PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
			Checking the box "CRC detected/suspected, refer for further evaluation/treatment for cancer" or "CRC detected, no further evaluation/treatment needed. Recall for routine screening." on page 4 of the CRC screening form will position the User on the first page of the post-screening form to enter the appropriate eligibility information.	
1	Program Eligibility	Is client eligible for additional work-up, treatment, or case management services by Program?	Eligible for diagnostic, treatment, and/or case management services in CRF Program, when indicated (e.g., surgery, chemotherapy, additional procedures such as sigmoidoscopy or colonoscopy for someone with a positive FOBT who is known to not be eligible for additional expensive screening, etc.). Your response to this field will determine how the rest of this form is completed. - If you check either of the "Yes" choices, the CDB will take you directly to page 2 of this form. - If you select "No" or "Unknown" you will be able to enter data into the "Ineligible Client" fields on page 1. You will then be positioned at the Cycle Closure page without ever going to page 2.	Yes
			Yes, funds available: Client needs more care and: 1) Client meets income, insurance, and residence eligibility of Program, 2) Client has signed "long form" consent, and 3) CRF funds are available and being used to pay part or all of the medical care. (This may include clients who have no coverage, or those, for example, who get Medical Assistance but on whom you are spending CRF funds for services not covered by MA or other insurance.)	
			***Yes, but funds NOT available*:** Client needs more care and: 1) Client meets income, insurance, and residence eligibility of Program, 2) Client has signed "long form" consent, and 3) CRF funds are NOT available to pay for any part of their medical care so you have linked the client to another payment source, e.g. Medical Assistance (MA), Maryland Cancer Fund (MCF), Maryland Health Insurance Plan (MHIP), Charity Care or some other source of funding so cover the expenses incurred for diagnosis and/or treatment. Checking "Yes, but funds not available" will allow you to reflect your case management required to link a client to care and guide them through the process and to document the findings and outcomes on clients you case manage (e.g., stage, type of treatment).	

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
1	Program Eligibility	Is client eligible for additional work-up, treatment, or case management services by Program?	**No:** 1) Client needs more care; and 2) Client does not meet income, insurance, age, or residence eligibility of Program. For example, if your program does not require written documentation of eligibility for screening and upon request for that documentation to determine eligibility for treatment you discover that the client is over-income and therefore not eligible for treatment funds, or client had a positive FOBT but has private medical insurance that will cover diagnosis and treatment, then client should be entered as "No." Please note that if the client was screened by colonoscopy in your program and is now insured due to linkage done by your program to assist the client in covering diagnosis and treatment costs then the client should be entered as "Yes" for eligibility, rather than as "No" as this was the client's status at the time of eligibility assessment. (See above.)	Yes
			Unknown: Client declines to provide the Program with the information necessary to determine eligibility. Program is unable to obtain necessary eligibility information, e.g., client is lost to follow-up before eligibility is determined.	
	Ineligible Client	Reason for Ineligibility	Check all that apply:	No
			Age: Client does not fall in the specified age range for diagnosis or treatment as specified by the Program.	
			Income: Client's income is too high to meet the eligibility criteria.	
			Health Insurance: Client had health insurance when first enrolled in the Program (e.g., private, Medicaid, Medicare, military) that will cover the costs associated with the needed diagnostic and/or treatment procedures. As noted above, if the client obtained insurance through linkage by your program for diagnostic and/or treatment services, the client should not be considered ineligible in this cycle due to insurance.	
			Residency: Client does not meet residency criteria as specified by the Program (e.g., does not live in Maryland or has moved out of state before initiating additional procedures or treatments).	
			Other, specify: Check "other" and enter reason if not covered above.	
