Specialist Medical and Surgical Services – General Surgery

Breast Cancer Surgery

Tier 3 Service Specification

November 2024

Health New Zealand
Te Whatu Ora

Contents

1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☑ RECOMMENDED ☒

Mandatory- it is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
Published on NSFL	**February 2008**
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	**November 2024**
Consideration for next Service Specification Review	**Within five years**

Note: In 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site here

3. Introduction

Breast cancer is an important health concern in New Zealand. It is the leading cause of cancer registrations and deaths for non-Māori women in New Zealand, and the leading cause of cancer registrations and second leading cause of cancer deaths (after lung cancer) for Māori women. Less than 1 percent of breast cancers occur in men. The most common site of cancer registration for females in 2002 was cancer of the breast (2364 registrations). Breast cancer was similarly the most commonly registered cancer site in 2001.

The most common cause of female cancer deaths in 2002 was cancer of the breast (625 deaths), and it was also the most common cause of death from cancer in 2001 for women.

The BreastScreen Aotearoa (BSA) programme was originally established in 1998 for women aged 50 to 64. The aim of the BSA programme is to reduce mortality from breast cancer through the early detection of breast cancer. On 23 February 2004, the (BSA) programme was extended to include women aged 45 to 69. During it's first five and a half years of operation (up to 30 June 2005) 4,228 breast cancers had been detected through BSA.

Eligible women are those referred to the District for breast cancer treatment and by General Practitioners.

3.1 Background

This tier three, Breast Cancer Surgery Service Specification is linked to the overarching General Surgery Service Specifications (tier two). Chemotherapy treatment and radiation therapy are addressed by their own Radiation Oncology and Medical Oncology Service Specifications (tier two).

4. Service Definition

Breast surgery (the Service) encompasses surgery to the breast and lymphatic systems. The Service includes the following categories requiring specialist surgical assessment and management:

- a diagnosis of cancer in the breast that may involve lymphatic systems as well as related integument, subcutaneous tissues or musculature. The cancer in the breast is diagnosed during mammography and / or assessment
- it is recognised that breast cancer requires multidisciplinary input with surgery playing a greater or lesser role, depending on specific needs. Responsibility for care co-ordination should be clear at all times. Multidisciplinary teams must be actively involved in audit of processes and outcomes.

5. Service objectives

5.1 General

The purpose of this service is to:

- ensure the quality of care provided to the patient with breast cancer by ensuring those patients receive appropriate treatment (according to clinical guidelines and best clinical practice) and that indicated on-going treatment is planned
- ensure the quality of breast cancer surgical services for patients through the collection and analysis of information. This specification defines the information to be collected for quarterly review and specifies how that information will be managed and to which organisations it will be reported to enable analysis.

5.2 Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This maybe achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care, which might include but are not limited to matters such as referrals and discharge planning, ensuring that your services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that there will be Māori participation in the decision making around, and delivery of, the Service.

6. Service Users

The Service is applicable to all breast surgery that is funded through the population based funding formula allocated to Districts and by the National Screening Unit devolving treatment funding to Districts.

7. Access

Access to the services will be managed in such a way that priority is based on acuteness of need and capacity to benefit. Patients generally enter the Service by referral by the National Screening Unit (NSU), and specialists for ongoing management.

Not all patients who are referred or present to the Service are eligible for publicly funded services. Refer to the overarching tier one Specialist Medical and Surgical Services service specification or http://www.moh.govt.nz/eligibility for more eligibility information.

Patients may exit the Service by transfer, discharge from the Service or death.

8. Service Components

8.1 Process

The Service will ensure that the following processes occur:

