

DETEC - CERVICAL CANCER SCREENING CYCLE DATA

Recipient Name

Date of Birth

EWC ID#

Risk

1. High Risk for Cervical Cancer ☐ Yes ☐ No ☐ Not assessed/Unknown

Pap and HPV Tests

2a. Previous Pap Test?

2b. Date of Previous Pap Test

☐ Yes, date known ☐ Yes, date unknown, but within last 10 years ____/____/____ mm/yyyy
☐ No ☐ Yes, date unknown, but more than 10 years ☐ Unknown

3. Reason for CURRENT Pap Test

☐ Screening - Routine pap test ☐ Pap test after positive primary HPV test (reflex pap test)
☐ Pap test for management of previous abnormal result
☐ ± Pap test not done - diagnostic work-up and/or HPV test only
☐ ± Pap test not paid by EWC - Client referred for diagnostics only

± Complete diagnostic referral date **4. ± Cervical Diagnostic Referral Date** ____/____/____ mm/dd/yyyy

5. CURRENT Pap Test Result (*Immediate work-up needed in #9)

☐ Negative for intraepithelial lesion or malignancy ☐ *Squamous Cell Carcinoma
☐ Infection/Inflammation/Reactive Changes (do not select) ☐ *Atypical Glandular Cells (AGC)
☐ Atypical Squamous Cells of Undetermined Significance (AS) ☐ *Adenocarcinoma in situ (AIS)
☐ Low grade SIL (LSIL) - including HPV changes ☐ *Adenocarcinoma
☐ *Atypical Squamous Cells cannot exclude HSIL (ASC-H) ☐ Other - please specify _____
☐ *High grade Squamous Intraepithelial Lesion (HSIL) ☐ Unsatisfactory

6. Date of CURRENT Pap Test ____/____/____ mm/dd/yyyy

7. Reason for CURRENT HPV Test

☐ Co-test with Pap Test/Screening/Primary HPV test ☐ Test not done
☐ Reflex HPV Test

8a. CURRENT HPV Test Result

☐ Negative ☐ Positive, positive HPV 16/18 genotyping
☐ Positive, genotyping not done or u ☐ Positive, negative HPV 16/18 genotyping

8b. Date of CURRENT HPV Test ____/____/____ mm/dd/yyyy

9. Additional Procedures Needed to Complete the Cervical Cycle

☐ Not needed or planned - Routine rescreen
☐ Not needed or planned - Short term follow-up
☐ Needed or planned - Immediate work-up

Cervical Diagnostic Procedures

10a. Type of procedure

10b. Date of Procedure: mm/dd/yyyy

<input type="radio"/> Colposcopy without Biopsy	____/____/____	____/____/____	____/____/____
<input type="radio"/> Colposcopy with Biopsy and/or ECC	____/____/____	____/____/____	____/____/____
<input type="radio"/> † Loop Electrosurgical Excision Procedure (LEEP)	____/____/____	____/____/____	____/____/____
<input type="radio"/> † Cold Knife Cone (CKC)	____/____/____	____/____/____	____/____/____
<input type="radio"/> ‡ Endocervical Curretage alone (ECC)	____/____/____	____/____/____	____/____/____

11a. Other Cervical Procedure Performed

☐ ‡ Excision of endocervical polyps ☐ † Biopsy of other structure (e.g. vagina, vulva)
☐ ‡ Endometrial Biopsy (EMB) ☐ Other gynecologic consults ☐ Other - please specify _____

11b. Date of Other Procedure __/__/__ mm/dd/yyyy		
† Not covered by EWC ‡ Covered with restrictions		
Cervical Work-up Status and Final Diagnosis Information		
12a. Work-up Status <input type="radio"/> Work-up Complete <input type="radio"/> Lost to Follow-up <input type="radio"/> Died before work-up complete <input type="radio"/> Work-up Refused: Select a reason for refused care: <input type="radio"/> Declined care <input type="radio"/> Obtained insurance/Medi-Cal <input type="radio"/> Moved <input type="radio"/> Changed PCP	12b. Date of Work-up Status: __/__/__ mm/dd/yyyy <hr/> <hr/> <hr/>	
13a. Final Diagnosis <input type="radio"/> Normal/Benign reaction/Inflammation <input type="radio"/> HPV/Condylomata/Atypia <input type="radio"/> CIN I/mild dysplasia (biopsy diagnosis) <input type="radio"/> ♦ CIN II/moderate dysplasia (biopsy diagnosis) <input type="radio"/> ♦ CIN III/severe dysplasia/CIS or AIS of cervix (biopsy diagnosis) <input type="radio"/> ♦ Invasive Cervical Carcinoma - Squamous Cell or Adenocarcinoma (biopsy diagnosis) <input type="radio"/> Low Grade SIL (biopsy diagnosis) <input type="radio"/> ♦ High grade SIL (biopsy diagnosis) <input type="radio"/> Other - Please specify _____		13b. Date of Final Diagnosis: __/__/__ mm/dd/yyyy
♦Treatment status required if final diagnosis is CIN II/CIN III/AIS/HSIL or Invasive Cervical Carcinoma		
Cervical Cancer Treatment Information		
14a. Treatment Status <input type="radio"/> Treatment Started <input type="radio"/> Treatment Refused <input type="radio"/> Lost to follow-up (2 calls and certifi <input type="radio"/> Died before treatment started	14b. Date of Treatment Status: __/__/__ mm/dd/yyyy <input type="radio"/> Treatment Not Needed (do not select)	
15. <input type="checkbox"/> Patient enrolled in BCCTP. Check this box only if you have completed the BCCTP enrollment process		