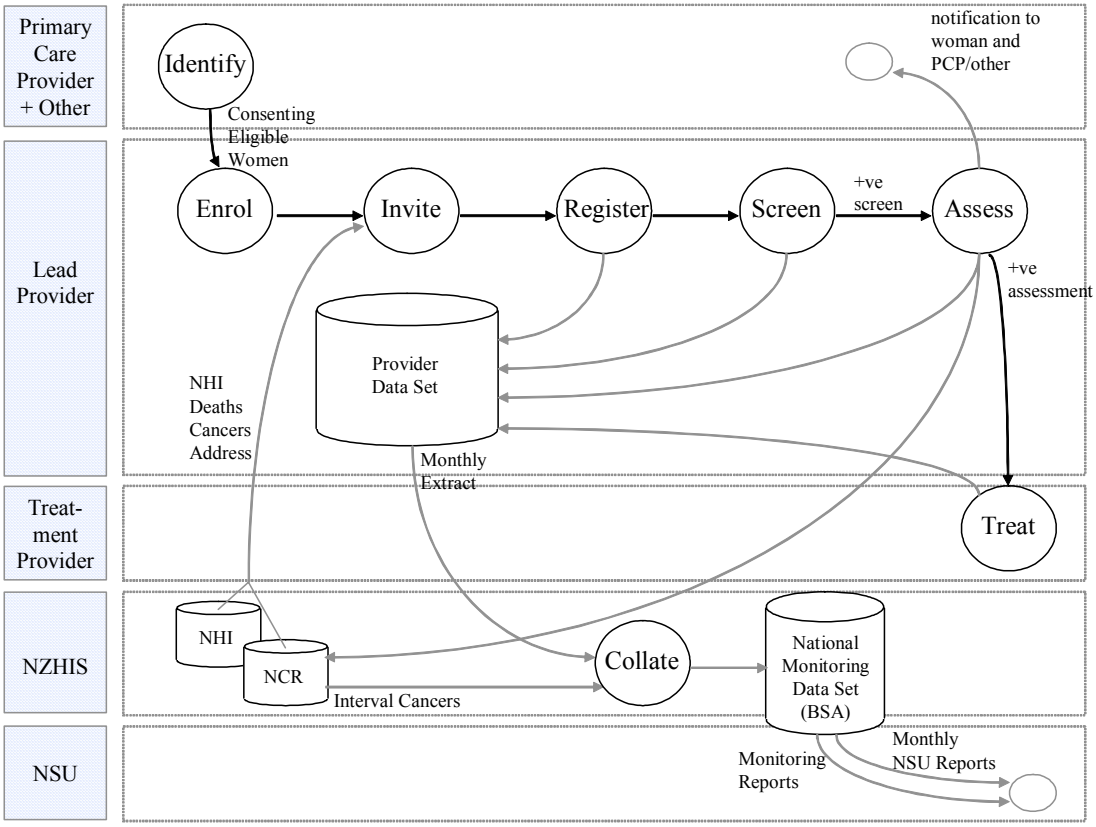
It is the role of the New Zealand Health Information Service (NZHIS) to provide national information collation and management facilities to meet the needs of the Funder. NZHIS:

- act as the central repository of data collected by the Lead Providers on behalf of the Funder
- perform data analysis and interpretation as requested by the Funder

(i.e. data collected by Lead Providers is forwarded to NZHIS for analysis on behalf of the Funder).

Diagram

The diagram below shows the relationships and information flow between key Programme participants**.**



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Chapter 2 – Minimum Standards

Introduction

Using the standards

These minimum standards detailed in this chapter have been developed by the Funder, in consultation with industry specialists and key stakeholders.

The standards are required to be incorporated into the:

- design and functionality of the Lead Providers information system
- definition of Lead Provider processes and procedures associated with the Programme and use of the information system (including responsibility assignment within Lead Provider organisations)

Core requirement

The Lead Provider is required to maintain efficient and effective information system(s), and process/procedures for the management of patient information, and the management of the Programme as a whole.

This includes the areas of data collection, data storage, query, reporting and budgeting.

Rider

The standards documented in this section "Data Use" are subject to the following:

- BSA NPQS
- Privacy Act 1993 and relevant Codes (including the Health and Information Privacy Code 1994)
- Health Act 1956
- Health and Disability Commissioner's Act
- Principles and guidelines for Informed Choice and Consent for all Health Care providers and Planners - Department of Health - May 1991
- other laws relevant to the use of data

(and all subsequent updates and reissues)

Chapter 2 – Minimum Standards

Data Collection

Coding	The Lead Provider will ensure that a suitable process is in place to resolve issues relating to clarity and completeness identified during coding (i.e. translation of clinical notes to required data elements).
Ethnicity information	The Lead Provider is required to collect information regarding ethnicity (compatible with the census). Such questions are included for the purpose of improving the collection of health information for Maori, and other ethnic groups resident within New Zealand.
Identifier (unique identifier)	The National Health Index (NHI) will be used as the unique identifier for individuals participating in the Programme. The Lead Provider is responsible for • obtaining and maintaining authorisation for its use of the NHI number in relation to the Programme • supplying data required for the maintenance of the NHI (new registrations, updates, etc.) as soon as possible after the information has been collected • verification of the correctness of NHI information
Measurement collection	Wherever a measurement value is recorded for a woman, this will be collected in its unaggregated form (e.g. tumour diameter will be recorded in millimetres and not in the aggregated bands in which they will be reported for monitoring purposes).

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Chapter 2 – Minimum Standards

Data Collection, Continued

Method

The method of information collection and management must:

- be appropriate in terms of timeliness, accuracy, and form, to support the clinical and business needs of the Programme with particular emphasis on the needs of patient care, quality assurance and management and evaluation of the Programme
- provide protection for patient confidentiality and privacy

Data Set

There are standard data definitions and validations detailed in Appendix C of this document.

Lead Providers are required to:

- make use of these specifications when collecting and recording data
- seek clarification from the Funder prior to data collection, if any terms/issues/objectives are unclear
- submit new data elements for consultation and (where appropriate) inclusion in the set (see Chapter 1 - Data Specification & the Data Set - Enhancing the data set).

Quality

The Lead Provider will implement appropriate procedures to ensure:

- data is captured in a complete, timely, and accurate manner
- checks are implemented for errors that may arise during data entry
- data is validated against business rules through application of edit criteria
- definitions and edit rules are understood and are being followed
- inconsistencies are followed up and rectified

The Lead Provider will implement, as a minimum quality requirement, all data quality checks outlined in the BSA Data Quality Plan.

Chapter 2 – Minimum Standards

Privacy & Informed Consent

Compliance with legislation

The Lead Provider will ensure that they (and their agents) are familiar with the requirements of:

- the Privacy Act 1993
- Health and Information Privacy Code 1994

and that the requirements of these documents are complied with in every respect in the collection and transfer of health information.

Informed consent

Lead Providers will ensure that:

- women are notified that information will be collected and used for monitoring of the programme and to facilitate their optimum care

Note: written consent for the above is not required

Chapter 2 – Minimum Standards

System & Hardware

System development & maintenance

Lead Providers will ensure that their information system:

- supports the minimum National Monitoring Data Set, the Lead Provider internal audit data set (NPQS requirements), and functionality specified in the service specifications and that their service complies with the data definitions set out in Appendix C of this manual
- has passed "accreditation" by the Funder prior to implementation
- has passed "compliance" by NZHIS prior to implementation
- has had Vendor and Lead Provider acceptance testing prior to implementation of updates or modifications. Test plans should be kept, and may be required for any NSU reviews
- has an appropriate Software Escrow arrangement for the current source code of any software used in its breast screening IT system. (A copy of the vendor's source code is kept by a trusted third party to ensure that the customer will have access to the source code in the event that the vendor is unable to support the software. If, for example, the vendor goes out of business, the trusted third party releases the source code to the customer, allowing the customer to maintain the software)
- is updated with Funder required enhancements within an agreed reasonable time frame (subject to successful Funder accreditation testing)

Compliance with national standards

Lead Providers (and their contractors) accessing or providing national data are required to adhere to, and comply with the standards set out in the NZHIS Guide to Data Requirements.

Failsafe

Systems used in relation to making decisions about women participating in the Programme will be designed to be fail safe.

Women are not to be "lost to follow up" other than in exceptional circumstances, and should not be able to "fall between the gaps" in the care services provided.

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Chapter 2 – Minimum Standards

System & Hardware, Continued

Funder access to the Lead Provider system	Subject to any subsequent agreement, the design, specifications, software, source code, and any affiliated documentation or other information about the information system will be provided to the Funder upon termination and/or demand. Subject to any other written agreement, the Funder is entitled to full unfettered use of the information system, including the right to authorise any other third person to operate, use, or modify the information system for the purpose of ensuring the continuation of the Programme.
Hardware	The Lead Provider will ensure that suitable hardware and communication equipment is available and maintained in an operative state to run their system efficiently.
Lead Provider training to Funder	The Lead Provider will provide training (and such other assistance) to the Funder as requested. The Funder and the Lead Provider will agree a reasonable fee and mutually acceptable time for such training.

Chapter 2 – Minimum Standards

Security & Protection

Data security	Lead Providers are required to maintain the integrity and security of data both in storage, and in transit between them, the Funder (and/or their agent), or other providers. This is a shared obligation of all parties.
Responsibilities	The Lead Provider is responsible for implementing reasonable and sufficient security measures (technical and procedural) to ensure: • participant privacy and confidentiality • data availability • data integrity • data is not subject to loss, corruption, inappropriate alteration, or miscalculation
Responsibility assignment	The Lead Provider is required to have a nominated individual who will fulfil the responsibilities of the "Data Manager". This role will be responsible for the overall management, security, integrity, and availability of data collected on behalf of the Programme.
On-going protection	The Lead Provider is required to ensure that on-going security and protection provisions are effective and continue to be adequate in the context of possible threats (e.g. physical loss or damage, system unavailability, inappropriate modifications, loss of confidentiality, unauthorised disclosure of information). Such provisions to be in accordance with current best business practices.
Data entry and update	The Lead Provider will ensure that only appropriately authorised and trained individuals have access to systems accepting data entry and data update.
Data protection	Lead Providers are required to have clear data modification protocols and authorities defined and documented (this includes appropriate modification audit trail monitoring).

Chapter 2 – Minimum Standards

Data Use

Rider

The standards documented in this section "Data Use" are subject to the following:

- Privacy Act and relevant Codes
- the Health and Disability Commissioner's Act
- other laws as relevant to the use of data

Use of data

Data (and information) obtained for use by the Programme may be used for other purposes consistent with achieving the goals of the Programme, provided such use is within the specifications of the Privacy Act.

It is the Lead Provider's responsibility to ensure compliance.

Quality

The Lead Provider will ensure that captured data is accurate and complete before use.

Surrender of data

The Provider will surrender all data/information to the Funder upon termination and/or demand for the purpose of continuation of the Programme.

The information provided will be in an agreed understandable and usable form.

Note: "Data/information" includes: data documentation reports and other information (whether hard copy, soft copy, or other form) relating to the Programme.

Chapter 2 – Minimum Standards

Training

Introduction

In addition to the tangible and intangible benefits to women's health and wellbeing, the success of the Programme may be also measured to some degree by the following:

- the collection and recording of accurate data
- the output of meaningful information

These factors are greatly dependant upon the skill and knowledge of those involved in the collection, coding, entry, and maintenance of Programme data.

Coding

Lead Providers are required to ensure that staff involved in coding, (including the interpretation and recording of clinical screening analysis/treatment notes as data elements) are adequately trained and supported in the process.

This will involve Lead Provider staff attendance at Funder prescribed training, or participation in other agreed training processes, to ensure national consistency. Additionally the Lead Provider will ensure there is full documentation for all data coding procedures.

Privacy & confidentiality

Lead Providers are required to ensure that all staff with access to personalised data receive adequate training on their obligations in relation to privacy, accessibility and confidentiality of data.

System use

Lead Providers are required to ensure that all staff with access to the information system have adequate training and appropriate documentation to allow them to correctly use that system.

Chapter 2 – Minimum Standards

Monitoring & Reporting

Judging effectiveness

The Programme will be monitored to gauge it's effectiveness with respect to the following:

- is the programme effective at attracting women for screening?
- is the quality of the screening programme of an acceptable standard?
- what is the nature and grade of the breast cancers detected?
- are women receiving prompt and appropriate treatment?
- are the various waiting times for women in an acceptable range?

Monitoring will be in accordance with the BSA NPQS issued by the Ministry of Health.

Requirement

Lead Providers will, by the 5th working day of each month, submit an extract to NZHIS containing completed BSA enrolment, screening, assessment and treatment records updated or modified in the previous month.
In brief, for the purpose of data submission:

- A woman is considered Enrolled, and should be loaded into the system, when a request for participation is received
- Screening is considered complete when the radiologist's decision (routine re-screening or assessment) is notified to the woman
- Assessment is considered complete when the definitive diagnosis (cancer or not cancer) is notified to the woman.

An exception to the rule is that technical recalls that have not been completed by month end and updates for women undergoing extended assessment are also to be submitted.

Data will be submitted to the National Monitoring Data Set in a format specified by NZHIS and according to the rules specified in Appendix C of this document.

Any errors detected by NZHIS will be notified to Lead Providers, with a clear and appropriate explanation of the reason for rejection. Lead Providers are responsible for correcting the underlying data on their systems and re-submitting the corrected data to NZHIS for reprocessing. All errors within a monthly reporting dataset must be resolved (i.e. corrections accepted by NZHIS) prior to the 20th of the month.

(See also Chapter 1 of this document "Key Participants & Information Flow".)

Chapter 2 – Minimum Standards

Monitoring & Reporting, Continued

Uses

The report data received will be evaluated to measure Programme performance against the National Monitoring Indicator Set detailed in Appendix A of this document.

Provider specific monitoring & reporting

The Lead Provider is required to generate and use reports necessary to ensure ongoing internal audit and quality improvement of their operational and business practices.

Note: Appendix B of this document contains details of which data elements are used to determine the national monitoring indicators. This information may be useful for Lead Providers who are developing their own comparative reporting.

Chapter 2 – Minimum Standards

Women Shifting Areas

Scenario	During the life of the Programme, it is likely that some women will move and will reside within boundaries of another Lead Provider.
Woman transferring outside of the screening episode	If a woman transfers to another Lead Provider region after the completion of her screening round the Data Manager will ensure that a completed 'Transfer of Woman' form, films and written records are sent to the new Lead Provider. The information recorded on the 'Transfer of Woman' form is to be entered into the Lead Providers system. On receipt of the transfer letter the new Lead Provider is responsible for recalling the woman in two years.
Woman transferring during a screening episode	Woman can enrol and attend a mammography appointment outside of their region. Every attempt must be made to encourage the woman to continue to have any required assessment within the region that performed the screening mammogram. On registration any woman having a mammogram outside of their region must be asked for both their permanent and any temporary addresses. The Lead Provider who provided the screening services is responsible for sending the result letter to the woman and her GP (if consent is obtained) and to recall the woman for assessment, if required. If the woman transfers to another region for assessment the screening Lead Provider/Data Manager is responsible for ensuring the completion of the 'Transfer of Woman' form and the manual transfer of films and written records to the new Lead Provider. The information recorded on the 'Transfer of Woman' form is to be entered into the Lead Providers system. A copy of the 'Transfer of Woman' form is also to be sent to the Data Manager, National Screening Unit.

Chapter 2 – Minimum Standards

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Appendix A – National Monitoring Indicators

Introduction

This appendix

This Appendix contains details of the "National Monitoring Indicators".

Relationship with other appendices

The National Monitoring Indicators (Appendix A), along with Variable Calculation Notes (Appendix B) form the core set of information which is required to be obtained from the Mandatory National Monitoring data elements (Appendix C) for the NZHIS extract.
Additional mandatory elements specified in Appendix C are required for Lead Provider internal audit.

Monitoring definitions

Also detailed are the monitoring definitions and data elements used to achieve monitoring of the indicators. When detailing the monitoring definitions, the relevant variables are highlighted with underlining.

Example: Number on invitation role as a percentage of number from the census.

Variables are: number on invitation role
number from the census

See "Appendix B - Variable Calculation Notes" for details of how each variable is to be calculated.

Target definition terminology

The following terms are used to describe indicator target requirements:

- Expected = the target providers are expected to achieve (the desired target)
- Minimum = the minimum acceptable target providers may achieve (the lowest target acceptable)

Where "expected" or "minimum" is not specified, the target specified will be read as "minimum".

Indicator breakdown

Some indicators will need to be analysed by age, ethnicity, and geographical area (e.g. average rates).

Appendix A – National Monitoring Indicators

Introduction, Continued

Targets

Targets identified in this Appendix are derived from the BSA National Policy and Quality Standards, and where necessary have been refined by the NSU in consultation with the BSA Independent Monitoring and Advisory Groups.

Appendix A – National Monitoring Indicators

1. Screen a high proportion of eligible women of all ethnic groups

1.a Coverage rate

Description

This is a population-based measure of the proportion of women aged 45-69 who have had a screening mammogram in the Programme

Target

≥ 70% of eligible women receive a screen within the Programme in the most recent 24 month period

Reporting frequency: 6 Monthly

Rationale

For BSA to achieve a mortality reduction of 30% or more in the eligible population, 70% of eligible women will need to be screened.

Monitoring Definition

Number of women screened as a percentage of number of eligible women.

Continued on next page

Appendix A – National Monitoring Indicators

1.b1 Re-screen rate

Description

This measure determines what proportion of enrolled eligible women are re-screened and indicates acceptability.

Target

> 85% of women who are eligible for re-screen are re-screened, within 27 months

Reporting frequency: 6 Monthly

Rationale

This rate reflects the extent to which the previous screening process has been acceptable to women.

Monitoring Definition

Number of women re-screened (within 27 months) as a percentage of number of women eligible for re-screen.

Note: Women subsequently re-screened (e.g. Transfers) by a new Lead Provider are attributed to the previous Lead Provider.

1.b2 Rescreening timeliness

Description

This measure determines the proportion of women re-screened within two years.

Target

>75% of women who return for a screen are re-screened between 20 and 24 months from their previous screen

Reporting frequency: 6 Monthly

Rationale

Providers are required to re-screen women two-yearly to maximise the detection of small localised cancers.
The rate is a measure of the timeliness of re-screening and reflects the efficiency of a provider's re-invitation process.

Monitoring Definition

Number of women re-screened within 24 months as a percentage of number of women re-screened within 27 months

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment

2.a Screened women who have no more than 4 films taken

Description

This indicator monitors the proportion of women who have no more than 4 films taken.

Target

> 80% of women have 4 films or less each screen.

Reporting frequency: 6 Monthly

Rationale

This indicator, when combined with indicator 2c, will provide a measure of the quality of the mammographic process. Achieving these targets will ensure minimum repeat exposures for women, and cost-effectiveness for the programme.

