

WH-58

Kentucky Women's Cancer Screening Program (KWCSPP) data collection form
REQUIRED on all KWCSPP-eligibles: uninsured women, age 21 or older, at or below 250% poverty level



Patient Name _____ First M.I. Last PASTE "C Label" HERE SSN: _____ Health Dept. _____	Visit Date: ____/____/____ Provider ID# _____
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How did client become aware of KWCSPP? <input type="checkbox"/> Family or friend(s) <input type="checkbox"/> Local health department <input type="checkbox"/> Referred by a provider <input type="checkbox"/> Workplace <input type="checkbox"/> Health fair <input type="checkbox"/> Other _____	Prior Pap test? <input type="checkbox"/> Yes, date: ____/____/____ MM DD YYYY <input type="checkbox"/> No
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Breast Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No - proceed to cervical section	Cervical Services Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No - proceed to breast section
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<p style="text-align: center;"><u>Section A. Breast Screening Data</u></p> <p>Clinical Breast Exam (CBE): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal CBE performed date: ____/____/____ MM DD YYYY <input type="checkbox"/> <u>Not</u> Performed</p> <p>Mammogram: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic <input type="checkbox"/> Already performed, now referring for diagnostics Diagnostic referral date: ____/____/____ MM DD YYYY <input type="checkbox"/> <u>Not</u> performed</p> <p>MRI: <input type="checkbox"/> Primary screening <input type="checkbox"/> <u>Not</u> a primary screening</p> <p>*HIGH risk for breast cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p style="text-align: center;"><u>Section A. Cervical Screening Data</u></p> <p>Pap test: <input type="checkbox"/> Screening <input type="checkbox"/> Short-term follow-up <input type="checkbox"/> Already performed, now referring for diagnostics Diagnostic referral date: ____/____/____ MM DD YYYY <input type="checkbox"/> Performed after primary HPV+ <input type="checkbox"/> <u>Not</u> performed</p> <p>HPV test: <input type="checkbox"/> Co-Testing <input type="checkbox"/> Reflex <input type="checkbox"/> Primary HPV+ <input type="checkbox"/> <u>Not</u> performed</p> <p>*HIGH risk for cervical cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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<p style="text-align: center;"><u>Section B. Mammogram / MRI Results Data</u></p> <p>*Mamm results (BI-RADS): _____ Mamm date: ____/____/____ MM DD YYYY</p> <p>*MRI results (BI-RADS): _____ MRI date: ____/____/____ MM DD YYYY</p>	<p style="text-align: center;"><u>Section B. Pap / HPV Test Results Data</u></p> <p>*Pap test results: _____ Pap date: ____/____/____ MM DD YYYY</p> <p>*HPV test results: _____ HPV date: ____/____/____ MM DD YYYY</p>
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<p style="text-align: center;"><u>Section C. Breast Diagnostic/Follow-up Data</u></p> <p>1. Breast Diagnosis Status: <input type="checkbox"/> Work-up complete <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Work-up refused</p> <p>2. Date of Final Diagnosis: ____/____/____ MM DD YYYY</p> <p>3. Final Breast Diagnosis: <input type="checkbox"/> 1. Ductal Carcinoma in Situ (Stage 0) <input type="checkbox"/> 2. Invasive Breast Cancer <input type="checkbox"/> 3. Breast Cancer not diagnosed <input type="checkbox"/> 4. Lobular Carcinoma in Situ (Stage 0)</p> <p>4. Treatment Status: <input type="checkbox"/> Treatment started <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Treatment refused <input type="checkbox"/> Treatment not needed</p> <p>5. Date of Treatment Status: ____/____/____ MM DD YYYY</p>	<p style="text-align: center;"><u>Section C. Cervical Diagnostic/Follow-up Data</u></p> <p>1. Cervical Diagnosis Status: <input type="checkbox"/> Work-up complete <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Work-up refused</p> <p>2. Date of Final Diagnosis: ____/____/____ MM DD YYYY</p> <p>3. Final Cervical Diagnosis: <input type="checkbox"/> 1. Normal / Benign Reaction/Inflammation <input type="checkbox"/> 2. HPV / Condylomata/Atypia <input type="checkbox"/> 3. CIN1 / Mild dysplasia (biopsy diagnosis) <input type="checkbox"/> 4. CIN2 / Moderate dysplasia (biopsy diagnosis) <input type="checkbox"/> 5. CIN3 / Severe dysplasia/Carcinoma in Situ (stage 0) <input type="checkbox"/> 6. Invasive Cervical Carcinoma (biopsy diagnosis)</p> <p>4. Treatment Status: <input type="checkbox"/> Treatment started <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Treatment refused <input type="checkbox"/> Treatment not needed</p> <p>5. Date of Treatment Status: ____/____/____ MM DD YYYY</p>
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Patient Name _____ First M.I. Last <div style="text-align: center; font-weight: bold; font-size: 1.2em;">PASTE "C Label" HERE</div> SSN: _____ Health Dept. _____	
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QUICK REFERENCE – For WH-58 front page

