ξE	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
	Program Use Only	Jurisdiction	Local Program/Jurisdiction name. When working in client records, this field is automatically filled (auto fill) with your jurisdiction/program name. You are only allowed to enter and see data for your own program/county.	System generated
		Interviewer	Enter the person's name who interviewed the client to obtain the information for this form, or enter the person's name who reviewed the information provided by the client if the client completed the form him/herself. We highly recommend that you interview the client to obtain this information because clients may not fully understand the questions regarding prostate history and symptoms.	No
		Outreach Worker	If an outreach worker was involved in the recruitment of the client, you may enter the name or initials here.	No
		Educator	If a health educator is working with this client for recruitment or other educational purposes, you may enter the name or initials here.	No
		Case Manager	If a case manager or nurse is assigned to this client, you may enter the name or initials here.	No
		Cycle Start Date (Interview Date)	 The "Cycle Start Date" is the earliest date in the cycle and is usually the date the interview is conducted. Sometimes, however, you may wish to enter a procedure in the cycle that was performed prior to the previously entered cycle start date. This is allowed, but you must first change the cycle start date so that it comes on or before the date the procedure was performed. If your program wants to enter a procedure performed prior to the cycle start date, you must change the cycle start date and the prostate module enrollment date so that they either precede or are the same date as the earliest procedure date. Go to the Client Information Page to change the module enrollment date. The system will not allow you to enter any procedures in a cycle with a date that precedes these dates. The Prostate Module Enrollment date must follow or be the same date as the "Enrollment Date" on page 1 of the Core data entry form. This date on page 1 of the Core data entry form should be the earliest date of all the dates for all the modules in which the client is enrolled. 	
		CDB ID	System generated CDB Client ID number.	System generated
		Local ID	If the client has a local ID and you have entered it on the Core form it will appear here in the CDB.	System generated
		Cycle Number	System generated Cycle Number.	System generated
		Date of Entry into CDB	This will not appear as a data entry field on the CDB computer entry screens. The CDB will generate a date based on the actual date of entry; however, filling out this field on the hard copy form when you enter the data may help ensure that data does get entered.	System generated
		Sponsor	The Program funding the screening, diagnosis, and/or treatment.	Auto fill
- 1	Patient	Last Name	Will auto fill from data in the Core.	System
ا	Information	First Name	Will auto fill from data in the Core.	generated

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
1	Patient Information	Date of Birth	Will auto fill from data in the Core.	System generated
		Age at Screening	 Will auto fill if you click on the field. The age is calculated from the Date of Birth and the Cycle Start Date (Interview Date). If you change the interview date at a later point you may get an error message saying this age does not match with the Date of Birth. If you delete the age in this field and click on it again, it will recalculate the correct age based on the corrected cycle start date. 	System generated
		SSN (last 4 digits)	Will auto fill from data in the Core.	System generated
		Do you have a urologist?	Check "Yes" if client has a urologist and identify the urologist in the next field. Otherwise, check "No/Unknown" if this applies.	No
		If yes, identify the urologist or practice	If the urologist is already in your health care provider (HCP) database, you can select the provider from the drop down list and the contact information entered for that provider will auto fill. If the urologist is not on the list, you can select the "Add Provider" option and a screen will open that will allow you to enter the name of an individual urologist or a practice along with the contact information for that provider/practice.	No
	History	Client History of screening for prostate cancer	If the client has ever been screened for prostate cancer outside of the program , check "Yes"; if not, check "No." If the client is unsure, check "Unknown."	Yes
		Client History of PSA blood test	 Check "Yes" if the client has ever had a PSA blood test outside of the program. Also give date of last test. The date of the last test is a 10 space text field and you may enter a year, a month and year, or a full date. Check "No" if the client has never had a PSA blood test outside of the program. Check "Unknown" if the client doesn't know if he had a PSA blood test or not outside of the program. 	Yes
		Client History of Digital Rectal Exam (DRE)	 Check "Yes" if the client has ever had a Digital Rectal Exam (DRE) outside of the program. Also give date of last test. The date of the last test is a 10 space text field and you may enter a year, a month and year, or a full date. Check "No" if the client has never had a DRE outside of the program. Check "Unknown" if the client doesn't know if he had a DRE or not outside of the program. 	Yes
		Client History of Prostate Cancer	- Check "Yes" if the client has ever had prostate cancer and enter the date of diagnosis. The date of diagnosis is a 10 space text field and you may enter a year, a month and a year, or full date. (Clients who have been diagnosed with prostate cancer can no longer be screened for prostate cancer. All procedures, including PSAs and DREs should be entered on the post-screening form and the cycle must close as "No Screening, Diagnosis and Treatment Only.") - Check "No" if the client has never been diagnosed with prostate cancer. - Check "Unknown" if the client is unsure whether he was ever diagnosed with prostate cancer.	Yes