1	Ineligible Client	Was ineligible client referred elsewhere for diagnosis/ treatment?	All ineligible clients who need further evaluation for abnormal findings should be referred. This can be a referral to a specific health care provider (HCP)/physician/practice OR can be a recommendation in writing, that the client seek out a gastroenterologist for further evaluation or at least contact his own primary care physician to seek out further diagnostic options. If the client refused a referral or was lost to follow-up before a referral could be made, please note this in the "Comments" section.	Yes

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
		Ineligible Client Outcome	- Choose only one: - In order to complete this section, you will need to contact the client to see if the client was seen by the HCP to which he/she was referred for follow-up. It is important to do this so you can document the outcome of that follow-up effort. Per latest Standards of Care for Case Management, you should make at least one contact after referring the client to determine the outcome of the referral and to make sure the client has followed through with the provider for care; if not reached or if client has not followed through, send the client the recommendations by certified letter.	Yes
			- Choose only one.	Yes
			Client consulted/scheduled appt./saw HCP: Check this one if the client tells you he/she has consulted with, scheduled an appointment with, or has seen an HCP regarding the positive findings, even if it is not the specific HCP to whom you referred the client.	
			Client declined to see HCP: Check this one if the client tells you he/she is not planning on consulting or seeing an HCP for the positive findings.	
			Client plans to see HCP: Check this one if the client tells you he/she has not yet contacted an HCP regarding the positive findings, but is planning to do so. If you call the client at a later date and the client has contacted or seen the HCP, you can change this to the first choice.	
			Client lost to follow-up: If you are unable to locate the client to find out if the client did see an HCP, then you should choose this option. Please document in "Comments" what efforts were made to contact the client.	
		Final disposition of ineligible clients who contacted an HCP	- Choose only one.	Yes
			- You will only be able to enter a final disposition if you have selected "Client consulted/scheduled appt./saw HCP" from above.	
			-The information for this section may be provided by the client, a family member, or the HCP who saw the client. Please specify in "Comments" the source of the information as this will affect the cycle closure.	
1	Ineligible Client	Final disposition of ineligible clients who contacted an HCP	*Not Cancer:* If client, family member, or HCP reports that the client had a colonoscopy or other procedure such as surgery that ruled out cancer, choose this option.	Yes
			Refused: If you cannot get the outcome of the HCP visit because the client, family member or doctor does not want to provide you with this information, choose this option.	
			Unknown: If you cannot reach the client to find out the outcome of the visit, or if the client does not know the results of the procedure, then choose this option and document in "Comments" what efforts were made to contact the client.	

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
			Other, specify: If the client, family member, or HCP says tests were not done to rule out cancer, then choose "Other" and specify why the tests were not done or why they were inconclusive. *Adenoma:* If the client, family member or HCP says one or more adenomatous polyps were found, choose this option. *- If the adenoma required surgery, specify treatment status:* - If the adenoma was removed during the screening procedure (i.e., sigmoidoscopy or colonoscopy), you should select "treatment not indicated." - If surgery was recommended and the client did undergo the procedure, select "started treatment." - If the client refused the surgery, select "refused treatment." - If the client was lost to follow-up (so you are not sure what the treatment status is) or if the client has moved out of the area, select the appropriate box. - If none of these options explain the outcome, select "other" and specify. *Cancer, specify type:* This refers to **colorectal cancer**. If the client, family member, or HCP says that colorectal cancer was found, specify the type here (e.g., adenocarcinoma, carcinoid, lymphoma, etc.). If another type of cancer was found (for instance a metastasis from another organ to the colon), check Other, specify (above), do ***not*** check Cancer here, and note more in Comments. - If the client is diagnosed with colorectal cancer in response to a follow-up to a positive finding from a CRC screening test done in your program (e.g. positive FOBT), then that cancer will be counted as a cancer found in your program (and the cycle should be closed as "Cancer Detected"). *If the (colorectal) cancer required surgery, specify treatment status*: - If the cancer was removed during the screening procedure (i.e., sigmoidoscopy or colonoscopy), select "treatment not indicated" because treatment was completed during the diagnostic workup (and explain in the Comments). - If surgery was recommended and the client did undergo the procedure, also select "started treatment." - If surgery was required but the client refused the surgery, select "refused treatment." - If CRC was identified, surgery recommended but the client was lost to follow-up and you are not sure what the treatment status is or if the client has moved out of the area, select the appropriate box: "lost to follow-up" or "moved', respectively. - If none of these options apply, select "other" and then specify what "other" means.	
