

Breast Cancer Screening Database

Reference Guide For Years 1996-2014

Compiled by: Edna Kalu, Zikuan Liu



HOW TO OBTAIN MORE INFORMATION

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- visit our website at go.unb.ca/fr-nbirdt
- email us at nb-irdt@unb.ca
- call us at 506-447-3363 Monday to Friday, 9:00am-5:00pm

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ABOUT THIS GUIDE

This reference guide is intended for users of the Breast Cancer Screening Database. This guide provides an overview of the data, the general methodology used in its creation and important technical information. It contains operational procedures as well as table and field descriptions. The development of this document is an ongoing process that will be updated with changes that occur in the Breast Cancer Screening Database.

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OVERVIEW

Breast cancer is the most frequently diagnosed cancer and the second leading cause of cancer death among women in New Brunswick. The New Brunswick breast cancer screening (NBBCS) program was established in 1995. The program provides eligible women access to mammography screening in accordance to Canadian guidelines. The goal is to detect breast cancer at an early stage and reduce deaths due to breast cancer. The program provides bilateral, two-view screening mammography biennially to eligible women throughout the province. The target population is defined as asymptomatic women between the ages of 50 to 69 years without prior diagnosis of breast cancer. Women aged 40-49 or greater than 69 require a physician or nurse practitioner's referral to the program.

The Breast cancer screening database is a provincial database which contains data from the New Brunswick Breast Cancer Screening Program. The New Brunswick Institute for Research Data and Training (NB-IRDT) holds an anonymized, linkable version of this data which provides project specific datasets with further scrambled identifiers to researchers.

More information on the screening program may be found at: http://www2.gnb.ca/content/gnb/en/departments/health/NewBrunswickCand

http://www2.gnb.ca/content/gnb/en/departments/health/NewBrunswickCancerNetwork/content/NewBrunswickBreastCancerScreeningProgram.html

Data Range

1996-2014 (Fiscal Years)

Data Source

New Brunswick Department of Health

How to cite this guide – paper reference guide

New Brunswick Institute for Data, Research and Training. (2017). *Breast Cancer Screening Database Reference Guide for Year 1996-2014.* Fredericton, NB: New Brunswick Institute for Research, Data and Training.

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http://www.unb.ca/fredericton/arts/nbirdt/ resources/pdfs/nb-breast-cancer-screening-refguide.pdf

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Acknowledgements

The Breast Cancer Screening Database is used with permission of the New Brunswick Department of Health.

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ABOUT THIS PRODUCT

Purpose of the product

The purpose of the Breast cancer screening database reference guide is to provide information on the linkable New Brunswick breast screening data to researchers for public health and other research as well as for the development of population estimates and projections.

Content

This version of the Breast Cancer Screening Database contains four (4) groups of data elements:

Group	Description
1	Client Registry
2	Inquiry Log
3	Program Screens
4	Cancers from BCSS

Each group includes the name, type (character or numeric), length, description, and count of non-missing values of the data elements.

General methodology

The Breast Cancer Screening database contains anonymized socio-demographic information, risk factors, screening events, screening results, follow-up results, and, where applicable, diagnoses of screen and non-screen-detected breast cancers of participants of the screening program.

This data from the Department of Health is stored securely by the NBIRDT for authorized access to researchers.

Reference Date

1996-2014 (Fiscal Years)

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TECHNICAL SPECIFICATIONS

Record layouts and data descriptions

1. Client Registry

Contains client information recorded when client entered the screening program

Variable Name	Туре	Description
IRID	С	Scrambled client ID
Region of Birth	N	Client's region of birth
Parity	N	Number of full-term pregnancies
Age at First Birth	N	Age at first full-term pregnancy

The type 'N' refers to numeric values while 'C' refers to both alphabetic and numeric characters.

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IRID (Interim Record ID)

Interim record identifier.

Region of Birth

Client's region of birth

Parity

Number of full-term pregnancies including still births

Age at First Birth

Age in years at first full term pregnancy: Age at which the woman first completed a pregnancy beyond the period of viability (generally taken as 20 weeks gestation). This is the age at which the woman delivered her first infant, whether live or stillborn. The first induced or spontaneous abortion is not considered as this event occurred prior to 20 weeks of gestation.

Number	Meaning
9 - 55	Valid number
-8	N/A
-9	Missing

Changes

May 13, 2002 Name changed from Age at First Birth

May 13, 2002 Values changed to numeric age instead of range. In effect with data from 1998 onwards.