- referral of a patient to diagnostic mammography / ultrasound imaging services and selected cases MRI and interventions for purposes of diagnosis (e.g. stereotactic core biopsies, hookwire etc.)
- liaison with the General Practitioner / Primary Health Care Provider to obtain a patient's previous screening history and medical history
- liaison with the breast care centre to obtain a woman's previous screening history, mammography films, pathology results and multidisciplinary team assessment results etc
- provision of a multi-disciplinary team meeting to consider options and optimal case management (refer section 8 – quality requirements)
- assessment and diagnosis of patients in a non-acute context
- the provision of a range of primary operations should be available, dependent on the size and how diffuse the tumour is. Surgical options include; breast conserving surgery (wide local excision or lumpectomy), mastectomy, sentinel node biopsy and/or lymph node staging and / or axillary lymph node dissection. There is also a requirement that sufficient tissue is removed during surgery (clear histological margins), to ensure that no tumour is found on the margins
- the provision of breast reconstruction, by either a Breast Surgeon or a Plastic Surgeon, may be at the time of surgery or at a later date in line with access criteria
- referral of the patient to a District that provides the treatment requested by the patient e.g. A sentinel node procedure or mastectomy with immediate reconstruction by a plastic surgeon
- the provision of appropriate after hours care to patients undergoing day surgery, including arrangements for re-admission where required
- appropriate follow up and treatment of all patients undergoing surgery in line with accepted standards of clinical practice and specialist follow-up and rehabilitation including occupational therapy, physiotherapy, and co-ordination of multi-disciplinary activity
- appropriate referral to radiation oncology and medical oncology, in a timely manner
- follow up, re-admission and treatment of all patients where complications arise in the course of treatment by the service (this may include appropriate referral to a higher level of care)
- long term follow-up and revision treatment, as required, for surgery undertaken. This may include appropriate referral to other providers
- working with the Primary Health Care Providers to ensure that there is clear responsibility for care co-ordination at all points of the patient journey.

8.2 Settings

The Service will be provided in the appropriate setting to provide the desired health outcomes. A consideration in determining the settings for the service should include (but not be confined to) issues such as cultural appropriateness, accessibility and most effective and efficient use of resources. The Service may be provided though in-patient, ambulatory/day procedure and outpatient settings, community based and mobile services.

The Service may also be responsible for arranging the provisions of visiting clinics for the required range of tertiary services and to maintain close links with the visiting clinicians.

8.3 Support Services

Support services include but are but not limited to the following:

- clinical support services such as:
  - laboratory services: all histopathology, oestrogen / progesterone (EP/ PR) status, Her2 status
  - pharmaceutical services
  - imaging services: X-ray, ultrasound, CT Scan, MRI and interventions for diagnosis eg hookwire insertion, core biopsies, ultrasound guided biopsy, ultrasound guided fine needle aspiration (FNA)
- allied heath support services such as:
  - occupational therapy
  - physiotherapy
  - social workers
  - psychology services
  - counselling services
  - pain therapy
- procedural services such as:
  - operating suites
  - utensil sterilisation
- ancillary services
- interpreting services

8.4 Key Components

The Service will comprise the following:

- outpatient visits (pre-operative post operative, surveillance) (Districts count these as first specialist assessment (FSA) and follow up (FU) up to the lesser of 12 months after commencement of treatment, or the completion of 6 outpatient appointments).
- clinical staging (options include: X-ray, ultrasound, bone scan, MRI)
- laboratory tests – oestrogen / progesterone (ER/PR) status, Her2 status
- pre-operative assessment
- anaesthesia

- breast surgery (wide local excision / simple mastectomy / complex mastectomy / axillary dissection / sentinel node biopsy / breast reconstruction)
- post-operative care
- waiting times information
- referral to chemotherapy
- referral to radiation therapy

8.5 Communication

Effective communication and appropriate support are essential components of the care of a patient with breast cancer and can influence the quality of life in the diagnostic and treatment phases and during follow-up.

- Adequate time, for example, should be allowed for explanations and discussion; this may require more than one consultation.
- Clear options for breast cancer surgery should be identified.
- The patient should be encouraged to make a choice about their breast cancer surgical option when they feel adequately informed.
- A breast care nurse or counsellor with experience in breast cancer treatment should be available to talk to the patient.
- The cultural needs of Mäori patients should be recognised.
- The needs of patients from different cultures and those whose first language is other than English should be recognised and translation services provided where necessary.
- The provision of adequate information about breast cancer and its treatment is an essential part of good care, and should be given in the context of a patient's needs and preferences. This will assist services in meeting their obligations under the Code of Health and Disability Services Consumers' Rights 1996 (the Code), a regulation under the Health and Disability Commissioner Act 1994.

Core information to be provided includes:

- the basis on which the diagnosis has been made and its reliability
- acceptable alternative treatment plans
- the surgical treatment options available, which will be dependent on the diagnosis and may include: conservation surgery, mastectomy, lymph node resection, sentinel node, etc
- the risks, complications and emotional implications of these treatments
- the implications of radiation therapy and chemotherapy (pre or post surgery) on surgical options
- the likely time scale of treatment and where appropriate reassurance that immediate surgery may not be necessary
- options for where treatment can take place with the likely costs involved (where applicable)
- cosmetic appearances after surgery

- the availability of immediate or delayed reconstruction and/or prostheses
- the opportunity for a second opinion, with the patient's general practitioner being involved in this process
- the availability of clinical follow-up to identify and treat local recurrence and adverse effects of therapy
- the availability of ongoing support pre and post surgical treatment for breast cancer
- the availability of ongoing surveillance and the sources providing surveillance.