Monitoring Definition

Number with 4 or less films taken including technical recall films as a percentage of number of women screened (excluding technical recall visits).

2.b Technical recall rate

Description

This indicator measures the number of women who have to return to a screening unit (either fixed or mobile) for further films to complete their screening episode, expressed as a percentage of the number screened.

Target

Mobile Unit : <3%
Fixed Unit : <0.5%

Reporting frequency: 6 Monthly

Rationale

Achieving these targets will ensure minimum return visits for women (minimising anxiety, distress, and inconvenience to the woman) and will be more cost-effective for the programme.

Monitoring Definition

Number recommended for technical recall as a percentage of number of women screened.

Continued on next page

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.c Technical reject rate

Description

The number of films rejected as a percentage of the number of films taken, calculated separately for women who are screened in a fixed unit and a mobile unit.

Target

Mobile Unit : <3%
Fixed Unit : <3%

Reporting frequency: 6 Monthly

Rationale

This indicator, when combined with indicator 2a, will provide a measure of the quality of the mammographic process. Achieving these targets will ensure minimum repeat exposures for women, and cost-effectiveness for the programme.

Monitoring Definition

Number of films rejected as a percentage of total number of films taken (this includes technical recalls).

2.d Assessment rate

Description

This measures the number of women referred to assessment, expressed as a proportion of all those women screened.

Target

Round	Minimum Target	Desired Target
Initial Screens	<10%	<7%
Subsequent Screens	<5%	<4%

Reporting frequency: 6 Monthly

Rationale

To minimise unnecessary investigations and anxiety, and ensure cost-effectiveness.

Monitoring Definition

Number referred to assessment as a percentage of number of women screened

Continued on next page

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.e False positive rate

Description

This measures the proportion of women who are recalled to assessment, but after assessment, are found not to have cancer.

Target

Round	Minimum Target	Desired Target
Initial Screens	<9%	<6%
Subsequent Screens	<4%	<3%

Reporting frequency: 6 Monthly

Rationale

False positives need to be kept to a minimum to reduce distress to women and their families and to minimise costs to the programme.

Monitoring Definition

Number with false positive screening results as a percentage of number of women screened.

2.f Positive predictive value of screening mammogram

Description

This indicator measures the proportion of women screened positive who are ultimately diagnosed as having cancer.

Target

≥ 9%

Reporting frequency: 6 Monthly

Rationale

A screening test with a high positive predictive value is beneficial, since it will reduce the proportion of people having unnecessary further investigations.

Monitoring Definition

Number of women with diagnosed cancer as a percentage of number of women referred to assessment.

Continued on next page

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.g Benign biopsy weight

Description

Measures the weight of the open biopsy specimen presented to the pathologist.

Target

> 90% of open biopsies which prove benign should weigh <30g

Reporting frequency: 6 Monthly

Rationale

To minimise unnecessary disfigurement resulting from benign biopsy.

Monitoring Definition

Number of benign open biopsies where the weight of the benign lesion is less than 30 grams as a percentage of the number of benign open biopsies.

Continued on next page

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.h Pre-operative diagnosis rate

Description

This rate measures the number of women in which a needle biopsy provides the definitive diagnosis (pre-operative diagnosis), as a proportion of all women diagnosed with breast cancer in the programme.

Desirable Target

> 90%

Expected Target

> 70%

Reporting frequency: 6 Monthly

Rationale

A high pre-operative diagnosis rate confirms that a minimum number of women need invasive investigation, minimising discomfort, anxiety and costs.

Monitoring Definition

Number of women with cancers diagnosed by needle biopsy as a percentage of number of women with diagnosed cancer.

Continued on next page

Appendix A – National Monitoring Indicators

2.i Extended assessment rate

Description

Individual women may be referred to 'extended assessment' as an alternative to biopsy when they have a Category 2 lesion identified at assessment.

The term 'extended assessment' has been used in the literature to include a range of practices. These include:

Early Re-screen: a woman asked to return earlier than the usual screening interval for further screening mammography.

Early Recall: a woman asked to return earlier than the usual screening interval (following initial assessment) for a range of further investigations at an assessment centre.

Within BSA, only Early Recall is permitted.

Target

<= 2% of total women assessed

Reporting frequency: 6 Monthly

Rationale

It is desirable that a woman be given a definitive diagnosis at her first assessment and every effort should be made to obtain such a diagnosis. However, in a very small number of cases, extended assessment may be offered as a suitable option when the lesion has a low probability of being cancer, is (or had proven) difficult to biopsy, and when rebiopsy would cause unnecessary morbidity to the woman.

Monitoring Definition

Number of extended assessments as a percentage of number of referrals to assessment.

Continued on next page

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.j Sensitivity of screening (approximation)

Description

The sensitivity of a screening test is the likelihood that the test will detect a cancer when one is present. The higher the sensitivity, the better the test is at detecting cancer. A test with a low sensitivity will miss a lot of cancers. A test with a sensitivity of 100% will detect all the cancers present. In this programme sensitivity will be approximated by using interval cancers as a proxy for the number of cancers in screened women that are not detected by the programme.

Target

None

Reporting frequency: By screening round

Rationale

A low sensitivity means that there will be many false negatives among women with cancer, and the programme will be less likely to reach its target of reducing breast cancer mortality by 30% among the eligible population.

Monitoring Definition

Number with cancer detected during a screening episode (X) as a percentage of X plus the number with cancer detected within 1 year from a clear screen.

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Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.k Specificity of screening (Actual)

Description

The specificity of a screening test is the likelihood that the test will exclude a cancer when one isn't present. The higher the specificity, the better the test is at excluding cancers when they aren't present. A test with a low specificity will mean that a lot of people are referred for further assessment unnecessarily. A test with a specificity of 100% will mean that no one is referred for further assessment unnecessarily. It is expressed as the number with a correct negative screen result as a proportion of women without cancer (including those women incorrectly screened positive).

Target

>93%

Reporting frequency: By screening round

Rationale

This indicator monitors the effectiveness of the programme in correctly indicating to women their cancer status. A highly specific programme will correctly tell women that they do not have cancer, and will significantly improve cost-effectiveness. This will ensure that women have confidence that a negative result reflects that they do not have cancer.

Monitoring Definition

Number with true negative screening results (Y) as a percentage of Y plus number with false positive screening results.

Continued on next page

Appendix A – National Monitoring Indicators

2. Provide high quality screening & assessment, Continued

2.l Specificity of Programme (Approx)

Description

This indicator is calculated using the number of negative screen results as a proportion of all screened women excluding women screened positive with cancer.

Target

>93%

Reporting frequency: 6 Monthly

Rationale

An approximation for specificity has been suggested in the European Guidelines, enabling a routine evaluation. This is an adequate indicator of specificity (although false negatives have been included in the numerator and the denominator) because the number of false negatives is very small in relation to the number of true negatives.

Monitoring Definition

Number with negative screening results as a percentage of number with negative screening results plus number with false positive screening results.

2.m Benign biopsy rate

Description

This indicator determines the number of open surgical biopsies that turn out to be benign lesions, expressed as a proportion of women screened.

Target

Initial Screens <= 3.5 per 1,000 women screened
Subsequent Screens <= 1.6 per 1,000 women screened

Reporting frequency: 6 Monthly

Rationale

This indicator monitors the extent to which women are unnecessarily exposed to biopsy. The rate should be as low as possible, implying that there will be fewer benign (and therefore fewer unnecessary) biopsies carried out.

Monitoring Definition

Number with benign open biopsy per number screened.

Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer

3.a1 Cancer detection rate

Description

The cancer detection rate is the number of women who have breast cancer detected within BSA, expressed as a rate per 1000 women screened. The data for this indicator is derived from pre-treatment pathology and therefore does not differentiate reliably between invasive cancer and DCIS. It is however, a timely indication of the quality of the screening test.

Reporting frequency: 6 Monthly

Rationale

This is a key indicator of the effectiveness of the programme, and allows evaluation of the quality of the screening test.

Monitoring Definition

Number of women with diagnosed cancer per number of women screened.

Number of women where B18.07 or B18.08 = 2 over number of women screened.

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Appendix A – National Monitoring Indicators

3.a2 Invasive cancer detection rate

Description

The invasive cancer detection rate is the number of women who have invasive breast cancer detected within BSA, expressed as a rate per 1000 women screened. It is dependent on the incidence of invasive cancer in the population and the quality of the screening test.

Reporting frequency: 6 Monthly

Target

Initial Screens ≥ 6.1 per 1,000 women screened
Subsequent Screens ≥ 3.45 per 1,000 women screened

Rationale

This is a key indicator of the effectiveness of the programme. A low invasive cancer detection rate relative to the background incidence suggests that the screening test is not as effective as it should be. This indicator excludes DCIS. There is ongoing debate about the advantages of detecting DCIS early, particularly if it is not likely to progress to life-threatening disease.

Monitoring Definition

Number of women with diagnosed invasive cancer per number of women screened.

Number of women where B19.05 = 1-9 inclusive and B19.07 > 0.00 over number of women screened.

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Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer, Continued

3.b Proportion of invasive screen-detected cancers that are less than or equal to 10mm in size

Description

Rate of primary invasive breast cancer that is less than or equal to 10mm in diameter

Target

Initial Screens: ≥ 25%

which gives a rate of >= 15.2 per 10,000 women screened

Subsequent Screens ≥ 30%

which gives a rate of >= 10.45 per 10,000 women screened

Definition

Numerator: Number with an invasive cancer of diameter <= 10mm.

Denominator: Number with invasive cancer

Data Elements

Size of infiltrating component of tumour = B19.07 ≤ 10 (and > 0mm), and B19.05 does not equal 10, and B19.03 = B19.04 (Most significant lesion

Number with invasive cancer = B19.05 > '00' and < '10' and <> 'U'

Number screened = see appendix B

Rationale

1) This indicator monitors the ability of BSA to detect invasive breast cancer at an early enough stage to achieve a reduction in breast cancer mortality amongst the cohort of women screened.
2) This target is in accordance with the European Commission Guidelines.

Continued on next page

Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer, Continued

3.c Proportion of invasive screen-detected cancers that are less than 15mm in size

Description

Rate of Primary Invasive breast cancer that is less than 15mm in diameter

Target

Initial Screens: > 50%

which gives a rate of > 30.5 per 10,000 women screened

Subsequent Screens: > 50%

which gives a rate of > 17.3 per 10,000 women screened

Definition

Numerator: Number with an invasive cancer of diameter less than 15mm.

Denominator: Number with invasive cancer

Data Elements

Size of infiltrating component of tumour = B19.07 < 10, and B19.05 does not equal 10, and B19.03 = B19.04.

Number with invasive cancer = see indicator 3b

Number screened = see appendix B

Rationale

1) This indicator monitors the ability of BSA to detect invasive breast cancer at an early enough stage to achieve a reduction in breast cancer mortality amongst the cohort of women screened.

2) This target is in accordance with the European Commission Guidelines.

Continued on next page

Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer, Continued

3.d Proportion of invasive screen-detected cancers that are node-negative

Description

The proportion of women with invasive screen detected breast cancer who do not have nodal involvement.

Target

Initial Screens: > 70%

Subsequent Screens: > 75%

Definition

The inverse of the proportion of women with invasive screen detected breast cancer who DO have nodal involvement.

1 - number with nodes positive
number with invasive cancer

Positive sentinel nodes are included in the node positive group.
Nodes identified with only isolated tumour cells (ITC) are not included.

Data Elements

Number nodes positive = B22.07 >0.

Women with invasive breast cancer; B19.05 = 01-09 where B19.04= B19.03

Note

The following two calculations for how node-negativity was quantified will be presented, alongside this indicator.

1) Standard axillary dissection = B22.03 1-5
2) Sentinel node biopsy alone = B22.03 6

Rationale

1) This indicator monitors the ability of BSA to detect invasive breast cancer at an early enough stage to achieve a reduction in breast cancer mortality amongst the cohort of women screened.
2) This target is in accordance with the European Commission Guidelines.

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Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer, Continued

3.e Proportion of screen-detected cancers that are DCIS

Description

The proportion of all women with screen detected cancer who are diagnosed as having ductal carcinoma in situ (DCIS) as their primary lesion.

Target

10-25% of all cancers detected by the Programme.

Definition

Number with DCIS per number diagnosed with all screen detected cancer either DCIS and/or invasive primary breast cancer.

Data Elements

Number with DCIS; B19.06 = 11-92 (excluding 14) where B19.05 = Null and where B19.03 = B19.04.

Number with screen detected cancer; see appendix B

Rationale

This indicator monitors the ability of BSA to detect DCIS amongst the cohort of women screened. The value of DCIS detection through screening remains to be demonstrated with certainty. Some DCIS will not progress to invasive cancer. However, the detection, and treatment of high grade DCIS is known to reduce the subsequent risk of developing invasive breast cancer. Furthermore, the detection of DCIS reflects the quality of the screening and assessment processes.

Continued on next page

Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer, Continued

3.f Interval cancer rate for screening

Description

This indicator monitors the proportion of women in which cancers were either not detected by the screening programme OR have developed since the last clear screen.

Target

- < 7.1 per 10,000 women screened within 1 calendar year of previous screen
- < 15 per 10,000 women screened between 1 and 2 years of previous screen

Reporting frequency: Annually

Rationale

A highly effective screening programme should have a minimum number of interval cancers. A programme with a lot of interval cancers will not meet mortality reduction targets for the eligible population.

Monitoring Definition

Number with cancer detected within 1 year from a clear screen per number screened.

Number with cancer detected between 1 and 2 years from a clear screen per number screened.

Continued on next page

Appendix A – National Monitoring Indicators

3. Achieve early detection of breast cancer, Continued

3.g Standardised detection ratio (SDR)

Description

A measure of cancer detection that takes into account what the age-specific incidence of breast cancer would be if no screening took place. BSA detection rates are compared against the rates for the 'gold standard' Swedish Two Counties (S2C) Trial detection rates.

The S2C Trial achieved a 30% reduction in breast cancer mortality rates.

Target

>0.75 = minimum
>1 = desired

Definition

Measured against the rates obtained in the S2C Trial.

Data Elements

BSAIMG calculation.

Rationale

The SDR allows BSA to compare its cancer detection rates to those found in the S2C Trial. Hence, the SDR is BSA's surrogate mortality indicator that most closely approximates BSA's potential mortality reduction rates.

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment

4.a Proportion of women operated on for invasive cancer, who have a surgical axillary procedure

Description

The proportion of all women who are operated on for a screen detected invasive cancer who have a surgical axillary procedure.

Target

95% of women operated on for invasive cancer over 1mm in size, should normally have a surgical axillary procedure.

Definition

Numerator: Number having a surgical axillary procedure for invasive cancer

Denominator: Number having an operation for invasive cancer.

'Operated on' includes open biopsy, where that is the final surgery. Surgical axillary procedure' includes sentinel node biopsy.

Cancers over 1mm in size, and micro invasive cancers (< 1mm) are reported on separately. There is no target for DCIS with micro invasion.

Data Elements

Axillary dissection; B22.03 > 1

Women operated on for invasive cancer = number with invasive cancer where B22.03 > 1, or where B21.03 (type of breast surgery) >1 and where B19.07 > 0.00

Women with invasive cancer; see indicator 3b

Rationale

1) Nodal status in invasive cancer is an important parameter to consider when determining adjuvant therapy requirements; hence the surgical assessment of nodal status for women who have invasive cancer is imperative.
2) This target is in accordance with the BSA Surgical Uni-disciplinary Group recommendations.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.b Single excisional breast procedure for a diagnosis of invasive cancer

Description

The proportion of women with invasive cancer who have a single excisional breast treatment procedure.

Target

No target.

Definition

Numerator: Number who have a diagnosis of invasive cancer who have a single excisional breast treatment procedure.

Denominator: Number who have a diagnosis of invasive cancer who have a surgical breast treatment procedure.

This indicator excludes assessment open biopsy (unless open biopsy was the only surgical procedure).
This indicator also excludes axillary surgery and surgery for reconstruction and complications.

Data Elements

No of operations; B21.05 = 1

Type of breast surgery; B21.03 >1. See indicator 4.

Rationale

1) This indicator monitors the risk of increased mortality and morbidity that women may be exposed to as a result of treatment for screen detected breast cancer.
2) This absence of target is in accordance with the European Commission Guidelines.

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Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.c Proportion of DCIS where no axillary dissection was carried out

Description

The proportion of women who have surgery for DCIS who do not have an axillary dissection.

Target

> 95%

Definition

Numerator: Number who have surgery for DCIS who do not have an axillary dissection.

Denominator: Number who have surgery for DCIS.

This indicator excludes women who have had immediate reconstruction.

Neither sentinel node biopsy, or nodal sampling (e.g. some nodes included in the axillary tail of a mastectomy) are coded as axillary dissection.

Data Elements

Number who do not have an axillary dissection; B22.03 = 0, where B23.05 does not equal 1

Number with DCIS; B19.06 = 10-19 (excluding 14) where B19.05 = Null and where B19.03 = B19.04

Number with screen detected cancer; (see appendix B)

Rationale

1) This indicator monitors the risk of increased morbidity that women may be exposed to as a result of management for DCIS.
2) This target is in accordance with the European Commission Guidelines.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.d Surgical excision margins for invasive cancer and DCIS

Description

The proportion of women who have surgery for invasive cancer whose surgical excision margins were of a particular measurement.

Target

There is no target for this indicator.

Definition

Numerator: Number of women operated on for invasive cancer who have their surgical excision margins adequately recorded, and have clearance of margins of a particular measurement.

Denominator: Number of women operated on for invasive cancer who have their surgical excision margins adequately recorded.

* *Invasive cancer and DCIS will be reported on separately.*

Data Elements

Clearance of margins = B19.14

B19.14, and B19.15, (or B19.16 if unidentified sample),
and
B19.17, and B19.18, (or B19.19 if unidentified sample)

Margins will be reported in increments of 1mm and CL.

Rationale

1) This indicator monitors the risk of increased mortality and morbidity that women may be exposed to as a result of close margins.
2) This absence of target is in accordance with the European Commission Guidelines.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.e Breast conserving surgery (BCS) for DCIS of pathological diameter less than or equal to 20mm

Description

The proportion of women diagnosed with DCIS (with no invasive component) of pathological diameter <= 20mm who have BCS.

Target

The majority (>50%) of screen-detected DCIS <=20mm are treated by BCS.

Definition

Numerator: The number of women diagnosed with sole DCIS of pathological diameter <= 20mm who were given BCS.

Denominator: The number of women operated on with the same diagnosis.

Women with multiple tumours and invasive cancer are excluded from this indicator.

Data Elements

DCIS = B19.06; 11-92 (excluding 14) where B19.05 = Null and where B19.03 = B19.04.

Total tumour size = B19.08 <= 20.

