

**EWC DETEC Cervical Cancer (CCA) Screening Cycle Worksheet** NPI

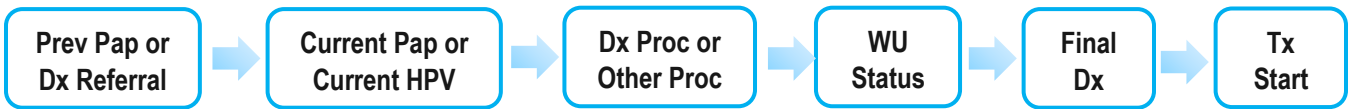
<b>Recipient</b>	ID#	9A									DOB	_ / _ / _ _ _ _
	Name _____											
	<i>Last</i>			<i>First</i>						<i>Middle</i>		
Mother's Maiden Name _____												
<i>Last</i>												

<b>High Risk for Cervical Cancer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed/Unknown												
<b>Pap</b>	Previous Pap test	<input type="checkbox"/> Yes, date known			<input type="checkbox"/> Yes, date unknown, but more than 10 years			Date <u>Previous</u> Pap Test* : _ / _ / _ _ _ _				
		<input type="checkbox"/> Yes, date unknown, but within 10 years			<input type="checkbox"/> No previous pap test			<input type="checkbox"/> Unknown if previous pap test				
	Reason Current Pap test	<input type="checkbox"/> Screening - Routine Pap			<input type="checkbox"/> Dx Referral - <b>Pap Not Paid by EWC*</b>			Date Cervical Dx Referral*				
	<input type="checkbox"/> Previous Pap test Abnormal			<input type="checkbox"/> Pap after positive primary HPV test (reflex)			_ / _ / _ _ _ _					
	<input type="checkbox"/> <b>Pap Test Not Done*</b>											
<b>Current Pap Result</b>	<input type="checkbox"/> Negative		<input checked="" type="radio"/> Unsatisfactory		<input checked="" type="radio"/> ASC-H		<input checked="" type="radio"/> AIS		Date Current Pap			
	<input type="checkbox"/> Infect /Inflamm. / React Chg		<input checked="" type="radio"/> ASC-US		<input checked="" type="radio"/> HSIL		<input checked="" type="radio"/> ADCA		_ / _ / _ _ _ _			
			<input checked="" type="radio"/> LSIL – incl. HPV Chg		<input checked="" type="radio"/> SCC		<input type="checkbox"/> Other, Specify: _____					
<small>NO NOTES OR REDUNDANT TEXT. USE DROP-DOWN LIST.</small>												
<b>HPV</b>	Reason Current HPV	<input type="checkbox"/> Co-test with Pap test/ Screening/ Primary HPV			<input type="checkbox"/> Reflex, after abnormal Pap test			<input type="checkbox"/> <b>Test Not Done</b>				
	Current HPV Result	<input type="checkbox"/> Negative			<input checked="" type="radio"/> Pos – genotype ND			Date Current HPV Test _ / _ / _ _ _ _				
	<input checked="" type="radio"/> Pos – Pos HPV 16/18			<input checked="" type="radio"/> Pos – Neg HPV 16/18								
<b>Add. Proc</b>	Follow-up	<input type="checkbox"/> Routine			<input type="checkbox"/> Short-term			<input type="checkbox"/> Needed and planned – Immediate				
	<i>If selected Recipient must start Dx Proc within 60 days of Scrm</i>											
<b>Dx Procedure</b>	Type ( <sup>∞</sup> Proc not covered by EWC or <sup>⊕</sup> Covered with restrictions)						Date Dx Proc 1*		Date Dx Proc 2			
	<input type="radio"/> Colposcopy <u>without</u> Biopsy						_ / _ / _ _ _ _		_ / _ / _ _ _ _			
	<input type="radio"/> Colposcopy with Biopsy and/or Endocervical Curettage (ECC)						_ / _ / _ _ _ _		_ / _ / _ _ _ _			
	<input type="radio"/> Loop Electrosurgical Excision Proc. (LEEP) <sup>∞</sup>						_ / _ / _ _ _ _		_ / _ / _ _ _ _			
	<input type="radio"/> Cold Knife Cone (CKC) <sup>∞</sup>						_ / _ / _ _ _ _		_ / _ / _ _ _ _			
	<input type="radio"/> ECC <u>only</u> <sup>⊕</sup>						_ / _ / _ _ _ _		_ / _ / _ _ _ _			
<b>Other Procedure</b>	<i>(Must provide final Dx. Select from DETEC drop-down list.)</i>											
	<input type="checkbox"/> Exc. Endocervical Polyps <sup>⊕</sup>			<input type="checkbox"/> Other Gynecologic Consult			Date Other Proc					
	<input type="checkbox"/> Endometrial Biopsy (EMB) <sup>⊕</sup>			<input type="checkbox"/> Other Proc, specify: _____			_ / _ / _ _ _ _					
<small>NO NOTES OR REDUNDANT TEXT. USE DROP-DOWN LIST.</small>												
<b>W/U Status</b>	<input type="checkbox"/> Work-up Complete			<input type="checkbox"/> Work-up Refused			Date W/U Status					
	<input type="checkbox"/> Lost-to-Follow-up			<input type="checkbox"/> Died before work-up completed			_ / _ / _ _ _ _					
<b>Final Dx</b>	<input type="checkbox"/> Norm / Benign / Infect/ Inflamm/ React Chg		<input type="checkbox"/> HPV / Condy. / Atypia		<input checked="" type="radio"/> CIN II / moderate dysplasia		<input checked="" type="radio"/> Inv. CCA, SCC, ADCA		Date Final Dx			
	<input type="checkbox"/> LSIL		<input type="checkbox"/> CIN I / mild dysplasia		<input checked="" type="radio"/> CIN III / severe dysplasia / CIS or AIS		<input type="checkbox"/> Other, Specify: _____		_ / _ / _ _ _ _			
<small>NO NOTES OR REDUNDANT TEXT. USE DROP-DOWN LIST.</small>												
<i>End of Cycle</i>												
<i>Tx must start within 60 days of Dx</i>												
<b>Tx</b>	<input checked="" type="checkbox"/> Tx Status									Date Tx Status		
	<input type="checkbox"/> Tx started			<input type="checkbox"/> Lost-to-Follow-up			<input type="checkbox"/> Refused			<input type="checkbox"/> Not Needed		
<input type="checkbox"/> Patient enrolled in BCCTP (check only if BCCTP enrollment process is completed)									<input type="checkbox"/> Died before Tx			
_ / _ / _ _ _ _												