Breast Cancer Surgery

Referral to treatment for patients diagnosed with breast cancer must be delivered according to Standard 30.2 of Section 2 (Outcome of Assessment – Referral to Treatment) of the BSA National Policy and Quality Standards). This Standard requires patients to be offered their first surgical treatment within 20 working days of receiving their final diagnostic results.

Patients referred to a District diagnostic / symptomatic service must be offered their first appointment within twenty working days.

The management of patients in this service will involve a complex sequence of relationships and events. The level of intervention varies according to the individual's clinical condition, and the level of clinical support required.

The service may include:

- consultation with/without simple investigation and/or opinion
- consultation with complex investigation (clinical breast examination, mammography and / or ultrasound imaging, and fine needle aspiration (FNA) or core biopsy) and/or opinion/treatment and/or hookwire localisation for purposes of diagnosis
- referral to another speciality for an opinion, opinion/management, or opinion/shared management (including medical oncology and / or radiation oncology)
- elective surgery
- assessment, discussion, education and treatment of patients by surgical or medical management as inpatient, day patient or outpatient including:
  - preoperative assessment and diagnostic intervention
  - surgical intervention for diagnosis/treatment
  - post operative follow up, which may include District Nursing services
  - discharge planning including handover to Primary Health Care Providers.

8.6 Key Inputs

This Service includes support from doctors, nurses, physiotherapists, occupational therapists, pharmaceuticals, radiology, laboratory and blood services as relevant.

9. Service Linkages

The Service will maintain effective and efficient linkages with all services that the patient may be referred to. Linkages will be maintained with:

Professional Group	Usual Linkage	Accountabilities
Referral providers	Referral to a District, and the provision of a patient's previous screening history, mammography films, pathology results and multidisciplinary team assessment results. Discharge report	Refer individuals for assessment and management according to national referral guidelines.
General Practitioner (GP) / Primary Health Care Provider	Referral to a District, and the provision of a patient's history Handover / shared care follow-up protocols following discharge from surgical services	Refer individuals for assessment and management according to national referral guidelines.
Public Hospital Services Oncology Services Allied Health Other	Referral for assessment, treatment and intervention as follows: Chemotherapy, Radiation Therapy Palliative care	Assessment, treatment and intervention that supports seamless service delivery and continuity of care:

Close links will be established and maintained by the Service with the following provider groups as follows:

- local women's consumer groups
- Primary Health Care Organisations
- providers of Public Health Services
- local iwi providers and organisations
- Pacific providers and organisations

10. Exclusions

Refer to tier one Specialist Medical and Surgical Services and Services for Children and Young People service specifications.

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

The following specific quality requirements also apply.

- in general, surgical treatment is expected to be finished 2 months following the referral to a treatment provider, e.g. within 3 months of the date of notification of final biopsy results.
- all surgeons participating in the provision of breast cancer surgery are required to work as part of a multi-disciplinary team. The team should include a surgeon, radiologist, pathologist, and have strong links to medical oncologist, radiation oncologist and a breast care nurse. The multidisciplinary team should have links within their region and all patients should be discussed and referred appropriately.
- all specialists undertaking procedures are registered as medical specialists in the relevant medical or surgical discipline and have specialised training in breast cancer.
- Breast surgery is to be carried out by surgeons who:
- have a major interest in breast cancer
- are vocationally registered in General Surgery with the New Zealand Medical Council
- submit cases for the Royal Australasian College of Surgeons (RACS) Audit
- have a broad training in breast cancer surgery as part of their training in general surgery
- have acquired the necessary skills in the management of screen detected lesions.

All other professional staff providing the service must hold a current practising certificate applicable to their profession.

Supervision of other trainees should be by a Vocational Specialist.

Laboratory services (or as applicable, individual pathology departments) are registered, with an International Accreditation New Zealand (IANZ) or equivalent accreditation programme.

12. Purchase Units and Reporting Requirements

12.1 Purchase units

Purchase Units are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary[1]. The following Purchase Units apply to this service:

Specific reporting requirements apply at tier three service specifications.