Wide local excision or sector resection B21.03 =2, 3 where B19.22 = "No"

Rationale

1) This indicator monitors the risk of increased mortality and morbidity that women may be exposed to as a result of treatment for DCIS.
2) This non-specified target is in accordance with the European Commission Guidelines.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.f Breast conserving surgery (BCS) for invasive cancer less than or equal to 20mm

Description

The proportion of women who have BCS among those diagnosed with:

1) Invasive cancer of whole pathological size <= 20mm without a DCIS component, or
2) Invasive cancer of whole pathological <= 20mm, with a DCIS component

Target

The majority (>50%) of screen-detected cancers <= 20mm are treated with BCS.

Definition

Numerator: The number of women who have BCS among those diagnosed with:

- Invasive cancer of whole pathological size <= 20mm without a DCIS component, Or
- Invasive cancer of whole pathological <= 20mm, with a DCIS component.

Denominator: The number of women operated on with the above diagnosis.

Women with multiple tumours are excluded from this indicator.

Data Elements

Wide local excision or sector resection ; B21.03 = 2,3
No multiple tumour; B19.22 = "No".
Total tumour size <= 20; B19.08 <= 20.
Invasive cancer; see appendix B

Rationale

1) This indicator monitors the risk of increased mortality and morbidity that women may be exposed to as a result of treatment for DCIS.
2) This non-specified target is in accordance with the European Commission Guidelines.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.g Radiotherapy after breast conserving surgery (BCS) for invasive breast cancer

Description

The proportion of women who have BCS for invasive breast cancer who go on to have radiotherapy.

Target

≥ 95%.

Definition

Numerator: Women who have BCS for invasive breast cancer who go on to have radiotherapy.

Denominator: Women who have BCS for invasive breast cancer.

BCS is defined as less than a mastectomy, and includes wide local excision, sector resection, and excision biopsy.

Data Elements

Radiotherapy; B26.05 = "yes".

BCS or sector resection; B21.03 =2,3

Women with invasive breast cancer; B19.05 = 01-09 where B19.04 = B19.03

Histopathology of invasive lesions = B19.05

Rationale

1) This target is in accordance with the European Commission Guidelines.
2) This indicator monitors the treatment received by women with screen detected breast cancer. The vast majority of women who have BCS for invasive disease should have radiotherapy to reduce the risk of recurrence.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.h Radiotherapy after breast conserving surgery (BCS) for DCIS

Description

The proportion of women who have Breast Conserving Surgery (BCS) for DCIS who go on to have radiotherapy.

Target

No target.

Definition

Numerator: Women who have BCS for DCIS who go on to have radiotherapy.

Denominator: Women who have BCS for DCIS.

BCS is defined as less than a mastectomy, and includes wide local excision, sector resection, and excision biopsy.

Data Elements

Radiotherapy; B26.05 = "yes"

BCS or sector resection; B21.03 =2, 3, or 4.

DCIS; B19.06 = 10-19 (excluding 14) where B19.05 = Null and where B19.03 = B19.04

Rationale

This indicator monitors the treatment reviewed by women with screen detected DCIS.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.i Proportion of women with invasive breast cancer who receive chemotherapy
(continued on next page)

Description

The proportion of women with invasive breast cancer who receive chemotherapy, reported by disease character groups.

Target

No target specified.

Definition

Numerator: Women with invasive breast cancer.

Denominator: Women who have invasive breast cancer. Reported by the following 4 groups:

1) Node positive, and ER and PR negative.
2) Node negative, high risk, and ER/PR negative.
3) Node positive and either ER or PR positive.
4) Node negative, high risk and either ER or PR positive.

High risk = at least one of the following features:

a. pT>2cm
b. Grade 2-3 (histologic and/or nuclear grade)

Appendix A – National Monitoring Indicators

4.i Proportion of women with invasive breast cancer who receive chemotherapy *(continued)*

Data Elements

Invasive breast cancers – see indicator 4.

Chemotherapy = Number where B25.06 is not equal to 00.

Groups

1) B19.05 = 01-09,
   and
   B22.07 >= 0, (Node Pos)
   and
   B19.21 = n and B19.20 = n.
2) B19.05 = 01-09, and B22.07 = 0,
   and
   B19.21 = N and B19.20 = N and high risk.
3) B19.05 = 01-09 and B22.07 >= 0 and either B19.21 = P or B19.20 = P.
4) B19.05 = 01-09 and either B19.21 = P or B19.20 = P and high risk.

High Risk

1) B19.09 = T2, T3, T4 (Size),
   or
   B19.13 = 2, 3 (Grade).

Rationale

1) The criteria used to inform the characteristic groups will be revised as international guidelines change. The current disease character groups are based on the St Gallen Guidelines 2001.
2) This indicator monitors the treatment received by women with screen detected breast cancer.

Continued on next page

Appendix A – National Monitoring Indicators

4. Ensure prompt, appropriate treatment, Continued

4.j Proportion of women with invasive breast cancer who receive endocrine therapy

Description

The proportion of women with invasive breast cancer who receive endocrine therapy reported by characteristic groups.

Target

No target specified.

Definition

Numerator: Women with invasive breast cancer.

Denominator: Women who have invasive breast cancer reported by the following 3 groups:

1) Node positive and either ER or PR positive.
2) Node negative and high risk and either ER or PR positive.
3) Node negative and low risk and either ER or PR positive.

High risk = at least one of the following features:

a. pT>2cm

b. Grade 2-3 (histologic and/or nuclear grade)

Data Elements

Endocrine therapy = Number where B24.03 is not equal to 0.

1) B19.05 = 01-09, andB22.07 >0, (Node Pos), and B19.21 = p and/or B19.20 = p.
2) B19.05 = 01-09, and B22.07 = 0, and B19.21 = p and/or B19.20 = p, and B19.09 = T2 or T3 or T4 (Size), or B19.13 = 2 or 3 (Grade).
3) B19.05 = 01-09, and B22.07 = 0, and B19.21 = p and/or B19.20 = p.

Rationale

This indicator monitors the treatment received by women with screen detected breast cancer.

Appendix A – National Monitoring Indicators

5. Provide an appropriate & acceptable service

5 Time taken from enrolment to screening

Description

This indicator measures the time taken from enrolment to first screening visit.

Reporting frequency: 6 Monthly

Reported separately for Fixed and Mobile Unit

Rationale

This time period is monitored as it is recognised that long waiting times for screening may delay cancer detection and/or discourage eventual screening attendance.

Monitoring Definition

Date of first offered appointment for screening minus date identification information first provided.

5.a Time taken providing results of screening

Description

This indicator measures the time since screening that it takes for a woman to be sent the results of her mammogram.

Target

≥ 90% notified within 10 working days (expected)
≥ 95% notified within 10 working days (desirable)

Reporting frequency: 6 Monthly

Rationale

This time period is monitored as it is recognised that women will be anxious to know the result of the mammogram.

Monitoring Definition

Date of providing results to woman minus date of final screening visit

Continued on next page

Appendix A – National Monitoring Indicators

5.b Time taken from screening visit to first assessment appointment

Description

This indicator measures the time between screening and the earliest appointment date the patient is offered for assessment. This date may not coincide with the actual date of assessment due to the fact that many women arrange for a time that better suits them.

Target

90% of women offered an assessment appointment within 15 working days of their final screening mammogram.

Reporting frequency: 6 Monthly

Rationale

This time period is monitored as it is recognised that women will be anxious to know the result of the screening process.

Monitoring Definition

Date of first available appointment offered for assessment minus date of final screening visit.

Continued on next page

Appendix A – National Monitoring Indicators

5. Provide an appropriate & acceptable service, Continued

5.c Time taken from assessment to final diagnostic biopsy

Description

This indicator measures the time between first level assessment and the final assessment procedure producing a diagnosis.

Target

- 90% of women requiring needle biopsy procedure should have that procedure completed within 5 working days of the first assessment visit
- 90% of women requiring open surgical biopsy should have their operation performed within 15 working days of being notified of the need for this operation

Reporting frequency: 6 Monthly

Rationale

This time period is monitored as it is recognised that women will be anxious to proceed, once they know they need a biopsy, to get the result of their biopsy.

Monitoring Definition

Date of needle biopsy minus date of first level assessment.

Date of final diagnostic biopsy minus date of notification to woman of 1st and 2nd level assessment results.

5.d Time taken from final diagnostic biopsy to reporting assessment results

Description

This measures the time taken from the final biopsy procedure to reporting the diagnosis to women.

Target

Results reported to 90% of women within 5 working days of their final diagnostic biopsy.

Reporting frequency : 6 Monthly

Rationale

This time period is monitored as it is recognised that women will be anxious to know the result of their biopsy.

Monitoring Definition

Date of reporting final biopsy results to woman minus date of final diagnostic biopsy.

Continued on next page

Appendix A – National Monitoring Indicators

5. Provide an appropriate & acceptable service, Continued

5.e Time from reporting diagnostic results to first surgical treatment

Description

This measures the time from when a woman receives her final diagnostic results, to the date of her first surgical treatment.

Target

90% of women should normally receive their first surgical treatment within 20 working days of receiving their final diagnostic results.

Definition

Numerator: Date of first surgical treatment procedure minus date of reporting final diagnostic results to women.

Denominator: Women who have surgery.

If a diagnostic surgical procedure is the final procedure, a negative value could be obtained from these data. It is recommended that if a negative value is obtained that BSAIMG ensure that the value be made to be 0.

Data Elements

Date of notification of final biopsy results:	B18.06
Date of first surgical procedure:	B20.04
Women who have surgery:	B20.04

Rationale

1) 4 weeks was considered to be an appropriate target for the following reasons:
   - The European Commission target is 3 weeks 'from decision to operate'. An extra week makes allowance for the time period between when women receive their final diagnostic results, to the date of decision to operate.
   - It is considered to be both a practical time frame for surgical Treatment Providers to plan and arrange surgery in normal circumstances, and a timeframe that should be acceptable to most New Zealand women.
2) Screening requires the availability of timely treatment. This indicator monitors the capacity of health services to provide timely treatment for women with screen-detected carcinoma.

Appendix A – National Monitoring Indicators

5. Provide an appropriate & acceptable service, Continued

5.f Time from final surgical procedure to chemotherapy

Description

This measures the time from the date of the final surgical treatment procedure to the date that chemotherapy treatment begins.

Target

Of the women who have chemotherapy, 90% should normally begin chemotherapy within **eight weeks** of their final surgical procedure.

Definition

Numerator: First chemotherapy treatment date minus date of final surgical procedure.

Denominator: Women who have chemotherapy.

Final surgical procedure is whichever is the latest date of surgery of the breast/axilla.

This excludes women whose first treatment is chemotherapy. If a woman's first treatment is chemotherapy, a negative value could be obtained from these data. It is recommended that if a negative value is obtained that BSAIMG ensure that the value be made to be 0.

Data Elements

Chemotherapy = B25.05

Final surgical procedure = the latest of breast surgery; B21.06, or axillary surgery; B22.04.

Rationale

1) 8 weeks was considered to be an appropriate target for the following reason:
   - 8 weeks is in accordance with major clinical trials on the effectiveness of chemotherapy following surgical treatment.
2) Screening requires the availability of timely treatment. This indicator monitors the capacity of health services to provide timely treatment for women with screen-detected carcinoma.

Continued on next page

Appendix A – National Monitoring Indicators

5. Provide an appropriate & acceptable service, Continued

5.g Time from final surgical procedure to radiotherapy
(continued on next page)

Description

This measures the time from when a woman has her final surgical treatment procedure to the date that radiotherapy treatment begins. This indicator excludes women who receive chemotherapy.

Target

90% of women, who have radiotherapy treatment, should normally begin radiotherapy within **eight weeks** of their final surgical procedure.

Definition

Numerator: First radiotherapy treatment date minus date of final surgical procedure.

Denominator: Women who have radiotherapy.

Final surgical procedure is whichever is the latest date of surgery of the breast/axilla. If there is no surgical date use date of final diagnostic biopsy.

This indicator excludes women who receive chemotherapy at any time.

If a woman's first treatment is radiotherapy, a negative value could be obtained from these data. It is recommended that if a negative value is obtained that the BSAIMG ensure that the value be made to be 0.

Appendix A – National Monitoring Indicators

5.g Time From Final Surgical Procedure To Radiotherapy (*continued)*

Data Elements

First radiotherapy treatment: B26.07.

Final surgical procedure: The latest of breast surgery; B21.06, axillary surgery; B22.04, and final diagnostic biopsy; B18.05.

No chemotherapy: When B25.03 and B25.04 are "no".

Rationale

1) 8 weeks was considered to be an appropriate target for the following reason:
   - New Zealand Oncology and Referral Guidelines recommend a maximum period of 8 weeks (4 weeks from referral to consultation and 4 weeks from consultation to treatment).
     Note that most Oncology referrals occur after surgery.
2) Screening requires the availability of effective and timely treatment. This indicator monitors the capacity of health services to provide timely treatment for women with screen detected breast cancer. Furthermore, current data indicate that prolonged delays in commencement of post-surgical radiotherapy have an adverse impact on the effectiveness of radiotherapy.

Appendix A – National Monitoring Indicators

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Appendix B – Variable Calculation Notes

Introduction

This appendix

This Appendix contains detailed definitions for each of the variables identified in the National Monitoring Indicators (Appendix A).

These definitions will be of particular use to those involved with producing data and calculating indicator measurements.

Note: The variables are sorted alphabetically (as they are used in the National Monitoring Indicators) for ease of location.

Appendix B – Variable Calculation Notes

Variable Calculations Table

Variable	Detailed definition	Data Elements
Date first offered for open surgical biopsy	The first date offered for open surgical biopsy procedure.	B17.04
Date of final diagnostic biopsy	The date the final diagnostic (needle or open) biopsy procedure was performed.	B18.05
Date of final screening visit	The date screening performed where visit type is “screen” or “technical recall” and mammogram completion status is “completed” or “not completed.”	B05.04 B05.06 B05.10
Date of first available appointment offered for assessment	The date of the first offered assessment.	B09.04
Date of first level assessment	The date of first assessment following screening.	B10.03
Date of needle biopsy	The date the first needle biopsy procedure (FNA or core) was performed.	B14.05
Date of providing results to woman	The date of posting or telephoning notification of screening results to woman.	B08.03
Date of reporting final biopsy results to woman	The date of notification of final needle or open biopsy results to woman, whichever provided the definitive diagnosis.	B18.06
Number from census	Obtained from census data.	
Number having open (localisation or palpable lump) biopsy	The number of distinct NHI numbers where type of open surgical biopsy is “localisation” or “excision (palpable)”.	B17.01 B17.05

Continued on next page

Appendix B – Variable Calculation Notes

Variable Calculations Table, Continued

Variable	Detailed definition	Data Elements
Number with benign open biopsy where weight of benign lesion is less than 30grams	The number of distinct NHI numbers where type of open surgical biopsy is "localisation" or "excision (palpable)" and specimen weight is less than 30g and final diagnosis is not cancer.	B17.01 B17.05 B17.14 B18.07
Number referred to assessment	The number of distinct NHI numbers where final clinical decision by radiologists is "recall for assessment". This number does not include those women who report a symptom at the time of their screening mammogram.	B05.01 B07.03
Number screened	The number of distinct NHI numbers on screening episode records where final decision by radiologists is "return to routine rescreening" or "recall for assessment".	B05.01 B07.03
Number undergoing core biopsy	The number of distinct NHI numbers where type of needle biopsy procedure is "core" or "both".	B14.01 B14.04
Number undergoing FNA	The number of distinct NHI numbers where type of needle biopsy procedure is "FNA" or "both".	B14.01 B14.04
Number with 4 or less films taken	The number of distinct NHI numbers where the sum of films taken for all attendances in a screening episode is 4 or less.	B05.01 B05.08

Continued on next page

Appendix B – Variable Calculation Notes

Variable Calculations Table, Continued

Variable	Detailed definition	Data Elements
Number with benign open biopsy	The number of distinct NHI numbers where type of open surgical biopsy is "localisation" or "excision (palpable)" and final diagnosis is "not cancer".	B17.01 B17.05 B18.07
Number with cancer detected during a screening episode	Same as number with diagnosed cancer.	B09.01 B18.07
Number with cancer detected within 1 year from a clear screen	The number of distinct NHI numbers where the date of detection of an interval cancer is within one year of a screen for which the final decision by radiologists was "return to routine rescreening", or the diagnosis was "not cancer".	B28.01 B28.02 B28.03 B05.06 B07.03
Number with cancer detected between 1 and 2 years from a clear screen	The number of distinct NHI numbers where the date of detection of an interval cancer is between one and two years of a screen for which the final decision by radiologists was "return to routine rescreening", or the diagnosis was "not cancer".	B28.01 B28.02 B28.03 B05.06 B07.03
Number with cancer detected after 2 years from a clear screen	The number of distinct NHI numbers where the date of detection of an interval cancer is after two years of a screen for which the final decision by radiologists was "return to routine rescreening", or the diagnosis was "not cancer".	B28.01 B28.02 B28.03 B05.06 B07.03
Number with cancers diagnosed by needle biopsy	The number of distinct NHI numbers where type of needle biopsy procedure is FNA, core, or both, and the outcome of second level assessment is "definitive diagnosis-treatment required". (Includes C5s only as specified in European Guidelines Section II B3 and B4).	B14.01 B14.04 B14.11
Number with cancers which involve axillary nodes	The number of distinct NHI numbers where the final diagnosis is cancer and the number of nodes found positive is greater than zero.	B09.01 B17.08 B18.07
Number with diagnosed cancer	The number of distinct NHI numbers where final diagnosis is "cancer".	B09.01 B18.07

Continued on next page

Appendix B – Variable Calculation Notes

Variable Calculations Table, Continued

Variable	Detailed definition	Data Elements
Number with DCIS	The number of distinct NHI numbers where histopathology of invasive malignant lesions is DCIS.	B19.03 B19.04 B19.05 B19.06
Number with false positive screening results	The number of distinct NHI numbers where final clinical decision by radiologists is "recall for assessment" and final diagnosis is "not cancer".	B07.03 B09.01 B18.07
Number with primary invasive breast cancer	The number of distinct NHI numbers where histopathology of invasive malignant lesions is "invasive".	B19.03 B19.04 B19.05
Number with an invasive cancer ≤10mm diameter	The number of distinct NHI numbers where histopathology of invasive malignant lesions is "invasive" and the size of infiltrating component of tumour is ≤10mm. ** Women who have oncology therapy prior to surgery are excluded*	B19.03 B19.04 B19.05 B19.07
Number with an invasive cancer ≤15mm diameter	The number of distinct NHI numbers where histopathology of invasive malignant lesions is "invasive" and the size of infiltrating component of tumour is <15mm. ** Women who have oncology therapy prior to surgery are excluded*	B19.03 B19.04 B19.05 B19.07
Number with nodes positive	The number of distinct NHI numbers where Number of Nodes found Positive > 0.	B22.01
Number with registered cancers	Obtained from National Cancer Register	
Number with technical repeats	The number of distinct NHI numbers where total films rejected is greater than zero, or the final clinical decision by radiologists is "technical recall".	B05.01 B05.09 B07.03
Number with negative screening results	The number of distinct NHI numbers where final clinical decision by radiologists is "return to routine rescreening".	B05.01 B07.03

Appendix B – Variable Calculation Notes

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Appendix C – Data Set

Introduction

This Appendix

This Appendix defines data elements for either mandatory or optional collection, whose definition has been agreed between the NSU and the Providers. The data set comprises:

- Mandatory national monitoring data elements which are included in the NZHIS extract for national monitoring
- Mandatory elements required for Lead Provider internal audit by NPQS and not for inclusion in the NZHIS extract
- Non-mandatory data elements which are not required for collection, but if a provider decides to use the elements, they must be used as specified.

