

NATIONAL AMBULATORY MEDICAL CARE SURVEY 2010 CERVICAL CANCER SCREENING SUPPLEMENT

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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
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"/>
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"/>
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"/>
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>
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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> → <input style="width: 50px;" type="text"/> 2 <input type="checkbox"/> At a later age – <i>Specify age</i> → <input style="width: 50px;" type="text"/> 2 <input type="checkbox"/> By onset of sexual activity – How many year(s) since onset of sexual activity? → <input style="width: 50px;" type="text"/> 3 <input type="checkbox"/> Will not be screening fully HPV vaccinated females 4 <input type="checkbox"/> Unknown
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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
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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
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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
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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
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BACKGROUND INFORMATION

A. Provider's specialty (<i>Mark (X) only ONE.</i>) 1 <input type="checkbox"/> General/Family Practice 2 <input type="checkbox"/> Internal Medicine 3 <input type="checkbox"/> OB/GYN 4 <input type="checkbox"/> CHC Mid-level Provider	B. Census contact name
C. Provider's serial number	D. Census contact telephone Area code Number

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
a. Conventional Pap test (<i>Definition – Smear spread on glass slide and fixed</i>) 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Continue with item 1b</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Liquid-based cytology (<i>Definition – Specimen suspended in liquid solution</i>) 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Continue with item 1c</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Other – <i>Specify</i> <input style="width: 100px;" type="text"/> 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Does your practice perform colposcopy?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown
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CLOSING STATEMENT

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

- 3a.** Does your practice ever order or collect the Human Papillomavirus (HPV) DNA test?
- 1 Yes – Go to item 3b
 2 No – SKIP to item 3c
 3 Not aware of HPV DNA test
 4 Unknown

} SKIP to item 9 on page 4

- b.** Which of the following HPV DNA tests are ordered or collected in your practice? Mark (X) all that apply.
- 1 High risk (HR) HPV DNA test
 2 Low risk (LR) HPV DNA test
 3 Not aware there was a high risk or low risk HPV DNA test
 4 Type-specific HPV DNA test
 5 Unknown

} SKIP to item 4a

- c.** Why is the HPV DNA test not ordered or collected in your practice? – Mark (X) all that apply.
- 1 My practice does not see the types of patients for whom the HPV DNA test is indicated.
 2 My practice uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.
 3 The patients in my practice have timely access to colposcopy.
 4 Assessing patients' HPV infection status is not a priority at my practice.
 5 The labs affiliated with my practice do not offer the HPV DNA test.
 6 The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.
 7 The HPV DNA test is not a reimbursed or covered service for most patients in my practice.
 8 Discussing cervical cancer screening in the context of an STD is avoided in my practice.
 9 Notifying or counseling patients about positive HPV DNA test results would take too much time.
 10 Notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable.
 11 Notifying or counseling patients about positive HPV DNA test results might make patients in my practice feel uncomfortable, angry, or upset.

SKIP to item 7 on page 3.

- 4a.** If a patient's Pap test result is borderline or abnormal, does your practice routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? (An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)
- 1 Yes – Go to item 4b
 2 No
 3 Unknown

} SKIP to item 5a

- b.** For which borderline or abnormal Pap test result would your practice order or collect a reflex HPV DNA test? Mark (X) all that apply.
- 1 ASC-US (atypical squamous cells of undetermined significance)
 2 ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
 3 LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
 4 HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
 5 AGC (atypical glandular cells)

- c.** For which patients does your practice usually order reflex HPV DNA testing? – Mark (X) all that apply.
- 1 Women under 21 years old
 2 Women 21 years old to 29 years old
 3 Women 30 years old and over
 4 Other – Specify

- 5a.** Does your practice routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?
- 1 Yes – Go to item 5b
 2 No
 3 Unknown

} SKIP to item 6a on page 3

- b.** For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test? Mark (X) all that apply.
- 1 ASC-US (atypical squamous cells of undetermined significance)
 2 ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
 3 LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
 4 HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
 5 AGC (atypical glandular cells)

- 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)?
- 1 Yes – Go to item 6b
 2 No
 3 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.
- 1 Women under 21 years old
 2 Women 21 years old to 29 years old
 3 Women 30 years old and over
 4 Women who request the test for cervical cancer screening
 5 Women who request the test to check their HPV infection status
 6 Other – Specify

[Blank box for specifying other patient groups]

- 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		
(a) Two consecutive normal Pap tests	Has not had test	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
(b) Two consecutive normal Pap tests	Negative	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
(c) Two consecutive normal Pap tests	Positive	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
(d) Has not had a Pap test	Negative	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
(e) Has not had a Pap test	Positive	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
(f) Abnormal Pap test	Negative	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
(g) Abnormal Pap test	Positive	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <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.
- 1 Rarely or never
 2 Sometimes
 3 Usually
 4 Always or almost always
 5 Do not recommend the HPV vaccine –SKIP to item 10.