PU Code	PU Description	Unit of Measure	National Collections or Payment Systems
S00002	General Surgery (incl Vascular Surgery) - 1st attendance	Attendance	National Non-Admitting Patient Collection (NNPAC)
S00006	General Surgery (excl vascular surgery) - 1st attendance	Attendance	NNPAC
S00009	Breast-OP Proc (1st Attendance)	Attendance	NNPAC
S00010	Breast-OP Proc Subsequent Attendance	Attendance	NNPAC
S00001	General Surgery – Inpatient	Cost Weighted Discharge	National Minimum Dataset (NMDS)
S00003	General Surgery (incl Vascular Surgery) - Subsequent attendance	Attendance	NNPAC
S00007	General Surgery (excl vascular surgery) - Subsequent attendance	Attendance	NNPAC

Explanation of units of measure used

Unit of Measure	Unit of Measure Definition
Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge
Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary

[1] www.nsfl.health.govt.nz

12.1 Reporting Requirements

The Service will meet all the specific reporting requirements as detailed in the publications 'The NZHIS Guide to Data Requirements' (available on request from Information Directorate) and the BreastScreen Data Management Manual, National Screening Unit (Appendix One). Treatment data requirements are discussed / listed in Appendix One.

A single data stream of surgical treatment information is recorded for each patient. This information is required for both statistical and quality monitoring. For the purpose of monitoring the program at a national level, it is not necessary to have multiple lesion tracking or surgical procedure tracking.

Data reports will be sent to Information Directorate by the 20th of the month following treatments.

Reporting Requirements

Provision of data to Lead Providers		Monthly	As per DMM
Waiting times information		Monthly	

For women referred from BreastScreen Aotearoa to a District the following requirements apply:

- When a patient diagnosed with breast cancer by BreastScreen Aotearoa is referred for treatment, a set of surgical and pathology synoptic data entry forms will accompany the referral from the BSA provider.
- Surgical Treatment and Staging & Grading of Cancer synoptic forms are to be filled out by Treatment Providers for every woman referred to treatment, in the month following completion of Surgical Treatment. All pathology reports are to include results according to the data elements specified in Appendix One. One form of each is required for each patient. Completed surgical data forms and staging and grading information (Histology reports) are to be returned to the Lead Provider within two months.
- The provision of a written discharge report to BreastScreen Aotearoa Lead Providers (and sub-contracted providers), containing information about the services provided to women referred by BreastScreen Aotearoa.

13. Glossary

Not Required

14. Appendices

14.1 Appendix 1 – Data Management

Surgical Treatment

Generic rules	For recording purposes, surgery results exclude open biopsy where the open biopsy is used to complete the assessment process (i.e. to enable a definitive diagnosis). If other surgical procedures are completed at the same time as a diagnostic biopsy, then items B20.01 - B23.06 are required to be completed where relevant. If a patient has multiple operations 'Type of Breast Surgery' (B21.03) will record the most significant procedure. 'Number of Operations' (B21.05) will record the multiple operations e.g. if a patient has an Excision Biopsy, a Sector Resection, and then a Mastectomy, B21.03 will record the Mastectomy, and B21.05 will record 3 operations. Date of first surgical treatment procedure (B20.04) will record the date of the first procedure. Date of final surgical procedure (B21.06) will record the date of the last procedure. If open biopsy is the only surgical procedure, then that date is used as the first and the last surgical treatment procedure dates.

Other Treatment

Primary Treatment Planning

B20.01	Mandatory	National Monitoring data element
	Description:	NHI Number
	Definition:	NZHIS definition.
	Format	3 alpha plus 4 numeric characters
	Valid values:	n/a
	Rules:	NZHIS rules apply.
	Notes:	As per NZHIS data requirements (NZHIS reference A0012).
B20.02	Mandatory	National Monitoring data element
	Description:	Screening episode.
	Definition:	See B03.02
	Format:	2 digits : leading 0
	Valid values:	01=first screen for woman; 02, 03, ... successive screens (incident screens).
	Rules:	See B03.02

	Notes:	See B03.02
B20.04	Mandatory	National Monitoring data element
	Description:	Date of first breast surgical treatment procedure.
	Definition:	Date of first breast surgical treatment procedure.
	Format:	DDMMCCYY
	Valid values:	n/a
	Rules:	Must be greater than, or equal to, date of notification of first and second level assessment results (B16.03).
	Notes:	Should be the date of first breast surgery by the Treatment Provider unless an assessment open biopsy is the only surgical procedure. Required to determine time taken from reporting diagnostic results to first surgical treatment. If surgery is performed in conjunction with the assessment open biopsy then this date will be the same as B18.05.