Mandatory element indicator

Mandatory elements are stated as being so (Mandatory? Yes - National Monitoring data element, Yes – Mandatory Lead Provider internal audit).

To assist easy visual identification of mandatory national monitoring data elements, a tick box (☑) has also been placed to the right hand side of these elements.

Treatment Mandatory items (marked with a ☒) indicate that the data item must be reported by the Treatment Provider to the Lead Provider when it is present. Treatment Mandatory items must all be included in the National Reporting Data set.

Appendix C – Data Set

Logical Model - National Monitoring Data

Diagram The diagram below shows the logical model for the set of National Monitoring data elements (i.e. mandatory elements).

Screening and Assessment Tables

ENROLMENT DETAIL	
B01.01	PROGRAMME
B02.01	NHI NUMBER
B02.02	SOURCE OF IDENTIFICATION
B02.07	DOMICILE CODE
B02.10	DATE OF BIRTH
B02.11	ETHNIC GROUP 1
B02.12	ETHNIC GROUP 2
B02.13	ETHNIC GROUP 3
B02.15	DATE OF DEATH

SCREENING EPISODE	
B01.01	PROGRAMME
B03.01	NHI NUMBER
B03.02	SCREENING EPISODE
B04.03	TYPE OF UNIT
B04.04	YEARS SINCE LAST MAMMOGRAM
B08.03	DATE OF NOTIFICATION OF SCREENING RESULTS
B09.04	DATE OF FIRST OFFERED ASSESSMENT
B10.03	DATE OF FIRST LEVEL ASSESSMENT
B11.07	OUTCOME OF ASSESSMENT MAMMOGRAM
B12.05	OUTCOME OF ASSESSMENT ULTRASOUND
B13.05	OUTCOME OF CLINICAL ASSESSMENT
B14.04	TYPE OF NEEDLE BIOPSY
B14.05	DATE OF NEEDLE BIOPSY
B14.11	OUTCOME OF 2ND LEVEL ASSESSMENT
B16.03	DATE OF NOTIFICATION OF 1ST AND 2ND LEVEL ASSESSMENT
B17.04	DATE OFFERED FOR OPEN BIOPSY
B17.05	TYPE OF OPEN BIOPSY
B17.11	DATE OF PATHOLOGY REPORT
B17.12	PATHOLOGY RESULT
B17.14	SPECIMEN WEIGHT
B18.05	DATE OF FINAL DIAGNOSTIC BIOPSY
B18.06	DATE OF NOTIFICATION OF FINAL DIAGNOSIS
B18.07	FINAL DIAGNOSIS
B18.08	OUTCOME OF NON-BSA ASSESSMENT
B18.09	ASSESSMENT STOPPED
B18.10	EXTENDED ASSESSMENT COMPLETION DATE

SCREENING DETAIL	
B01.01	PROGRAMME
B05.01	NHI NUMBER
B05.02	SCREENING EPISODE
B05.03	ATTENDANCE NUMBER
B05.04	VISIT TYPE
B05.06	DATE SCREENING PERFORMED
B05.08	TOTAL FILMS TAKEN
B05.09	TOTAL FILMS REJECTED
B05.10	MAMMOGRAM COMPLETION STATUS
B05.12	SCREENING SITE
B07.03	FINAL DECISION BY RADIOLOGIST

Note:
●——● One to One relationship ——→ One to Many relationship

Appendix C – Data Set

Treatment Tables

CANCER DETAIL	
B01.01	PROGRAMME
B19.01	NHI NUMBER
B19.02	SCREENING EPISODE
B19.04	BREAST CONTAINING THE MOST SIGNIFICANT LESION
B19.09	STAGING: MOST CLINICALLY SIGNIFICANT TUMOUR SIZE
B19.10	STAGING: REGIONAL LYMPH NODES
B19.11	STAGING: DISTANT METASTASIS
B19.13	HISTOLOGICAL GRADE
B19.14	CLEARANCE FROM MARGINS: INVASIVE, RADIAL
B19.15	CLEARANCE FROM MARGINS: INVASIVE, SUBCUTANEOUS
B19.16	CLEARANCE FROM MARGINS: INVASIVE, UNIDENTIFIED
B19.17	CLEARANCE FROM MARGINS: NON INVASIVE, RADIAL
B19.18	CLEARANCE FROM MARGINS: NON INVASIVE, SUBCUTANEOUS
B19.19	CLEARANCE FROM MARGINS: NON INVASIVE, UNIDENTIFIED
B19.20	OESTROGEN RECEPTOR STATUS
B19.21	PROGESTERONE RECEPTOR STATUS
B19.22	MULTIPLE TUMOURS
B19.23	SOURCE OF PATHOLOGY DATA
B19.24	LYMPHOVASCULAR INVASION
B19.99	DATA COLLECTION STATUS

0,1 — 1,2

CANCER DETAIL - LESIONS AND TUMOURS	
B01.01	PROGRAMME
B19.01	NHI NUMBER
B19.02	SCREENING EPISODE
B19.03	BREAST THAT HAS MALIGNANT LESION
B19.05	HISTOPATHOLOGY OF INVASIVE MALIGNANT LESIONS
B19.06	HISTOPATHOLOGY OF DCIS LESIONS
B19.07	SIZE OF INFILTRATING COMPONENT OF TUMOUR
B19.08	TOTAL TUMOUR SIZE

RADIOTHERAPY	
B01.01	PROGRAMME
B26.01	NHI NUMBER
B26.02	SCREENING EPISODE
B26.05	RADIOTHERAPY GIVEN
B26.06	RADIOTHERAPY TO BCW
B26.07	DATE OF 1ST RADIOTHERAPY
B26.11	RADIOTHERAPY TO REGIONAL NODES
B26.16	RADIOTHERAPY BOOST
B26.99	DATA COLLECTION STATUS

SURGICAL TREATMENT	
B01.01	PROGRAMME
B20.01	NHI NUMBER
B20.02	SCREENING EPISODE
B20.04	DATE OF 1ST SURGICAL PROCEDURE
B21.03	TYPE OF BREAST SURGERY
B21.04	CONTRALATERAL BREAST SURGERY
B21.05	NUMBER OF OPERATIONS
B21.06	DATE OF FINAL SURGICAL PROCEDURE
B22.03	TYPE OF AXILLARY DISSECTION PERFORMED
B22.03	DATE OF NODAL STAGING PROCEDURE
B22.06	NUMBER OF NODES EXAMINED
B22.07	NUMBER OF NODES POSITIVE
B22.11	SENTINEL NODE INVOLVEMENT
B23.05	RECONSTRUCTION
B23.99	DATA COLLECTION STATUS

ENDOCRINE MANIPULATION	
B01.01	PROGRAMME
B24.01	NHI NUMBER
B24.02	SCREENING EPISODE
B24.03	TYPE OF ENDOCRINE MANIPULATION
B24.99	DATA COLLECTION STATUS

CHEMOTHERAPY	
B01.01	PROGRAMME
B25.01	NHI NUMBER
B25.02	SCREENING EPISODE
B25.03	CHEMOTHERAPY OFFERED
B25.04	PATIENT ACCEPTED
B25.05	DATE OF FIRST TREATMENT
B25.06	TYPE OF CHEMOTHERAPY
B25.99	DATA COLLECTION STATUS

Appendix C – Data Set

Identification

Generic rules

A Registration Detail record is to be submitted for each woman for whom the Lead Provider received a completed registration and informed consent form in the prior month.

Record may be submitted before the woman's first screening attendance. E.g. where the form is completed and posted to the Lead Provider.

Domicile code must be present.

B01.01

Mandatory?:	Yes – National Monitoring data element	☑
Description:	Programme	
Definition:	A health agency code which uniquely identifies an individual lead breast screening provider.	
Format:	4 characters	
Valid values:	n/a	
Rules:	None	
Note:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138).	

B02.01

Mandatory?:	Yes - National Monitoring data element	☑
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	NZHIS rules apply.	
Notes:	As per NZHIS data requirements (NZHIS reference A0012)	

Continued on next page

Appendix C – Data Set

Identification, Continued

B02.02

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Source of identification	
Definition:	First source of identification of woman.	
Format:	1 digit	
Valid values:	1=GP record; 2=Other Primary Care Provider; 3=Electoral roll; 4=Self referral; 5=Iwi; 6=Transfer from another programme; 9=Other	
Rules:	Record the actual source the woman was identified from (not the perceived source). This data is recorded at the time the woman's details first become available.	
Notes:	Each Lead Provider will predefine their anticipated sources of identification and categorise them by valid value prior to data recording commencing.	

B02.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit
Description:	Date identification information first provided
Definition:	Date identification information first provided
Format:	DDMMCCYY
Valid values:	n/a
Rules:	This date is linked to identification source (B2.02).
Notes:	May be out of date by time of invitation. Can be used to check identification and invitation processes.

B02.04

Mandatory?:	No - Optional Provider data element
Description:	Surname
Definition:	NZHIS definition
Format:	As per NZHIS definition
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements for HCU Family Name (NZHIS reference A0013, A0032). Required for NHI registration.

Continued on next page

Appendix C – Data Set

Identification, Continued

B02.05

Mandatory?:	No - Optional Provider data element
Description:	First names
Definition:	NZHIS definition
Format:	As per NZHIS definition
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0014-A0016, A0033-A0035). Required for NHI registration.

B02.06

Mandatory?:	No - Optional Provider data element
Description:	Address
Definition:	NZHIS definition: the address at which the woman has been, or plans to be living at, for 3 months or more. (Statistics NZ definition of usually resident.)
Format:	As per NZHIS definition
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements for HCU Usual Residential Address (NZHIS references A0018-A0022). Required for NHI registration.

B02.07

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Domicile Code
Definition:	Statistics NZ code representing the woman's usual residential address.
Format:	4 characters
Valid values:	n/a
Rules:	
Notes:	• As per Statistics NZ data requirements for Domicile Code. • Required to compare with census.

Continued on next page

Appendix C – Data Set

Identification, Continued

B02.08

Mandatory?:	No - Optional Provider data element
Description:	Contact telephone number
Definition:	Contact telephone number of the woman.
Format:	14 digits
Valid values:	n/a
Rules:	Not mandatory. However, if provision has been made for contact telephone numbers, and only one may be recorded, the best daytime contact number for the woman should be entered.
Notes:	Required for Transfers. Not stored on NHI.

B02.09

Mandatory?:	No - Optional Provider data element
Description:	Gender type code
Definition:	NZHIS definition.
Format:	1 character
Valid values:	M=Male; F=Female; U=Unknown
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements for Gender Type Code (NZHIS reference A0028). Required for NHI registration.

B02.10

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Date of birth
Definition:	NZHIS definition.
Format:	DDMMCCYY
Valid values:	n/a
Rules:	NZHIS rules apply. – Must be in the range that allows the woman's age (at date of screening) to be 45-69.
Notes:	• As per NZHIS data requirements for HCU date of birth (NZHIS reference A0025). • Required for NHI registration and to compare with census.

Continued on next page

Appendix C – Data Set

Identification, Continued

B02.11
B02.12
B02.13

Mandatory?: Yes - National Monitoring data element ☑
Description: Ethnic Group Codes 1, 2, and 3
Definition: Ethnic group code. NZHIS definition.
Format: 2 digits : leading 0
Valid values: Valid ethnic group code values are as follows:

Ethnic group code	Ethnic group code description	Priority for multiple group reporting
21	Māori	1
35	Tokelauan	2
36	Fijian	3
34	Niuean	4
33	Tongan	5
32	Cook Island Māori	6
31	Samoan	7
37	Other Pacific peoples	8
30	Pacific peoples not further defined	9
41	Southeast Asian	10
43	Indian	11
42	Chinese	12
44	Other Asian	13
40	Asian not further defined	14
52	Latin American/Hispanic	15
53	African (or cultural group of African origin)	16
51	Middle Eastern	17
61	Other Ethnicity	18
12	Other European	19
10	European not further defined	20
11	New Zealand European	21
94	Don't Know	96
95	Refused to Answer	97
97	Response unidentifiable	98
99	Not stated	99

Continued on next page

Appendix C – Data Set

Rules	As per MOH data requirements *Ethnicity Data Protocols for the Health and Disability Sector.* Each element must contain data, even if that data is "99-Not Stated". Where more than three ethnic groups are indicated select the appropriate code based on the priorities indicated in the valid values table, as determined by the Statistics NZ Priority for multiple ethnic group algorithm. **Examples:** 1. woman indicating NZ European/Pakeha only would be assigned codes 11, 99, and 99 2. woman indicating NZ Maori, Tongan, Cook Island Maori and Fijian would be assigned codes 21, 36, and 33 3. woman indicating Samoan, Chinese, Other Asian, NZ European/ Pakeha would be assigned codes 31,42, and 44
Notes:	Required for NHI registration.

Continued on next page

Appendix C – Data Set

Identification, Continued

B02.15 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	Date of Death
Definition:	NZHIS definition.
Format:	DDMMCCYY
Valid values:	n/a
Rules:	
Notes:	• As per NZHIS data requirements for HCU date of birth (NZHIS reference A0025). • Required for NHI registration and to compare with census.

B02.16

Mandatory?:	No - Optional Provider data element
Description:	Intended Screening site
Definition:	A screening unit code that uniquely identifies an individual breast screening site
Format:	4 characters
Valid values:	
Rules:	
Notes:	

B02.99

Mandatory?:	No - Optional Provider data element
Description:	ED record type
Definition:	Type of ED record
Format:	1 character
Valid values:	I=Identification; E=Enrolment Record
Rules:	If B02.99=”I” then B01.01, B02.01, B02.10, B02.03, B02.16 must have valid values. If B02.99 = “I” then all other ED validation rules should be ignored
Notes:	After first contact with a Woman B02.99 = “I”. The ED record is to be sent through in the next monthly extract as soon as possible after this first contact with the Woman. Not all field values may have been collected at this time so all validation rules for ED record should be ignored when B02.99=”I”

Appendix C – Data Set

Screening Episode

Generic rules

A Screening Episode record is required for each eligible woman who attends screening in the current Programme round. It is required for women who decide not to complete the screen.

Screening Episode records must not be provided for women who are not part of the Programme, such as women who report symptoms prior to their screening mammogram.

Screening Episode records are to be submitted for each woman for whom:

a. The screening process has been completed and the woman notified in the prior month that the result is either return to routine re-screening or recall or assessment; or
b. The radiologist has requested a technical recall and the woman notified of this in the prior month - but the visit for the re-screening had not taken place by month end.

When the re-screening for the tech recall is completed successfully and the woman notified of the results, an updated SE record (new date) and a new SD record are to be submitted by 20th of following month.

Patient exits prior to screening completion to be included as completed screening episodes.

Requires ED record to have been submitted. If there is a SE record present then B02.99 must = "E" and all ED fields are required to have valid values.

Invitation Process

B03.01

Mandatory?:	Yes - National Monitoring data element	☑
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	NZHIS rules apply.	
Notes:	• As per NZHIS data requirements (NZHIS reference A0012).	

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Invitation Process, Continued

B03.02

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Screening episode.	
Definition:	Woman's screening episode number within the round. A screening episode is defined as all of a woman's attendances for screening and assessment from mammography through to result. The screening episode number is the same for all these attendances.	
Format	2 digits : leading 0	
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).	
Rules:	Woman's first screening episode must start at 01 and increment by one for successive screening episodes. Screening Episode relates to the woman and reflects her screening history. For all women other than those involved in the pilots, the screening episode is to start from one and go up incrementally. For women involved in the pilots, the screening episode number continues from the prior 'Programme Round' of the pilots. B02.99 must equal "E"	
Notes:	Used to compare women over time (e.g. 2nd screen); to define incidence rate by screening episode number; patterns of disease detection.	

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Invitation Process, Continued

B03.03

Mandatory?:	Yes – Mandatory Lead Provider internal audit.
Description:	Date invitation issued
Definition:	Date letter of invitation printed.
Format:	DDMMCCYY
Valid values:	N/a
Rules:	Only required for women invited by the programme. Must be less than or equal to date screening performed (B05.06).
Notes:	To measure duration between invitation and screening.

B03.04

Mandatory?:	Yes – Mandatory Lead Provider internal audit.
Description:	Date of first offered appointment for screening.
Definition:	Date of first available screening appointment offered.
Format:	DDMMCCYY
Valid values:	N/a
Rules:	Must be greater than or equal to the date invitation issued (B03.03) and greater than or equal to the screening date of the last screening episode (B05.06). If the woman elects a later date, the first OFFERED date is still the date recorded.
Notes:	

B03.05

Mandatory?:	No - Optional Provider data element
Description:	Reason for not attending
Definition:	Reason given if the woman does not accept the screening invitation.
Format:	2 digits (leading 0)
Valid values:	00=Accepted; 01=No response to invitation; 02=Letter returned; 03=Deceased; 04=Out of area; 05=Male; 06=Unwell; 07=Out of age range; 08=Postponed; 09=Opted out (one round only); 10=Opted out permanently; 11=Breast cancer; 12=Been before or elsewhere (screening programme, public or private).
Rules:	
Notes:	There is a difference between declined an invitation (that is the woman rings and states she does not want to attend for screening) and non attenders (this group is divided into 3 groups - no response to the invitation; declined (with all the various reasons); and letters returned usually because they have moved or died. Needed to determine reasons for poor coverage.

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Information Collected at Screening Attendance

B04.01

Mandatory?:	No - Optional Provider data element
Description:	NHI number
Definition:	NZHIS definition.
Format:	3 alpha plus 4 numeric characters
Valid values:	
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B04.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode
Definition:	See B03.02
Format:	2 digits (leading 0)
Valid values:	01=first screen for woman; 02,03,... successive screens (incident screens)
Rules:	See B03.02.
Notes:	

B04.03

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Type of unit
Definition:	Type of screening unit.
Format	1 digit
Valid values:	1=Fixed; 2=Mobile
Rules:	If a mobile unit is screening from the fixed site (i.e. helping with workload at the fixed site), the type of unit will be recorded as "fixed".
Notes:	Required to calculate mobile and fixed unit technical recall rates.

