



WH-58 (General)

Kentucky Women's Cancer Screening Program (KWCSPP) / Data Collection Form

Eligibility Requirements: Women ages 21 and over, uninsured/underinsured household income at or below 250% of the FPL

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

PASTE "C LABEL" HERE

FIRST Name: _____

LAST Name: _____

SSN / Patient ID: _____

Health Department: _____

Office Visit Type

Start Date of Service: ____/____/____ Provider # _____
MM DD YYYY

KWCSPP Eligible? () 1. Yes () 2. No
Includes KWCSPP eligibles receiving a Family Planning Pap or HPV test Has other payor sources

A-1. Breast Screening Data

BREAST Services Provided?

() 1. Yes () 2. No – Stop, proceed to cervical section

Clinical Breast Exam (CBE):

() 1. Normal () 2. Abnormal () 3. Not Performed

CBE date: ____/____/____
MM DD YYYY

Mammogram:

() 1. Yes, mamm ordered as part of routine screening
() 2. Yes, mamm ordered as part of diagnostics
() 3. Yes, mamm performed elsewhere, now referring for diagnostics

Date referred : ____/____/____
MM DD YYYY

() 4. No, mammogram not performed

MRI:

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

Did risk assessment identify patient as **HIGH RISK** for breast cancer?
() 1. Yes () 2. No () 3. Unknown

A-2. Cervical Screening Data

CERVICAL Services Provided?

() 1. Yes () 2. No – Stop, proceed to breast section

Prior Pap Test? () 1. Yes () 2. No If yes, date: ____/____/____
MM YYYY

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, now referring for diagnostics

Date referred to: ____/____/____
MM DD YYYY

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

HPV test:

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

Did risk assessment identify patient as **HIGH RISK** for cervical cancer?
() 1. Yes () 2. No () 3. Unknown

B-1. Mammogram / MRI Results Data

Mamm 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

B-2. 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

C-1. Breast Diagnostic/Follow-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

2. Date of Final Diagnosis:

____/____/____
MM DD YYYY

5. Date of Treatment Status:

____/____/____
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)

C-2. Cervical Diagnostic/Follow-up Data

1. Status of Cervical 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

2. Date of Final Diagnosis:

____/____/____
MM DD YYYY

5. Date of Treatment Status:

____/____/____
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)

WH-58 (General)

Kentucky Women's Cancer Screening Program (KWCS) / Data Collection Form

Eligibility Requirements: Women ages 21 and over, uninsured/underinsured household income at or below 250% of the FPL

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

KWCS 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 Malignancy

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

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 & 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		

Data Collector and/or Nurse Navigator: _____ Case Closed Date _____

Effective 01/01/2025