Surgery Detail

B21.02	Mandatory	Yes - National Monitoring data element
	Description:	Provider
	Definition:	Identifier of the surgery provider.
	Format:	4 digit or 7 character (if private provider)
	Valid values:	n/a
	Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record “Private” in this element.
	Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

Other Treatment Continued

B21.03	Mandatory	National Monitoring data element
	Description:	Type of breast surgery.
	Definition:	Type of breast surgery performed on breast containing primary tumour.
	Format:	1 digit
	Valid values:	0=None recommended; 1=None, patient declined; 2=Excision biopsy; 3=Wide local excision (or Sector resection) 5=Mastectomy; 9=Other
	Rules:	
	Notes:	Type of breast surgery = major surgery and does not surgery for complications, axillary or reconstruction. If assessment open biopsy is the only surgical treatment, then B21.03 = 2 and B20.04 = B18.05 and B21.05 = 1 and B21.06 = B18.05. If B21.03 = 0 or 1, then B21.05 must = 0. Required to calculate number receiving surgery of different kinds.
B21.04	Mandatory	National Monitoring data element
	Description:	Contralateral breast surgery
	Definition:	Surgery performed on the opposite breast
	Format:	1 digit
	Valid values:	0=None; 2=Removal of benign abnormality; 3=Removal of cancer; 4=Surgery to achieve symmetry/comesis in relation to cancer containing breast; 5=Prophylactic mastectomy alone; 6=Prophylactic mastectomy with reconstruction; 9=Other
	Rules:	If there are 2 cancer detail records for staging and grading of cancer (i.e. B19.03- 19.08) then B21.04 must be greater than 0.
	Notes:	Data to inform this element is to be collected at the time of initial breast surgery.

		When a value of “9” is recorded a description of “other” is required. Required to calculate number receiving surgery of different kinds.
B21.05	Mandatory	National Monitoring data element
	Description:	Number of operations
	Definition:	Total number of breast excisional operations
	Format:	1 digit
	Valid values:	0-9
	Rules:	0 can only be valid if B21.03 = 0 or 1
	Notes:	When assessment open biopsy is the only procedure the number of operations = 1, otherwise assessment open biopsy is not counted in the number of operations. An ‘operation’ = any number of procedures carried out under a single anaesthetic, does not surgery for complications, axillary or reconstruction. Should be able to be derived from operational data.
B21.06	Mandatory	National Monitoring data element
	Description:	Date of final surgical procedure
	Definition:	
	Format:	DDMMCCYY
	Valid values:	n/a
	Rules:	Must be greater than or equal to B20.04. B21.06 can be null if there have been no procedures. B21.06 does not include further surgery for complications or auxiliary surgery.
	Notes:	None

Other Treatment Continued

Surgical Management of the Axilla

B22.03	Mandatory	National Monitoring data element
	Description:	Type of axillary dissection performed
	Definition:	An axillary dissection requires removal of axillary contents to a stated level.
	Format:	2 digit
	Valid values:	0 = None;
		1 = Sampling;
		2 = Axillary Level 1;
		3 = Axillary Level 2;
		5 = Axillary Level 3;
		6 = Sentinel node surgery only
		U = Not available/unknown/unsure
	Rules:	
	Notes:	Incidentally found nodes, such as those found during mastectomy are not included and are entered as 0.
B22.04	Mandatory	National Monitoring data element
	Description:	Date of nodal staging procedure
	Definition:	
	Format:	DDMMCCYY
	Valid values:	
	Rules:	B22.04 must be equal to or after B20.04
	Notes:	None
B22.06	Mandatory	National Monitoring data element
	Description:	Number of nodes examined by pathologist.
	Definition:	Number of regional nodes sampled.
	Format:	2 digits: leading 0 if a single digit
	Valid values:	0-99
		U=Not available/unknown/unsure
	Rules:	

	Notes:	Includes sentinel, intramammary, subscapular, supraclavicular, and axillary nodes