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Information Collected at Screening Attendance, Continued

B04.04

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Years since last mammogram
Definition:	Number of years since the woman had a mammogram outside of the national screening programme.
Format	1 digit
Valid values:	0=No mammogram; 1-8=number of years; 9=Unknown
Rules:	A reported mammogram occurring more than 8 years ago will be recorded as 0 (no mammogram). Years reported will be rounded up or down to the nearest whole number (e.g. 1 year and 1-5 mths = 1 year; 1 year and 6-11 mths = 2 years).
Notes:	Unknowns will be treated as missing data when determining initial/subsequent status of screening episode. If the woman has had a screen within the last two years inside the national screening programme, this programme will need to access woman's previous screening records. Required to determine whether current screening episode for the woman is an initial or subsequent screen.

B04.05

Mandatory?:	Yes – Mandatory Lead Provider internal audit.
Description:	Any current breast problem
Definition:	Current symptoms indicated by the woman (current = present today, or within the last 4 weeks).
Format:	1 digit
Valid values:	0=None; 1=Lump; 2=Pain/Tenderness; 3=Nipple discharge; 4=Nipple inversion; 5=Skin dimpling
Rules:	This field cannot be blank - information must be gathered at time of attendance for screening.
Notes:	There are two types of symptoms - those that the woman indicates and those that the surgeon reports. While it is recognised that a screening programme should not accept women with symptoms it does happen that women do not indicate symptoms and present with some "difficulties" with their breasts. To calculate the percentage of women which present with symptoms.

B04.06

Mandatory?:	Yes – Mandatory Lead Provider internal audit.
Description:	Most recent previous film source
Definition:	
Format	1 digit
Valid values:	B=BSA; P=NonBSA; N=None; U=Unknown
Rules:	
Notes:	To be entered at screening attendance.

Appendix C – Data Set

Screening Episode, Continued

Information Collected at Screening Attendance, Continued

B04.07

Mandatory?:	Yes – Mandatory Lead Provider internal audit.
Description:	Year of most recent previous films
Definition:	
Format	4 digit year
Valid values:	1995; 1996; 1997 …
Rules:	Only completed if B04.06 = “B”, “P” or “U”, otherwise blank
Notes:	To be entered at screening attendance

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Screening Examination

Generic rules A Screening Detail record is required for each screening attendance.

B05.01

Mandatory?:	Yes - National Monitoring data element	☑
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	NZHIS rules apply.	
Notes:	• As per NZHIS data requirements (NZHIS reference A0012). • Required to calculate number screened.	

B05.02

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Screening episode.	
Definition:	See B03.02	
Format:	2 digits : leading 0	
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).	
Rules:	See B03.02	
Notes:	Required to calculate number screened.	

B05.03

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Attendance number.	
Definition:	Attendance number within current screening episode.	
Format:	1 digit	
Valid values:	Must be 1 – 9, and must be 1 greater than or equal to the current attendance for the same screening episode. 1=first attendance this screening episode; 2, 3, ... successive attendances.	
Rules:	Woman's first attendance within a screening episode must start at 1 and increment by one for successive attendances.	
Notes:	Required to distinguish visit data.	

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Appendix C – Data Set

Screening Episode, Continued

Screening Examination, Continued

B05.04

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Visit type.	
Definition:	Screening visit type. Reason for scheduled appointment: 1. first screening visit for an episode. 2. repeat screening visit due to technically inadequate film or films	
Format:	1 digit	
Valid values:	1=Screen : first screening visit for an episode 2=Technical Recall	
Rules:	A previous screen record with same screening episode (B05.02) must exist for all technical recalls.	
Notes:	Recorded for all women physically returning for technical reasons. Required to calculate no. screened and to determine: time taken to provide results of screening; and time taken from screening visit to first assessment appointment.	

B05.05

Mandatory?:	No - Optional Provider data element
Description:	Screening type
Definition:	
Format:	1 digit
Valid values:	1=Cohort asymptomatic; 2= Cohort symptomatic; 3=Pre-cohort asymptomatic; 4= Pre-cohort symptomatic; 5= Post-cohort asymptomatic; 6=Post-cohort symptomatic
Rules:	
Notes:	In time there may be a broader range than screen type provided by screening programme. Currently a woman who attends a screening appointment within the National Programme is currently considered asymptomatic, even if she indicates problems with her breast(s) (B04.05) at the time of screening.

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Screening Examination, Continued

B05.06

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Date screening performed.	
Definition:	Date screening performed	
Format:	DDMMCCYY	
Valid values:	n/a	
Rules:	Must be after the date invitation issued for woman invited by the programme (B03.03).	
Notes:	• Required to calculate number with cancer detected within x years of a clear screen; and • Required to determine: time taken providing results of screening; and time taken from screening visit to first assessment appointment.	

B05.07

Mandatory?:	No - Optional Provider data element
Description:	Film quality
Definition:	MRTs judgment of technical adequacy of the film(s).
Format:	1 digit
Valid values:	1=Adequate; 2=Inadequate
Rules:	All films must be adequate. If any one is inadequate, then this field is recorded as inadequate.
Notes:	This data element refers to the actual adequacy of each film (indicates processing site technical repeats).

B05.08

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Total films taken	
Definition:	Total films taken this screening attendance (including technical repeats and extra views).	
Format:	2 digits : leading 0	
Valid values:	n/a	
Rules:	Must be greater than or equal to zero.	
Notes:	Required to calculate: • number with 4 or less films taken; and • technical repeat films rate.	

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Appendix C – Data Set

Screening Episode, Continued

Screening Examination, Continued

B05.09

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Total films rejected
Definition:	Total films rejected this screening attendance (including technical repeats and extra views).
Format:	2 digits : leading 0
Valid values:	n/a
Rules:	Must not be greater than total films taken (B05.08).
Notes:	Required to calculate: • number with technical repeats; and • technical repeat films rate.

B05.10

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Mammogram completion status.
Definition:	All films required during this visit were taken.
Format:	1 digit
Valid values:	1=Completed; 2=Not completed - repeat; 3=Not completed - other;
Rules:	Cross validation rules: • If "1=Completed", films taken (B05.08) must be >0, and films rejected (B05.09) must be <= films taken. • If "2=Not Completed - repeat" or "3=Not completed - other", then films taken (B05.08) must be >=0, and films rejected (B05.09) must be <= films taken.
Notes:	• Required to calculate number screened. • Required to determine date of final screening visit. • Used to generate letter to GP/PCP stating incomplete screen status and result of incomplete screening (screening result obtained from element B07.03).

B05.11

Mandatory?:	No - Optional Provider data element
Description:	Film Size
Definition:	See O-S "Proc" table.
Format:	
Valid values:	18x24cm, 24x30cm
Rules:	
Notes:	

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Appendix C – Data Set

Screening Episode, Continued

Screening Examination, Continued

B05.12

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Screening site	
Definition:	A screening unit code that uniquely identifies an individual breast screening site	
Format:	4 characters	
Valid values:		
Rules:		
Notes:		

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Appendix C – Data Set

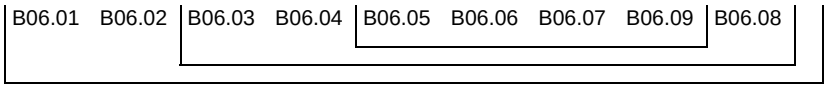
Screening Episode, Continued

Relationships

There is a many to one relationship for radiologist screen readings and their results.

- Elements B06.03-06.09 need to be able to be recorded up to three times to allow recording of consensus reads (i.e. consensus on recall for assessment - 2 varying reads results in a 3rd read to determine recall status).
- Elements B06.05,06, 07, and 09 need to be able to be recorded multiple times within the record to identify side, site, nature and categorisation if multiple lesions are identified.

The diagram below graphically shows the relationship



Film Readings By Radiologists

B06.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format:	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012)

B06.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

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Appendix C – Data Set

Screening Episode, Continued

Film Readings By Radiologists, Continued

B06.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Radiologist reading films
Definition:	Radiologist. Medical Council registration number.
Format:	6 characters (leading 0s if numeric)
Valid values:	n/a
Rules:	If this field is completed check that total films taken is greater than zero (B05.08 > 0).
Notes:	Quality standards

B06.04

Mandatory?:	No - Optional Provider data element
Description:	Film quality.
Definition:	Radiologist judgement made of technical adequacy of film(s) for diagnosis
Format:	1 digit
Valid values:	1=Adequate; 2=Inadequate
Rules:	Cannot be blank. It is possible for one film to be inadequate, but if the combined adequacy of all the films is adequate to make a diagnosis, the value recorded is “adequate”.
Notes:	Refers to the overall suitability of the films for diagnosis (indicates technical recall).

B06.05

Mandatory?:	No - Optional Provider data element
Description:	Side of radiological abnormality
Definition:	Side. Breast which has abnormality or lesion. Right or left.
Format:	1 character
Valid values:	L=Left; R=Right
Rules:	
Notes:	

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Appendix C – Data Set

Screening Episode, Continued

Film Readings By Radiologists, Continued

B06.06

Mandatory?:	No - Optional Provider data element
Description:	Site of radiological abnormality
Definition:	Site of abnormality. Malignant neoplasm of female breast (ICD-9-CM 174).
Format:	1 digit
Valid values:	0=Nipple and areola; 1=Central portion; 2=Upper-inner quadrant; 3=Lower-inner quadrant; 4=Upper-outer quadrant; 5=Lower-outer quadrant; 6=Axillary tail; 8=Other specified sites; 9=Unspecified
Rules:	Must be completed if current film recommendation is "Refer" (B06.08=2or 3).
Notes:	

B06.07

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Nature of Mammographic Lesion to be assessed
Definition:	See Australian MDS definition 3.4 Nature of Mammographic Lesion(s) to be assessed.
Format:	1 digit
Valid values:	1=Calcification; 2=Spiculated mass; 3=Discrete mass with or without calcification; 4=Multiple masses; 5=Architectural distortion; 6=Non specific density; 9=Other
Rules:	
Notes:	

B06.08

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Current film recommendation
Definition:	Recommendation arising out of the reading of the current set of films.
Format:	1 digit
Valid values:	0=None; 1=Return to routine rescreening; 2=Technical recall; 3=Recall for assessment
Rules:	2=Technical recall; 3=Recall for assessment For technical recalls, film quality must be "Inadequate" (B06.04 = 1).
Notes:	

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Appendix C – Data Set

Screening Episode, Continued

Film Readings By Radiologists, Continued

B06.09

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Categorisation of screen detected lesions
Definition:	Categorisation of screen detected lesions by reading radiologists (INQS p 12).
Format:	1 digit
Valid values:	1=Benign; 2=Probably benign; 3=Indeterminate; 4=Probably malignant; 5=Malignant
Rules:	If not benign (value is between 3 and 5) then current film recommendation must be "Refer" (B06.08 = 1). Nature of mammographic lesion to be assessed (B06.07) must be specified.
Notes:	

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Appendix C – Data Set

Screening Episode, Continued

Final Clinical Decision by Radiologists

B07.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format:	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012)

B07.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

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Appendix C – Data Set

Screening Episode, Continued

Final Clinical Decision by Radiologists, Continued

B07.03

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Final decision by radiologists.
Definition:	Current film recommendation. Recommendation arising out of the reading of the current set of films.
Format:	1 digit
Valid values:	1=Return to routine rescreening; 2=Technical recall; 3=Recall for assessment
Rules:	• A screening episode is completed once the Final decision by radiologists has a value of 1 or 3, and Date of Notification of Screening Results (B08.03) contains a valid date. • There cannot be a subsequent visit after a Final decision of 1 or 3. • If B05.10 =1, then B07.03 must contain a valid value. • If B05.10 =2, then B07.03 must contain a null, 1 or 3 • If B05.10 =3, then B07.03 can contain null
Notes:	Required to calculate: • Number recalled for technical repeats; • Number referred to assessment; • Number with cancer detected within x years of a clear screen; • Number with negative screening results; and • Number with false positive screening results Screening records are only to be submitted for completed screens once the woman has been notified of the result (e.g. B07.03 = 1 or 2 and B08.03 contains a valid date). All previous SE and SD records, for this episode, should be submitted in this extract. Where there is a technical recall decision made and this has not been completed by month end then all SE and SD records, for this episode, should be submitted in the monthly extract. Once this episode is completed all these records will need to be resubmitted, using the validation rules for completed screens above.

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Appendix C – Data Set

Screening Episode, Continued

Final Clinical Decision by Radiologists, Continued

B07.04

Mandatory?:	No - Optional Provider data element
Description:	Nature of Mammographic Lesion to be assessed
Definition:	See Australian MDS definition 3.4 Nature of Mammographic Lesion(s) to be assessed.
Format:	1 digit
Valid values:	1=Calcification; 2=Spiculated mass; 3=Discrete mass with or without calcification; 4=Multiple masses; 5=Architectural distortion; 6=Non specific density; 9=Other
Rules:	Must be completed if final decision by radiologists is "Recall for assessment" (B07.03 = 3).
Notes:	None

B07.05

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Side of radiological abnormality
Definition:	Side. Breast which has abnormality or lesion. Right or left.
Format:	1 character
Valid values:	L=Left; R=Right
Rules:	Must be completed if final decision by radiologists is "Recall for assessment" (B07.03 = 3).
Notes:	

B07.06

Mandatory?:	No - Optional Provider data element
Description:	Site of radiological abnormality
Definition:	Site of abnormality. Malignant neoplasm of female breast (ICD-9-CM 174).
Format:	1 digit
Valid values:	0=Nipple and areola; 1=Central portion; 2=Upper-inner quadrant; 3=Lower-inner quadrant; 4=Upper-outer quadrant; 5=Lower-outer quadrant; 6=Axillary tail; 8=Other specified sites; 9=Unspecified
Rules:	Must be completed if final decision by radiologists is "Recall for assessment" (B07.03 = 3).
Notes:	

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Appendix C – Data Set

Screening Episode, Continued

Final Clinical Decision by Radiologists, Continued

B07.07

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Categorisation of screen detected lesions
Definition:	Categorisation of screen detected lesions by reading radiologists.
Format:	1 digit
Valid values:	1=Benign; 2=Probably benign; 3=Indeterminate; 4=Probably malignant; 5=Malignant
Rules:	If not benign (value is between 3 and 5) then final decision by radiologists must be "Recall for assessment" (B07.03 = 3); otherwise not mandatory.

B07.08

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Most recent previous film availability
Definition:	
Format	1 character
Valid values:	Y=Yes; N=No; U=Unknown
Rules:	U=Unknown is only allowed for retrospective data, for women screened before July 2005
Notes:	To be entered by the radiologist during film reading

Continued on next page

Appendix C – Data Set

Screening Episode, Continued

Notification of Screening Results

B08.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format:	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012)

B08.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B08.03

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Date of notification of screening results.
Definition:	Date either a letter to the woman was generated, or the telephone recall listing was generated, by the Providers system.
Format	DDMMCCYY
Valid values:	Blank if woman and GP/PCP not notified.
Rules:	Must be less than or equal to "Date of first offered assessment" (B09.04) Must be less than or equal to "Date of first level assessment" (B10.03) Must be less than or equal to "Date of final diagnostic biopsy" (B18.05) - (if B18.05) present) Must be less than or equal to "Date of notification of final diagnostic biopsy results to the woman" (B18.06) - (if B18.06) present) Must be greater than, or equal to, date screening performed (B05.06). Advice will be forwarded/made to the woman no later than the next working day following generation of the advice notice (letter/report).
Notes:	• May be another mode of contact. • Required to determine time taken providing results of screening.

Appendix C – Data Set

Assessment Episode

Generic rules

An Assessment Episode record is required for each woman invited to attend an assessment. A valid SE/SD records must have been submitted, with a 'recall for assessment flag'.

Assessment records are to be submitted for each woman for whom the assessment process has been completed and the woman notified in the prior month that the result or final diagnosis is either return to routine re-screening or refer to treatment. An assessment record is complete when: Final Diagnosis (B18.07) contains a valid value between 1 and 9 (including exits) and the Woman has been notified of the results.

All required details for assessment and (where relevant) biopsy records must be obtained before these records are sent (together) to the National Data set.
E.g. where a Treatment Provider carries out an open biopsy as part of the assessment process, the Lead Provider must retrieve those results before submitting assessment records.

- First level assessment is non-invasive investigations such as extra mammograms or magnification views, ultrasound, clinical examination.
- Second level assessment is invasive investigations in order to obtain cytology, e.g. needle biopsy.
- Third level assessment is any invasive investigation to obtain histology, e.g. open biopsy.

Results for the Most Clinically Significant Lesion only, are to be reported to the National Database.

- If there are multiple biopsies and none have cancer, it is appropriate that a Clinician decides which is the most significant lesion.
- If there are multiple biopsies, and only one has cancer, then that biopsy is most significant.
- If there are multiple biopsies, and there is more than one that finds cancer, then the most advanced cancer is the most significant. The biopsy that gives the best result is most significant.

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Appendix C – Data Set

Assessment Episode, Continued

Appointment Process for Assessment Clinic

B09.01

Mandatory?:	Yes - National Monitoring data element	☑
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	NZHIS rules apply.	
Notes:	As per NZHIS data requirements (NZHIS reference A0012).	

B09.02

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Screening episode.	
Definition:	See B03.02	
Format:	2 digits : leading 0	
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).	
Rules:	See B03.02	
Notes:	See B03.02	

B09.03

Mandatory?:	No - Optional Provider data element
Description:	Invitation issued.
Definition:	Invitation for assessment issued.
Format:	1 character
Valid values:	Y=Yes; N=No
Rules:	Final decision by radiologists must be “Recall for Assessment”(B07.03 = 3)
Notes:	None

B09.04

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Date of first offered assessment	
Definition:	Date of first available appointment offered for assessment.	
Format:	DDMMCCYY	
Valid values:	n/a	
Rules:	Must be after date of notification of screening results (B08.03). Date recorded is the date first OFFERED. If the woman elects a later date, the first date is still the date that is recorded.	
Notes:	Date of notification of screening results may not be known at this point. Required to determine time taken from screening visit to first offered assessment appointment.	

Appendix C – Data Set

Assessment Episode, Continued

Assessment

B10.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B10.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B10.03

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Date of first level assessment
Definition:	Date of first assessment following screening.
Format:	DDMMCCYY
Valid values:	Blank if first level assessment not performed.
Rules:	Final decision by radiologists must be "Recall for Assessment"(B07.03 = 3) Must be less than, or equal to, date of needle biopsy procedure (B14.05) – if an NB record is present Must be less than, or equal to, date offered for open surgical biopsy procedure (B17.04) – if an OB record is present Must be greater than, or equal to, date of notification of screening results (B08.03).
Notes:	Required to determine time taken from assessment to final biopsy.

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Appendix C – Data Set

Assessment Episode, Continued

Assessment, Continued

B10.04

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Assessment centre
Definition:	NZHIS definition.
Format:	4 characters
Valid values:	
Rules:	NZHIS rules apply. Must be in the valid list of assessment centres. Must not be a mobile facility.
Notes:	As per NZHIS data requirements for Health Agency Facility Code (NZHIS reference A0143). To compare one assessment centre with another.

