WH-58 (a.k.a. ACH-58)

Kentucky Women's Cancer Screening Program (KWCSP) data collection form
Use this form for KWCSP-eligibles: uninsured/underinsured women, age 21- 64, at or below 250% poverty level

REQUIRED data collection that must be entered electronically for ALL KWCSP-eligible women.

Patient NameFirst M.I. Last	Visit Date: / / MM DD YYYY	Kentucky
PASTE "C Label" HERE	Provider ID#	Adjoing Townen, Savey Healthy Something Something Adjoing Townen, Savey Healthy Adjoing T
SSN: Health Dept		▼ Vancer Screening Program
	Prior Pap test? () 1. Yes () 2. No If yes, da	MM YYYY
<u>Breast Services Provided?</u> () Yes() No	<u>Cervical Services Provid</u> () Yes() No	<u>led?</u>
If no, proceed to cervical section	If no, proceed to breast so	ection
Section A. Breast Screening Data	Section A. Cervical Screeni	ng Data
Clinical Breast Exam (CBE) performed? CBE date:/ (MM/DD/YYYY) CBE results: () 1. Normal () 2. Abnormal () 3. Not Performed	Pap test: () 1. Yes, Pap performed as part of routine screening () 2. Yes, Pap performed as short-term follow-up () 3. Yes, Pap performed elsewhere, LHD now refern Date referred to LHD:	ring for diagnostics
Mammogram () 1. Yes, mammogram ordered as part of routine screening () 2. Yes, mammogram ordered as part of diagnostics () 3. Yes, mammogram performed elsewhere, LHD now referring for diagnostics Date referred to LHD: //	Date referred to LHD: MM DD	
() 4. No, mammogram <u>not</u> performed	HPV test: () 1. Co-Testing () 2. Reflex ()	3. Test not done
MRI () 1. Yes, MRI performed as primary screening. () 2. No, MRI not performed as primary screening	*Is client at HIGH risk for cervical cancer? () 1. Yes () 2. No () 3. Unknown	
*Is client at HIGH risk for breast cancer? () 1. Yes () 2. No () 3. Unknown		
Section B. Mammogram / MRI Results Data	Section B. Pap / HPV Test Re	sults Data
*Mammogram results (BI-RADS): Mamm date:// MM DD YYYY	*Pap test results: Pap date: N	M DD YYYY
*MRI results (BI-RADS): MRI date:// MM DD YYYY	*HPV test results: HPV date	
Diagnostic procedures (work-up) planned: () 1. Yes () 2. No	Diagnostic procedures (work-up) planned: () 1. Yes () 2. No
Section C. Breast Diagnostic/Follow-up Data	Section C. Cervical Diagnostic/Fo	ollow-up Data
1. Status of Breast Diagnosis: () 1. Work-up complete () 2. Lost to follow-up () 3. Work-up refused 4. Treatment Status: () 1. Treatment started () 2. Lost to follow-up () 3. Treatment refused () 4. Treatment not needed	() 1. Work-up complete () 1. Tr () 2. Lost to follow-up () 2. Lo () 3. Work-up refused () 3. Tr	ent Status: eatment started sst to follow-up eatment refused eatment not needed
2. Date of Final Diagnosis: 5. Date of Treatment Status:	2. Date of Final Diagnosis: 5. Date of	Treatment Status:
MM DD YYYY MM DD YYYY	MM DD YYYY MN	DD YYYY
3. Final Breast Diagnosis:	3. Final Cervical Diagnosis:	

enotes quick reference sections on following page

urse Case Manager:	Date Case Closed:	WH-58 (Effective 01.01.19)

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Patient Na	me			
	First	M.I.	Last	
]	PASTE "(C Label"	HERE	
SSN:	Н	ealth Dept.		



QUICK REFERENCE - For WH-58 front page

*BREAST Cancer Risk Assessment

- 1 = YES, client is high risk because <u>ONE</u> 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 <u>ONE</u> 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 or Adenocarcinoma-in-Situ
- 8 = Unsatisfactory
- 9 = 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	CERVICAL Cancer Risk Factors
Female age 40 or older	History of HPV and/or dysplasia
1st degree relative (mother, sister, daughter) with history of breast cancer prior	Multiple (3+) sexual partners in lifetime
to age 50	A sex partner with multiple sex partners
Close relative with a male breast cancer or a known BRCA mutation	A sex partner who has had a partner with HPV/dysplasia/cervical cancer
Personal history of benign breast condition	Cigarette smoking
Early menarche (prior to age 12)	Beginning sexual intercourse at a young age (18 or younger)
Late menopause (after age 52)	Intrauterine exposure to DES
No pregnancies or 1st pregnancy after age 30	Infrequent screening (≥5 years since last Pap)
Hormone use: some oral contraceptives and/or combination hormone	Immunosuppressed-HIV/AIDS, diabetes, transplant recipient, chronic steroid use
replacement therapy	Other auto-immune disorders
Use of the drug diethylstilbestrol (DES) or intrauterine exposure to DES	
Overweight/Obese (especially after menopause)	Date assessed/counseled on cervical cancer risks / /
Lack of physical activity	
Alcohol consumption – risk increases with amount consumed	PATIENT NOTIFICATION of abnormal results
	Telephone Call Date & Response
Date assessed/counseled on breast cancer risks//	Letter #1 Date & Response
	Certified Letter Date & Response
	Home Visit Date & Response
PATIENT Cancer Screening Cycle SUMMARY	Face to Face Date & Response
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Procedure	Date	Results & Follow-up
Annual/Initial Exam		
CBE		
Screening mammogram		
FINAL breast diagnosis		
Pap test		
HPV test and/or vaccine		
FINAL cervical diagnosis		
nitiation 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		