Other Treatment Continued

B22.07	Mandatory	National Monitoring data element
	Description:	Number of nodes found positive.
	Definition:	Number of regional nodes involved.
	Format:	2 digits: leading 0 if a single digit
	Valid values:	0-99
		U=Not available/unknown/unsure
	Rules:	If B22.03=6 and B22.11=5 then B22.07 must equal 0
	Notes:	Includes sentinel, intramammary, subscapular, supraclavicular and regional nodes
		Required to calculate number with cancers, which involve regional; nodes and appropriateness of further treatment offered.
		Isolated tumour cells are not considered nodal metastasis
B22.11	Mandatory	National Monitoring data element
	Description:	Sentinel node involvement
	Definition:	Indicates if any sentinel node(s) contained breast cancer
	Format:	1 digit
	Valid values:	0 = Not Performed
		1 = Node(s) negative;
		2 = Node(s) positive;
		3 = Sentinel node biopsy attempted but no sentinel node identified
		4 = Sentinel nodes positive on immunohistochemistry (note micro- metastasis 0.2 –2mm)
		5 = ITC < 0.2mm on immunohistochemistry
		U = Not available/unknown/unsure
	Rules:	
	Notes:	

Other Treatment Continued

Breast Reconstruction

B23.05	Mandatory	National Monitoring data element
	Description:	Reconstruction
	Definition:	
	Format:	1 digit
	Valid values:	0=None;
		1=Immediate;
		2=Decision delayed;
		U = Not available/unknown/unsure
	Rules:	None
	Notes:	National comparison.
		An immediate reconstruction is one that is performed at the time of initial surgical therapy for the cancer. A delayed reconstruction is a reconstruction that is performed at some time after surgical treatment of the breast cancer has been completed and where the only indication for a further operation is to perform a breast reconstruction.

Patient Status

1. Primary Treatment Planning

B23.99	Mandatory	National Monitoring data element
	Description:	Surgical Data Collection Status
	Definition:	Status of Data not Collected
	Format:	1 digit
	Valid values:	0 = Not Specified
		1 = Data Incomplete - Woman declined treatment
		2 = Data Incomplete - Woman attended treatment overseas
		3 = Data Incomplete - Treatment Provider declined to provide data
		9 = Data Incomplete - Other
	Rules:	If B23.99 equals 1-9 then all other data validation rules for B20.03 – B23.05 can be ignored

	Notes:	If Woman attended an overseas treatment provider then B23.99 should equal 2, even if all data can be collected.

Other Treatment Continued

Generic rules	Radiotherapy, endocrine manipulation and chemotherapy treatment information is recorded on the Other Treatment (BSAB24) form. Endocrine manipulation and chemotherapy information is to be filled in at the commencement of endocrine manipulation and chemotherapy treatment. Radiotherapy information is to be filled in on completion of the course of Radiotherapy treatment. Radiotherapy treatment is expected to be finished 6 months following the referral to a treatment provider, so BSAB24 should be completed by Treatment Providers and sent back to Lead Providers in the following month. E.g. within 7 months of date of notification of final biopsy results (B18.06) A record for each type of treatment is required for each patient referred to treatment, even if this record shows that this type of treatment was not used, or data could not be collected fully.

Endocrine Manipulation

B24.01	Mandatory:	National Monitoring data element
	Description:	NHI Number
	Definition:	NZHIS definition.
	Format	3 alpha plus 4 numeric characters
	Valid values:	n/a
	Rules:	None
	Notes:	As per NZHIS data requirements (NZHIS reference A0012).
B24.02	Mandatory	National Monitoring data element
	Description:	Provider
	Definition:	Identifier of the treatment provider.
	Format:	4 digit or 7 character (if private provider)
	Valid values:	n/a

	Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record “Private” in this element.
	Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

Other Treatment Continued

B24.03	Mandatory	National Monitoring data element
	Description:	Type of endocrine manipulation.
	Definition:	Hormonal treatment or elimination of ovarian function.
	Format:	2 digit
	Valid values:	0 = None; 1 = SERM (selective oestrogen receptor modulator e.g. Tamoxifen); 2 = Ovarian ablation; 7 = Aromatase inhibitor/hormonal therapy; 9 = Other U = Not available/unknown/unsure
	Rules:	
	Notes:	If value recorded is “9” then name/description of other treatment must be recorded. Required to calculate number receiving hormonal therapy.

B24.99	Mandatory	National Monitoring data element
	Description:	Endocrine Manipulation Data Collection Status
	Definition:	Status of Data not Collected
	Format:	1 digit
	Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other
	Rules:	If B24.99 equals 1-9 then all other data validation rules for B24.03 can be ignored

	Notes:	If Woman attended an overseas treatment provider then B24.99 should equal 2, even if all data can be collected.

