

BREAST IMAGING AND CBE LOG: WH-100 (Previously known as ACH-100)

1. The Breast Imaging and Clinical Breast Exam (CBE) Log is a mandatory form that is used by the state Case Management Coordinators as a quality review tool and should be made available upon request from KDPH, DWH staff.
2. The Breast Imaging and CBE Log is required for use by the local health department NCM for monthly quality reviews to ensure all patients receiving breast cancer screening receive a complete follow-up. The nurse will review each page until that page is marked as having all patient follow-up completed. All patients listed should be marked as receiving complete follow-up, work-up refused, or lost to follow-up to be considered complete.
3. A lab label should be placed on The Breast Imaging and CBE Log after the patient is scheduled for the exam and/or when the patient receives a CBE.
4. When the breast imaging (mammogram, breast MRI, or breast ultrasound) result is received, it must be reviewed, initialed by a nurse and appropriate BI-RADS™ code recorded in the results column. Be sure to also include the type of breast imaging that was done, the date imaging was completed, and the date results were received in this column. The NCM will also complete the rest of the information on The Breast Imaging and CBE Log when it becomes available. The date for the next imaging for breast cancer screening should not be entered onto the form until all diagnostic services are completed and the next screening is ordered by the physician.
5. Enter into PSRS and supplemented as appropriate.
6. [Use the information below as a reference for coding breast imaging results on this form:](#)

Breast Imaging (BI-RADS) Results:

0 = Assessment is Incomplete
1 = Negative
2 = Benign Finding
3 = Probably Benign
4 = Suspicious Abnormality
5 = Highly Suggestive of Malignancy
6 = Known Biopsy-Proven Malignancy

U = Technically Unsatisfactory (not a BI-RADS) Image
could not be read by radiologist

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MONTH/YEAR _____

PATIENT IDENTIFICATION (MAY USE LABEL)	KW/CSP (Y/N)	CBE RESULT: Date:	TYPE OF IMAGING: Date completed: RESULTS (BI-RADS): Date results received:	NEXT SCREENING MAMM and/or MRI Due Date:	SELECT ONE: 1. Work-up complete 2. Work-up refused 3. Lost to follow-up Date completed: