

Client Database (CDB) Revisions to the Colorectal Cancer (CRC) Screening Form Dated 12/05/2013

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History [from patient interview]

Client history of colorectal cancer? No Yes, date of diagnosis: Unknown

Client history of colorectal adenomatous polyp/adenoma; or serrated polyp; or serrated polyposis syndrome?

Yes, date of first diagnosis: Unknown

Polyp(s) found; type not known

No (this includes finding of hyperplastic polyp[s])

Client history now includes serrated polyps and serrated polyposis syndrome. Either of these also puts the client at increased risk for CRC.

Family history of adenoma, serrated polyp, polyp type unknown, or colorectal cancer in first-degree relative (parent, sibling, child)?

Yes, specify relationship and youngest age at onset below No Unknown

Colorectal Cancer		Adenoma/Serrated Polyp/Polyp Type Unknown		
Relationship	Age at onset	Relationship	Age at onset	Indicate whether Adenoma, Serrated Polyp, or Polyp type unknown
<input type="text" value="-- Relationship --"/>	<input type="button" value="Add"/> <input type="button" value="Delete"/>	<input type="text" value="-- Relationship --"/>	<input type="button" value="Add"/> <input type="button" value="Delete"/>	<input type="text" value="Serrated Polyp"/>
<input type="text" value="Brother"/>	<input type="text" value="55"/>			

Family history now includes serrated polyp as a risk factor.

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Endoscopy or Imaging Results [if recommended]

Procedure: Type: Date Performed:

Provider: or specify Other Provider:

Biopsy Done: Yes No Not applicable [Imaging]

Was bowel prep adequate? Yes No Unknown

Was cecum reached? Yes No Unknown

Did provider report withdrawal time, if col? Yes No Withdrawal time (in min):

Adequate Exam: Yes No Date Results Received by Program:

Withdrawal time has been added as a quality indicator for colonoscopy. The CDB asks if the withdrawal time is provided in the colonoscopy report, and if the answer is 'yes,' what the withdrawal time is in minutes. This is a text field and can support up to 15 characters, in case the time is provided in words (e.g., at least 6 minutes.) Otherwise, a numeral can be entered. Please note: The CDB will not accept the less than (<) or greater than (>) symbol.

Findings:
[check all that apply]

Confirmed cancer, specify type:
Specify location:

Presumed/Suspect cancer

Adenoma (Non-serrated):
Number:
Size of largest [in mm]: Large adenoma: ?

Pathology:
Histology of most advanced lesion:
 Tubular (least advanced)
 Tubulovillous
 Villous (most advanced)

Were any of the adenomas called high-grade dysplasia on pathology, (high-grade dysplasia, severe dysplasia, carcinoma-in-situ, intramucosal carcinoma)?
 Yes No

Serrated polyp:
Number:
Size of largest [in mm]: Large serrated polyp: ?

Type of serrated [check all that apply]:
 Sessile serrated polyp/adenoma without dysplasia
 Sessile serrated polyp/adenoma with dysplasia
 Traditional serrated adenoma
 Traditional serrated adenoma with high grade dysplasia

In the Findings section, the adenoma field is now called Adenoma (Non-serrated) and includes all tubular, tubulovillous, and villous adenomas. Serrated polyps (to include sessile serrated polyps/adenomas (SSPs) and traditional serrated adenomas (TSAs)) now have their own section with checkboxes for SSPs with and without *dysplasia* and TSAs with and without *high grade dysplasia*. The number and size of the largest lesion is requested for both adenoma (non-serrated) and serrated polyps.

Hyperplastic polyp:
Number:
Size of largest [in mm]:

Were any of the HPs above the sigmoid colon? Yes No Number above the sigmoid:

Serrated Polyposis Syndrome

The hyperplastic polyp (HP) section has been expanded to include the size of the largest HP. The CDB asks whether any of the HPs were above the sigmoid colon (that is, in the cecum, ascending colon, hepatic flexure, transverse colon, splenic flexure, or descending colon) and the number of HPs above the sigmoid. The recently revised CRC Minimal Elements have different recalls for HPs, depending on their number, size, and location.

Updates to Existing Data in the CDB

Please notice that we no longer have a question in the Adenoma section that asks “Were any of the adenomas described as ‘serrated?’ This is because serrated polyps now have their own section in Findings (page 3 of the form). Each record where this question was answered with “Yes” has been automatically updated in the CDB so that the ‘Serrated polyp’ checkbox is now checked.

The data entry for each of these records will be reviewed at DHMH and comparison will be made with the pathology and colonoscopy reports as they appear in the CDB. DHMH will revise the data entry so the new fields match the pathology and colonoscopy reports. You will be notified of each record that is changed so that you may review the revisions for accuracy. This process will begin for active clients.

As we review the records for clients with serrated polyps, we will revise the data entry for hyperplastic polyps (HPs) as necessary. Otherwise, we will continue review and update of the data entry for HPs throughout the year when CDB reviews are done prior to site visits.