1	Ineligible Client	Comments	Enter any comments pertinent to the diagnosis. Please indicate what efforts were made to contact the client if you were unsuccessful in your attempts. If you were successful, please indicate the *source of information* for the follow-up outcome.	No

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
	Cycle Closure (for Ineligible Clients or Clients with Unknown Eligibility)	Date Cycle Closed	You should close the cycle when: - 1) you have successfully contacted the client and the client has completed all recommended screening and all the results that are available to you have been obtained and documented; - 2) the client has refused further follow up for screening, diagnosis, or treatment; - 3) the client, family member, or HCP has refused to provide information regarding the follow-up outcome; or - 4) you have exhausted your efforts to contact the client to determine the outcome.	Yes
		Cycle Outcome	Choose one option: *Cancer detected*: Ineligible client on whom you get a verbal report from the client or verbal or written documentation from a provider or laboratory of "colorectal cancer" based on the results of colonoscopy, sigmoidoscopy, or surgery, etc. *No cancer detected*: Ineligible client on whom you get verbal or written documentation from a provider or laboratory of "no cancer" based on the results of colonoscopy, sigmoidoscopy, surgery, etc. *No cancer suspected*: Ineligible client on whom you get a verbal report from the client of "no cancer" based on results of colonoscopy, sigmoidoscopy, surgery, etc. *Abnormal, cancer status unknown:* Ineligible client with an abnormal finding on initial screening (positive FOBT, increased risk, symptoms suggesting CRC) who was referred for further evaluation and for whom no final diagnosis is known. This would include clients whose Ineligible Client Outcome is "client plans to see HCP," "client declined to see HCP," and "client lost to follow-up." It would also include client whose Final Disposition (after contacting an HCP) is "refused" or "unknown."	Yes
		CRC risk based on cycle screening and client and family history	- If a client entered the cycle as average risk and had all the recommended testing completed with NO significant findings (cancer, suspect cancer. adenomas, or inflammatory bowel disease), you should close the cycle as average risk. If the client was at increased risk at the start of the cycle, regardless of the findings of the screening tests, the client will remain at increased risk at cycle closure. All clients who have significant findings on screening (cancer, suspect cancer or adenomas) should close as increased risk. - Please note that symptoms are NOT factored into the risk assessment. A positive FOBT is a symptom that increases the likelihood that the client may be found to have cancer but does not put a person at increased risk of developing cancer and is therefore not a finding that should be considered when assessing risk at cycle closure.	Yes
		Screening Recall	- If the client is eligible for some screening services in your program but not all, you can enter a recall for a procedure for which the client is eligible in your program. - If you want to just contact the client at a future date to reassess eligibility you can enter a recall for "other" and specify a phone call to remind the client to get screened and/or to re-assess eligibility. - If the client is not eligible for further screening in your program you do not need to enter a recall, you can discharge the client.	Yes
1	Cycle Closure	Recall and/or Closure Cycle Comments	You can enter any comments about the cycle that you have not previously noted.	No

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
2	Eligible Client	Diagnosis/ Treatment Payer	Multiple boxes may be selected: mark *all* payers that will be contributing to coverage for diagnosis and treatment. It is important that you document all payers who covered expenses related to the colorectal cancer diagnosis and/or treatment procedures required.	Yes
		Was eligible client referred for evaluation and/or treatment?	This field should be marked "Yes" for all clients who are referred for any consultations, procedures, or treatments beyond the initial screening colonoscopy to rule out, work-up, or treat CRC. If the client is NOT referred, please be sure to indicate why in the "explain" field.	Yes
		Were additional procedures or surgeries completed?	- This field should be marked "Yes" for a client who undergoes any procedures or treatments beyond the initial screening colonoscopy for diagnosis or treatment. - Diagnostic and/or treatment procedures such as CT scans, surgical procedures, chemotherapy and/or radiation therapy should be entered in Additional Procedures, regardless of whether or not the procedure was paid for by the program. The only exception is for clients referred to the program with a CRC cancer diagnosis for treatment, in which case only procedures you paid for should be entered. - You can use the consent form signed by the client to request reports for the diagnostic and/or treatment procedures done. If you are unable to obtain the reports but do know that a procedure was completed and when it was completed you can enter it in Additional Procedures with a note indicating you were unable to obtain the report. - Diagnostic and treatment procedures are entered