

## 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 _____ First                        M.I.                        Last	Visit Date: ____/____/____ MM        DD        YYYY	Provider ID# _____
PASTE "C Label" HERE	MDE record? ( ) 1. Yes ( ) 2. No Yes = KWCS eligible and/or Family Planning (Pap/HPV test only)	No = All other payor sources
SSN: _____ Health Dept. _____	Prior Pap Test? ( ) 1. Yes ( ) 2. No	If yes, Date: ____/____/____ MM        DD        YYYY
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	
<b><u>Section A. Breast Screening Data</u></b> <b>Clinical Breast Exam (CBE):</b> ( ) 1. Normal ( ) 2. Abnormal ( ) 3. Not Performed CBE date: ____/____/____ MM        DD        YYYY	<b><u>Section A. Cervical Screening Data</u></b> <b>Pap test:</b> ( ) 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	
<b>Mammogram:</b> ( ) 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. Yes, Pap performed after primary HPV+ ( ) 5. No, Pap <u>not</u> performed	
( ) 4. No, mammogram <u>not</u> performed, including pt. did not keep appt.	<b>HPV test:</b> ( ) 1. Co-Testing or Primary HPV+ ( ) 2. Reflex ( ) 3. Test <u>not</u> performed	
<b>MRI:</b> ( ) 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		
<b><u>Section B. Mammogram / MRI Results Data</u></b> *Mammogram results (BI-RADS): ____ Mamm date: ____/____/____ MM        DD        YYYY	<b><u>Section B. Pap/HPV Test Results Data</u></b> *Pap Test results: _____ Pap Test date: ____/____/____ MM        DD        YYYY	
*MRI results (BI-RADS): _____ MRI date: ____/____/____ MM        DD        YYYY	*HPV Test results : _____ HPV Test date: ____/____/____ MM        DD        YYYY	
Diagnostic procedures (work-up) planned: ( ) 1. Yes ( ) 2. No	Diagnostic procedures (work-up) planned: ( ) 1. Yes ( ) 2. No	
<b><u>Section C. Breast Diagnostic/Follow-up Data</u></b> 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)		
	<b><u>Section C. Cervical Diagnostic/Follow-up Data</u></b> 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)	

\*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
- 1<sup>st</sup> 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 1<sup>st</sup> 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 ( $\geq 5$  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		