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
1	History	Family History of Prostate Cancer in blood relative	Blood relative refers to any male related by blood (not by marriage) including first degree male relatives (i.e., father, brother, son) and other male relatives (e.g., grandfather, uncle, cousin). - Check "Yes" if prostate cancer was diagnosed in any blood relative. - Check "No" if there were no blood relatives diagnosed with prostate cancer. - Check "Unknown" if the client is unsure whether or not any blood relatives were diagnosed with prostate cancer. Blood relatives diagnosed with prostate cancer should be entered in the left columns along with the age at diagnosis if known. If you wish to enter more detail about the family history, including age of death of blood relatives, please enter this in the Nurse's Notes. Remember-Only a father, son, or brother are FIRST DEGREE RELATIVES to be considered when determining increased risk due to family history.	Yes
2	Program Use Only	Eligible for Prostate Screening Program?	Eligible for prostate cancer screening, diagnosis, and/or treatment in the Program: - Check "Yes" if client meets age, residence, income, and insurance requirements to qualify for screening, diagnosis, or treatment. Answer "Yes" for clients coming into the Program for Diagnosis and/or Treatment Only. - Check "No" if client does not meet requirements and is not eligible for screening, diagnosis, or treatment in the CRF Program. - The "Not applicable/site not determining eligibility" is no longer applicable as all CRF funded programs doing prostate cancer screening should evaluate all clients for eligibility per program specified requirement prior to screening.	Yes
		Screening Payer	 Indicates the source(s) of payment for the screening procedures. In most cases, for eligible clients, this will be CRF. If the client has insurance that will cover part of the bill and CRF is just paying the co-pay or the deductible, then mark the applicable insurer(s), such as Medicare, and also check CRF. If the sponsor for the screening cycle is anything other than CRF, then that sponsor should be the primary payer for the screening and should be reflected in this field. 	Yes
	Screening Findings	Date Scheduled	Date the screening exam is scheduled.	No
		Date Re- scheduled	Date the screening exam is rescheduled. If the appointment has to be changed for any reason, you can enter the new date here.	No
		Screening Date	Date the screening exam actually took place. This date may or may not be the same as the date scheduled or rescheduled. If the PSA and the DRE are done on different days, enter the date of the DRE here and enter the date of the PSA on page 3. If only a DRE is done for screening (and a PSA was not drawn or you never received and entered the PSA result for some reason), enter the date of the DRE. If only a PSA is done for screening and you received and entered the PSA results (and the DRE was refused or never done), enter the date of the PSA.	Yes
		Screening Location	Indicate where the screening took place, for example, doctor's office, hospital, clinic, etc.	Yes
		Screening Provider	The health care professional who performed test. Choose from drop down, or add health care provider.	No

