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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Cervical Cancer Screening and Treatment Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instructions on how to completed Cervical Cancer (CxCa) Screening and Treatment Register

Purpose: This register helps to document all eligible women who received Cervical Cancer Screening and Treatment in Cervical Cancer Screening and treatment unit		
Who complete the CxCa screening and treatment register? Clinicians/Service providers working in the unit would complete the CxCa register		
When to complete the CxCa screening and treatment register? Immediately after a client is screened and treated in CxCa unit		
Data sources : All essential data elements will be abstracted from “Cervical Cancer Screening and Treatment Intake form” attached to a client chart		
Column Number	Column Name	Description
	Client Identification	
1	SN#	Sequential CxCa number given for a woman during cervical cancer screening and treatment in CxCa unit
2	Visit Date (dd/mm/yy)	Date client visited CxCa clinic
2	Linkage/ Referral status Code (0-2)	Write Linkage/ Referral status : 0. Linked from the same health facility 1. Referred from other HFs 2. Referred from the community
3	Client Full Name	Name of the client
3	Address	Woreda, Sub city, Kebele
4	MRN	Medical Record Number of a client
4	Phone #	Phone number of a client
5	Age	Age of a client during CxCa screening
Risk factors for CxCa		
6	Marital Status Code (1-4)	Write code of marital status of a client during CxCa visit: 1= Single 2= Married 3= Divorced 4= Widowed
6	Education Code (1-5)	Write code of educational background of a client : 1= Illiterate 2= Can read and write 3= Elementary/junior 4= High school 5= Tertiary school
7	History of STI (Self/Partner) (Yes/No)	History of STI (Self/Partner): Tick/Mark “Yes” if there was any STI history of a client or partner else tick/mark “No”
7	# of Births	# of births of a woman
8	HIV Status	HIV Status 1. Positive 2. Negative 3. Unknown
8	If known postive is, client on ART	ART status : Click/Mark “Yes” if a client is HIV positive and started ART treatment else tick/mark “No”
CxCa Screening and Treatment		
HPV DNA testing		
9	Type of Visit Code(1-3)	Write code of type of visit 1. 1st time screening 2. Re-screening after previous negative result 3. Post treatment Re-screening NB: For HIV postives post treatment follow up screening should be done after 6 month of treatment and where as for the general population it should be done after 1 year.
10	HPV Sample collected	Tick/Mark “Yes” if HPV DNA sample collected for screening else tick/mark “No”
10	HPV DNA Result Code (1-3)	Write code of HPV DNA test result 1. Negative 2. Positive 3. Unknown(UN)
11	Collected Date (dd/mm/yy)	Write HPV DNA sample collected date
11	Result Received (dd/mm/yy)	Write HPV DNA result received date in CxCa unit
VIA Screening and Treatment		
12	VIA screenig result Code (0-4)	Write code of VIA screening result : 0. Not Done 1. VIA Negative 2. VIA Positive: Eligible for Cryotherapy/thermocoagulation 3. VIA Positive: Non eligible for Cryotherapy/ thermocoagulation 4. Suspicious cases for cervical cancer
	VIA +ve Treatment Service Code (0-4)	Write code of VIA treatment service provided : 0. No treatment 1. Cryotherapy 2. Thermocoagulation 3. LEEP service
13	VIA Screening Date	Write VIA screening performed date
	VIA +ve Treatment Date	Write VIA treatment provided date. This is for those client with VIA positive result
14	Cytology (Pap Smear) Sample Collected	Tick/Mark “Yes” if Cytology (Pap Smear) Sample Collected else tick/mark “No”
	Cytology (Pap Smear) result Code(1-3)	Write code of Cytology (Pap Smear) Result : 1. Neg 2. ASCUS 3. > ASCUS
15	Sample Collected Date (dd/mm/yy)	Write cytology (Pap smear) sample collected date
	Result Received (dd/mm/yy)	Write cytology (Pap smear) result received date
16	Biopsy result Code (0-5)	Write code of Biopsy result : 0. Not collected/Not done 1. Negative 2. CIN-1,2,3 3. Carcinoma insitu 4. Invasive Cx Ca 5. Other specify
	Treatment given based on biopsy result	Treatment provided given based on biopsy result : 0. No treatment 1. Surgical treatment 2. Chemotherapy 3. Radiotherapy 4. Referred to other HF for further managment treatment 5. Status not known
17	Breast Clinical Examination Code (0-5)	Write code of brest clinical examination: 0. Not done 1. Normal 2. Lump 3. Visible bumps 4. Nipple crusting 5. Other Specify
Risk Based HIV Testing		
18	Population Category Code (1-7)	Write code of population category : 1. FSW 2. Long distance driver 3. Mobile/Daily laborer 4. Prisoners 5. Other MARPS 6. General population 7. Other specify
19	Is eligible for risk based testing?	Tick/Mark “Yes” if a client is eligible for HIV test based on risk factor asessment “No” if the client is not eligible
	HIV test result (P/N/UN)	Write code of HIV test result : P=Positive N=Negative UN=Unknown or Not done
Referral, Appointment and Follow up Visits		
20	Next appointment date	Write next appointment date for routine re-screening of Cx Ca screenined negative & post treatment re-screening of Cx Ca screened positives as per the national Giudeline
	Follow up re-visit date	Write the follow up re-visit date as the client comes for a follow up visit . NB: Helps to identify which of the clients who were screened previosly came for re-screening visit
21	Referral reason code (1-4)	Write code of referral reasons. 1. For LEEP service 2. For suspicious cancer evaluation 3. For breast cancer evaluation 4. Others
	Feedback received for referred clients Code (0-2)	Feedback received for referred clients 0. Feedback not received 1. Confirmed client seen the referral HF 2. Client got all the services she could get in the referral HF
22	Remark	Write remark if the are any issues that need to be documented but not mentioned in the CxCa register

