

Kentucky Women's Cancer Screening Program (KWCS) data collection form

Enter data into CDP portal for ALL women receiving breast and/or cervical cancer screening and/or diagnostics

Patient Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First M.I. Last </div> <p style="text-align: center; font-weight: bold;">PASTE "C Label" HERE</p> SSN: _____ Health Dept. _____	Visit Date: ____/____/____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> MM DD YYYY </div> Provider ID# _____
	MDE record? () 1. Yes () 2. No <div style="display: flex; justify-content: space-between; font-size: x-small;"> Yes = KWCS eligible and/or Family Planning (Pap/HPV test only) No = All other payor sources </div>
	Prior Pap Test? () 1. Yes () 2. No If yes, Date: ____/____/____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> MM DD YYYY </div>

Breast Services Provided? () 1. Yes () 2. No If no, STOP and proceed to cervical section	Cervical Services Provided? () 1. Yes () 2. No If no, STOP and proceed to breast section
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Section A. Breast Screening Data

Clinical Breast Exam (CBE):
 () 1. Normal () 2. Abnormal
 () 3. Not Performed CBE date: ____/____/____

MM
DD
YYYY

Mammogram:
 () 1. Yes, mammogram ordered as part of routine screening
 () 2. Yes, mammogram ordered as part of diagnostics
 () 3. Yes, mammogram performed elsewhere, now referring for diagnostics
 Date referred to LHD: ____/____/____

MM
DD
YYYY

 () 4. No, mammogram not performed, including pt. did not keep appt.

MRI:
 () 1. Yes, MRI performed as primary screening
 () 2. No, MRI not performed as primary screening

*Is client at HIGH risk for breast cancer?
 () 1. Yes () 2. No () 3. Unknown

Section A. Cervical Screening Data

Pap test:
 () 1. Yes, Pap performed as part of routine screening
 () 2. Yes, Pap performed as short-term follow-up (repeat Pap)
 () 3. Yes, Pap performed elsewhere, now referring for diagnostics
 Date referred to LHD: ____/____/____

MM
DD
YYYY

 () 4. Yes, Pap performed after primary HPV+
 () 5. No, Pap not performed

HPV test:
 () 1. Co-Testing or Primary HPV+
 () 2. Reflex
 () 3. Test not performed

*Is client at HIGH risk for cervical cancer?
 () 1. Yes () 2. No () 3. Unknown

Section B. Mammogram / MRI Results Data

*Mammogram results (BI-RADS): _____ Mamm date: ____/____/____

MM
DD
YYYY

 *MRI results (BI-RADS): _____ MRI date: ____/____/____

MM
DD
YYYY

 Diagnostic procedures (work-up) planned: () 1. Yes () 2. No

Section B. Pap/ HPV Test Results Data

*Pap Test results: _____ Pap Test date: ____/____/____

MM
DD
YYYY

 *HPV Test results: _____ HPV Test date: ____/____/____

MM
DD
YYYY

 Diagnostic procedures (work-up) planned: () 1. Yes () 2. No

Section C. Breast Diagnostic/Follow-up Data

1. Status of Breast Diagnosis:
 () 1. Work-up complete
 () 2. Lost to follow-up
 () 3. Work-up refused

2. Date of Final Diagnosis:
 ____/____/____

MM
DD
YYYY

3. Final Breast Diagnosis:
 () 1. Ductal Carcinoma in Situ (Stage 0)
 () 2. Invasive Breast Cancer
 () 3. Breast Cancer not diagnosed
 () 4. Lobular Carcinoma in Situ (Stage 0)

4. Treatment Status:
 () 1. Treatment started
 () 2. Lost to follow-up
 () 3. Treatment refused
 () 4. Treatment not needed

5. Date of Treatment Status:
 ____/____/____

MM
DD
YYYY

Section C. Cervical Diagnostic/Follow-up Data

1. Status of Cervical Diagnosis:
 () 1. Work-up complete
 () 2. Lost to follow-up
 () 3. Work-up refused

2. Date of Final Diagnosis:
 ____/____/____

MM
DD
YYYY

3. Final Cervical Diagnosis:
 () 1. Normal / Benign Reaction/Inflammation
 () 2. HPV / Condylomata/Atypia
 () 3. CIN1 / Mild dysplasia (biopsy diagnosis)
 () 4. CIN2 / Moderate dysplasia (biopsy diagnosis)
 () 5. CIN3 / Severe dysplasia/Carcinoma in Situ (stage 0)
 () 6. Invasive Cervical Carcinoma (biopsy diagnosis)

4. Treatment Status:
 () 1. Treatment started
 () 2. Lost to follow-up
 () 3. Treatment refused
 () 4. Treatment not needed

