

# NWU2015-06-04 - Pre-Enrollment Data Dictionary

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## Document Summary

Property	Value
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# NWU2015-06-04 - Pre-Enrollment: Data Dictionary

## Section 1: Identifiers

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Class	Variable	Label	Description	Format Text
01. Principal	<b>ptid</b>	Participant ID		Char

## Section 3: Pre-Enrollment

Class	Variable	Label	Description	Format Text
01. Principal	<b>preenrl_age_at_s creen</b>	Age At Screen - [Pre-Enrollment]		Numeric
01. Principal	<b>preenrl_biop</b>	Date Of Diagnostic Core Needle Biopsy		Char
01. Principal	<b>preenrl_biop_site</b>	Was The Core Biopsy Performed At The Participant's Accrual Site?		0="No" 1="Yes"
01. Principal	<b>preenrl_biop_tim e</b>	Date Of Diagnostic Core Needle Biopsy (Time)		Char
01. Principal	<b>preenrl_brca</b>	Breast Cancer Gene (BRCA) Status		0="None" 1="BRCA1+" 2="BRCA2+" 3="BRCA1+ And BRCA2+" 99="Unknown/Not Tested"
01. Principal	<b>preenrl_comment s</b>	Pre-Enrollment: Comments		Char
01. Principal	<b>preenrl_country</b>	Participant Country Code		1="USA" 2="Canada" 3="China" 4="Italy" 5="Mexico"
01. Principal	<b>preenrl_eligible</b>	Does This Participant Meet All Screening Criteria?		0="No" 1="Yes"
01. Principal	<b>preenrl_ethn</b>	Participant Ethnicity		1="Hispanic Or Latino" 2="Not Hispanic Or Latino" 3="Not Reported" 99="Unknown"
01. Principal	<b>preenrl_gender</b>	Participant Gender		0="Male" 1="Female" 3="Unspecified" 99="Unknown"
01. Principal	<b>preenrl_inst</b>	Registering Institution		1="IL036 Northwestern University" 2="KY015 Saint Elizabeth Medical Center South" 3="MN026 Mayo Clinic" 4="NC010 Duke University" 5="NY016 Memorial Sloan Kettering Cancer Center" 7="OH027 Cleveland Clinic Foundation" 8="KS004 University Of Kansas Cancer Center"
01. Principal	<b>preenrl_meno</b>	Menopausal Status?		1="Premenopausal" 2="Postmenopausal"

Class	Variable	Label	Description	Format Text
01. Principal	<b>preenrl_paym</b>	Method Of Payment		1="Private Insurance" 2="Medicaid" 3="Medicaid And Medicare" 4="Military Sponsored (including CHAMPUS & TriCare)" 5="Veterans Sponsored" 6="No Means Of Payment (No Insurance)" 7="Medicare" 8="Medicare And Private Insurance" 9="Self-Pay (No Insurance)" 10="Managed Care/Medicare" 11="State Supplemental Health Insurance" 12="Military Or Veterans Sponsored, NOS" 13="Other" 99="Unknown"
01. Principal	<b>preenrl_race1</b>	Participant Race 1		1="American Indian Or Alaska Native" 2="Asian" 3="Black Or African American" 4="Native Hawaiian Or Other Pacific Islander" 5="Not Reported" 6="White" 99="Unknown"
01. Principal	<b>preenrl_race2</b>	Participant Race 2		"1"="American Indian Or Alaska Native" "2"="Asian" "3"="Black Or African American" "4"="Native Hawaiian Or Other Pacific Islander" "5"="Not Reported" "6"="White" "99"="Unknown"
01. Principal	<b>preenrl_race3</b>	Participant Race 3		"1"="American Indian Or Alaska Native" "2"="Asian" "3"="Black Or African American" "4"="Native Hawaiian Or Other Pacific Islander" "5"="Not Reported" "6"="White" "99"="Unknown"
01. Principal	<b>preenrl_screen1</b>	Screen 1 Date		Char
01. Principal	<b>preenrl_screen1_time</b>	Screen 1 Date And Time		Char
01. Principal	<b>preenrl_sfail</b>	If No, Specify Primary Reason For Screen Failure		1="Investigator decision" 2="Participant decision" 3="Did not meet eligibility criteria" 4="Other, specify"
01. Principal	<b>preenrl_sid</b>	Screening Identification Number (SID)		Char
01. Principal	<b>preenrl_specify</b>	If No, Specify Where The Core Biopsy Was Performed		Char
01. Principal	<b>preenrl_sfail_specify</b>	Screen Failure: Other, Specify		Char

