

ATTACHMENT U

2009 Cervical Cancer Screening Supplement

NATIONAL AMBULATORY MEDICAL CARE SURVEY 2009 CERVICAL CANCER SCREENING SUPPLEMENT

NOTICE – Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA(0920-0234).

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BACKGROUND INFORMATION

<p>0010 A. Provider's specialty (<i>Mark (X) only ONE.</i>)</p> <p> <input type="checkbox"/> General/Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN <input type="checkbox"/> CHC Mid-level Provider </p>	<p>0015 B. Census contact name</p>
<p>0020 C. Provider's serial number</p>	<p>0025 D. Census contact telephone</p> <p style="text-align: right;">Area code Number</p>

INTRODUCTION

The Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in community health centers and private office settings. Please answer the following questions. We appreciate your time on this important public health concern.

1. Does your practice use any of the following methods to screen for cervical cancer? <i>Mark (X) all that apply.</i>		<i>Mark (X) one interval for routine screening.</i>				
		Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
<p>a. Conventional Pap test (<i>Definition – Smear spread on glass slide and fixed</i>)</p> <p>0055 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? →</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Unknown } <i>Continue with item 1b</i> </p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>b. Liquid-based cytology (<i>Definition – Specimen suspended in liquid solution</i>)</p> <p>0060 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? →</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Unknown } <i>Continue with item 1c</i> </p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>c. Other – <i>Specify</i> α</p> <p>5005 <input style="width: 100%;" type="text"/></p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>0065 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? →</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Unknown </p>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>2. Does your practice perform colposcopy?</p> <p>0050 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>						

6a. Does your practice routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (commonly called adjunct HPV testing or cotesting)?

- 0110 Yes – Go to item 6b
 No
 Unknown } SKIP to item 7

b. For which patients does your practice routinely order or collect an HPV DNA test along with the Pap test (commonly called adjunct HPV testing or cotesting)? Mark (X) all that apply.

- 0115 Women under 21 years old
 Women 21 years old to 29 years old
 Women 30 years old and over
 Women who request the test for cervical cancer screening
 Women who request the test to check their HPV infection status
 Other – Specify

5015

7. Given the following screening histories, when would your practice recommend that a woman between 30 and 60 years of age return for her next Pap test?

Prior Pap test results in past 5 years (excluding current normal results)	Current HPV DNA test results	Current Pap test result	For each of the following scenarios, mark (X) only ONE for each row.							Have no experience with this type of patient or test
			No follow-up needed	Less than 6 months	6 months to less than 1 year	1 year	2 years	3 years or more		
0120 (a) Two consecutive normal Pap tests	Has not had test	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0125 (b) Two consecutive normal Pap tests	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0130 (c) Two consecutive normal Pap tests	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0135 (d) Has not had a Pap test	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0140 (e) Has not had a Pap test	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0145 (f) Abnormal Pap test	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0150 (g) Abnormal Pap test	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS 8-14 ASK ABOUT THE HPV VACCINE

8. How often does your practice use an HPV test to determine who should get the HPV vaccine? Mark (X) only one.

- Rarely or never
 Sometimes
 Usually
 Always or almost always
 Do not recommend the HPV vaccine –SKIP to item 10.

9. As it relates to the HPV vaccine, how often does your practice – <i>Mark (X) only ONE for each row.</i>		Rarely or never	Sometimes	Usually	Always or almost always	Unknown/Not applicable/ Do not ask
0120	a. Use the number of sexual partners to determine who should get the HPV vaccine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
0125	b. Perform a Pap test to determine who should get the HPV vaccine?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
0130	c. Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US or higher)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
0135	d. Recommend the HPV vaccine to females with a positive HPV test?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Will your practice's cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 14</i>				
11. How will your practice determine when to start routine cervical cancer screening for fully HPV vaccinated females? <i>Mark (X) all that apply.</i>		1 <input type="checkbox"/> By age 1 <input type="checkbox"/> At same age as non-HPV vaccinated females – <i>Specify age</i> → _____ 2 <input type="checkbox"/> At a later age – <i>Specify age</i> → _____ 2 <input type="checkbox"/> By onset of sexual activity – How many year(s) since onset of sexual activity? → _____ 3 <input type="checkbox"/> Will not be screening fully HPV vaccinated females 4 <input type="checkbox"/> Unknown				
12. How often will your practice routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? <i>Mark (X) one.</i>		1 <input type="checkbox"/> Annually 2 <input type="checkbox"/> Every 2–3 years 3 <input type="checkbox"/> Every 4–5 years 4 <input type="checkbox"/> Greater than every 5 years 5 <input type="checkbox"/> Will not be screening fully HPV vaccinated females 6 <input type="checkbox"/> Unknown				
13. Will your practice be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
14. Please indicate to what extent you agree, disagree, or are unsure with each statement. <i>Please respond to both a and b.</i>		Agree	Disagree	Unsure		
a. There will be fewer numbers of abnormal Pap tests among vaccinated females.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
b. There will be fewer referrals for colposcopy among vaccinated females.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
15. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Early Detection Program (Title XV). The state health departments contract out the screening services to physicians and other health care providers. Is this practice currently participating in this state or national screening program?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown				
16. For purposes of this survey, which of the following categories describe your profession? – <i>Mark (X) only ONE.</i>		1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Physician assistant/ Nurse practitioner/ Nurse midwife 3 <input type="checkbox"/> Registered nurse 4 <input type="checkbox"/> Other office staff				

CLOSING STATEMENT

Thank you for completing this special survey. We appreciate your time and cooperation.