Cervical Cancer Screening and Treatment Register

Health Facility: _____

Woreda: _____

Zone/Sub City: _____

Region: _____

Client Identification					Risk factors for CxCa			CxCa Screening and Treatment									Breast Clinical Examination (Code 0-5)	Risk Based HIV Testing		Referral, Appointment and Follow-up Visits			
SN#	Visit Date dd/mm/yy	Client Full Name		MRN	Age	Marital Status Code (1-4)	History of STI (Self or Partner)	HIV status code (1-3)	Type of Visit Code (1 -3)	HPV DNA		VIA Screening and Treatment		Cytology (PaP Smear)		Biopsy Examination Code (0-5)		Popula-tion Category (Code 1-7)	Eligible for risk based testing?	Next Appoint-ment for CxCa re-screening	Referral reason Code (1-4)	Remark	
	Linkage/ Referral status: Code (0-2)	Address (Woreda, Sub city, Kebele)		Phone #		Education Code (1-5)	# of Births	If known positive; on ART ?	Screening strategy used Code (1-3)	HPV DNA Result Code (1-3)	Result Received date	VIA + Ve Treatment Code (0-4)	VIA +Ve treatment date	Cytolo-gy (Pap Smear) Result Code (1-3)	Result received Date	Treatment given based on biopsy result (0-5)			HIV test result Code (P/N/ UN)	Follow up re-visit date	Feedback received for reffered clients Code (0-2)		
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Linkage/ Referred in Status
0= Same Facility
1= Other facility
2= Community

Marital Status
1= Unmarried
2= Married
3= Divorced
4= Widowed

Type of Vsiit
1. 1st time screening 2. Re-screening after previous negative result
3. Post treatment Re-screening

HPV DNA Result
1. Neg
2. Pos
3. UN

Pap Smear Result
1. Neg
2.ASCUS
3. > ASCUS

VIA +Ve Treatment
0. No treatment
1. Cryotherapy
2. Thermocoagulation
3. LEEP service
4. Other treatment given(specify)

Biopsy Result
0. Not collected/Not done
1. Negative
2. CIN-1,2,3
3. Carcinoma insitu
4. Invasive Cx Ca
5. Other

Treatment given based on biopsy result
0. No treatment
1.Surgical treatment
2.Chemotherapy
3. Radiotherapy
4. Referred to other HF for further managment treatment
5. Palliative care
6. Other specify

Population Category
1. FSW
2. Long distance driver
3. Mobile/Daily laborer
4. Prisoners
5. Other MARPS
6. General population
7. Other specify

HIV test result
1. P=Pos
2. N=Neg
3. UN

Referral reason
1.VIA screening
2. Cryotherapy/ Thermal ablation
3. LEEP service
4. Further Evaluation & management for suspicious cases
5. Others specify

Feedback received for referred clients Code (0-2)
0.Feedback not received
1. Confirmed client seen the referral HF
2. Client got all the services she could get in the referral HF