WH-58 (General)

Kentucky Women's Cancer Screening Program (KWCSP) / Data Collection Form

Eligibility Requirements: Women ages 21 and over, uninsured/underinsured household income at or below 250% of the FPL

Enter data into CDP portal for ALL women receiving breast and/or cervical cancer screening and/or diagnostics

PASTE "C LABEL" HERE

FIRST Name: _____

LAST Name: _____

SSN / Patient ID: _____

Health Department: _____

Office Visit Type

Start Date of Service: _____/_____/_____ (MM DD YYYY) **Provider #** _____

KWCSP Eligible? ( ) 1. Yes — Includes KWCSP eligibles receiving a Family Planning Pap or HPV test
( ) 2. No — Has other payor sources

A-1. Breast Screening Data

BREAST Services Provided?
( ) 1. Yes ( ) 2. No – Stop, proceed to cervical section

Clinical Breast Exam (CBE):
( ) 1. Normal ( ) 2. Abnormal ( ) 3. Not Performed

CBE date: _____/_____/_____ (MM DD YYYY)

Mammogram:
( ) 1. Yes, mamm ordered as part of routine screening
( ) 2. Yes, mamm ordered as part of diagnostics
( ) 3. Yes, mamm performed elsewhere, now referring for diagnostics
Date referred : _____/_____/_____ (MM DD YYYY)
( ) 4. No, mammogram not performed

MRI:
( ) 1. Yes, MRI performed as primary screening
( ) 2. No, MRI not performed as primary screening

Did risk assessment identify patient as **HIGH RISK** for breast cancer?
( ) 1. Yes ( ) 2. No ( ) 3. Unknown

A-2. Cervical Screening Data

CERVICAL Services Provided?
( ) 1. Yes ( ) 2. No – Stop, proceed to breast section

Prior Pap Test? ( ) 1. Yes ( ) 2. No If yes, date: ____/____ (MM YYYY)

Pap Test:
( ) 1. Yes, Pap performed as part of routine screening
( ) 2. Yes, Pap performed as short-term follow-up
( ) 3. Yes, Pap performed elsewhere, now referring for diagnostics
Date referred to: _____/_____/_____ (MM DD YYYY)
( ) 4. Yes, Pap performed after primary HPV+
( ) 5. No, Pap not performed

HPV test:
( ) 1. Co-Testing
( ) 2. Reflex
( ) 3. Primary HPV+
( ) 4. Test not performed

Did risk assessment identify patient as **HIGH RISK** for cervical cancer?
( ) 1. Yes ( ) 2. No ( ) 3. Unknown

B-1. Mammogram / MRI Results Data

Mamm results (BI-RADS): _____ **Mamm date:** ____/_____/_____ (MM DD YYYY)

MRI results (BI-RADS): _____ **MRI date:** _____/_____/_____ (MM DD YYYY)

Diagnostic procedures (work-up) planned: ( ) 1. Yes ( ) 2. No

B-2. Pap / HPV Test Results Data

Pap test results: _____ **Pap test date:** _____/_____/_____ (MM DD YYYY)

HPV test results: _____ **HPV test date:** _____/_____/_____ (MM DD YYYY)

Diagnostic procedures (work-up) planned: ( ) 1. Yes ( ) 2. No

D-1. Breast Diagnostic/Follow-up Data

1. Status of Breast Diagnosis:
( ) 1. Work-up complete
( ) 2. Lost to follow-up
( ) 3. Work-up refused

2. Date of Final Diagnosis:
_____/_____/_____ (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)

4. Treatment Status:
( ) 1. Treatment started
( ) 2. Lost to follow-up
( ) 3. Treatment refused
( ) 4. Treatment not needed

5. Date of Treatment Status:
_____/_____/_____ (MM DD YYYY)

D-2. Cervical Diagnostic/Follow-up Data

1. Status of Cervical Diagnosis:
( ) 1. Work-up complete
( ) 2. Lost to follow-up
( ) 3. Work-up refused

2. Date of Final Diagnosis:
_____/_____/_____ (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)

4. Treatment Status:
( ) 1. Treatment started
( ) 2. Lost to follow-up
( ) 3. Treatment refused
( ) 4. Treatment not needed

5. Date of Treatment Status:
_____/_____/_____ (MM DD YYYY)

Data Collector and/or Nurse Navigator: _____ Case Closed Date: _____

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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 or18)
3 = Positive with genotyping not done
4 = Negative

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
____1st 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 1st 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 (≥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 & 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		

Data Collector and/or Nurse Navigator: _____ Case Closed Date_____

Effective 01/01/2025