

Notification of Pap test/mammogram results

The Local Health Unit maintains a system for tracking clients and providing the appropriate follow-up in the specified time frame. A log system to assure that mammogram and Pap results are received and to document that the patient kept her referral appointment is **mandatory**.

All attempts to contact a patient must be documented in the patient's record.

A. Pap test results

The Pap test results should be received by the primary care provider **within 14 working days** from the date that the Pap test was received in the Cytology Lab.

Cytology Laboratories fax/call the Program Nursing Coordinator, who contacts the provider about the following abnormal Pap results:

- ◆ Atypical Squamous Cells – cannot rule out high grade (ASC-H) – colposcopy recommended
- ◆ Low Grade Squamous Intraepithelial Lesion (LSIL) – colposcopy recommended
- ◆ High Grade Squamous Intraepithelial Lesion (HSIL) - colposcopy recommended
- ◆ Atypical Glandular Cells (AGC) – colposcopy recommended
- ◆ Atypical Glandular Cells – Endometrial (AGC-EM) – colposcopy recommended
- ◆ Atypical Endocervical Cells (EC) – colposcopy recommended
- ◆ Carcinoma-in-situ/Carcinoma (CIS,CA) – colposcopy recommended

Clients with these results are referred to the Regional Care Coordinator.

Abnormal Pap test Results

The provider must attempt to notify all patients of any abnormal Pap test result. This includes all Pap tests that are to be repeated or need colposcopy and/or treatment before the next annual exam.

The initial attempt must be made **within two weeks** of the date the Pap test was read. It may be by telephone or face-to-face. If unable to reach the patient by telephone, send a letter.

Exception: If the initial letter is returned with no known forwarding address and the PHN has no other reasonable means of communicating with the patient, follow-up efforts may be stopped and the patient is considered lost to follow-up. If there is no response within **two weeks and the initial letter did not return, send a Certified Letter (BC-6) to be accepted only by the patient**. If the BC-6 is returned, document in record. Place in patient file and notify Regional Care Coordinator.

Upon patient notification of abnormal Pap results, the provider arranges for counseling and/or follow-up services.

The BCCCP-5 is used to document abnormal findings, follow-up services, final diagnoses, and treatment information. A list of patients for which a BCCCP-5 has not been received and/or appropriate and timely follow-up has not been accomplished or reported is generated in the Central Office and given to the Regional Care Coordinator.

B. Mammogram Results

The mammography facility sends all mammogram results to the LHU, the patient and EDS, a data collection service. Each provider should call the Program Nursing Coordinator or Regional Care Coordinator with any questions concerning results. Mammogram results should be received by the provider **within 10 working days** from the date the mammogram was done.

Mammography facilities fax/call the Program Nursing Coordinator, who contacts the provider about abnormal mammogram results needing immediate notification and referral for follow-up with the following results:

- Suspicious abnormality - consider biopsy
- Highly suggestive of malignancy

Clients with these results are referred to the Regional Care Coordinator.

Negative mammogram results

When the results are reported as negative or benign finding, no follow-up is necessary if CBE is normal. The patient receives an annual mammogram. Each mammography facility notifies the patient of the result. All reminders must include the Phone Center toll-free number.

Abnormal mammogram results

The provider makes at least one attempt to notify a patient of any abnormal mammogram result within two weeks of the date the mammogram is read. This includes all mammograms that are to be repeated or need diagnostic follow-up before the next annual exam. The initial attempt may be by telephone. If unable to reach the patient by telephone, send a letter.

Exception: If the initial letter is returned with no known forwarding address and the PHN has no other reasonable means of communicating with the patient, follow-up efforts may be stopped for any result other than suspicious abnormality and highly suggestive of malignancy. If there is no response within **two weeks for suspicious abnormality and highly suggestive of malignancy, send a Certified Letter (BC-6) to be accepted only by the patient.** If the BC-6 is returned, document in record. Place in patient file and notify Regional Care Coordinator.

Upon patient notification of abnormal mammogram results, the provider arranges for counseling and/or follow-up services.

The BCCCP-5 is used to document abnormal findings, follow-up services, final diagnoses, and treatment information. A list of patients for which a BCCCP-5 has not been received and/or appropriate and timely follow-up has not been accomplished or reported is generated in the Central Office and given to the Regional Care Coordinator.