# EWC DETEC Instructions for Cervical Cancer (CCA) Screening Cycle Worksheet

## Avoid Common Data Errors

1. **\*Dates:** If a Proc is done, must include date. Ensure all dates are in appropriate chronological order.



2. **Date of Dx Referral\*** = Date of the 1<sup>st</sup> EWC Procedure, HPV or Dx Proc

- If Reason Current Pap is Dx W/U or HPV test only, therefore Pap Not Done, enter **Date of Dx Referral**.
- If Reason Current Pap is Dx Referral, and the Pap referenced in current cycle was Not Paid by EWC, enter **Date of Dx Referral**.

3. **Dates are Same, if W/U Status is completed:** Date W/U Status = Date Final Dx

4. **Proc & Results:** Always select Proc & Results from DETEC dropdown list.

5. **Timeliness of Care Guidelines:**

<b>SCR ⇒ Dx &lt; 60 days</b> Results/Referral < 14 days	<b>Dx of CCA, CIN II/III, CIS, AIS, HSIL ⇒ Tx start</b> < 60 days
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6. **If Tx Required:** BCCTP enrollment process requires application to Medi-Cal.  
**Date of Tx Status** - provide Tx start date (e.g., date of surgery) not date of referral for Tx.

Follow-up	Expected Return	Cycle Outcome
Routine (R)	3 yr. Pap 5 yr., Pap + HPV	End of Cycle!
Short-term (ST)	At discretion of provider	End of Cycle! When returns, start new cycle.
Immediate (Imm)	< 60 days	Cycle continues, Dx Proc needed
Lost-to-Follow-up <i>2 phone calls &amp; returned Certified Letter</i>	Never	End of Cycle!
Refused <i>Incl. New health insurer or provider, or moved</i>	Perhaps	If Recipient returns within 45 days, reopen prev cycle, otherwise start new cycle.

Key	ADCA = Adenocarcinoma AGC = Atypical Glandular Cell AIS = Adenocarcinoma <i>in situ</i> ASC-H = Atypical Squamous Cells, cannot exclude HSIL ASC-US = Atypical Squamous Cells of Undetermined Significance	BCCTP = DHCS, Breast and Cervical Cancer Treatment Program CCA = Cervical Cancer CHG = Change CIN = Cervical Intraepithelial Neoplasia CIS = Carcinoma <i>in situ</i> Condy = Condylomata	Dx = Diagnosis/Diagnostic F/U = Follow-up HSIL = High-grade Squamous Intraepithelial Lesion ID# = EWC Recipient Identification No. Inflamm = Inflammation LSIL = Low-grade Squamous Intraepithelial Lesion	NEG = Negative ND = Not Done POS = Positive Proc = Procedure SCR = Screening SCC = Squamous Cell Carcinoma Tx = Treatment WU = Work-up
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