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2. Inquiry Log

Variable Name	Type	Description
Date of Program Screen	D	Date of program screen
Family History	С	First degree family history of cancer
Menopausal Status	С	Menopausal status
Hormone Therapy	С	Hormone replacement therapy use
Months since External	С	Number of months since external mammogram
Mammogram		

The type 'D' refers to date, 'N' refers to numeric values while 'C' refers to both alphabetic and numeric characters.

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Date of Program Screen

Dt_of_prog_screen: Month and year that the screening event took place.

Family History

Family_history: First degree family history of breast cancer. A family history of breast cancer limited to first degree (mother, sister, daughter, father, brother, son) blood relative.

Code	Description
00	No
01	Yes, age not specified
02	Yes, diagnosed at <50 years of age
03	Yes, diagnosed at ≥50 years of age
-9	Missing

Changes

May 13, 2002 Name changed from Family History of Breast Cancer May 13, 2002 Added categories 02 – Yes, diagnosed at <50 years of age, and 03 – Yes, diagnosed at ≥50 years of age. In effect with data from 1998.

Menopausal Status

Menopsl_status: A client is classified as pre-menopausal if a menstrual period has occurred within the previous year, or a hysterectomy has been performed with one or both ovaries left in place and the current age is less than 50 years.

A client is classified as post-menopausal if no menstrual period has occurred in the previous year, or a hysterectomy has been performed with one or both ovaries left in place and the current age is ≥50, or both ovaries have been removed. If a client does not know if her ovaries were in place, it is assumed that they are.

Code	Value
01	Pre
02	Post
-9	Missing

Hormone Therapy

Hormone therapy: The client's history of hormone replacement therapy usage.

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Code	Description
01	Ever user (not current)
02	Never user
03	Current use
04	Not current user (previous HRT history
	unknown)
-9	Missing

Changes

May 13, 2002 New category 03 – Current user added. In effect with data from 1998

May 8, 2007 New category 04 – Not current user (previous HRT history unknown). In effect with data from 2002 onwards.

Months since External Mammogram

Number of months between current screen (first screen or re-screen) and the last mammogram external to the screening program.

Code	Description
01	Never
02	<12 months
03	12-23 months
04	24-35 months
05	36-47 months
06	48-59 months
07	60+ months
08	Ever (number of months unknown)
-9	Missing

Changes

May 13, 2002 New category 03 – Current user added. In effect with data from 1998 onwards Altered/added categories

May 8, 2007 New category 04 – Not current user (previous HRT history unknown) added. In effect with data from 2002 onwards.

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3. Program Screens

Records screen event information when a client visits the screening program

Variable Name	Туре	Description
Date of Program Screen	D	Date of program
		screen
Screening Method	С	Screening method
Screening Result	С	Screening result
Follow-Up Status	С	Referred for follow-
		up status
Tissue Density	С	Fibroglandular tissue
		density
Date of Final Diagnosis	D	Date of final diagnosis
		for screen-detected
		anomalies
Final Diagnosis	С	Final diagnosis for
		screen detected
		anomalies
Date Notified	D	Date notified of
		screen result
Mammography Exam	С	Mammography exam
Image Type		image type
Mammography Read	С	Mammography read
Type ID		type
Screen Site Type	С	Screening site type
Facility ID		Screening facility ID

The type 'N' refers to numeric values, 'D' refers to date, while 'C' refers to both alphabetic and numeric characters

Date of Program Screen

Dt_of_pro_screen: Date on which screening event took place.

Screening Method

Screen method: Type of screening method performed during the screening visit.

Code	Description
01	Mammogram

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02	Clinical breast examination	
03	Both mammogram and clinical breast	
	examination	

Screening Result

The result of the screening visit – a summary of the findings from the screening mammography.

Code	Description
00	Client not referred
20	Radiologist referred left breast
02	Radiologist referred right breast
22	Radiologist referred left and right breast
99	Either breast referred by radiologist

Follow-Up Status

Fol_up_status: Referred for follow-up status. This field is used to determine if diagnostic follow-up is necessary and if the diagnostic follow-up is complete.

Code	Description	
01	Not referred	
02	Completed diagnostic follow-up	
03	Still in the process of diagnostic follow-up	
04	Lost to diagnostic follow-up	
-9	Missing (follow-up complete but staging data	
	not available yet)	

Tissue Density

Fibroglandular tissue density: Proportion of dense glandular tissue relative to fat tissue in the breast, as determined by the radiologist. If there is a double reading, the density is taken from the first reading if both are normal. Or if one is abnormal, the density is taken from the abnormal reading.

Code	Description	
01	< 50 %	
02	≥ 50 %	
03	< 25 %	

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04	25 - <50 %
05	50 - <75 %
06	≥75%
07	<75%
-9	Missing

Changes

May 13, 2002 New categories: 03 to 07 added. In effect with data from 1998 onwards. May 13, 2002 Definition altered: Added "as determined by the radiologist". In effect with data from 1998 onwards.