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
2	Screening Findings	PSA	Note: Prostate cancer screening was suspended FY13. 1. If DRE and/or PSA is done as part of a physical exam, they should be entered in the CRC module in the findings field for the PE. 2. If the DRE is abnormal, suspicious for cancer, or the PSA is elevated and a repeat diagnostic PSA is needed to assess for cancer, then the prostate module should be opened, but only diagnostic procedures should be entered. The first page of the screening form should be completed and eligibility of screening checked as "yes", and then on page 3 "Refer for further eligibility or screening" should also be checked as "yes". This will open the post screening form.	Yes
		DRE	 Check "Not Elevated" if the DRE was not done. Also indicate the reason why. Check "Normal Exam" if the DRE was done and the examiner found the exam to be normal. Check "Abnormal Exam-suggestive of cancer" if the DRE was done and the examiner found the exam to be suspicious for cancer. Check "Abnormal Exam-not suggestive of cancer" if the DRE was done but findings were abnormal although not suggestive of cancer, such as prostatitis or benign prostatic hypertrophy. 	Yes
		DRE Findings	Comment on DRE findings.	No
		Client Refused	-Check if client refused DRE, PSA, or both.	No
3	PSA Results Table #1	Date PSA Scheduled	Date PSA was scheduled.	No
		Date PSA Rescheduled	Date PSA was rescheduled. If the appointment was changed for any reason, you can enter the new date here.	No
		Date Drawn	Date the procedure actually took place. This date may or may not be the same as the date scheduled. If the PSA was drawn on the screening date, this section will auto fill. If the PSA was drawn on a date different from the DRE, enter the date drawn in this space.	Yes
		Lab	Indicate the name of the lab where the specimen was sent. This can either be selected from the drop-down box of health care providers (if it has already been entered as a practice) OR can be entered as text in the "specify other provider" section.	No
		Date Results Received by Program	This is the date that the program received the report (if there is a report) containing the results of the PSA. Please note that the date the client was notified cannot precede this date.	Yes

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
3	PSA Results Table #1	Results in ng/ml	Enter the PSA results here. This is a numeric field in the format [XXXX.XX]. *Note: If the PSA was drawn and there are no results (specimen was lost or there was inadequate blood to perform the test) please do not enter the PSA at all. Return to page 2 and check "Not Drawn" beside the PSA label. If there are no PSA results to enter, we do not want the PSA to be entered as a procedure. Instead, enter a comment about what happened to the specimen under "PSA Comments," which is also on page 2 next to the PSA label. If a PSA is drawn later, you may enter it separately on page 3 with a different date from the DRE date.	Yes
		Comments	Enter any comments.	No
	PSA Results	Date PSA Scheduled	Date PSA was scheduled.	No
	Table #2 - in the event a	Date PSA Rescheduled	Date PSA was rescheduled. If the appointment was changed for any reason, you can enter the new date here.	No
	second PSA is	Date Drawn	Date the procedure actually took place. This date may or may not be the same as the date scheduled.	Yes
	drawn for screening in the same	Lab	Indicate the name of the lab where the specimen was sent. This can either be selected from the drop-down box of health care providers (if it has already been entered as a practice) OR can be entered as text in the "specify other provider" section.	No
	cycle	Date Results Received by Program	This is the date that the program received the report (if there is a report) containing the results of the PSA. Please note that the date the client was notified cannot precede this date.	Yes
		Results in ng/ml	Enter the PSA results here. This is a numeric field in the format [XXX.XX]. If the PSA was drawn and there are no results (specimen was lost or there was inadequate blood to perform the test please do not enter the PSA at all . Return to page 2 and check "Not Drawn" beside the PSA label. If there are no PSA results to enter, we do not want the PSA to be entered as a procedure. Instead, enter a comment about what happened to the specimen under "PSA Comments," which is also on page 2 next to the PSA label. If a PSA is drawn later, you may enter it separately on page 3 with a different date from the DRE date.	Yes
		Comments	Enter any comments.	No
	Initial Results and Recommen dations	Risk Category	 Check "Increased Risk" if the client has one or more of the following: personal history of prior prostate cancer, family history of prostate cancer in father, brother, or son, and/or is African American or African descent. Check "Average Risk" if the client does not have any of the increased risk factors listed above. 	Yes

