

Nebraska Colon Cancer Screening Program (NCP) Endoscopy Form

October 2024

Client **MUST** be pre-approved

This form must be returned to the NCP along with pathology reports on any biopsies taken.



Nebraska Colon Cancer Screening Program

301 Centennial Mall South, P.O. Box 94817 || Lincoln, NE 68509-4817 || E-mail: dhhs.nccsp@nebraska.gov || Website: www.dhhs.ne.gov/crc
Phone: 1-800-532-2227 ~ Fax: 402-471-0913

Section 1.

First Name	Initial	Last Name	Birthdate
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Positive FOBT / FIT: / /
Positive Family History: / /
Positive Personal History: / /
Rectal Bleed: / /

NCP will cover one (1) consult visit either before or after colonoscopy if this is **standard procedure for this clinic**.

Consult Date: / / N/A

Section 2. To be filled out by Endoscopist

Colonoscopy Date: / / Performed by: _____

Endoscopy Results:
Bowel prep adequate Yes No
Cecum Reached Yes No
Biopsy/polypectomy performed Yes No
Total number of adenomatous polyps/lesions: _____
Size of largest adenomatous polyp/lesion: <1cm ≥1cm

Histology of most severe polyp/lesion from Pathology Report:
 Normal or other non-poly histology
 Non-adenomatous polyp (inflammatory, hamartomatous, etc.)
 Hyperplastic polyp
 Adenoma, NOS (no high grade dysplasia noted)
 Adenoma, tubular (no high grade dysplasia noted)
 Adenoma, mixed tubular villous (no high grade dysplasia noted)
 Adenoma serrated (no high grade dysplasia noted)
 Adenoma with high grade dysplasia (include in situ carcinoma)
 Adenocarcinoma, invasive
 Carcinoma, other
 Unknown/other lesions ablated, no retrieved or confirmed

Complications During Colonoscopy:
 Bleeding
 Perforation
 Pain
 None

Endoscopy Findings:
 Normal/Negative/Diverticulosis/Hemorrhoids
 Polyps/suspicious for cancer/presumed cancer
 Other finding not suggestive of cancer benign polyps
 Inadequate/Incomplete test

Section 3. Final Diagnosis (after all procedures)

Date of final diagnosis (pathology report) / /
***Must provide Pathology Report**

Normal/Negative for Colorectal Cancer
 Polyp no high grade dysplasia
 Polyp with high grade dysplasia
 Colorectal Cancer

Cancer Status If Diagnosed:
 New CRC primary Recurrent CRC
 Non-CRC primary Unknown

Treatment consists of: _____

Date Treatment initiated: / /

Section 4. Recommended Diagnostic Test / Next Screening Recommendation

Repeat Colonoscopy - *Complete New Form* None - client should return to screening frequency
 DCBE - *Complete Section 3* Surgery to complete diagnosis - *Complete Section 5*
 Next Screening in _____ months: Take-home FOBT / FIT Sigmoidoscopy Colonoscopy

Section 5. Treatment

Surgery date: / / Surgery recommended but not performed why _____

Histology from surgical resection:
 Normal or other non-poly histology
 Non-adenomatous polyp (inflammatory, hamartomatous, etc.)
 Hyperplastic polyp
 Adenoma, NOS (no high grade dysplasia noted)
 Adenoma, tubular (no high grade dysplasia noted)
 Adenoma, mixed tubular villous (no high grade dysplasia noted)
 Adenoma serrated (no high grade dysplasia noted)
 Adenoma with high grade dysplasia (include in situ carcinoma)
 Adenocarcinoma, invasive
 Carcinoma, other
 Unknown/other lesions ablated, no retrieved or confirmed