

Nebraska Colon Cancer Screening Program (NCP) Endoscopy Form

Version: March 2019

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

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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

Complications During Colonoscopy:

- Bleeding
- Perforation
- Pain
- None

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

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
- Non-CRC primary
- Recurrent CRC
- Unknown

Treatment consists of: _____

Date Treatment initiated: / /

Section 4. Recommended Diagnostic Test / Next Screening Recommendation

Repeat Colonoscopy -Complete New Form / / *Schedule Date*
 DCBE - Complete Section 3 / /

- None - client should return to screening frequency
- 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)
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