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
3	Initial Results and Recommen dations	PSA Result	- Check "Elevated" if PSA is 2.5 ng/ml or greater.* - Check "Not Elevated" if PSA is less than 2.5 ng/ml." - Check "Other, specify" in situations where there is no clear PSA result, such as equivocal results. *The definition of "elevated" for PSA levels has changed throughout the years. As a result of this you may see older records in the CDB in which a PSA level between 2.5 and 3.9 was not coded as elevated. Please be sure you are using the latest version of the Prostate Minimal Elements to determine the definition of "elevated" when coding this field.	Yes
		- based on results of DRE	Note: If no screening is done leave blank (coming for dx/tx). Medical Case Manager determines the Initial Impression based on DRE from initial prostate cancer screening exam and PSA level. Check one:	Yes
		and/or PSA testing	Normal findings: Medical Case Manager determines the Initial Impression is normal based on: PSA result not elevated AND normal DRE. If either DRE or PSA is missing, base the Initial Impression on the result of the single test that was performed. Abnormal findings, not suggestive of cancer: Medical Case Manager determines that client had a prostate screening exam and PSA that showed: PSA result not elevated AND DRE finding(s) that were abnormal, not suggestive of cancer, such as prostatitis or benign prostatic hyperplasia. If PSA is not done, base Initial Impression on the DRE alone. This impression does not apply to a man who only had a PSA.	
			Abnormal, needs further evaluation to rule out cancer: Medical Case Manager determines that client had a prostate screening exam and/or PSA that showed: PSA result was elevated AND/OR DRE finding(s) suggestive of prostate cancer, such as nodules or irregularities, that need further evaluation to rule out cancer.	
		Comments	Enter any comments.	No
		ns Medical Case Manager dete Recall for routine screen noted. Repeat PSA within this c case manager suggests a	Note: If no screening is done leave blank (coming for dx/tx). Medical Case Manager determines the Recommendations following the prostate screening. Check all that apply: Recall for routine screening - Select if there is no reason to suspect prostate cancer and no other findings were noted. Repeat PSA within this cycle - Select and enter the date the PSA is to be repeated into the "Date" field if medical case manager suggests a repeat PSA within the next 6 months. The date is a 10 space text field and you may enter a year, a month and a year, or a full date.	Yes
			Refer for further evaluation to rule out cancer - Select if Initial Impression (i.e., screening) is "Abnormal, needs further evaluation to rule out cancer" or if client is coming into program for diagnostic workup (for example, evaluation of an elevated PSA) or treatment. This selection will allow you to go to the post screening form to document further work-up.	

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
	Initial Results and Recommen dations	Recommendatio ns	Refer for other findings: Refer to Select if there is a finding that is not suggestive of prostate cancer and that requires further medical intervention or investigation (such as benign prostatic hypertrophy): Indicate who or what type of health care provider the patient is being referred to. Other, specify - Any other recommendations made by the medical case manager can be entered here.	Yes
	Notification Status	Client Notified of Screening Results	Check "Yes" if the client was notified of the results of his screening by your program. Check "No" If your program was not able to notify the client, and go directly to Cycle Closure. It is important that the program contact the client to make sure he has received the results and understands what he has been told. Check "Yes" only if you are sure that you notified the client of his results. If you attempted to notify the client but were unable to, check "No."	Yes
		Date Program Notified Client	This is the date that your program notified the client, not the date that the doctor notified the client. This date cannot precede the date you received the results.	Yes
		Notified by whom?	Person in your program who notified client of exam results.	No
		Type of Notification	Mark the ways in which you actually reached the client to notify him/her of results. You may have tried numerous ways and these can be documented in the Notification Comments section or Nurse's Notes. But for this section, enter how the client was actually reached for notification. If you successfully notified the client by more than one means, please check all the ways.	No
		Notification Comments	Use this field to document anything about the notification such as attempts to notify, delays in notification, why the client is lost to follow-up, etc.	No
	Cycle Closure	Date Cycle Closed	Enter the date you closed the cycle.	Yes

