

# ScreenWise Program Final Outcome Form

Enrolling agency: \_\_\_\_\_ Site name: \_\_\_\_\_

MRN: \_\_\_\_\_ Date of enrollment: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Final Outcome Provided For:

- Breast     Cervical     Both

### Breast Diagnostic Outcome

Status of Final Diagnosis

- Work-up complete  
 Work-up refused  
 Lost to follow-up

Final Diagnosis Date: \_\_\_\_\_

- Carcinoma in Situ  
 Invasive Breast Cancer  
 Breast Cancer not diagnosed  
 Lobular Carcinoma in situ (LCIS – Stage 0)  
 Ductal Carcinoma in situ (DCIS – Stage 0)  
 Other: \_\_\_\_\_

### Breast Treatment Status

- Treatment started  
Date of Treatment Start: \_\_\_\_\_  
 Treatment not needed  
Date of Determination: \_\_\_\_\_

- Treatment refused  
Date of Refusal: \_\_\_\_\_  
 Patient lost to follow up  
Date of 3<sup>rd</sup> Contact Attempt: \_\_\_\_\_

### Cervical Diagnostic Outcome

Status of Final Diagnosis

- Work-up complete  
 Work-up refused  
 Lost to follow-up

Final Diagnosis Date: \_\_\_\_\_

- Normal/Benign reaction/Inflammation  
 HPV/Condylomata/Atypia  
 CIN I/ Mild dysplasia  
 CIN II/ Moderate dysplasia  
 CIN III/ Severe dysplasia/Carcinoma in situ  
 Invasive cervical carcinoma  
 Low grade SIL  
 High grade SIL  
 Other: \_\_\_\_\_

Treatment Status \*continue onto 2<sup>nd</sup> page\*

<input type="checkbox"/> Treatment started <b>Date of Treatment Start:</b> _____	<input type="checkbox"/> Treatment refused <b>Date of Refusal:</b> _____
<input type="checkbox"/> Treatment not needed <b>Date of Determination:</b> _____	<input type="checkbox"/> Patient lost to follow up <b>Date of 3<sup>rd</sup> Contact Attempt:</b> _____