Date of Final Diagnosis

Date of the first core or open biopsy to diagnose cancer, or the first conclusive open biopsy following an inconclusive or incorrect core. The date of final diagnosis for benign cases is the date of the last test before a return to screening or before the recommendation for repeat diagnostic imaging.

Changes

May 13, 2002 Definition added. In effect with data from 1998 onwards.

Mar 21, 2007 Definition added. In effect with data 2002 onward.

Apr 20, 2010 Definition added. In effect with data 2004 onward.

Final Diagnosis

Final diagnosis at the end of screening episode.

Code	Description	
01	Breast cancer	
02	No breast cancer	
03	LCIS alone	
04	ADH alone	
05	Other high risk lesions (e.g. papilloma, radial scar, phyllodes tumour)	
06	Diagnosed high risk lesion - type unknown (Use if province does not record if AND, palilloma, radial scar, phyllodes tumour, etc.)	
-8	N/A (not referred)	

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-9	Missing (in process or lost to follow-up)

Changes

May 13, 2002 Definition wording altered.

May 13, 2002 Category altered, added word: "breast". In effect with data from 1998 onwards.

Nov 18, 2009 New categories added: 04 – ADH alone, 05 – Other high risk lesions. In effect with data 2004 onwards.

May 5, 2010 Category added: 06 – Diagnosed high risk lesion - type unknown is used if province does not record if AND, papilloma, radial scar, phyllodes tumour, etc.

Date Notified

Date result letter was generated notifying client of screen result. Some programs hold the letter for a certain length of time in order to allow time for a similar letter to reach the family physician first.

Mammography Exam Image Type

Type of screening mammography image used. Equipment was used to do the exam.

Code	Description	
01	Film screen	
02	Digital DR	
03	Digital CR	
-9	Missing	

Changes

May 8, 2007 Variable added. In effect with data from 2002 onwards.

Mammography Read Type ID

Type of screening mammography read. (How was the image read?)

Code	Description
01	Film (with CAD)
02	Film (without CAD)
03	Digital (with CAD)

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04	Digital (without CAD)
05	Film (CAD unknown)
06	Digital (CAD unknown)
9	Missing

Changes

May 8, 2007 Variable added. In effect with data from 2002 onwards.

Screen Site Type

Type of screening site. Fixed site or mobile.

Code	Description
01	Fixed site
02	Mobile site
9	Missing

Changes

Nov 6, 2007 Variable added, in effect with data from 2002 onwards.

Facility ID

Number which identifies facility where screening took place.

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4. Cancers from BCSS

Variable Name	Туре	Description
Date of program screen	D	Date of program screen
Date of Diagnosis	D	Date of definitive diagnosis
Detection Type	С	Detection type code
Measurement Type	С	Tumour measurement type

The type 'N' refers to numeric values, 'D' refers to date, while 'C' refers to both alphabetic and numeric characters.

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Date of program screen

Date on which screening event took place.

Date of Diagnosis

Procedure Date of Definitive Diagnosis: Procedure date of earliest definite core or open biopsy that confirmed breast cancer diagnosis, or the first conclusive open biopsy following an inconclusive or incorrect core.

10000101 - Missing

Changes

May 13, 2002 Name changed from 'Date of Diagnosis'
May 13, 2002 Definition altered, in effect with data from 1998 onwards.
Apr 20, 2010 Definition added, in effect with data 2004 onward.

Detection Type

Detection type code.

Code	Description
00	Screen-detected
01	Interval
02	Non-compliance

Interval cancer: Any post screen detected breast cancer diagnosed within the program-specific recommended screening interval (exactly 12 or 24 months) after a normal or benign screening episode.

Non-compliance cancer: A post screen detected breast cancer diagnosed beyond the programspecific recommended screening interval (exactly 12 or 24 months) after a normal screening episode or refusal of follow-up for an abnormal screen.

If no specific recommended screening interval exists, then biennial is assumed.

Changes

May 13, 2002 Definition modified May 8, 2007 Definition modified Nov 6, 2008 Definition modified

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May 5, 2010 Definition modified, in effect with data 2004 onwards.

Measurement Type

Measurement type code: Type of measurement used to determine the tumour size (best method). Includes post neo-adjuvant treatment staging if no pre-treatment information is available.

Code	Description
01	Pathologic
02	Radiologic
03	Clinical
04	Combination of above
-8	N/A
-9	Missing

Changes

May 5, 2010 Definition modified, in effect with data 2004 onwards.

May 8, 2007 Category added: 04 – Combination of above. In effect with data from 2002 onwards

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