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Appendix C – Data Set

Assessment Episode, Continued

Mammographic Workup

B11.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B11.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B11.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Lesion identifier
Definition:	Unique identifier for lesion allocated at assessment
Format:	1 digit
Valid values:	1-9
Rules:	None
Notes:	None

B11.04

Mandatory?:	No - Optional Provider data element
Description:	Side of radiological abnormality
Definition:	Side. Breast which has abnormality or lesion. Right or left.
Format:	1 character
Valid values:	L=Left; R=Right
Rules:	
Notes:	To calculate bilateral cancer rates.

Continued on next page

Appendix C – Data Set

Assessment Episode, Continued

Mammographic Workup, Continued

B11.05

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Site of radiological abnormality
Definition:	Site of lesion. Site of lesion (clockface).
Format:	2 digits (leading 0)
Valid values:	01-12=Clockface; 90=Nipple and areola; 91=Central portion; 96=Axillary tail; 98=Other specified sites; 99=Unspecified
Rules:	
Notes:	This definition is used, from the assessment stage onwards, to specify the site of a lesion.

B11.06

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Radiographer completing films.
Definition:	
Format:	
Valid values:	
Rules:	
Notes:	

B11.07

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Outcome of assessment mammogram
Definition:	Outcome of assessment. Actions recommended as a result of the assessment.
Format:	1 digit
Valid values:	0=Not Performed, 1=Return to routine screening; 2=Further assessment required; 3=Definitive diagnosis-treatment required;
Rules:	B11.07 must not equal “0” if both B12.05 and B13.05 equal “0”
Notes:	At least one of B11.07, B12.05 or B13.05 should have a value of 1,2 or 3 at the end of her assessment

B11.08

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Distance of lesion from nipple
Definition:	Distance from nipple. Distance of lesion from nipple (mm).
Format:	3 digits (leading 0)
Valid values:	Greater than or equal to 0.
Rules:	None
Notes:	Side, site, and distance give an accurate location. Distance, Side and Site attributes identify the lesion.

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Appendix C – Data Set

Assessment Episode, Continued

Ultrasound Examination

B12.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B12.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B12.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Lesion identifier
Definition:	Unique identifier for lesion allocated at assessment
Format:	1 digit
Valid values:	1-9
Rules:	None
Notes:	Required to tract each lesion to a result/treatment.

B12.04

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Radiologist performing ultrasound
Definition:	Radiologist. Medical Council registration number.
Format:	6 characters (leading 0s if numeric)
Valid values:	None
Rules:	None
Notes:	Quality standards.

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Appendix C – Data Set

Assessment Episode, Continued

Ultrasound Examination, Continued

B12.05

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Outcome of assessment ultrasound	
Definition:	Outcome of assessment. Actions recommended as a result of the assessment.	
Format:	1 digit	
Valid values:	0=Not Performed, 1=Return to routine screening; 2=Further assessment required; 3=Definitive diagnosis-treatment required	
Rules:	B12.05 must not equal "0" if both B11.07 and B13.05 equal "0"	
Notes:	At least one of B11.07, B12.05 or B13.05 should have a value of 1,2 or 3 at the end of her assessment	

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Appendix C – Data Set

Assessment Episode, Continued

Clinical Assessment

B13.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B13.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B13.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Lesion identifier
Definition:	Unique identifier for lesion allocated at assessment
Format:	1 digit
Valid values:	1-9
Rules:	None
Notes:	None

B13.04

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Practitioner performing physical examination.
Definition:	Health Provider Index number.
Format:	
Valid values:	None
Rules:	None
Notes:	None

Continued on next page

Appendix C – Data Set

Assessment Episode, Continued

Clinical Assessment, Continued

B13.05

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Outcome of clinical assessment	
Definition:	Outcome of assessment. Actions recommended as a result of the assessment.	
Format:	1 digit	
Valid values:	0=Not Performed, 1=Return to routine screening; 2=Further assessment required; 3=Definitive diagnosis-treatment required	
Rules:	B13.05 must not equal "0" if both B11.07 and B12.05 equal "0"	
Notes:	Outcome of 1st Level Assessment can be a consensus decision and not based solely on the outcome of one form of 1st level assessment. At least one of B11.07, B12.05 or B13.05 should have a value of 1,2 or 3 at the end of her assessment.	

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Appendix C – Data Set

Assessment Episode, Continued

Second Level Assessment - Needle Biopsy Detail

Generic rules A Needle Biopsy record is required for each woman having a needle biopsy procedure.

B14.01 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B14.02 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B14.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Lesion identifier
Definition:	Unique identifier for lesion allocated at assessment
Format:	1 digit
Valid values:	1-9
Rules:	None
Notes:	None

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Appendix C – Data Set

Assessment Episode, Continued

Second Level Assessment - Needle Biopsy Detail, Continued

B14.04

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Type of needle biopsy procedure
Definition:	
Format:	1 digit
Valid values:	0=None; 1=FNA; 2=Core; 3=FNA and Core; 4=Suction Core; 5=Excision Core (abby); 6=Other
Rules:	If value is: 1 - then B14.09 must be completed; 2 - then B14.10 must be completed; 3 - then both 14.09 and B14.10 must be completed
Notes:	6=other includes any other biopsy type or combination of biopsies not included in values 1-5 Required to calculate: • number undergoing core biopsy; • number undergoing FNA; and • number with cancers diagnosed by needle biopsy.

B14.05

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Date of needle biopsy procedure.
Definition:	Date of procedure.
Format:	DDMMCCYY
Valid values:	n/a
Rules:	Must be a valid date Must be greater than or equal to date of first level assessment (B10.03). Must be less than or equal to date of notification of final biopsy results to the woman (B18.06) Where both an FNA and Core biopsy are undertaken (i.e. B14.04 is 3=Both), the date to be supplied on the needle biopsy (NB) record should relate to that biopsy which produced the most significant result.
Notes:	Required to determine time taken from assessment to needle biopsy

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Appendix C – Data Set

Assessment Episode, Continued

Second Level Assessment - Needle Biopsy Detail, Continued

B14.06

Mandatory?: No - Optional Provider data element
Description: Palpable lesion
Definition:
Format: 1 character
Valid values: Y=Yes; N=No
Rules:
Notes: To compare pre-operative diagnosis rates between programmes.

B14.07

Mandatory?: Yes - Mandatory Lead Provider internal audit.
Description: Practitioner performing closed biopsy
Definition: Health Practitioner Index number.
Format:
Valid values:
Rules:
Notes:

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Appendix C – Data Set

Assessment Episode, Continued

Second Level Assessment - Needle Biopsy Detail, Continued

B14.08

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Guided biopsy method
Definition:	Ultrasound or stereotactic method used.
Format:	1 digit
Valid values:	0=None; 1=Ultrasound used; 2=Stereotactic process used
Rules:	
Notes:	To compare pre-operative diagnosis rates between programmes. Quality standards recommend ultrasound be used where appropriate.

B14.09

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Cytology Result
Definition:	NHS definition.
Format:	1 digit
Valid values:	1=Insufficient; 2=Benign; 3=Indeterminate/Atypical; 4=Suspicious; 5=Malignant
Rules:	Only applies to FNA biopsy (B14.04 = 1 or 3).
Notes:	To compare programme insufficient specimen and pre-operative diagnosis rates.

B14.10

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Histology result
Definition:	Needle biopsy histology result.
Format:	1 digit
Valid values:	1=Insufficient or normal breast; 2=Benign; 3=Indeterminate/Atypical; 4=Suspicious; 5=Malignant
Rules:	Only applies to core and suction core needle biopsy (B14.04 = 2 , 3 or 4).
Notes:	To compare programme insufficient specimen and pre-operative diagnosis rates.

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Appendix C – Data Set

Assessment Episode, Continued

Second Level Assessment - Needle Biopsy Detail, Continued

B14.11

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Outcome of second level assessment.
Definition:	Outcome of assessment. Actions recommended as a result of the assessment.
Format:	1 digit
Valid values:	1=Return to routine screening; 2=Further assessment required; 3=Definitive diagnosis - treatment required
Rules:	If Outcome of second level assessment (B14.11) is "2=Further assessment required" then an OB record is expected. Type of open surgical biopsy (B17.05) may be "0=none" if no Open Biopsy was done.
Notes:	Required to calculate number with cancers diagnosed by needle biopsy.

B14.12

Mandatory?:	No - Optional Provider data element
Description:	Laboratory
Definition:	NZHIS definition: a code representing a CHE or community medical laboratory.
Format:	NZHIS format.
Valid values:	
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements for Laboratory Code (NZHIS reference A0205).

B14.13

Mandatory?:	No - Optional Provider data element
Description:	Specimen number
Definition:	None
Format:	None
Valid values:	None
Rules:	None
Notes:	None

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Appendix C – Data Set

Assessment Episode, Continued

Consensus Management Decision

B15.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B15.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B15.03

Mandatory?:	No - Optional Provider data element
Description:	Assessment complete
Definition:	
Format:	1 character
Valid values:	Y=Yes; N=No
Rules:	
Notes:	

Continued on next page

Appendix C – Data Set

Assessment Episode, Continued

Notification of Second Level Assessment Results

B16.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B16.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B16.03

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Date of notification of 1st and 2nd level assessment results to the woman.
Definition:	Date of notification to woman of 1st and 2nd level assessment results.
Format:	DDMMCCYY
Valid values:	Blank if woman was not notified.
Rules:	If Outcome of second level assessment (B14.11) is "1=return to routine screening" or "3 definitive diagnosis treatment required", then Date of notification of 1st and 2nd Level assessment results to the woman (B16.03), must contain a valid date If Present: Must be greater than or equal to date of assessment (>=B10.03).
Notes:	

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Appendix C – Data Set

Assessment Episode, Continued

Notification of Second Level Assessment Results, Continued

B16.04

Mandatory?:	No - Optional Provider data element
Description:	Date of notification of assessment results to GP/PCP.
Definition:	Date of notification to GP/PCP.
Format:	DDMMCCYY
Valid values:	n/a
Rules:	Must be greater than or equal to date of assessment (B10.03).
Notes:	None

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Appendix C – Data Set

Assessment Episode, Continued

Third Level Assessment - Open Biopsy Detail

Generic rules An Open Biopsy Details record is required for each woman offered an open surgical biopsy procedure.

B17.01 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B17.02 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	None

B17.03

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Lesion identifier
Definition:	Unique identifier for lesion allocated at assessment
Format:	1 digit
Valid values:	1-9
Rules:	None
Notes:	None

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Appendix C – Data Set

Assessment Episode, Continued

Third Level Assessment - Open Biopsy Detail, Continued

B17.04 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	Date offered for open surgical biopsy procedure.
Definition:	Date offered for procedure to be performed.
Format:	DDMMCCYY
Valid values:	n/a
Rules:	If B17.05 <> "0" then B17.04 must contain a valid date Must be greater than, or equal to, date of first level assessment (B10.03). Date recorded is the date first OFFERED. If the woman elects a later date, the first date is still the date that is recorded. Must be less than or equal to date of notification of final biopsy results to the woman (B18.06)
Notes:	Required to determine time from assessment to date offered for open biopsy for women requiring that procedure.

B17.05 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	Type of open surgical biopsy.
Definition:	
Format:	1 digit
Valid values:	0=None; 1=Localisation (impalpable); 2=Excision (palpable).
Rules:	If Type of open surgical biopsy (B17.05) is "0=None" then B17.04, B17.11, B17.12, B17.14 must all be blank.
Notes:	Required to calculate: • number having open (localisation or palpable lump) biopsy; • number with benign open biopsy; and • number with benign open biopsy where weight of benign lesion is less than 30g.

B17.06

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Guidance method
Definition:	Whether localisation biopsy is carried out with ultrasound or stereotactic guidance.
Format:	1 digit
Valid values:	1=Ultrasound; 2=X-ray
Rules:	Required if type of open surgical biopsy is hookwire (B17.05 = 1); otherwise must be blank.
Notes:	Should be done by ultrasound - note this is not stated in the national guidelines. May be required for comparison.

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Appendix C – Data Set

Assessment Episode, Continued

Third Level Assessment - Open Biopsy Detail, Continued

B17.09

Mandatory?: Yes - Mandatory Lead Provider internal audit.
Description: Lesion excised
Definition:
Format: 1 character
Valid values: Y=Yes; N=No
Rules:
Notes: Quality standards state lesion must be excised.

B17.10

Mandatory?: Yes - Mandatory Lead Provider internal audit.
Description: Specimen mammography for impalpable lesions
Definition:
Format: 1 character
Valid values: Y= Yes; N=No
Rules:
Notes: QA guidelines.

B17.11 ☑

Mandatory?: Yes - National Monitoring data element
Description: Date of pathology report
Definition: Date of the pathology report being created by laboratory
Format: DDMMCCYY
Valid values:
Rules: Must be greater than, or equal to, Date offered for open surgical biopsy procedure (B17.04)
Must be less than, or equal to, Date of notification of final diagnostic biopsy results to the woman (B18.06)
Notes:

B17.12 ☑

Mandatory?: Yes - National Monitoring data element
Description: Pathology result
Definition:
Format: 1 digit
Valid values: 1=Benign; 2=Malignant
Rules:
Notes: An assessment is all clear if all Assessment Detail records have a benign pathology result.

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Appendix C – Data Set

Assessment Episode, Continued

Third Level Assessment - Open Biopsy Detail, Continued

B17.13

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Proximity of marker wires.
Definition:	Maximum distance (mm) in any plane.
Format:	2 digits (leading 0)
Valid values:	
Rules:	
Notes:	Quality standards: 80% within 10mm.

B17.14 ☑

Mandatory?:	Yes - National Monitoring data element
Description:	Specimen weight (g)
Definition:	Specimen weight
Format:	3 digits : leading 0s
Valid values:	Blank if open biopsy was not performed (B17.05 = 0).
Rules:	Must be greater than zero if (B17.05 > 0) '999' to be used if open biopsy was not weighed
Notes:	Required to calculate number with benign open biopsy where weight of benign lesion is less than 30g. If an Open Biopsy has been performed the value recorded in this field must be greater than zero. Lead Providers are required to weigh all specimens. The target for this indicator is 90% of specimens to weigh less than 30g. The rationale is to minimise unnecessary disfigurement from benign biopsy.

B17.15

Mandatory?:	Yes - Mandatory Lead Provider internal audit.
Description:	Specimen radiology reporting time (mins).
Definition:	
Format:	2 digits (leading 0)
Valid values:	
Rules:	
Notes:	Quality standards: 95% in less than 15 minutes.

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Appendix C – Data Set

Assessment Episode, Continued

Notification of Final Biopsy Results

B18.01

Mandatory?:	No - Optional Provider data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply.
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B18.02

Mandatory?:	No - Optional Provider data element
Description:	Screening episode.
Definition:	See B03.02
Format:	2 digits : leading 0
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
Rules:	See B03.02
Notes:	See B03.02

B18.03

Mandatory?:	No - Optional Provider data element
Description:	Date of notification of open biopsy results to patient / other
Definition:	Date of notification to patient / other.
Format:	DDMMCCYY
Valid values:	Blank if woman was not notified.
Rules:	Required if open biopsy performed.
Notes:	

B18.04

Mandatory?:	No - Optional Provider data element
Description:	Date of notification of open biopsy results to GP/PCP.
Definition:	Date of notification to GP/PCP.
Format:	DDMMCCYY
Valid values:	
Rules:	Required if open biopsy performed.
Notes:	

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Appendix C – Data Set

Assessment Episode, Continued

Notification of Final Biopsy Results, Continued

B18.05

Mandatory?:	Yes - National Monitoring data element ☑
Description:	Date of final diagnostic biopsy
Definition:	Date of the final procedure which produced a diagnosis.
Format:	DDMMCCYY
Valid values:	Blank if final diagnostic biopsy not performed
Rules:	If present: Must be greater than, or equal to, date of notification of screening results (B08.03). Must be greater than, or equal to, date of first level assessment (B10.03) – if present If B18.05 contains a valid date then one of B14.04 or B17.05 <> 0 If either B14.04 or B17.05 <> 0 then B18.05 must contain a valid date
Notes:	• Required to determine: time taken from final screening to final biopsy; and time taken from final diagnostic biopsy to reporting assessment results.

B18.06

Mandatory?:	Yes – National Monitoring data element ☑
Description:	Date of notification of final diagnosis results to the woman.
Definition:	Date of notification to woman.
Format:	DDMMCCYY
Valid values:	This is the date of notification of the final diagnosis results
Rules:	B18.06 must contain a valid date for every completed Assessment except where B18.07 = "4=non-BSA Assessment" or "9 Stopped" B18.06 Must be greater than or equal to Date of Notification of Screening Results (B08.03). If an Open Biopsy has been performed (i.e. B17.05 = 1 or 2) • B18.06 must be greater than or equal to Date of final diagnostic biopsy (B18.05) • B18.06 must be greater than or equal to date offered for open biopsy surgical procedure (B17.04) If a Needle Biopsy has been performed (i.e. B14.04 = 1,2,3,4,5 or 6) • B18.06 must be greater than or equal to date of needle biopsy procedure (B14.05)
Notes:	Required to determine: • time taken from final diagnostic biopsy to reporting assessment results; and • time taken from reporting assessment results to first date offered for primary treatment.

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Appendix C – Data Set

Assessment Episode, Continued

Notification of Final Biopsy Results, Continued

B18.07

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Final Diagnosis	
Definition:	Final definitive diagnosis from Assessment	
Format:	1 digit	
Valid values:	0=None (assessment in progress); 1=Return to Routine Screening; 2=Cancer; 4=Woman Decided to have non-BSA Assessment; 9=Stopped (assessment not completed)	
Rules:	If final diagnosis is "cancer" then a Cancer Detail record must be provided with Treatment data. An assessment record should be included in the monthly extract when assessment is completed e.g. B18.07 contains any value between 1 and 9. An assessment record should also be sent in every extract while extended assessment is in progress e.g. where B18.10 contains a valid date and B18.07=0 If B18.07 equals 0, 4 or 9 then all other non-primary key assessment fields may be blank in extract to BSA National Database and all other validation rules should be ignored.	
Notes:	DCIS are included in cancers. Required to calculate: • number with benign open biopsy; • number with benign open biopsy where required weight of benign lesion is less than 30g; • number with cancer detected during a screening episode; • number with diagnosed cancer; • number with false positive screening results; • number with cancer detected within *X* years of a clear screen; and • number with cancers which involve axillary nodes	

B18.08

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Outcome of non-BSA Assessment	
Definition:	Records outcome of non-BSA Assessment if known	
Format:	1 digit	
Valid values:	0=Not Specified; 1=Not Cancer; 2=Cancer;	
Rules:	Must equal 0 if Final Diagnosis (B18.07) <> 4 Must equal 0,1or 2 if Final Diagnosis (B18.07) = 4	
Notes:	Any updates to this field should trigger an updated Assessment record being resubmitted in the monthly extract.	