in the CDB via the "Additional Procedures" drop down box in the upper right hand corner of the CDB Cycle Data Entry screen. For each procedure you entered via Additional Procedures you will be asked to specify if it is a screening, diagnostic, or treatment procedure. Please note that if you enter a repeat colonoscopy as a diagnostic procedure it will not count towards your performance measures. - All surgical procedures must be entered as surgical procedures rather than as "other" procedures in order for the findings to be included in the calculation of the final hierarchical diagnosis done by the CDB. - It is not necessary to enter individual chemotherapy treatments or radiation treatments. You only need to enter the first treatment with a note specifying the type of chemo (for chemo treatments) and treatment plan regarding frequency and duration of treatment anticipated.	Yes
		Final Hierarchical Diagnosis	This is a "system-generated" field, meaning that this value is created by the CDB database program and is based on other field-values which you have previous entered. If the cancer was not found on a screening colonoscopy and you have not entered the surgery in "Additional Procedures" in which the diagnosis is confirmed, this *hierarchical diagnosis* will not reflect the cancer; enter the surgery under Additional Procedures in order to get the corrected hierarchical diagnosis.	System Generated

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
2	Eligible Client	Status of Diagnosis	Select one of the following choices. *Complete* -Work-up has been completed and CRC or anal cancer was found or CRC or anal cancer was ruled out by biopsy or was no longer suspected after consultation. *Refused* -Client refused one ore more of the recommended procedures or consults needed to complete the work-up. *Moved* -Client moved out of the jurisdiction before the work-up could be completed. *Deceased* -Client died before the work-up could be completed. *Lost to follow-up* -Client was lost to follow-up before the work-up could be completed. Client is determined to be lost to follow-up when a letter is returned indicating the client is no longer at the address and the given phone number is not in service or the client is no longer at that number. *Pending final diagnosis* -Diagnostic work-up is not completed by the time the cycle is closed but is still in progress, e.g., more tests or procedures are needed to complete the diagnosis but it has been a year since the cycle start date so a new cycle must be started. *Chose other provider* -Client has chosen to complete his/her diagnostic work-up with a provider not covered by the program and the results of that work-up are not available to the program. *Treatment only*- Client was diagnosed with CRC prior to starting the cycle and enrolled for treatment only. *Unknown*- The diagnostic status is unknown for a reason other than any of the above. Please note in the comments section why the diagnostic status is unknown.	Yes
		Date of Diagnosis	*If Diagnosis Status* = *Complete* : Enter the date of the procedure that verified the finding of colorectal or anal cancer or the date of the procedure that ruled out colorectal or anal cancer. If the cancer was diagnosed during the screening colonoscopy or sigmoidoscopy then the date of that screening procedure will be the date of diagnosis. If it was a surgical procedure then it will be the date of the surgery. *If Diagnosis Status = Refused, Moved, Deceased, Lost to follow-up, Chose other provider, or Unknown:* Enter an administrative close-out date as the date of diagnosis. If *Diagnosis Status = Pending final diagnosis or Treatment only:* You will not be able to enter a date of diagnosis.	Yes
	Summary of Diagnostic Work-Up and Treatment of Cancer	Was/is cancer treatment recommended?	- This section refers to **confirmed colorectal cancer** cases (adenocarcinoma of colon/rectum, squamous cell cancer of anus, carcinoid, lymphoma) only and not other cancer (e.g., prostate, endometrial, etc.) metastatic to colon/rectum. - If a resection was done for suspected cancer and the lesions turned out to be benign, disregard this question. Enter the surgical procedure and accompanying hospitalization in the "Additional Procedures" section and complete the top half of this page (fields noted above); skip to the Cycle Closure section as the rest of these fields are for cancer cases only. *Yes, completed during screening/diagnosis work-up:* Check this only if the cancer was diagnosed and removed completely during the screening colonoscopy and no further surgery is required. *Yes, further treatment needed:* All confirmed colorectal cases that go to resection or receive chemotherapy and/or radiation should be coded here with the understanding that the "further treatment needed" is any procedure or treatment done beyond the initial screening colonoscopy in which the lesion was found.	Yes

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
2	Summary of Diagnostic Work-Up and Treatment of Cancer	Was/is cancer treatment recommended?	*No:* This would only be for cases in which colorectal cancer was found during the screening procedure and complete removal would require a resection but the doctor does not think the client could withstand the procedure or it may not improve the client's quality of life so further treatment is not recommended.	