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
3	Cycle Closure	Date Cycle Closed	Program staff should close a cycle when: 1) the client has completed all screening, diagnosis, and treatment procedures indicated/recommended for that cycle; 2) the client has refused further screening, diagnosis, or treatment; 3) the client is lost to follow-up*; 4) the client is ineligible for further screening, diagnosis, or treatment; 5) the client has chosen to be complete his diagnostic work-up or treatment outside of the program; 6) It has been over a year since the cycle was started**; or 7) the client dies. *How long you wait to determine, for example, that the client is lost to follow-up before closing the cycle is a local decision (refer to local policies/procedures) as long as the cycle does not stay open for more than one year. **If the client is in treatment for more than a year and you are paying for the treatment, you should open a new cycle at least once a year to document the treatment procedures. The core should be updated at that time to ensure the client is still eligible for treatment services and to document any changes that have occurred since the last intake. All procedures in the new cycle will go in as diagnostic. When you close a cycle, consider whether the client needs to be discharged from the Prostate module or from the program entirely (e.g., when a client is lost to follow-up or is deceased). If the client remains active in the module and returns, a new cycle should be opened to reflect the new cycle and the core should be updated at that time.	Yes
		Cycle Outcome	Cancer detected-Cancer detected and confirmed through a biopsy or during surgery. No cancer detected-A biopsy was done for abnormal screening results and no cancer was found. No cancer suspected: - DRE exam normal or abnormal but not suggestive of cancer and PSA not elevated. - PSA not elevated and DRE not performed. - DRE exam normal or abnormal but not suggestive of cancer and PSA not done.	Yes

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PAGE #	SECTION	FIELD	GUIDANCE NOTE: Prostate Cancer Screening was suspended FY 13	REQUIRED FIELD*
3	Cycle Closure		Abnormal, cancer status unknown: - The program was unable to notify the client of an abnormal result following the initial screening. Client had an elevated PSA or DRE that was suggestive of cancer and the program has no more information on diagnosis/treatment; OR - Ineligible clients with an abnormal finding on initial screening, 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 clients whose Final Disposition (after contacting an HCP) is "refused," "unknown," or "other"; OR - Among eligible clients, those who had abnormal screening and further testing is incomplete or has not been conducted because client is lost to follow-up, refused biopsy/work-up, moved, chose other provider, or other reason. No screening done, cancer treatment only-Men who came into the program who were diagnosed with prostate cancer outside of the program and are enrolled for treatment paid for by the program OR men who have already been diagnosed with cancer in the program and are now undergoing further treatment in subsequent cycles. No screening done, cancer status unknown-No screening test (PSA or DRE) performed and no diagnostic or treatment services performed.	Yes
		Screening Recall	Enter the date of the next recall or the number of years after the current screening procedure for each of the procedures recommended. For prostate cancer, the next screening will generally be in 1 year (or may be earlier, if so determined by the medical case manager). The recall should be determined by the provider who performed the procedure and should be included in the provider's written summary note. If the recommended recall interval for next screening does not fall within the guidelines specified in the Prostate Minimal Clinical Elements, the administrative case manager should contact the physician to discuss the case to determine if a change in the recall date is needed. The outcome of this discussion should be documented in the Recall and/or Closure Comments or in the Nurse's Notes. Once this page is saved, the recalls entered here are "locked" and cannot be updated or changed from this page. You will have to go the Recall button on the Client Information page to change the recall date or add a new recall procedure and date. If you or the provider change the recall after you have entered it in the CDB, put a note in the Recall and/or Closure Comments explaining why.	
		Recall and/or Closure Comments	Enter any other notes that you think might be helpful in summarizing the screening cycle.	No
			* Required Field column: The 'must enter' fields for diagnosis & treatment only clients are in bold.	

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