Other Treatment Continued

Chemotherapy

B25.01	Mandatory	National Monitoring data element
	Description:	NHI Number
	Definition:	NZHIS definition.
	Format	3 alpha plus 4 numeric characters
	Valid values:	n/a
	Rules:	None
	Notes:	As per NZHIS data requirements (NZHIS reference A0012).
B25.02	Mandatory?:	Yes - National Monitoring data element
	Description:	Provider
	Definition:	Identifier of the treatment provider.
	Format:	4 digit or 7 character (if private provider)
	Valid values:	n/a
	Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record “Private” in this element.
	Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)
B25.03	Mandatory	National Monitoring data element
	Description:	Chemotherapy offered
	Definition:	
	Format:	1 character
	Valid values:	Y=Yes; N=No U=Not available/unknown/unsure
	Rules:	None
	Notes:	Chemotherapy is deemed to have been offered if chemotherapy options were discussed.

B25.04	Mandatory?:	National Monitoring data element
	Description:	Patient accepted
	Definition:	Patient accepted therapy offered
	Format:	1 character
	Valid values:	Y=Yes;
		N=No
		U=Not available/unknown/unsure
	Rules:	None
	Notes:	None

Other Treatment Continued

B25.05	Mandatory?:	National Monitoring data element
	Description:	Date of first treatment
	Definition:	
	Format:	DDMMCCYY
	Valid values:	n/a
	Rules:	Must be after Date of notification of 1st and 2nd level assessment results to the woman (B16.03)
	Notes:	None

B25.06	Mandatory?:	National Monitoring data element
	Description:	Type of chemotherapy.
	Definition:	Name of chemotherapy drug regime.
	Format:	2 digits
	Valid values:	0 = None;
		1 = CMF;
		3 = AC/EC;
		4 = Doxorubicin;
		5 = Taxane;
		9 = Other
	Rules:	Must be able to record a combination of two valid values (e.g. 1 and 3)
	Notes:	Herceptin is recorded as 9.

		CMF = cyclophosphamide, methotrexate, 5-fluorouracil (5FU) AC/EC = adriamycin (AKA doxorubicin) or epirubicin and cyclophosphamide. Doxorubicin = also known as Adriamycin. Taxane includes paclitaxel (Taxol) or docetaxel (Taxotere) Required to calculate number receiving chemotherapy.
B25.99	Mandatory?:	National Monitoring data element
	Description:	Chemotherapy Data Collection Status
	Definition:	Status of Data not Collected
	Format:	1 digit
	Valid values:	0 = Not Specified 1 = Data Incomplete - Woman declined treatment 2 = Data Incomplete - Woman attended treatment overseas 3 = Data Incomplete - Treatment Provider declined to provide data 9 = Data Incomplete - Other
	Rules:	If B25.99 equals 1-9 then all other data validation rules for B25.03 – B25.06 can be ignored
	Notes:	If woman attended an overseas treatment provider then B25.99 should equal 2, even if all data can be collected

Other Treatment Continued

Radiotherapy

B26.01	Mandatory?:	National Monitoring data element
	Description:	NHI Number
	Definition:	NZHIS definition.
	Format	3 alpha plus 4 numeric characters
	Valid values:	n/a
	Rules:	None
	Notes:	As per NZHIS data requirements (NZHIS reference A0012). Required to calculate: no. receiving radiotherapy.

B26.02	Mandatory?:	National Monitoring data element
	Description:	Provider
	Definition:	Identifier of the treatment provider.
	Format:	4 digit or 7 character (if private provider)
	Valid values:	n/a
	Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record “Private” in this element.
	Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138) Note where a woman has been sent overseas for treatment by a NZ District, B26.02 should record the NZ District Health Agency Code and B26.99 should equal 2
B26.05	Mandatory?:	National Monitoring data element
	Description:	Radiotherapy given
	Definition:	
	Format:	1 character
	Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure
	Rules:	None
	Notes:	None
B26.06	Mandatory?:	National Monitoring data element
	Description:	Radiotherapy to breast/chest wall (bcw)
	Definition:	Radiotherapy to breast/chest wall
	Format:	1 character
	Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure
	Rules:	None
	Notes:	Required to calculate number receiving radiotherapy.