		Treatment Type	This is a text field. Briefly describe all treatments including surgical procedures and/or other treatments such as radiation or chemotherapy that were recommended. If the client refused the treatment it should be noted here. Note the source of staging information here.	Yes
		Date first treatment began	If the cancer was removed during the colonoscopy and no resection was done, you should put the date of the colonoscopy here. If the client did go to surgery for a resection or had a repeat colonoscopy to complete removal, you should put the date of that procedure here unless the client had radiation or chemotherapy to reduce the tumor size prior to doing the resection. If that is the case then the date of first treatment would be the first chemotherapy or radiation treatment but ONLY if it precedes the date of surgery.	Yes
		Treatment Status	For most cancer cases, this will be "started/completed." You would choose one of the other options only if the client was lost to follow-up, refused treatment, moved out of your jurisdiction, or chose another provider before having surgery or initiating any other kind of treatment. Leave field blank if "No" to "was/is cancer treatment recommended" above.	Yes
			All staging information, tumor, nodes, metastases and stage, should be obtained from the surgical pathology reports and treatment providers. If no surgery has been done, for example in rectal cancers where radiation and chemotherapy may be done prior to surgery to shrink the tumor, you may have to rely on clinical staging from the oncologist. If you are unable to obtain staging information, the staging field(s) should be coded as "unknown." Please specify the source of the staging information in the Treatment type field (see above).	
		Tumor	This is the depth of the tumor as noted on the pathology report for the procedure in which the cancer was diagnosed, usually from the surgical resection (although it may come from the removal of a cancerous polyp at colonoscopy, where the stalk showed evidence of invasion and no cancer was seen on the surgical resection). Depth of the primary tumor, according to American Joint Committee on Cancer staging: T1-tumor invades the submucosa; T2-tumor invades the muscularis propria; T3-tumor invades through the muscularis propria into the subserosa OR into non-peritonialized pericolic or perirectal tissues; T4-tumor directly invades other organs or structures and/or perforates visceral peritoneum; unknown-primary tumor cannot be/was not assessed. Carcinoma in situ (Tis) includes cancer appearing cells confined within the glandular basement membrane (intraepithelial) or the lamina propria (intramucosal). These are now classified as adenomas with high grade dysplasia. We no longer use the term "Tis" in the CDB.	Yes
		Nodes	This is to record whether or not cancer was found in any lymph nodes upon resection. This information will appear on the surgical pathology report. In a report, NX means regional lymph nodes cannot be/have not been assessed. N0 means the lymph nodes submitted for pathology were all negative. N1 means that cancer was found in one or more of the nodes submitted. It is helpful to note in the pathology section of the surgical procedure how many lymph nodes were evaluated and how many of those were positive, e.g., 2 of 8 nodes. (May also be noted as N2 when 4 or more regional lymph nodes show evidence of metastatic cancer.) In the CDB, select whether the nodes were negative (no CRC is present), positive (CRC is present) or unknown.	Yes

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2	Summary of Diagnostic Work-Up and Treatment of Cancer	Metastases	This refers to organ metastases, not just lymph node involvement. Unless the organ metastases is apparent at the time of the surgery, it is generally noted as MX, meaning "unknown" in the surgical pathology report. In a report, MX means distant metastases cannot be/have not been assessed. That is why it is helpful to enter additional procedures such as radiology tests or biopsies done to rule out metastases, e.g. liver scans, chest scans, abdominal ultrasounds, PET scans, or MRI's of the brain. Oncologist notes will often contain a summary of the findings with a statement regarding whether or not organ metastases was found.	Yes
		Stage	This requires evaluation of tumor depth, node involvement, and presence or absence of metastases so the pathology report at the time of the surgery generally does/may not include staging information. This can be found in notes from the treating oncologist and sometimes in the referring surgeon's summary notes if all diagnostic tests have been completed. There is also a document in the CDB Help menu to assist in determining staging, but it is recommended that you speak with DHMH staff before completing this section on your own if you do not have a declarative statement from a treating physician.	Yes
