

Breast PIPES Data Entry

Section A – 1: Basic Information 1. Region: 2. District: 3. Date: 4. Name: 5. Respondent Phone: 6. Title: 7. Facility: 8. Address: 9. GPS Lat: _____ Long: _____ 10. Facility Phone: 11. Facility Email: 12. RA: 13. RA Phone:		Section B – 1: Onsite Imaging All [Y/N] + Availability [1/0] Example: Y/1, Y/0 or N 1. CBE 2. Mammogram 3. US 4. XR 5. MRI 6. CT 7. PET 8. Genetics	B – 1 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
Section A – 2: Facility Information 1. Facility Type (1-6): 1 = Teaching 2 = Regional 3 = Metropolitan 4 = Municipal 5 = District 6 = Hospital 2. Facility Ownership (1-5): 1 = Government 2 = Quasi government 3 = Private 4 = CAHG 5 = Other faith based, <i>indicate</i> 3. Breast clinic [Y/N]: 4. Cervical clinic [Y/N]:	A – 2 1. _____ 2. _____ 3. _____ 4. _____	Section B – 2: Mammogram Sub Survey 1. Keep records [Y/N]: 2. Number records (1-4): 3. Free to patient (Y/N): 4. If no, cost (1=<100 2=100-500 3=>500): 5. Insurance covered (Y/N) 6. Which (1=NHIS or 2=Private, list): 7. 100% by NHIS (Y/N) 8. Who interprets (1=Outside facility 2 = in house non rad 3 = in house cons rad 4 = in house spec rads 5 = other, list): 9. External review? (1 = Ghana 2 = Outside GH): 10. External facility name: 11. Time for results (1-3)	B – 2 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____
Section A – 3: Personnel Number If none, indicate with "0". 1. MD surgeon: _____ 2. MD Ob/Gyn _____ 3. MD Gyn/Onc: _____ 4. MD plastic surgeon: _____ 5. Radiologist: ___T ___S ___C 6. Pathologist: ___T ___S ___C 7. Oncologist: ___S ___C 8. Rad Onc: ___S ___C 9. Physician Assistant: _____ 10. Social worker: _____		Section B – 3: Pap and HPV All [Y/N] + Availability [1/0] Ex: Y/1, Y/0 or N 1. Pap 2. HPV 3. HPV 16/18 4. HPV (1=provider 2=patient) 5. HPV vaccine	B – 3 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

<p>C – 1: Breast Procedures</p> <ol style="list-style-type: none"> 1. Biopsy FNA [Y1, Y0 or N] 2. Biopsy Core Needle [Y1, Y0 or N] 3. Excisional Bx [Y1, Y0 or N] 4. In house review [Y1, Y0 or N] 5. External review [Y1, Y0 or N] 6. If ext, name and country: 7. Result time (1-3) 8. Stain for immuno [Y1, Y0 or N] 9. ER stain [Y1, Y0 or N] 10. PR stain [Y1, Y0 or N] 11. HER2 [Y1, Y0 or N] 	<p>C – 1</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 	<p>D – 1: Chemotherapy</p> <ol style="list-style-type: none"> 1. Chemo [Y1, Y0 or N] 2. 1=For Breast, 2=Cervical, 3=Both 3. Which agents (1-10) 4. Combinations used: 5. Endocrine [Y1, Y0 or N] 6. Which agents? (1 – 7) 	<p>D – 1</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. write _____ 5. _____ 6. _____
<p>C – 2: Staging</p> <ol style="list-style-type: none"> 1. Staging [Y1, Y0 or N] 2. If yes, how? (1 = CE only, 2 = CE + imaging) 4. Imaging for staging (1-5, list all) (1=XR 2=CT 3=US 4=MRI 5=PET) 5. Pathological staging? [Y1, Y0 or N] 	<p>C – 2</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 	<p>D – 2: Radiation</p> <ol style="list-style-type: none"> 1. Offer radiation? [Y1, Y0 or N] 2. If no, refer? [Y/N] 3. Where? 4. Type of radiation? (1=external beam 2=brachy 3=other, write) 	<p>D – 2</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____
<p>C – 3: Breast Surgery</p> <ol style="list-style-type: none"> 1. Breast surgery [Y1, Y0 or N] 2a.WLE/Lump [Y1, Y0 or N] 2b.Mastectomy [Y1, Y0 or N] 2c.Ax Surg [Y1, Y0 or N] 3.If yes Ax, SLN map? [Y1, Y0 or N] 3a.Dye 3b.Radio 4.Reconstruction? [Y1, Y0 or N] 5.Which (1=expander/implant 2=rotation flap 3=free flap) 	<p>C – 3</p> <ol style="list-style-type: none"> 1. _____ 2a. _____ 2b. _____ 2c. _____ 3. _____ 3a. _____ 3b. _____ 4. _____ 5. _____ 	<p>D – 3: Follow Up</p> <ol style="list-style-type: none"> 1. Long term F/U (Y/N) 2. How F/U (1-4) 1=phone 2=home 3=clinic 4=other 3. Registry 4. Cancer outreach 5. Counseling 6. Palliative care? 	<p>D – 3</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
<p>C – 4: Cervical Procedures</p> <ol style="list-style-type: none"> 1. Gynecologic surgery [Y1, Y0 or N] 2. Which (1=simple hyst 2 = rad hyst 3 = trachelectomy) 3. For cervical cancer? Y/N 4. VIA 5. VILI 6. Colp: 7. Cryo: 8. Cervical bx: 9. LEEP: 10. Cold knife cone: 11. Other 	<p>C – 4</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 	<p>Notes</p>	<p>Chemo Numbers</p> <ol style="list-style-type: none"> 1. Cyclophosphamide 2. Doxorubicin (Adriamycin) 3. 5 FU 4. Methotrexate 5. Epirubicin 6. Doxetaxel 7. Paclitaxel 8. Carboplatin 9. Cisplatin 10. Others, list <p>Endocrine Numbers</p> <ol style="list-style-type: none"> 1. Tamoxifen 2. Anastrozole 3. Esemestane 4. Fulvestrant 5. Goserlin 6. Letrozole 7. Other

