



# HCHS/SOL-DAMAS

## SOL-DAMAS Mammogram Tracking Form – DTC

### QxQ

10/3/2024

### Introduction

The SOL-DAMAS Mammogram Tracking form is designed to capture information about mammograms received for the HCHS/SOL DAMAS study from the reading center.

**Q0a-b** are administrative questions

**Q1-6** capture information about the mammogram

**Q7-8** describe mammographic density

**Q9-10** are about mammogram history and follow up information

Information for **Q4-9** will, in most cases, be found in the mammogram report.

### Question by Question Instructions

For each question, enter or select the appropriate response.

### ADMINISTRATIVE INFORMATION

**Q0a.** Enter the date this form was filled out.

**Q0b.** Enter the Staff ID of the person who completed the form.

### MAMMOGRAM INFORMATION

**Q1.** Enter the date of the mammogram, month and year.

**Q1a.** Mammogram instance ID, which consists of the participant ID, month and year last mammogram was done, and occurrence of this DTC form, will be automatically pre-filled in this field after you have completed the DSE/S form for this participant. **You need to click "Save and Reload" for Q1a to populate.** The occurrence number reflects the number of times the DTC form is filled.

**Note: If you are using a different mammogram from the one listed in the DSE form, that is, the additional mammogram requested in the DMB form, you will need to manually edit Q1a to enter the correct date of the additional mammogram and occurrence number. Do not lock fields as this will undo the changes made. Save form.**

**Q2.** Age of the participant at their last mammogram will be pre-filled after the DSE/S form is completed for a DAMAS study participant. If there was an error when completing the DSE/S form, make the correction in the DSE/S form and save the form. Then return to the DTC form and click "Save and Reload" to load the correct information.

**Note: If you are using a different mammogram from the one listed in the DSE form, that is, the additional mammogram listed in the DMB form, you will need to manually enter the age of the participant at the time of this additional mammogram. Do not lock fields as this will undo the changes made. Save form.**

**Q3.** The number of image files on the same date refers to the usual number of images taken of the breasts, which is usually 2 of the left breast and two of the right breast.

**Q4.** Name of the facility where the last mammogram was done will be pre-filled from the DSE/S form. If there was an error in the DSE/S form, make the correction, save it, and reload this form.

**Note: If you are using a different mammogram from the one listed in the DSE form, that is, the additional mammogram listed in the DMB form, the name of the facility where mammogram was done will be pre-filled from Q3 in the DMB form.**

- Q5.** Record if the mammogram is of diagnostic nature (=1), non-diagnostic (=2) or if the information is missing or unknown (=9). You will find this information will in the mammogram report.
- Q6.** Record what type of digital mammogram this is (if it is digital). Choose from 2D (=1), 3D (=2), if it is not digital mammography (=3), or if the information is missing or unknown (=9). You will find this information in the mammography report.

#### **MAMMOGRAPHIC DENSITY**

- Q7.** Choose the breast composition-density category: 1= A or fatty, 2= B or scattered density, 3= C or heterogeneously dense, 4= D or extremely dense, depending on the description in the mammogram report. If not listed, choose 9= missing or unknown.
- Q8.** Choose the mammogram assessment category or results of cancer screening from list: 0= incomplete, 1= negative, 2= benign findings, 3= probably benign, 4= suspicious abnormality, 5= highly suspicious malignancy, 6= known biopsy with proven malignancy depending on the description in the mammogram report. If not listed, choose 9= missing or unknown.

#### **MAMMOGRAM HISTORY AND FOLLOW-UP**

- Q9.** Ask participant when they had prior mammograms done in the last 10 years and list the years here.
- Q10.** Ask participant what the recommended follow-up time was after they had their last mammogram and choose from list: 1=less than one year, 2= one year to less than two years, 3= two years, 4= greater than two years. If participant does not know select 9= missing/unknown.