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Appendix C – Data Set

B18.09

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Assessment Stopped - Details	
Definition:	Records Assessment Details where Assessment not completed	
Format:	1 digit	
Valid values:	0=Not Specified; 1=Stopped – Woman Transferred to Other Lead Provider; 2=Stopped – Unable to Contact Woman; 3=Stopped – Woman Refused Assessment; 4=Stopped – Woman Declined to Complete Assessment; 5=Stopped – Woman unable to Complete Assessment due to ill health 9=Stopped – Other;	
Rules:	Must equal 0 if Final Diagnosis (B18.07) <> 9 Must be greater than 0 if Final Diagnosis (B18.07) = 9 If B18.09 is greater than 0 and B18.07 equals 9 then all other non-primary key assessment fields may be blank in extract to BSA National Database and all other validation rules should be ignored.	
Notes:	Any updates to this field should trigger an updated Assessment record being resubmitted in the monthly extract.	

B18.10

Mandatory?:	Yes - National Monitoring data element	☑
Description:	Expected date of completion of extended assessment	
Definition:	Records the date extended assessment is expected to be completed by.	
Format:	DDMMCCYY	
Valid values:	The date extended assessment will be completed by.	
Rules:	Must be greater than B10.03 If B18.10 contains a valid date (>B10.03) and B18.07 equals 0 then all other non-primary key assessment fields may be blank in extract to BSA National Database and all other validation rules should be ignored. Once assessment is completed (e.g. B18.07 = 1, 2 or 9) then B18.10 must continue to contain a valid date. A valid date in B18.10 shows that the woman has been on extended assessment at some stage during her assessment episode.	
Notes:	Records that a Woman is (or has been) on deferred or extended assessment Any updates to this field should trigger an updated Assessment record being resubmitted in the monthly extract.	

Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail

Mandatory items

Mandatory items (marked with a ☒) in this section onwards indicate that the data item must be reported by the treatment provider to the Lead Provider when it is present. Mandatory items must all be included in the National Reporting Data set sent to NZHIS monthly.

Detail required

Cancer detail is required for **the most clinically significant tumour (including DCIS) in each breast** (i.e. there may be two streams of data being recorded for one woman - one for the most clinically significant tumour present in each breast).

- Records B19.01-B19.08 must be present for both left and right (if tumours are present in both breasts).
- Records B19.09 - B19.24 need only be recorded once for the woman (i.e. once relating to the most clinically significant lesion).

Reporting DCIS

The records are required to calculate the number of women with invasive lesions and the number of women with DCIS lesions. If a woman had an invasive lesion and a DCIS lesion in separate breasts, she would be counted in the number with invasive lesions, not the number with DCIS lesions; but the DCIS detail is also to be reported.

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.01

Mandatory?:	Yes - National Monitoring data element	☒
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	NZHIS rules apply.	
Notes:	As per NZHIS data requirements (NZHIS reference A0012).	

B19.02

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Screening episode.	
Definition:	See B03.02	
Format:	2 digits : leading 0	
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).	
Rules:	See B03.02	
Notes:	See B03.02	

B19.03

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Breast that has malignant lesion	
Definition:	Side. Breast which has abnormality or lesion - left and/or right.	
Format:	1 character	
Valid values:	L=Left; R=Right	
Rules:	If both breasts contain lesions/a lesion, element B19.03 must be recorded for each breast (i.e. left and right) and elements B19.05, B19.06, B19.07, and B19.08 must be collected for the most clinically significant tumour in each breast.	
Notes:		

B19.04

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Breast containing the most significant lesion.	
Definition:	Breast containing the most significant lesion - left or right.	
Format:	1 character	
Valid values:	L=Left; R=Right	
Rules:		
Notes:		

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.05

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Histopathology of invasive malignant lesions.	
Definition:	The description of the type of malignant lesion.	
Format:	2 digits : leading 0	
Valid values:	00=No invasive component 01=Invasive duct not otherwise specified; 02=Invasive tubular; 03=Invasive cribriform; 04=Invasive mucinous (colloid); 05=Invasive medullary; 06=Invasive lobular; classical and variants 08=Mixed invasive ductal/lobular; 09=Other invasive malignancy (primary); 10=Other invasive malignancy (secondary); U = Not available/unknown/unsure	
Rules:		
Notes:	DCIS with microinvasion is classified as 01 = invasive duct not otherwise specified. Microinvasion is <= 1m. DCIS with microinvasion should also have a pTNM of pTmic in B19.09 and B19.07 should be < 1mm Required to calculate: number with invasive cancer; and number with invasive cancer <= 10mm diameter; and number with invasive cancer <= 15mm diameter	

B19.06

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Histopathology of DCIS lesions.	
Definition:	The description of the type of DCIS lesion.	
Format:	2 digits : leading 0	
Valid values:	00 = non DCIS; 91=Non-high grade DCIS without necrosis (retrospective data only); 92=Non-high grade DCIS with necrosis (retrospective data only); 11=Low nuclear grade; 12=Intermediate nuclear grade; 13=High nuclear grade; 14= Lobular Carcinoma in Situ; 19=Other DCIS; U = Not available/unknown/unsure	
Rules:	If this record is present, B19.17 and B19.18 must also be completed. Complete B19.08 for DCIS alone and for DCIS occurring together with most clinically significant invasive lesion.	
Notes:	LCIS is not recorded unless it is in association with invasive disease Required to calculate: number with ductal cancer in-situ when woman has invasive malignancy and DCIS.	

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.07

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Size of infiltrating component of tumour.
Definition:	Size of infiltrating component of tumour (mm) as measured by pathologist.
Format:	3 digits, 1decimal point, leading 0
Valid values:	Size in mm from 00.0; or 99.9 if 100mm or more. - 1 = Not available/unknown/unsure
Rules:	Required if B19.05 is 02-10
Notes:	Pathological T stage. Recorded only for most clinically significant tumour in the breast involved as per the Nottingham Prognostic Index. Nottingham Prognostic Index: Formula = (Size in cm * 0.2) + Grade + Nodes (using 1=N0, 2=N1 etc) Required to calculate number with invasive cancer <= 10mm diameter and number with invasive cancer <= 15mm diameter

B19.08

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Total tumour size.
Definition:	Largest diameter of the complete tumour (infiltrating component and/or DCIS component) in mm as measured by pathologist.
Format:	3 digits, 1decimal point, leading 0
Valid values:	Size in mm from 00.0; or 99.9 if 100mm or more. -1 = Not available/unknown/unsure
Rules:	If there is no invasive component this will record the size of the DCIS lesion. In this instance B19.07 would = 00.0
Notes:	Pathological T stage. Recorded only for most clinically significant tumour in the breast involved as per the Nottingham Prognostic Index. Nottingham Prognostic Index: Formula = (Size in cm * 0.2) + Grade + Nodes (using 1=N0, 2=N1 etc)

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Appendix C – Data Set

B19.09

Mandatory?: Yes - National Monitoring data element ☒
Description: Staging : Most clinically significant tumour size
Definition: 2002 TNM classification for cancer size.
Format: 5 characters
Valid values: PTX; pT0 (pT zero); pTis; pTmic; pT1a; pT1b; pT1c; pT2; pT3; pT4
Rules:
Notes: Pathological T stage. Recorded only for most clinically significant tumour in either breast as per the Nottingham Prognostic Index.

Nottingham Prognostic Index: Formula = (Size in cm * 0.2) + Grade + Nodes (using 1=N0, 2=N1 etc)

pTX	Primary tumour cannot be assessed histologically
pTO	No histological evidence of primary tumour
pTis	Carcinoma in situ
pTmic	<= 1 mm
PTla;	>0.1 to 0.5 cm
pT1b;	>0.5 to 1 cm
pT1c;	>1 to 2 cm
pT2;	>2 to 5 cm
pT3;	>5 cm
pT4;	Chest wall/skin

B19.10

Mandatory?: Yes - National Monitoring data element ☒
Description: Staging : Regional Lymph Notes (N).
Definition: 2002 TNM classification for cancer stage.
Format: 5 characters
Valid values: pNX; pN0; pN1mi; pN1; pN2; pN3
Rules: Pathological N stage. Recorded only for most clinically significant tumour in either breast.

pNX = Regional lymph nodes cannot be assessed
pN0 = No regional lymph node metastasis
pN1 = Lymph node metastases > 2mm
pN1mi = Micrometastases >0.2 mm, but none > 2.0 mm in greatest dimension

Notes: Isolated tumour cells (ITC) <0.2 mm are not considered true metastases for this classification.

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.11

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Staging: Distant Metastasis (M).
Definition:	2002 TNM classification for cancer stage.
Format:	2 characters
Valid values:	M0 (M zero); M1; MX; U=Not available/unknown/unsure
Rules:	
Notes:	M0 No distant metastasis, ascertained through negative clinical exam or more testing if deemed appropriate. MI Distant metastasis MX Distant metastasis cannot be assessed. For national consistency in the reporting of MO and MX, it is preferred practice to use MO in preference of MX.

B19.13

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Histological grade
Definition:	Grade refers to a level of malignancy based on histological factors (Australian MDS definition 5.6).
Format:	2 digit
Valid values:	0=No Grading; 1=Grade 1; 2=Grade 2; 3=Grade 3; U=Not available/unknown/unsure
Rules:	If B19.05 = 00 then B19.13 must = 0
Notes:	Record for malignant lesions only (B17.12 = 2), not including DCIS. Indicate overall grade using the modified Bloom and Richardson System in Elston C.W, "Grading of invasive carcinoma of the breast" in Page D.L, Anderson T.J, "Diagnostic Histopathology of the breast", Edinburgh; Churchill Livingston. 1987; 300-311. National profiling. If DCIS only, use 0=No Grading.

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.14

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Clearance from margins: invasive, radial
Definition:	Distance of invasive component from closest radial margin (mm).
Format:	3 digits, leading 0, 1 or 2 letters
Valid values:	As measured 00.0 – 99.9 -2 = reported as clear. No reported measurement -1=Not available/unknown/unsure -99 Not applicable
Rules:	Value only entered if invasive component present (B19.05 is not 00), otherwise use –99
Notes:	This element must be entered for whichever radial margin is the closest invasive margin from any invasive component in that breast i.e. not necessarily for the most clinically significant tumour. Recorded after completion of all surgical procedures. Margins over 99.9mm are reported as 99.9.

B19.15

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Clearance from margins: invasive, subcutaneous, or pectoral fascia
Definition:	Distance of invasive component from closest subcutaneous, or pectoral facia margin (mm).
Format:	3 digits, leading 0, 1 or 2 letters
Valid values:	As measured 00.0 – 99.9 -2 = reported as clear. No reported measurement -1=Not available/unknown/unsure -99 Not applicable
Rules:	Value only entered if invasive component present (B19.05 is not 00), otherwise use –99
Notes:	This element must be entered for whichever subcutaneous or pectoral fascia margin is the closest invasive margin from any invasive component in that breast i.e. not only for the most clinically significant tumour. Recorded after completion of all surgical procedures. Margins over 99.9mm are reported as 99.9. This element measures the closest subcutaneous, or pectoral facia margin from full thickness samples If the skin has been excised, e.g. by mastectomy, then the reported superficial or skin margins are to be recorded as clear (even if the pathologist reports involved superficial/skin margins)

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.16

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Clearance from margins: invasive, unidentified sample
Definition:	Distance of invasive component from closest unidentified margin (mm)
Format:	3 digits, leading 0, 1 or 2 letters
Valid values:	As measured 00.0 – 99.9 -2 = reported as clear. No reported measurement -1=Not available/unknown/unsure -99 Not applicable
Rules:	Value only entered if invasive component present (B19.05 is not 00), otherwise use –99
Notes:	This element must be entered for whichever unidentified margin is the closest invasive margin from any invasive component in that breast i.e. not only for the most clinically significant tumour. Recorded after completion of all surgical procedures. Margins over 99.9mm are reported as 99.9. This element measures the closest margin from samples that have a margin that is unidentified; i.e. it is neither labelled radial nor as being from a full thickness sample, or the sample has not been orientated with markers.

B19.17

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Clearance from margins: non invasive radial
Definition:	Distance of DCIS component from closest radial margin (mm).
Format:	3 digits, leading 0, 1 or 2 letters
Valid values:	As measured 00.0 – 99.9 -2 = reported as clear. No reported measurement -1=Not available/unknown/unsure -99 Not applicable
Rules:	Value only entered if non invasive component present (B19.06 is not 00), otherwise use –99
Notes:	This element must be entered for whichever radial margin is the closest margin from any non-invasive component in that breast i.e. not only for the most clinically significant tumour. Recorded after completion of all surgical procedures. Margins over 99.9mm are reported as 99.9.

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.18

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Clearance from margins: non-invasive, subcutaneous, or pectoral facia
Definition:	Distance of invasive component from closest subcutaneous, or pectoral facia margin (mm)
Format:	3 digits, leading 0, 1 or 2 letters
Valid values:	As measured 00.0 – 99.9 -2 = reported as clear. No reported measurement -1=Not available/unknown/unsure -99 Not applicable
Rules:	Value only entered if non invasive component present (B19.06 is not 00), otherwise use –99
Notes:	This element must be entered for whichever subcutaneous, or pectoral facia margin is the closest from any non-invasive component in that breast i.e. not only for the most clinically significant tumour. Recorded after completion of all surgical procedures. Margins over 99.9mm are reported as 99.9. This element measures the closest margin from full thickness samples. If the skin has been excised, e.g., by mastectomy, then the reported superficial or skin margins are to be recorded as clear (even if the pathologist reports involved superficial/skin margins)

B19.19

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Clearance from margins: non-invasive, unidentified margin
Definition:	Distance of invasive component from closest radial margin (mm)
Format:	3 digits, leading 0, 1 or 2 letters
Valid values:	As measured 00.0 – 99.9 -2 = reported as clear. No reported measurement -1=Not available/unknown/unsure -99 Not applicable
Rules:	Value only entered if non invasive component present (B19.06 is not 00), otherwise use –99
Notes:	This element must be entered for whichever margin is the closest margin from any non-invasive component in that breast i.e. not only for the most clinically significant tumour. Recorded after completion of all surgical procedures. Margins over 99.9mm are reported as 99.9. This element measures the closest margin from full thickness samples. This element measures the closest margin from samples that have a margin that is unidentified; i.e. it is neither labelled radial nor as being from a full thickness sample.

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.20

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Oestrogen receptor status
Definition:	Oestrogen receptor status
Format:	1 Letter
Valid values:	ER status: N = negative P = positive U = Not available/unknown/unsure
Rules:	Data entry required for primary invasive tumours i.e. if B19.05 contains a value of 02-09.
Notes:	

B19.21

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Progesterone receptor status
Definition:	Progesterone receptor status
Format:	1 Letter
Valid values:	PR status: N = negative P = positive U = Not available/unknown/unsure/not applicable
Rules:	Data entry required for primary invasive tumours i.e. if B19.05 contains a value of 02-09.
Notes:	

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.22

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Multiple tumours
Definition:	The presence of more than one tumour in the breast containing the most clinically significant tumour
Format:	1 Letter
Valid values:	Y = yes N = no U = not available/unknown/unsure
Rules:	
Notes:	Tumours are considered multiple when the pathologist reports more that one discrete tumour.

B19.23

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Source of pathology data
Definition:	
Format:	1 digit
Valid values:	1 = Cytology; 2 = Standard Core; 3 = Large core/suction biopsy, i.e. Mammotome; 4 = Abbi; 5 = Open excision including excision biopsy; 6 = Autopsy; U = not available/unknown/unsure
Rules:	The source of the cancer data is to be supplied if B19.05 or B19.06 contains a value.
Notes:	B19.23 records the most significant source of pathology data. (The values above are sequenced from the least to the most significant source).

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Appendix C – Data Set

Staging & Grading of Cancer - Cancer Detail, Continued

B19.24

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Lymphovascular invasion
Definition:	Nests of tumour cells in endothelium – lined spaces
Format:	1 number or letter
Valid values:	1 = present 2 = absent U = Not available/unknown/unsure
Rules:	Data entry required for primary invasive tumours i.e. if B19.05 contains a value of 02-09.
Notes:	If the pathologist report says 'possible lymphovascular invasion', the value is -1

B19.99

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Staging and Grading Data Collection Status
Definition:	Status of Data not Collected
Format:	1 digit
Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other
Rules:	If B19.99 equals 1-9 then all other data validation rules for B19.03 – B19.24 can be ignored
Notes:	If Woman attended an overseas treatment provider then B19.99 should equal 2, even if all data can be collected.

Appendix C – Data Set

Treatment

Recording Surgical and Adjuvant Treatment Data

A single data stream of surgical treatment information is recorded for each woman referred to treatment from BreastScreen Aotearoa. This information is required for statistical monitoring. For the purpose of monitoring the Programme at a national level, it is not necessary to have multiple lesion tracking or surgical procedure tracking.

Once assessment is complete, and a definitive diagnosis made, the assessment records are sent through to NZHIS, in the month following assessment. If Final Diagnosis (B18.07) = "3 - Cancer" then the patient is referred for treatment. A set of treatment forms are sent by the Lead Provider, along with the patient referral forms, to the Treatment Provider.

Surgical Treatment (BSAB20), and Staging & Grading of Cancer (BSAB19) forms are to be filled out by Treatment Providers for every woman referred to treatment, in the month following completion of Surgical Treatment. One form of each is required for each woman. Completed surgical data forms and staging and grading information (Histology reports) are to be returned to the Lead Provider within two months.

In general, Surgical Treatment is expected to be finished 2 months following the referral to a Treatment Provider, e.g. within 3 months of the date of notification of final biopsy results (B18.06).

Radiotherapy information is to be filled in on completion of the course of radiotherapy treatment by the Radiotherapist. Radiotherapy treatment is expected to be finished 6 months following the referral to a Treatment Provider. The form ‘Other Treatment’ (BSAB24) is to be completed by Oncology providers and sent back to Lead Providers in the following month, e.g. within 7 months after the date of notification of final biopsy results (B18.06).

Once received by Lead Providers, these forms will then be entered into the Lead Providers treatment module, within their IM system, and sent to NZHIS by the 20th of the month following receipt of each form.

Appendix C – Data Set

Surgical Treatment

Generic rules

For recording purposes, surgery results exclude open biopsy where the open biopsy is used to complete the assessment process (i.e. to enable a definitive diagnosis).

If other surgical procedures are completed at the same time as a diagnostic biopsy, then items B20.01 - B23.06 are required to be completed where relevant.

If a patient has multiple operations 'Type of Breast Surgery' (B21.03) will record the most significant procedure. 'Number of Operations' (B21.05) will record the multiple operations e.g. if a patient has an Excision Biopsy, a Sector Resection, and then a Mastectomy, B21.03 will record the Mastectomy, and B21.05 will record 3 operations.

