1. Report Title

- 2. Report Date is date on which status is determined
- 3. Patient Name (Last Name, First Name, Middle Name)
- 4. Patient Demographics (Age, Date of Birth, Gender, Personal Health Number)
- 5. Type of cancer targeted by screening includes Breast, Cervical and/or Colorectal
- **6.** Exam type on which screening status is based: Breast Either Screening Mammogram or Diagnostic Test; Cervical Screening Pap Test; Colorectal FIT or FOBT only
- **7.** Date of exam on which screening status is based. *NOTE:* Date of exam may differ from observation date associated with the exam
- 8. Result of exam on which screening status is based
- **9.** Cancer Screening Status identifies the action required to ensure patient is appropriately screened or treated
- 10. The qualifier provides more detailed action related to the patient's screening status
- **11.** *NOTE:* The colorectal screening status is based solely on the availability of FIT or FOBT results, as colonoscopy data is not yet available to the program. In addition, recommendations are made according to a 2-year screening interval with FIT. Consider patient's individual risks and history before initiating and/or continuing screening through FIT testing.
- **12.** *NOTE:* If the program has not been advised of a history of hysterectomy, a cervical screening status will appear on this report
- 13. Patients who meet the following criteria will either have a modified status report, or no status report assigned to them: No status report: A) Patient is deceased (NOTE: If the date of the report precedes the date of death, a status report will remain on the patient's record); B) Out-of-province resident; C) Patient has requested his/her record be excluded from all cancer screening programs for which he/she is eligible. Modified status report: A) A status will not appear for the cancer type for which there has been a previous cancer diagnosis, e.g., A 55-year-old woman with previous breast cancer diagnosis will have a status report for cervical and colorectal cancer screening, but not for breast cancer screening; B) Female patient has requested her record be excluded due to other factors, such as a history of hysterectomy.
- **14.** A Cancer Screening Status Report will be available in Netcare for patients who fall within the target populations:

Breast Cancer Screening (risk groups are based on gender and age)

Main focus: routine screening through mammography recommended every 2 years for all females, aged 50 to 74 years. *Shoulder groups:* screening appropriate for only some women, based on risk or preference, aged 40 to 49 years & 75 to 84 years.

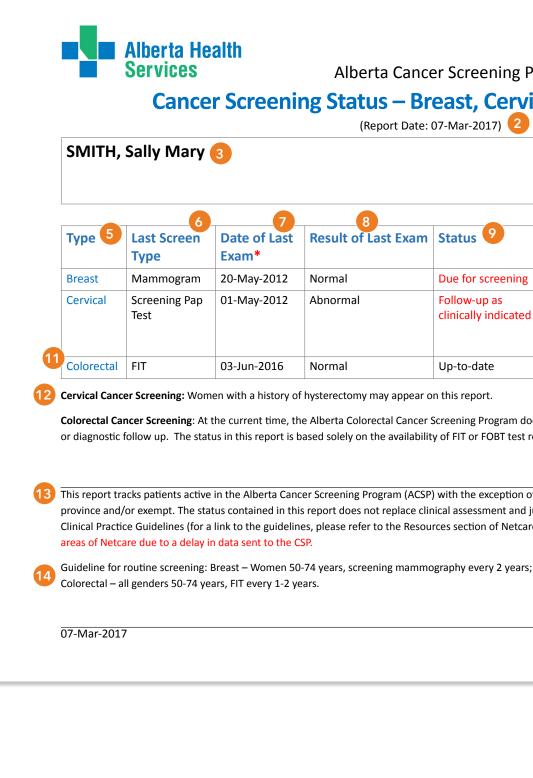
Cervical Cancer Screening (risk groups are based on gender and age)

Main focus: routine screening through Pap Test recommended every 3 years for all females, 25 to 69 years.

Shoulder groups: screening appropriate for only for a few women, based on risks/ clinical assessment, aged 21 to 24 years & 70 to 84 years.

Colorectal Cancer Screening (risk groups are based on age)

Main focus: routine screening through Fecal Immunochemical Test (FIT) recommended every 2 years for all, aged 50 to 74 years. *Shoulder groups:* screening appropriate for only some patients, aged 40 to 49 years & 75 to 84 years.



Programs vical and Colorectal 1	
	Age:54 yearsDate of Birth:421-Mar-1963Gender:FemaleAlberta Unique Lifetime Identifier:123456789
	Qualifier 10
g	As per recommendation of last exam
d	Due for repeat Pap or referral as appropriate. Please refer to Alberta TOP Clinical Practice Guidelines to determine treatment status of patient.
	FIT every 1-2 years
	s not capture information about screening colonoscopy sults, and a 2-year screening interval with FIT.
d ju	a diagnosis of one of the above types of cancer, out of dgment based on individual history and the Alberta TOP). *Newer screening exams may be available in other
-s; (Cervical – Women 25-69 years, Pap every 3 years;

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