

**NCI BOLD Task Force  
IMAGING Common Data Elements (CDE) – MODULE 1**

1. Date of Imaging: ____ - ____ - ____ (mm-dd-yyyy)
2. Date of Interpretation: ____ - ____ - ____ (mm-dd-yyyy)
3. Breast Imaged: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral
4. Imaging Modality: (Complete separate form for each modality) <input type="checkbox"/> Mammo → <input type="checkbox"/> Film-Screen (skip to Q6) <input type="checkbox"/> Digital (skip to Q6) <input type="checkbox"/> US (skip to Q6) <input type="checkbox"/> MRI (see Q 5) <input type="checkbox"/> PEM <input type="checkbox"/> Breast Specific Gamma Imaging (BSGI) <input type="checkbox"/> Other: _____
5. MRI Breast Parenchymal Enhancement: (select one) <input type="checkbox"/> None/minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Marked
6. Density of Breast Parenchyma: (select one)(if right and left differ, select denser value) <input type="checkbox"/> Almost entirely fat (almost all fat) <input type="checkbox"/> Scattered fibroglandular densities (25%-50% fibroglandular) <input type="checkbox"/> Heterogeneously dense (51% - 75% fibroglandular) <input type="checkbox"/> Extremely dense (>75% fibroglandular)

**FINDINGS**

7. Primary Lesion Present? <input type="checkbox"/> Yes → <input type="checkbox"/> No <input type="checkbox"/> Cannot be assessed	(complete 7a – 7f for lesion # 1)
	7a. Lesion Type: <input type="checkbox"/> Mass <input type="checkbox"/> Architectural Distortion <input type="checkbox"/> Calcification(s) <input type="checkbox"/> MR Non-Mass-Like Enhancement
	7b. Lesion Laterality: <input type="checkbox"/> Right <input type="checkbox"/> Left
	7c. Clockface Location (o'clock): <u>NNNN</u> <input type="checkbox"/> not provided
	7d. Location: (select all that apply) <input type="checkbox"/> Nipple <input type="checkbox"/> Upper-outer quadrant <input type="checkbox"/> Central /sub-areolar region <input type="checkbox"/> Lower-outer quadrant <input type="checkbox"/> Upper-inner quadrant <input type="checkbox"/> Axillary tail <input type="checkbox"/> Lower-inner quadrant
	7e. Distance from Nipple ____ cm
	7f. Size: Largest horizontal measure = <u>NNNN</u> mm    D Vertical A-P measure = <u>NNNN</u> mm    D2 Horizontal Perpendicular measure= <u>NNNN</u> mm    D3
	7g. Prior Breast Carcinoma Imaging Study Date: ____ - ____ - ____ (mm-dd-yyyy) Changes Since Last Study: <input type="checkbox"/> New finding <input type="checkbox"/> No significant change <input type="checkbox"/> Increase in size <input type="checkbox"/> Unable to assess <input type="checkbox"/> Decrease in size

8. Other Lesions Present? <input type="checkbox"/> Yes → <input type="checkbox"/> No	8a. Specify number of lesions: <u>  NN  </u> Complete Imaging Module 2 (IM-2) for each additional lesion
9. Associated Findings? <input type="checkbox"/> Yes → <input type="checkbox"/> No	9a. Specify Associated Findings (select all that apply) <input type="checkbox"/> Nipple retraction <input type="checkbox"/> Adenopathy (complete Q10) <input type="checkbox"/> Nipple invasion <input type="checkbox"/> Pectoralis muscle invasion <input type="checkbox"/> Skin thickening (focal) <input type="checkbox"/> Chest wall invasion <input type="checkbox"/> Skin thickening (diffuse) <input type="checkbox"/> Hematoma/blood <input type="checkbox"/> Skin invasion <input type="checkbox"/> Cysts <input type="checkbox"/> Edema
10. Lymphadenopathy/Axilla <input type="checkbox"/> Suspicious → <input type="checkbox"/> Known Malignant → <input type="checkbox"/> None	10a. Largest diameter of largest node = <u>  NNNN  </u> mm 10b. Changed Since Last Study? <input type="checkbox"/> New finding <input type="checkbox"/> No change <input type="checkbox"/> Increase in size <input type="checkbox"/> Unable to assess <input type="checkbox"/> Decrease in size
11. U/S Evaluation of Node(s)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (NOS) <input type="checkbox"/> Cortical thickening <input type="checkbox"/> Loss of fatty hilum

**ASSESSMENT / RECOMMENDATIONS**

12. Assessment Category: (select one)	<input type="checkbox"/> 0 Incomplete, need additional evaluation <input type="checkbox"/> 1 Negative, no abnormal enhancement <input type="checkbox"/> 2 Benign <input type="checkbox"/> 3 Probably benign <input type="checkbox"/> 4 Suspicious abnormality <input type="checkbox"/> 5 Highly suggestive of malignancy <input type="checkbox"/> 6 Known biopsy proven malignancy
13. Recommendation(s): (select all that apply)	<input type="checkbox"/> Normal interval follow-up <input type="checkbox"/> Additional Imaging <input type="checkbox"/> Mammography <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> Old films for comparison <input type="checkbox"/> Other: _____ <input type="checkbox"/> Short interval follow-up <input type="checkbox"/> Biopsy should be considered <input type="checkbox"/> Histology using core biopsy <input type="checkbox"/> Needle localization and biopsy <input type="checkbox"/> Cytologic analysis <input type="checkbox"/> Suggestive/proven malignancy – take appropriate action <input type="checkbox"/> Other, specify: _____

**NCI BOLD Task Force  
IMAGING CDE – MODULE 2**

**ADDITIONAL LESIONS**

1. Image date: _____ - _____ - _____ (mm-dd-yyyy)
2. Imaging Modality: <input type="checkbox"/> Mammo → <input type="checkbox"/> Film-Screen (skip to Q6) <input type="checkbox"/> Digital (skip to Q6) <input type="checkbox"/> US <input type="checkbox"/> MRI <input type="checkbox"/> PEM <input type="checkbox"/> Breast Specific Gamma Imaging (BSGI) <input type="checkbox"/> Other: _____
3. Lesion Number: <u>  N  </u> (# 2-5, <i>number each additional lesion consecutively</i> )
4. Lesion Type (select one): <input type="checkbox"/> Mass <input type="checkbox"/> Architectural Distortion <input type="checkbox"/> Calcification(s) <input type="checkbox"/> MR Non-Mass-Like Enhancement
5. Lesion Laterality: (select one) <input type="checkbox"/> Right <input type="checkbox"/> Left
6. Clockface Location (o'clock): <u>  NNNN  </u> (o'clock) <input type="checkbox"/> not provided
7. Location: (select all that apply) <input type="checkbox"/> Nipple <input type="checkbox"/> Upper-outer quadrant <input type="checkbox"/> Central / subareolar region <input type="checkbox"/> Lower-outer quadrant <input type="checkbox"/> Upper-inner quadrant <input type="checkbox"/> Axillary tail <input type="checkbox"/> Lower-inner quadrant
8. Size: Largest horizontal measure = <u>  NNNN  </u> mm D Vertical A-P measure = <u>  NNNN  </u> mm D2 Horizontal Perpendicular measure = <u>  NNNN  </u> mm D3
9. Changes Since Last Study? Prior Breast Carcinoma Imaging Study Date: _____ - _____ - _____ (mm-dd-yyyy) Changes Since Last Study: <input type="checkbox"/> New finding <input type="checkbox"/> No significant change <input type="checkbox"/> Increase in size <input type="checkbox"/> Unable to assess <input type="checkbox"/> Decrease in size