5. Date of Treatment Status:
 ____/____/____

MM
DD
YYYY

*Denotes quick reference sections on following page

KWCSP QUICK REFERENCE for WH-58 Front Page Completion

*BREAST Cancer Risk Assessment

1 = YES, client is high risk because ONE of the following is true:

- Woman with BRCA mutation
- Has a first-degree relative with a history of premenopausal breast cancer or known BRCA mutation
- Has a lifetime risk of 20-25% or greater as defined by a risk assessment model
- A history of radiation treatment to the chest wall
- Personal or family history of genetic syndromes such as Li-Fraumeni syndrome

2 = NO, client is not high risk

3 = UNKNOWN, risk is unknown

*CERVICAL Cancer Risk Assessment

1 = YES, client is high risk because ONE of the following is true:

- Woman with a history of CIN2 or CIN3 or cervical cancer
- Intrauterine exposure to DES
- Immunocompromised

2 = NO, client is not high risk

3 = UNKNOWN, risk is unknown

*MAMM / MRI (BI-RADS) results

0 = Assessment is Incomplete

1 = Negative

2 = Benign Finding

3 = Probably Benign

4 = Suspicious Abnormality

5 = Highly Suggestive of Malignancy

6 = Known Biopsy-Proven Malignancy

U = Technically Unsatisfactory (not a BI-RADS)
Image could not be read by radiologist

*PAP TEST results

1 = Negative for Intraepithelial Lesion or Malignance

2 = Atypical Squamous Cells of Undetermined Significance (ASC-US)

3 = Atypical Squamous Cells Cannot Exclude High Grade Lesions (ASC-H)

4 = Low Grade SIL (CIN I, Mild Dysplasia including HPV changes)

5 = High Grade SIL (CIN II, CIN III, Moderate-Severe Dysplasia, CIS)

6 = Squamous Cell Carcinoma

7 = Adenocarcinoma

8 = Adenocarcinoma-in-Situ

9 = Unsatisfactory

10 = Atypical Glandular Cell of Undetermined Significance (AGC)

*HPV TEST results

1 = Positive with positive genotyping (types 16 or 18)

2 = Positive with negative genotyping (positive HPV, but not types 16 or 18)

3 = Positive with genotyping not done

4 = Negative

9 = Unknown

RECOMMENDED Patient Education and Counseling – on ALL women with an abnormal test result

BREAST Cancer Risk Factors

- Female age 40 or older; risk increases with age
- 1st degree relative: (mother, sister, daughter) with history of breast cancer before the age of 50
- Close relative with a male breast cancer or a known BRCA mutation, or if patient herself has a known BRCA mutation
- Personal history of benign breast condition
- Personal or family history of genetic syndromes such as Li-Fraumeni syndrome
- Dense breasts
- Early menarche (prior to age 12)
- Late menopause (after age 52)
- No pregnancies or 1st pregnancy after age 30
- Hormone use: some oral contraceptives and/or combination (estrogen and progestin) hormone replacement therapy
- Use of the drug diethylstilbestrol (DES) or intrauterine exposure to DES
- Overweight/obese (especially after menopause)
- Lack of physical activity
- Alcohol consumption; risk increases with amount consumed

Date assessed/counseled on breast cancer risks ___/___/___

CERVICAL Cancer Risk Factors

- History of HPV and/or dysplasia
- Multiple (3+) sexual partners in lifetime
- A sex partner with multiple sex partners
- A sex partner who has had a partner with HPV/dysplasia/cervical cancer
- Cigarette smoking
- Beginning sexual intercourse at a young age (18 or younger)
- Intrauterine exposure to DES
- Infrequent screening (≥ 5 years since last Pap)
- Immunosuppressed: HIV/AIDS, diabetes, transplant recipient, chronic steroid use
- Other auto-immune disorders _____

Date assessed/counseled on cervical cancer risks ___/___/___

PATIENT NOTIFICATION of abnormal results

- Telephone Call Date & Response _____
- Letter #1 Date & Response _____
- Certified Letter Date & Response _____
- Home Visit Date & Response _____
- Face to Face Date & Response _____

PATIENT Cancer Screening Cycle SUMMARY

Procedure	Date	Results & Follow-up
Annual/Initial Exam		
CBE		
Screening mammogram		
FINAL breast diagnosis		
Pap test		
HPV test and/or vaccine		
FINAL cervical diagnosis		
Initiation of Treatment		
NEXT Breast Screening due:		
NEXT Cervical Screening due:		

BREAST and CERVICAL diagnostic / treatment procedures

Procedure	Date	Findings & Follow-up
Diagnostic mammogram		
Ultrasound		
MRI		
Surgical or GYN Consult		
Breast Biopsy/Aspiration		
Colposcopy & Biopsy		
Endometrial Biopsy		
Cryotherapy or LEEP		
Cold knife cone		