		Hospitalized	All clients who undergo surgery are generally hospitalized, so this should be "Yes" for all clients who are admitted for any diagnostic or treatment procedures. When you check "Yes" in this section, the program *automatically creates a "hospitalization" procedure* which you can find and modify via the "Additional Procedures" part of the CDB. Please do not create a second Hospitalization in Additional Procedures. You should not enter any pathology "findings" for the hospitalization itself. Findings should be noted in the surgical procedures only. You should however, note any complications that may have occurred during the hospitalization, such as a nosocomial infection or a deep venous thrombosis (DVT).	Yes
		Hospice	Mark "Yes" if the client is referred to hospice for home or in-house hospice care. Checking “Yes” in this section will automatically create a “Hospice” procedure (similar to the automatic creation of a “Hospitalization” procedure). Please do not create a second Hospice procedure. You are able to modify the Hospice entry by using the “Additional Procedures” part of the CDB.	Yes
	Cycle Closure (for Eligible Clients)	Date Cycle Closed	You can close the cycle whenever the client has completed all the necessary diagnostic tests to confirm the cancer, and has initiated any recommended treatment (if any was recommended beyond surgery.) You do not need to keep the cycle open throughout the treatment. *You can still add treatment procedures (such as chemotherapy) to the cycle after it is closed.*	Yes
		Cycle Outcome	Please note that the choices for Cycle Outcome on each hard copy form do not include all the options for Cycle Outcome that you will see on the screen. We have added a data entry "pop up box" that picks up inconsistencies in the cycle closure. For example, if there was no finding of colorectal cancer and you accidently chose "Cancer Detected" you will get a pop-up box asking if that is correct. *Cancer detected:* - Cancer confirmed by pathology from a biopsy or surgical specimen. *No cancer detected:* - If cancer was suspected after screening, but ruled out by further diagnostic tests, e.g. surgical resection did not reveal cancer, choose this one. An example of this would be a large high grade adenoma which was suspicious for cancer on screening, but did not contain invasive adenocarcinoma in the surgical resection.	Yes

PAGE #	SECTION	FIELD	GUIDANCE	REQUIRED FIELD
2	Cycle Closure (for Eligible Clients)	Cycle Outcome	*No screening done, cancer diagnosis and treatment only:* - If a client came into the program for further work up or treatment of a confirmed cancer or a lesion suspicious for cancer (and not screened in the program), you can choose this one. - If a client was diagnosed with CRC in an earlier cycle and has returned in a separate cycle for treatment of that cancer or for work-up for suspected metastasis or reoccurrence of that cancer, then this would be the closure for that cycle. *Abnormal, cancer status unknown:* - If cancer was suspected but not confirmed in the screening tests, and the additional procedures needed to confirm the diagnosis were not done or were inconclusive, you would choose this option.	Yes
		CRC risk based on cycle screening and client and family history	- All clients who have been diagnosed with colorectal cancer are considered to be at increased risk. Once risk has been determined to be increased, the system will not allow entry of average risk in subsequent entry of risk fields. - If cancer was ruled out, the risk will be as determined as for any other cycle closure. That is if, a client entered the cycle at average risk and had all the recommended testing completed and the final hierarchical diagnosis is not any of the following, cancer, suspect cancer. adenomas or inflammatory bowel disease, you should close the cycle as average risk. - If the client was at increased risk at the start of the cycle, regardless of the final hierarchical diagnosis, the client will remain as increased risk at cycle closure. All clients who have a final hierarchical diagnosis with a significant finding (e.g., cancer, suspect cancer, adenomas, or inflammatory bowel disease) should close as increased risk.	Yes
		Screening Recall Status	- Clients diagnosed with cancer should be recalled for surveillance screening within one year of their diagnosis. - If the program does not anticipate doing any further surveillance screening on the client because the client, for example, now has coverage for additional colonoscopies, discharge the client at this point. - If the client is not diagnosed with cancer but is in need of follow-up or routine screening, enter the appropriate recall.	Yes