

EWC DETEC Cervical Cancer (CCA) Screening Cycle Worksheet NPI

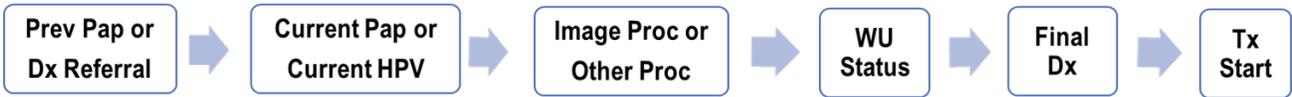
Recipient	ID#			9A												DOB															
	Name	_____										_____										_____									
	Mother's Maiden Name	_____																													

High Risk for Cervical Cancer																							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Assessed/Unknown																						
Pap	Previous Pap test	<input type="checkbox"/> Yes, date known										Date <u>Previous</u> Pap Test* : __ / __ / ____																																	
		<input type="checkbox"/> Yes, date unknown					<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 - Pap Not Paid by EWC*					Date Cervical Dx Referral*																																	
		<input type="checkbox"/> Previous Pap test Abnormal					<input type="checkbox"/> Pap after positive primary HPV test (reflex)					Date Cervical Dx Referral*																																	
	<input type="checkbox"/> Pap Test Not Done*																																												
	Pelvic Exam											Date Current Pelvic Exam __ / __ / ____																																	
	Current Pap Result	<input type="checkbox"/> Negative <input type="checkbox"/> Infect /Inflamm. / React Chg					<input checked="" type="radio"/> Unsatisfactory <input checked="" type="radio"/> ASC-US <input checked="" type="radio"/> LSIL – incl. HPV Chg					<input checked="" type="radio"/> ASC-H <input checked="" type="radio"/> HSIL <input checked="" type="radio"/> SCC <input checked="" type="radio"/> AGC					<input checked="" type="radio"/> AIS <input checked="" type="radio"/> ADCA <input type="checkbox"/> Other, Specify: _____ <small>NO NOTES OR REDUNDANT TEXT. USE DROP-DOWN LIST.</small>					Date Current Pap																							
HPV	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"/> Test Not Done																																	
	Current HPV Result	<input type="checkbox"/> Negative					<input checked="" type="radio"/> Pos – genotype ND <input checked="" type="radio"/> Pos – Pos HPV 16/18 <input checked="" type="radio"/> Pos – Neg HPV 16/18					Date Current HPV Test __ / __ / ____																																	
Add. Proc	Follow-up	<input type="checkbox"/> Routine					<input checked="" type="radio"/> Short-term					<input checked="" type="radio"/> Needed and planned – Immediate																																	
	<i>Follow-up can vary by age and HPV results</i>																																												
Dx Procedure	Type ([∞] Proc not covered by EWC or [⊕] Covered with restrictions)	<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) [∞] <input type="radio"/> Cold Knife Cone (CKC) [∞] <input type="radio"/> ECC <u>only</u> [⊕]										Date Dx Proc 1*					Date Dx Proc 2																												
	Other Procedure (<i>Must provide final Dx. Select from DETEC drop-down list.</i>)	<input type="checkbox"/> Exc. Endocervical Polyps [⊕] <input type="checkbox"/> Other Gynecologic Consult <input type="checkbox"/> Endometrial Biopsy (EMB) [⊕] <input type="checkbox"/> Other Proc, specify: _____ <input type="checkbox"/> Biopsy, other structure [∞] <small>NO NOTES OR REDUNDANT TEXT. USE DROP-DOWN LIST.</small>										Date Other Proc																																	
W/U Status	Work-up Complete	<input type="checkbox"/> Work-up Complete										<input type="checkbox"/> Work-up Refused										Date W/U Status																							
	Lost-to-Follow-up	<input type="checkbox"/> Lost-to-Follow-up										<input type="checkbox"/> Died before work-up completed																																	
Final Dx	Norm / Benign / Infect/ Inflamm/ React Chg	<input type="checkbox"/> HPV / Condy. / Atypia					<input checked="" type="radio"/> CIN II / moderate dysplasia <input checked="" type="radio"/> CIN III / severe dysplasia / CIS or AIS <input checked="" type="radio"/> HSIL					<input checked="" type="radio"/> Inv. CCA, SCC, ADCA <input type="checkbox"/> Other, Specify: _____ <small>NO NOTES OR REDUNDANT TEXT. USE DROP-DOWN LIST.</small>					Date Final Dx																												
	LSIL	<input type="checkbox"/> CIN I / mild dysplasia																																											
	<i>End of Cycle</i>					<i>Start Tx within 90 days</i>					<i>Start Tx within 60 days</i>																																		
TX	Tx Status	<input checked="" type="checkbox"/> Tx started										<input type="checkbox"/> Lost-to-Follow-up										Date Tx Status																							
		<input type="checkbox"/> Refused										<input type="checkbox"/> Not Needed										<input type="checkbox"/> Died before Tx																							
	<input type="checkbox"/> Patient enrolled in BCCTP (check only if BCCTP enrollment process is completed)																																												

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 1st EWC Procedure, HPV or Dx Proc

- a. If Reason Current Pap is Dx W/U or HPV test only, therefore Pap Not Done, enter **Date of Dx Referral**.
- b. 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 menus.

5. **Timeliness of Care Guidelines:**

SCR ⇒ Dx < 90 days Results/Referral < 14 days	Dx of CIN II/III, CIS, AIS, HSIL ⇒ Tx start < 90 days	Dx of CCA ⇒ Tx start < 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)	Time will vary by Proc	End of Cycle! When returns, start new cycle.
Immediate (Imm)	< 90 days	Cycle continues, Dx Proc needed
Lost-to-Follow-up <i>2 phone calls & returned Certified Letter</i>	Never	End of Cycle!
Refused <i>Incl. New health insurer or provider, or moved</i>	Perhaps	End of Cycle! If returns, start new cycle.

Follow-Up (F/U) Can Vary by Age and HPV Results

Age 21-24		PAP RESULT				
		NEG	ASC-US	LSIL		
HPV	ND	R	ST*	Imm*	ST*	Imm*
REFLEX	NEG		R		R	
RESULT	POS		ST		ST	

*ST F/U for 1st or 2nd Pap test / Imm F/U if 3rd Pap test

Age 25 +		PAP RESULT			
		NEG	ASC-US	LSIL	
HPV	ND	R	ST**	Imm**	Imm
RESULT	NEG	R	R		ST
	POS	ST	Imm		Imm

**ST F/U for 1st Pap test / Imm F/U if 2nd or 3rd Pap test

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