Date of first surgical treatment procedure (B20.04) will record the date of the first procedure.
Date of final surgical procedure (B21.06) will record the date of the last procedure.

If open biopsy is the only surgical procedure, then that date is used as the first and the last surgical treatment procedure dates.

Appendix C – Data Set

Surgical Treatment

Primary Treatment Planning

B20.01

Mandatory?:	Yes - National Monitoring data element	☒
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	NZHIS rules apply.	
Notes:	As per NZHIS data requirements (NZHIS reference A0012).	

B20.02

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Screening episode.	
Definition:	See B03.02	
Format:	2 digits : leading 0	
Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).	
Rules:	See B03.02	
Notes:	See B03.02	

B20.04

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Date of first breast surgical treatment procedure.	
Definition:	Date of first breast surgical treatment procedure.	
Format:	DDMMCCYY	
Valid values:	n/a	
Rules:	Must be greater than, or equal to, date of notification of first and second level assessment results (B16.03).	
Notes:	Should be the date of first breast surgery by the Treatment Provider unless an assessment open biopsy is the only surgical procedure. Required to determine time taken from reporting diagnostic results to first surgical treatment. If surgery is performed in conjunction with the assessment open biopsy then this date will be the same as B18.05.	

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Appendix C – Data Set

Surgical Treatment, Continued

Surgery Detail

B21.02

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Provider
Definition:	Identifier of the surgery provider.
Format:	4 digit or 7 character (if private provider)
Valid values:	n/a
Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record "Private" in this element.
Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

B21.03

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Type of breast surgery.
Definition:	Type of breast surgery performed on breast containing primary tumour.
Format:	1 digit
Valid values:	0=None recommended; 1=None, patient declined; 2=Excision biopsy; 3=Wide local excision (or Sector resection) 5=Mastectomy; 9=Other
Rules:	
Notes:	Type of breast surgery = major surgery and does not include surgery for complications, axillary or reconstruction. If assessment open biopsy is the only surgical treatment, then B21.03 = 2 and B20.04 = B18.05 and B21.05 = 1 and B21.06 = B18.05. If B21.03 = 0 or 1, then B21.05 must = 0. Required to calculate number receiving surgery of different kinds.

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Appendix C – Data Set

Surgical Treatment, Continued

Surgery Detail, Continued

B21.04

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Contralateral breast surgery
Definition:	Surgery performed on the opposite breast
Format:	1 digit
Valid values:	0=None; 2=Removal of benign abnormality; 3=Removal of cancer; 4=Surgery to achieve symmetry/comesis in relation to cancer containing breast; 5=Prophylactic mastectomy alone; 6=Prophylactic mastectomy with reconstruction; 9=Other
Rules:	If there are 2 cancer detail records for staging and grading of cancer (i.e. B19.03- 19.08) then B21.04 must be greater than 0.
Notes:	Data to inform this element is to be collected at the time of initial breast surgery. When a value of "9" is recorded a description of "other" is required. Required to calculate number receiving surgery of different kinds.

B21.05

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Number of operations
Definition:	Total number of breast excisional operations
Format:	1 digit
Valid values:	0-9
Rules:	0 can only be valid if B21.03 = 0 or 1
Notes:	When assessment open biopsy is the only procedure the number of operations = 1, otherwise assessment open biopsy is not counted in the number of operations. An 'operation' = any number of procedures carried out under a single anaesthetic, does not include surgery for complications, axillary or reconstruction. Should be able to be derived from operational data.

B21.06

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Date of final surgical procedure
Definition:	
Format:	DDMMCCYY
Valid values:	n/a
Rules:	Must be greater than or equal to B20.04. B21.06 can be null if there have been no procedures. B21.06 does not include further surgery for complications or axillary surgery.
Notes:	None

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Appendix C – Data Set

Surgical Treatment, Continued

Surgical Management of the Axilla

B22.03

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Type of axillary dissection performed	
Definition:	An axillary dissection requires removal of axillary contents to a stated level.	
Format:	2 digit	
Valid values:	0 = None; 1 = Sampling; 2 = Axillary Level 1; 3 = Axillary Level 2; 5 = Axillary Level 3; 6 = Sentinel node surgery only U = Not available/unknown/unsure	
Rules:		
Notes:	Incidentally found nodes, such as those found during mastectomy are not included and are entered as 0.	

B22.04

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Date of nodal staging procedure	
Definition:		
Format:	DDMMCCYY	
Valid values:		
Rules:	B22.04 must be equal to or after B20.04	
Notes:	None	

B22.06

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Number of nodes examined by pathologist.	
Definition:	Number of regional nodes sampled.	
Format:	2 digits: leading 0 if a single digit	
Valid values:	0-99 U=Not available/unknown/unsure	
Rules:		
Notes:	Includes sentinel, intramammary, subscapular, supraclavicular, and axillary nodes	

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Appendix C – Data Set

Surgical Treatment, Continued

Surgical Management of the Axilla, Continued

B22.07

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Number of nodes found positive.	
Definition:	Number of regional nodes involved.	
Format:	2 digits: leading 0 if a single digit	
Valid values:	0-99 U=Not available/unknown/unsure	
Rules:	If B22.03=6 and B22.11=5 then B22.07 must equal 0	
Notes:	Includes sentinel, intramammary, subscapular, supraclavicular and regional nodes Required to calculate number with cancers, which involve regional nodes and appropriateness of further treatment offered. Isolated tumour cells are not considered nodal metastasis	

B22.11

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Sentinel node involvement	
Definition:	Indicates if any sentinel node(s) contained breast cancer	
Format:	1 digit	
Valid values:	0 = Not Performed 1 = Node(s) negative; 2 = Node(s) positive; 3 = Sentinel node biopsy attempted but no sentinel node identified 4 = Sentinel nodes positive on immunohistochemistry (note micro-metastasis 0.2 –2mm) 5 = ITC < 0.2mm on immunohistochemistry U = Not available/unknown/unsure	
Rules:		
Notes:		

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Appendix C – Data Set

Surgical Treatment, Continued

Breast Reconstruction

B23.05

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Reconstruction	
Definition:		
Format:	1 digit	
Valid values:	0=None; 1=Immediate reconstruction; 2=Delayed reconstruction; U = Not available/unknown/unsure	
Rules:	None	
Notes:	National comparison. An immediate reconstruction is one that is performed at the time of initial surgical therapy for the cancer. A delayed reconstruction is a reconstruction that is performed at some time after surgical treatment of the breast cancer has been completed and where the only indication for a further operation is to perform a breast reconstruction. This data element does not record whether the woman's decision was delayed or not but whether she had an immediate or delayed reconstruction operation.	

B23.99

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Surgical Data Collection Status	
Definition:	Status of Data not Collected	
Format:	1 digit	
Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other	
Rules:	If B23.99 equals 1-9 then all other data validation rules for B20.03 – B23.05 can be ignored	
Notes:	If Woman attended an overseas treatment provider then B23.99 should equal 2, even if all data can be collected.	

Appendix C – Data Set

Other Treatment

Generic rules

Radiotherapy, endocrine manipulation and chemotherapy treatment information is recorded on the Other Treatment (BSAB24) form.

Endocrine manipulation and chemotherapy information is to be filled in at the commencement of endocrine manipulation and chemotherapy treatment.

Radiotherapy information is to be filled in on completion of the course of Radiotherapy treatment.

Radiotherapy treatment is expected to be finished 6 months following the referral to a Treatment Provider, so BSAB24 should be completed by Treatment Providers and sent back to Lead Providers in the following month. E.g. within 7 months of date of notification of final biopsy results (B18.06).

A record for each type of treatment is required for each patient referred to treatment, even if this record shows that this type of treatment was not used, or data could not be collected fully.

Appendix C – Data Set

Other Treatment, Continued

Endocrine Manipulation

B24.01

Mandatory?:	Yes - National Monitoring data element ☒
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	None
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B24.02

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Provider
Definition:	Identifier of the treatment provider.
Format:	4 digit or 7 character (if private provider)
Valid values:	n/a
Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record "Private" in this element.
Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

B24.03

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Type of endocrine manipulation.
Definition:	Hormonal treatment or elimination of ovarian function.
Format:	1 digit
Valid values:	0 = None; 1 = SERM (selective oestrogen receptor modulator e.g. Tamoxifen); 2 = Ovarian ablation; 7 = Aromatase inhibitor/hormonal therapy; 9 = Other U = Not available/unknown/unsure
Rules:	
Notes:	If value recorded is "9" then name/description of other treatment must be recorded. Required to calculate number receiving hormonal therapy.

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Appendix C – Data Set

Other Treatment, Continued

Endocrine Manipulation, Continued

B24.99

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Endocrine Manipulation Data Collection Status
Definition:	Status of Data not Collected
Format:	1 digit
Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other
Rules:	If B24.99 equals 1-9 then all other data validation rules for B24.03 can be ignored
Notes:	If Woman attended an overseas treatment provider then B24.99 should equal 2, even if all data can be collected.

Appendix C – Data Set

Other Treatment, Continued

Chemotherapy

B25.01

Mandatory?:	Yes - National Monitoring data element ☒
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	None
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B25.02

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Provider
Definition:	Identifier of the treatment provider.
Format:	4 digit or 7 character (if private provider)
Valid values:	n/a
Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record "Private" in this element.
Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

B25.03

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Chemotherapy offered
Definition:	
Format:	1 character
Valid values:	Y=Yes; N=No U=Not available/unknown/unsure
Rules:	None
Notes:	Chemotherapy is deemed to have been offered if chemotherapy options were discussed.

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Appendix C – Data Set

Other Treatment, Continued

Chemotherapy, Continued

B25.04

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Patient accepted
Definition:	Patient accepted therapy offered
Format:	1 character
Valid values:	Y=Yes; N=No U=Not available/unknown/unsure
Rules:	None
Notes:	None

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Appendix C – Data Set

Other Treatment, Continued

Chemotherapy, Continued

B25.05

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Date of first treatment	
Definition:		
Format:	DDMMCCYY	
Valid values:	n/a	
Rules:	Must be after Date of notification of 1st and 2nd level assessment results to the woman (B16.03)	
Notes:	None	

B25.06

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Type of chemotherapy.	
Definition:	Name of chemotherapy drug regime.	
Format:	2 digits	
Valid values:	0 = None; 1 = CMF; 3 = AC/EC; 4 = Doxorubicin; 5 = Taxane; 9 = Other	
Rules:	Must be able to record a combination of two valid values (e.g. 1 and 3)	
Notes:	Herceptin is recorded as 9. CMF = cyclophosphamide, methotrexate, 5-fluorouracil (5FU) AC/EC = adriamycin (AKA doxorubicin) or epirubicin and cyclophosphamide. Doxorubicin = also known as Adriamycin. Taxane includes paclitaxel (Taxol) or docetaxel (Taxotere) Required to calculate number receiving chemotherapy.	

B25.99

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Chemotherapy Data Collection Status	
Definition:	Status of Data not Collected	
Format:	1 digit	
Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other	
Rules:	If B25.99 equals 1-9 then all other data validation rules for B25.03 – B25.06 can be ignored	
Notes:	If woman attended an overseas treatment provider then B25.99 should equal 2, even if all data can be collected	

Appendix C – Data Set

Other Treatment, Continued

Radiotherapy

B26.01

Mandatory?:	Yes - National Monitoring data element	☒
Description:	NHI Number	
Definition:	NZHIS definition.	
Format	3 alpha plus 4 numeric characters	
Valid values:	n/a	
Rules:	None	
Notes:	As per NZHIS data requirements (NZHIS reference A0012). Required to calculate: no. receiving radiotherapy.	

B26.02

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Provider	
Definition:	Identifier of the treatment provider.	
Format:	4 digit or 7 character (if private provider)	
Valid values:	n/a	
Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record "Private" in this element.	
Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138) Note where a woman has been sent overseas for treatment by a NZ DHB, B26.02 should record the NZ DHB Health Agency Code and B26.99 should equal 2	

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Appendix C – Data Set

Other Treatment, Continued

Radiotherapy, Continued

B26.05

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Radiotherapy given
Definition:	
Format:	1 character
Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure
Rules:	None
Notes:	None

B26.06

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Radiotherapy to breast/chest wall (bcw)
Definition:	Radiotherapy to breast/chest wall
Format:	1 character
Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure
Rules:	None
Notes:	Required to calculate number receiving radiotherapy.

B26.07

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Date of first radiotherapy treatment (bcw)
Definition:	Date of first treatment
Format:	DDMMCCYY
Valid values:	None
Rules:	Required if radiotherapy to breast/chest wall (bcw) is yes (B26.06='Y'). Must be after Date of notification of 1st and 2nd level assessment results to the woman (B16.03)
Notes:	None

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Appendix C – Data Set

Other Treatment, Continued

Radiotherapy, Continued

B26.11

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Radiotherapy to regional nodes	
Definition:	Radiotherapy to axilla, supraclavicular, and/or internal mammary nodes.	
Format:	1 character	
Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure	
Rules:	None	
Notes:	Required to calculate number receiving radiotherapy.	

B26.16

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Radiotherapy boost.	
Definition:	Boost	
Format:	1 character	
Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure	
Rules:	None	
Notes:	Required to calculate number receiving radiotherapy.	

B26.99

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Radiotherapy Data Collection Status	
Definition:	Status of Data not Collected	
Format:	1 digit	
Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other	
Rules:	If B26.99 equals 1-9 then all other data validation rules for B26.03 – B26.16 can be ignored	
Notes:	If Woman attended an overseas treatment provider then B26.99 should equal 2, even if all data can be collected.	

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Appendix C – Data Set

Patient Status

Generic rules

Patient Status forms are to be completed five years following the anniversary of diagnosis. E.g. 5 years after Date of Notification of Final Diagnosis Results to the Woman (B18.06).

Note: It is permitted to enter Patient status information annually, or at any stage as information becomes available, prior to the 5 year anniversary.

B27.01 ☒

Mandatory?:	Yes - National Monitoring data element
Description:	NHI Number
Definition:	NZHIS definition.
Format	3 alpha plus 4 numeric characters
Valid values:	n/a
Rules:	NZHIS rules apply
Notes:	As per NZHIS data requirements (NZHIS reference A0012).

B27.02 ☒

Mandatory?:	Yes - National Monitoring data element
Description:	Provider
Definition:	Identifier of the treatment provider.
Format:	4 digit or 7 character (if private provider)
Valid values:	n/a
Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record "Private" in this element.
Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

B27.03 ☒

Mandatory?:	Yes - National Monitoring data element
Description:	Date of last follow up appointment
Definition:	
Format:	DDMMCCYY
Valid values:	n/a
Rules:	None
Notes:	Required to calculate number with cancer detected within 1 year from a clear screen; and number with cancer detected between 1 and 2 years from a clear screen. It is logical that each follow-up would be kept even though nationally only last date is required. Quality standards.

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Appendix C – Data Set

Patient Status, Continued

B27.04

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Clinical Follow-up Status	
Definition:	Follow-up status	
Format:	1 digit	
Valid values:	1=Active follow-up (i.e. follow-up continuing); 2=Patient declined follow-up; 3=Patient discharged; 4=Lost to follow-up	
Rules:	B27.04 must equal "3=Patient discharged" if B27.05 is "3=Dead" B27.04 must equal 2,3 or 4 if B27.05 is "4=Unknown"	
Notes:	None	

B27.05

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Status	
Definition:	Patient status.	
Format:	1 digit	
Valid values:	1=Alive without disease; 2=Alive with disease; 3=Dead; 4=Unknown	
Rules:	B27.05 must equal 1 or 2 if B27.04 is "1=Active follow-up" B27.05 must equal "4=Unknown" if B27.04 is 2,3 or 4	
Notes:		

B27.06

Mandatory?:	Yes - National Monitoring data element	☒
Description:	Date of recurrence	
Definition:		
Format:	DDMMCCYY	
Valid values:	n/a	
Rules:	B27.06 must contain a valid date if B27.05 is "2=Alive with disease"; otherwise blank.	
Notes:	None	

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Appendix C – Data Set

Patient Status, Continued

B27.08

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Date of death
Definition:	
Format:	DDMMCCYY
Valid values:	n/a
Rules:	B27.05 should indicate “Dead” (B27.05=3)
Notes:	None

B27.09

Mandatory?:	Yes - National Monitoring data element ☒
Description:	Cause of death
Definition:	Cause of death
Format:	1 digit
Valid values:	1=Breast cancer; 9=Other
Rules:	B27.05 should indicate “Dead” (B27.05=3)
Notes:	None

Appendix C – Data Set

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Appendix D – Glossary of Terms

Glossary of Terms

This Appendix describes terms commonly used in this document.

Term	Definition
Asymptomatic	Women who do not have symptoms of breast cancer (MOH 1995).
Biopsy	A sample of a breast abnormality, or the whole abnormality, is removed and examined under a microscope by a pathologist to determine whether it is cancer (MOH 1995).
BSA	BreastScreen Aotearoa (see also "Programme").
Code of Health and Disability Consumers Rights	The code prescribed by regulations under the Health and Disability Commissioner Act 1994.
FNA	Fine needle aspiration
FTE	Full time equivalents (work force term).
Funder	National Screening Unit, its agent, nominee, or successor.
GP	General practitioner.
GP/PCP	General Practitioner or Primary (Health) Care Provider.
Health Information	Used to explain the information made available to individual women as part of their personal health care.
Interval cancer	True Interval Cancer - screening mammogram normal but current mammogram shows cancer. Occult Interval Cancer - screening mammogram normal, current mammogram normal False Negative Interval Cancer - screening mammogram was abnormal, but this abnormality was not reported ("missed cancer") Interval Cancer with Minimal Signs - screening mammogram abnormal on "blind review", but not sufficient to recall for assessment, OR, retrospective review of screening mammogram shows a subtle sign Unclassified Interval Cancer - no mammogram taken at presentation, so cannot tell if it is seen on mammogram to compare with screening mammogram.
IT Group	Information Technology Group.
Lead Provider	A service provider who contracts with the Funder to provide services purchased as a result of the RFP. This term encompasses those individuals or organisations who act as a nominee, agent or subcontracted provider to a Lead Provider.

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Appendix D – Glossary of Terms

Term	Definition
Mammography	Screening by x-ray, not diagnostic x-ray.
MOH	Ministry of Health.
Multidisciplinary	An approach where a range of health providers and workers come together and work as a team with the woman as the focus.
NHI	National Health Index: a mechanism for identifying uniquely every health care user by assigning each a unique identifying number, administered by the New Zealand Health Information Service (NZHIS) on behalf of the Crown.
NSU	National Screening Unit
NZHIS	New Zealand Health Information Service.
Participant	An individual who is participating in the Breast Cancer Screening Programme.
PCP	Primary (Health) Care Provider.
Programme (the Programme)	The national Breast Cancer Screening Programme (see also "BSA").
RFP	Request for Proposal.
The Code	See "Code of Health and Disability Consumers Rights".

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