Other Treatment Continued

B26.07	Mandatory?:	National Monitoring data element
	Description:	Date of first radiotherapy treatment (bcw)
	Definition:	Date of first treatment
	Format:	DDMMCCYY
	Valid values:	None
	Rules:	Required if radiotherapy to breast/chest wall (bcw) is yes (B26.06='Y'). Must be after Date of notification of 1st and 2nd level assessment results to the woman (B16.03)
	Notes:	None
B26.11	Mandatory?:	National Monitoring data element
	Description:	Radiotherapy to regional nodes
	Definition:	Radiotherapy to axilla, supraclavicular, and/or internal mammary nodes.
	Format:	1 character
	Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure
	Rules:	None
	Notes:	Required to calculate number receiving radiotherapy.
B26.16	Mandatory?:	National Monitoring data element
	Description:	Radiotherapy boost.
	Definition:	Boost
	Format:	1 character
	Valid values:	Y=Yes; N=No; U=Not Available, unknown, unsure
	Rules:	None
	Notes:	Required to calculate number receiving radiotherapy.

Other Treatment Continued

B26.99	Mandatory?:	National Monitoring data element
	Description:	Radiotherapy Data Collection Status
	Definition:	Status of Data not Collected
	Format:	1 digit
	Valid values:	0 = Not Specified
		1 = Data Incomplete - Woman declined treatment
		2 = Data Incomplete - Woman attended treatment overseas
		3 = Data Incomplete - Treatment Provider declined to provide data
		9 = Data Incomplete - Other
	Rules:	If B26.99 equals 1-9 then all other data validation rules for B26.03 – B26.16 can be ignored
	Notes:	If Woman attended an overseas treatment provider then B26.99 should equal 2, even if all data can be collected.

Patient Status

Generic rules	Patient Status forms are to be completed, once, five years following the anniversary of diagnosis. E.g. 5 years after Date of Notification of Final Diagnosis Results to the Woman (B18.06)	
B27.01	Mandatory?:	National Monitoring data element
	Description:	NHI Number
	Definition:	NZHIS definition.
	Format	3 alpha plus 4 numeric characters
	Valid values:	n/a
	Rules:	NZHIS rules apply
	Notes:	As per NZHIS data requirements (NZHIS reference A0012).
B27.02	Mandatory?:	National Monitoring data element
	Description:	Provider
	Definition:	Identifier of the treatment provider.
	Format:	4 digit or 7 character (if private provider)
	Valid values:	n/a

	Rules:	If provider does not have a health agency code (i.e. they are a private service provider), record “Private” in this element.
	Notes:	As per NZHIS data requirements for Health Agency Code (NZHIS reference A0138)

Other Treatment Continued

B27.03	Mandatory?:	National Monitoring data element
	Description:	Date of last follow up appointment
	Definition:	
	Format:	DDMMCCYY
	Valid values:	n/a
	Rules:	None
	Notes:	Required to calculate number with cancer detected within 1 years from a clear screen; and number with cancer detected between 1 and 2 years from a clear screen. It is logical that each follow-up would be kept even though nationally only last date is required. Quality standards.
B27.04	Mandatory?:	National Monitoring data element
	Description:	Clinical Follow-up Status
	Definition:	Follow-up status
	Format:	1 digit
	Valid values:	1=Active follow-up (i.e. follow-up continuing); 2=Patient declined follow-up; 3=Patient discharged; 4=Lost to follow-up
	Rules:	B27.04 must equal “3=Patient discharged” if B27.05 is “3=Dead” B27.04 must equal 2,3 or 4 if B27.05 is “4=Unknown”
	Notes:	None
B27.05	Mandatory?:	National Monitoring data element
	Description:	Status
	Definition:	Patient status.
	Format:	1 digit

	Valid values:	1=Alive without disease; 2=Alive with disease; 3=Dead; 4=Unknown
	Rules:	B27.05 must equal 1 or 2 if B27.04 is “1=Active follow-up”
		B27.05 must equal “4=Unknown” if B27.04 is 2,3 or 4
	Notes:	None
B27.06	Mandatory?:	National Monitoring data element
	Description:	Date of recurrence
	Definition:	
	Format:	DDMMCCYY
	Valid values:	n/a
	Rules:	B27.06 must contain a valid date if B27.05 is “2=Alive with disease"; otherwise blank.
	Notes:	None
B27.08	Mandatory?:	National Monitoring data element
	Description:	Date of death
	Definition:	
	Format:	DDMMCCYY
	Valid values:	n/a
	Rules:	B27.05 should indicate “Dead” (B27.05=3)
	Notes:	None
B27.09	Mandatory?:	National Monitoring data element
	Description:	Cause of death
	Definition:	Cause of death
	Format:	1 digit
	Valid values:	1=Breast cancer; 9=Other
	Rules:	B27.05 should indicate “Dead” (B27.05=3)
	Notes:	None