<p style="text-align: center;">*BREAST Cancer Risk Assessment</p> <p>1 = YES, client is high risk because <u>ONE</u> of the following is true:</p> <ul style="list-style-type: none"> 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 <p>2 = NO, client is not high risk</p> <p>3 = UNKNOWN, risk is unknown</p>	<p style="text-align: center;">*CERVICAL Cancer Risk Assessment</p> <p>1 = YES, client is high risk because <u>ONE</u> of the following is true:</p> <ul style="list-style-type: none"> Woman with a history of CIN2 or CIN3 or cervical cancer Intrauterine exposure to DES Immunocompromised <p>2 = NO, client is not high risk</p> <p>3 = UNKNOWN, risk is unknown</p>
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<p>*MAMM / MRI (BI-RADS) results</p> <p>0 = Assessment is Incomplete</p> <p>1 = Negative</p> <p>2 = Benign Finding</p> <p>3 = Probably Benign</p> <p>4 = Suspicious Abnormality</p> <p>5 = Highly Suggestive of Malignancy</p> <p>6 = Known Biopsy-Proven Malignancy</p> <p>U = Technically Unsatisfactory (not a BI-RADS) <small>Image could not be read by radiologist</small></p>	<p>*PAP TEST results</p> <p>1 = Negative for Intraepithelial Lesion or Malignance</p> <p>2 = Atypical Squamous Cells of Undetermined Significance (ASC-US)</p> <p>3 = Atypical Squamous Cells Cannot Exclude High Grade Lesions (ASC-H)</p> <p>4 = Low Grade SIL (CIN I, Mild Dysplasia including HPV changes)</p> <p>5 = High Grade SIL (CIN II, CIN III, Moderate-Severe Dysplasia, CIS)</p> <p>6 = Squamous Cell Carcinoma</p> <p>7 = Adenocarcinoma or Adenocarcinoma-in-Situ</p> <p>8 = Unsatisfactory</p> <p>9 = Atypical Glandular Cell of Undetermined Significance (AGC)</p>	<p>*HPV TEST results</p> <p>1 = Positive with positive genotyping (types 16 or 18)</p> <p>2 = Positive with negative genotyping (positive HPV, but not types 16 or 18)</p> <p>3 = Positive with genotyping not done</p> <p>4 = Negative</p> <p>9 = Unknown</p>
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RECOMMENDED Patient Education and Counseling – on ALL women with an abnormal test result

<p>BREAST Cancer Risk Factors</p> <p><input type="checkbox"/> Female age 40 or older</p> <p><input type="checkbox"/> 1st degree relative (mother, sister, daughter) with history of breast cancer prior to age 50</p> <p><input type="checkbox"/> Close relative with a male breast cancer or a known BRCA mutation</p> <p><input type="checkbox"/> Personal history of benign breast condition</p> <p><input type="checkbox"/> Early menarche (prior to age 12)</p> <p><input type="checkbox"/> Late menopause (after age 55)</p> <p><input type="checkbox"/> No pregnancies or 1st pregnancy after age 30</p> <p><input type="checkbox"/> Hormone use: some oral contraceptives and/or combination hormone replacement therapy</p> <p><input type="checkbox"/> Use of the drug diethylstilbestrol (DES) or intrauterine exposure to DES</p> <p><input type="checkbox"/> Overweight/Obese (especially after menopause)</p> <p><input type="checkbox"/> Lack of physical activity</p> <p><input type="checkbox"/> Alcohol consumption – risk increases with amount consumed</p> <p>Date assessed/counseled on breast cancer risks ____/____/____</p>	<p>CERVICAL Cancer Risk Factors</p> <p><input type="checkbox"/> History of HPV and/or dysplasia</p> <p><input type="checkbox"/> Multiple (3+) sexual partners in lifetime</p> <p><input type="checkbox"/> A sex partner with multiple sex partners</p> <p><input type="checkbox"/> A sex partner who has had a partner with HPV/dysplasia/cervical cancer</p> <p><input type="checkbox"/> Cigarette smoking</p> <p><input type="checkbox"/> Beginning sexual intercourse at a young age (18 or younger)</p> <p><input type="checkbox"/> Intrauterine exposure to DES</p> <p><input type="checkbox"/> Infrequent screening (≥5 years since last Pap)</p> <p><input type="checkbox"/> Immunosuppressed-HIV/AIDS, diabetes, transplant recipient, chronic steroid use</p> <p><input type="checkbox"/> Other auto-immune disorders _____</p> <p>Date assessed/counseled on cervical cancer risks ____/____/____</p>
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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:		

PATIENT NOTIFICATION of abnormal results

<input type="checkbox"/> Telephone Call	Date & Response _____
<input type="checkbox"/> Letter #1	Date & Response _____
<input type="checkbox"/> Certified Letter	Date & Response _____
<input type="checkbox"/> Home Visit	Date & Response _____
<input type="checkbox"/> Face to Face	Date & Response _____

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		