Breast and Cervical PIPES (BCP) Question Guide and Data Dictionary

Yes/No answers should be recorded as Y or N

Available/Not Always Available should be indicated by 1 (Available) or 0 (Not always available) after the Y or N.

For example, a mammogram that exists but is not always available should be indicated as Y/0.

If there is no mammogram at all, it should be indicated as N.

Section A – 1: Contact information.

1. Region name 2. District Name 3. Date 4. Respondent Name 5. Respondent Phone 6. His/Her Title 7. Name of Facility 8. Facility Address 9. GPS coordinates 10. Facility Phone 11. Research Assistant Name 12. RA Phone.

Section A – 2 Facility Information

1. Facility Type, write number.
 - a. 1 = Teaching
 - b. 2 = Regional
 - c. 3 = Metropolitan
 - d. 4 = Municipal
 - e. 5 = District
 - f. 6 = Hospital
2. Facility Ownership, write number.
 - a. 1 = Government
 - b. 2 = Quasi government
 - c. 3 = Private
 - d. 4 = CAHG
 - e. 5 = Other faith based, *indicate*
3. Breast clinic: Does your facility have a breast clinic? Indicate with Y/N
4. Cervical clinic: Does your facility have cervical clinic? Y/N

Section A – 3: Personnel

For this section indicate the number of personnel as asked. For some specialties, note the number of technicians (T), specialists (S), and consultants (C).

Section B – 1: Imaging Capacity

Ask if they have the listed diagnostic modalities by indicating Y/N, followed by nearly always available (1) or not always available (0).

Example 1: MRI always available = Y-1.

Example 2: XRay not always available = Y-0

Example 3: No CT scan = N

Section B – 2 Mammogram Sub Survey

1. Do they keep records? Y/N
2. Number of mammograms per month that the facility performs
 - a. 1 = 1-10
 - b. 2 = 11-30
 - c. 3 = 31-100
 - d. 4 = >100
3. Free? Y/N
4. If no, how much does it cost?

- a. 1 = <100 GHC
- b. 2 = 100-500 GHC
- c. 3 = >500 GHC
5. 100% insurance covered? Y/N
6. Which insurance? 1 = NHIS 2 = Private, write
7. Do you conduct in house read of mammogram? Y/N
8. Who interprets mammograms? List all applicable
 - a. 1=Outside facility
 - b. 2=In house non radiologist (such as the surgeon)
 - c. 3=In house consultant radiologist
 - d. 4=In house specialist radiologist
 - e. 5=Other, please list.
9. If interpretation is at an external facility, indicate 1 or 2.
 - a. 1=Within Ghana
 - b. 2=Outside of Ghana
10. If outside of Ghana, write the name of the facility and the name of the country.
11. How long does it take for the patient to receive their results?
 - a. 1=<2 weeks
 - b. 2=2 weeks-1 month
 - c. 3=>1month

Section B – 3 PAP and HPV

Yes/No answers should be recorded as Y or N

Available/Not Always Available should be indicated by 1 (Available) or 0 (Not always available) after the Y or N.

For example, Pap smear that exists but is not always available should be indicated as Y/0.

If there is no Pap smear at all, it should be indicated as N.

