

DETEC - CERVICAL CANCER SCREENING CYCLE DATA INSTRUCTIONS

1. High Risk for Cervical Cancer

Select *Yes* if risk was assessed and determined to be high.

Select *No* if risk was assessed and determined not to be high

Select *Not Assessed/Unknown* if risk was not assessed or if risk cannot be determined

2a/b. Previous Pap Test and Date of Previous Pap Test

Select *Yes, date known* if a previous pap test was done and date of the test is known. Enter date of previous pap as MM/YYYY

Select *Yes, date unknown, but within the last 10 years* if a previous pap test was done within the past 10 years but the exact date is unknown

Select *Yes, date unknown, but more than 10 years* if a previous pap test was done more than 10 years ago but the exact date is unknown

Select *No* if a previous pap was not done

Select *Unknown* if the recipient doesn't know whether they have had a previous pap test.

3. Reason for CURRENT Pap Test

Select *Screening - Routine pap test*, if the current pap was performed as part of a routine screening schedule

Select *Pap test after positive primary HPV test*, if the current pap test was performed in response to a previously performed positive HPV test.

Select *Pap test for management of previous abnormal result*, if the current pap was done because of an abnormal result detected prior to this cycle

Select *Pap test not done, diagnostic w/u only and/or HPV test only*, if no pap was performed (refused pap, HPV only or sent for other testing)

Select *Pap test not paid by EWC*, if the pap was paid by another program and pt. was enrolled in EWC for diagnostics. Report the pap results in item 6

4. Cervical Diagnostic Referral Date

If current pap not done or not paid by EWC, enter the date of the HPV or first diagnostic test, whichever was done first. Use format MM/DD/YYYY

5. CURRENT Pap Test Result

Choose response that matches the result on the pap report. See step by step manual for complete instructions.

6. Date of CURRENT Pap Test - enter the date of the recipient's current pap test using the format MM/DD/YYYY

7a. Reason for CURRENT HPV Test

Select *Co-Test with Pap Test/Screening/Primary HPV test*, if the current HPV test was performed in conjunction with a Pap test as part of routine screening

-OR- if the current HPV test is a primary HPV test for screening (no Pap test done)

Select *Reflex HPV Test*, if current HPV test was performed in response to the results of a previously performed Pap test

Select *Test not done*, if an HPV test was not performed

7b. Collection Method

Select *Clinician-Collected Cervical Specimen* for clinician collected specimens

Select *Self-Collected Vaginal Specimen* for patient collected specimens

If *Test not done* is selected from the *Reason for Current HPV Test*, the collection method is not required

8a. Current HPV Test Result

Select *Negative* if the current HPV test is negative

Select *Positive, genotyping not done or unknown*, if the high risk HPV test is positive, but no genotyping was performed

Select *Positive, positive HPV 16/18 genotyping*, if genotyping was done and the result for HPV 16/18 is positive

Select *Positive, negative HPV 16/18 genotyping*, if genotyping was done and the result for HPV 16/18 is negative

8b. Date of CURRENT HPV Test - enter the date of the HPV Test. Use the following format: MM/DD/YYYY

9. Additional Procedures Needed to Complete the Cervical Cycle

Select *Not needed or planned - routine rescreen*, when the Pelvic exam, Pap Test and/or HPV Test are normal/negative

Select *Not needed or planned - Short term follow-up*, when additional procedures will be needed after a planned delay

Select *Needed or planned-Immediate work-up*, when additional procedures are required without delay to rule out cervical cancer

10a/b. Cervical Diagnostic Procedures and Date of Procedure

Enter all cervical diagnostic procedures performed and the date they were performed. See step by step manual for complete instructions

† LEEP and CKC are not covered by EWC; pts should be enrolled into BCCTP which will cover the cost.

Procedures marked with ‡ are covered with restrictions. See the ev woman manual for further information

Enter the date of the Cervical Diagnostic Procedures as MM/DD/YYYY

11a/b. Other Cervical Procedure Performed and Date of Procedure

Select only 1 other cervical diagnostic procedure performed. Report procedures listed even if not covered by EWC.

Do not enter any procedures listed in the drop down menus or procedures done as part of staging or treatment.

Enter date of procedure using the format MM/DD/YYYY

12a. Work-up Status

Select *Work-up Complete* if no more immediate diagnostic procedures are needed to determine the diagnosis.

Select *Work-up Refused** if patient refused work-up, obtained insurance, moved, changed PCP or failed to respond to messages or keep appointments. Enter a reason for the refused care in the drop down menu

Select *Lost to Follow-up** if 3 attempts were made to contact the patient including a certified letter returned as undeliverable

* If recipient returns for care within 45 days, reopen the current cycle and continue; if recipient returns after 45 days, start new screening cycle.

12b. Date of Work-up Status

For Work-up Complete enter the date of the final diagnostic procedure in the format MM/DD/YYYY

For Refused and Lost to Follow-up use the date the status was determined in the format MM/DD/YYYY

13a. Final Diagnosis - Obtain final diagnosis from colposcopy and/or biopsy reports; do NOT submit a Pap Test result in the final diagnosis field

Select the final diagnosis from the drop down list as identified on the pathology report

Do not enter Pap test results

See the step by step manual for complete instructions

13b. Date of Final Diagnosis - Use the date of the procedure that determined the final diagnosis as MM/DD/YYYY

14a/b. Treatment Status and Date of Treatment Status

Treatment Status is required for a final diagnosis of CIN II, CIN III/Carcinoma in situ/Adenocarcinoma in situ, HSIL or invasive Cervical Carcinoma.

Enter date when treatment was initiated or other treatment status was determined in the format

MM/DD/YYYY

15. BCCTP enrollment - Check the box only when you have completed the BCCTP enrollment process