1. Does the facility offer Pap smears
2. HPV testing
3. Do the facility test for 16/18 specifically
4. Offer HPV vaccine
5. Who performs the HPV swab?
 - a. 1=Provider performed
 - b. 2=Patient performed

Section C – 1 Breast Diagnostic Procedures

Yes/No answers should be recorded as Y or N

Available/Not Always Available should be indicated by 1 (Available) or 0 (Not always available) after the Y or N.

For example, FNA that exists but is not always available should be indicated as Y/0.

If there is no FNA at all, it should be indicated as N.

Does your facility perform the following:

1. Biopsy FNA
2. Biopsy core needle
3. Excisional biopsy
4. In house review of pathology results?
5. External review of pathology results?
6. If external, write the name and country.
7. How long does it take the patient to receive the results of the pathology report? Indicate using 1,2 or 3.

- a. 1=<1 month
 - b. 2=1-2 months
 - c. 3=>2 months
8. Does your facility stain for immunohistochemistry?
 9. If yes, does it stain for Estrogen Receptor (ER) and is it always available?
 10. Progesterone Receptor (PR) and always available?
 11. HER2 neu and always available?

Section C – 2 Staging

1. Does your facility perform staging for breast and cervical cancer? Y/N
2. If yes, how is it performed
 - a. 1=With clinical exam (CE) only?
 - b. 2=Imaging + CE?
 - c. 3=Pathological staging?
3. If imaging is used, indicate which modalities (can list more than 1).
 - a. 1=XR
 - b. 2=CT
 - c. 3=US
 - d. 4=MRI
 - e. 5=PET

Section C – 3 Breast Surgery

1. Does your center perform surgery for breast cancer? Indicate Y/N and if always available (1/0).
2. If yes do you offer the following? Y/N and note the availability (1/0)
 - a. 1=Wide Local Excision (WLE)/Lumpectomy
 - b. 2=Mastectomy
 - c. 3=Axillary surgery
3. If yes to axillary surgery, does your center perform sentinel lymph node mapping?
 - a. 1=with dye (such as isosulphan blue or Patent blue V [PBV])
 - b. 2=with radioactive isotope
4. Does your center offer reconstructive surgery for breast cancer? Y/N + 1/0
5. If yes, list which methods (list all applicable).
 - a. 1=Tissue Expander
 - b. 2=Rotational flap
 - c. 3=Free flap

Section C – 4 Cervical Surgery and Procedures

Indicate Y/N and if always available (1/0)

1. Does your center offer surgery for cervical cancer?
2. If yes, what kind of surgery/
 - a. 1=Simple hysterectomy
 - b. 2=Radical hysterectomy
 - c. 3=Trachelectomy
3. Does your center offer Visual Inspection with Acetic Acid (VIA)?
4. Visual Inspection with Lugol's Iodine VILI?
5. Colposcopy?
6. Cryotherapy?
7. Cervical biopsy?

8. LEEP?
9. Cold Knife Cone?
10. Other, write.

Section D -1 Chemotherapy and Endocrine Therapy

1. Does your center offer chemotherapy? Y/N + 1/0
2. If yes, does it offer it for the following? Number plus availability using 1/0.
 - a. 1=Breast cancer only
 - b. 2=Cervical cancer
 - c. 3=Both breast cancer and cervical cancer
3. Which agents do you have? List all applicable
 - a. 1=Cyclophosphamide
 - b. 2=Doxorubicin (Adriamycin)
 - c. 3=5FU
 - d. 4=Methotrexate
 - e. 5=Epirubicin
 - f. 6=Docetaxel
 - g. 7=Paclitaxel
 - h. 8=Carboplatin
 - i. 9=Cisplatin
 - j. 10=Other, please specify
4. What combinations does your center use (such as CAF). Please write.
5. Does your center use endocrine therapy? Y/N + 1/0
6. If yes, which agents? List all applicable.
 - a. 1=Tamoxifen
 - b. 2=Anastrozole
 - c. 3=Esemestane
 - d. 4=Fulvestrant
 - e. 5=Goserelin
 - f. 6=Letrozole
 - g. 7=Other

Section D – 2 Radiation Therapy

1. Does your center offer radiation? Indicate with Y/N and availability with 1/0.
2. If yes what kind(s)?
 - a. 1=External beam
 - b. 2=Brachytherapy
 - c. 3=Other, list

Section D – 3 Follow Up

1. Does your center offer follow up with patients?
2. How do you conduct follow up?
 - a. 1 = Phone
 - b. 2 = Home visit
 - c. 3 = Clinical visit
 - d. 4 = Other, write
3. Does your facility maintain a cancer registry?
4. Does your facility perform cancer outreach?
5. Does your facility provide counseling?
6. Does your facility offer palliative care services?