### NATIONAL AMBULATORY MEDICAL CARE SURVEY
#### 2009 CERVICAL CANCER SCREENING SUPPLEMENT

**BACKGROUND INFORMATION**

**4010.** Provider’s specialty (Mark (X) only ONE.)

- General/Family Practice
- Internal Medicine
- OB/ GYN
- CHC Mid-level Provider

**4015.** C. Census contact name

**4020.** Provider’s serial number

**4025.** D. Census contact telephone

**4030.** Area code

**4035.** Number

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**INTRODUCTION**

The Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in community health centers and private office settings. Please answer the following questions. We appreciate your time on this important public health concern.

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1. **Does your practice use any of the following methods to screen for cervical cancer?**
   
   **Mark (X) all that apply.**

   **4060.** Conventional Pap test (Definition – Smear spread on glass slide and fixed)

   - Yes – How often does your practice routinely screen women using this method?
     - No
     - Unknown
     - Continue with item 1b
   
   **4065.** Liquid-based cytology (Definition – Specimen suspended in liquid solution)

   - Yes – How often does your practice routinely screen women using this method?
     - No
     - Unknown
     - Continue with item 1c

   **4070.** Other – Specify

   - Yes – How often does your practice routinely screen women using this method?
     - No
     - Unknown

2. **Does your practice perform colposcopy?**

   - Yes
   - No
   - Unknown

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**US CENSUS BUREAU**

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**Form NAMCS-CCS (11-21-2008)**
3a. Does your practice ever order or collect the Human Papillomavirus (HPV) DNA test?
- Yes – Go to item 3b
- No – SKIP to item 3c
- Not aware of HPV DNA test
- Unknown

b. Which of the following HPV DNA tests are ordered or collected in your practice? Mark (X) all that apply.
- High risk (HR) HPV DNA test
- Low risk (LR) HPV DNA test
- Type-specific HPV DNA test
- Unknown

3c. Why is the HPV DNA test not ordered or collected in your practice? – Mark (X) all that apply.
- My practice does not see the types of patients for whom the HPV DNA test is indicated.
- The patients in my practice have timely access to colposcopy.
- Assessing patients’ HPV infection status is not a priority at my practice.
- The labs affiliated with my practice do not offer the HPV DNA test.
- The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.
- Assessing patients’ HPV infection status is not a reimbursed or covered service for most patients in my practice.
- Discussing cervical cancer screening in the context of an STD is avoided in my practice.
- Notifying or counseling patients about positive HPV DNA test results would take too much time.
- Notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable.
- Notifying or counseling patients about positive HPV DNA test results might make patients in my practice feel uncomfortable, angry, or upset.

4a. If a patient’s Pap test result is borderline or abnormal, does your practice routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? (An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)
- Yes – Go to item 4b
- No
- Unknown

4b. For which borderline or abnormal Pap test result would your practice order or collect a reflex HPV DNA test? Mark (X) all that apply.
- ASC-US (atypical squamous cells of undetermined significance)
- ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
- LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
- HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
- AGC (atypical glandular cells)

5a. Does your practice routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?
- Yes – Go to item 5b
- No
- Unknown

5b. For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test? Mark (X) all that apply.
- ASC-US (atypical squamous cells of undetermined significance)
- ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
- LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
- HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
- AGC (atypical glandular cells)

6a. How often does your practice use an HPV test to determine who should get the HPV vaccine?
- Never
- Less than 1 year
- 1 to less than 2 years
- 2 to less than 3 years
- 3 to less than 4 years
- 4 or more years

6b. For which patients does your practice usually order reflex HPV DNA testing? Mark (X) all that apply.
- Women 21 years old
- Women 21 years old to 29 years old
- Women 30 years old and over
- Other – Specify...
6a. Does your practice routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (commonly called adjunct HPV testing or cotesting)?

- Yes – Go to item 6b
- No
- Unknown

   SKIP to item 7

b. For which patients does your practice routinely order or collect an HPV DNA test along with the Pap test (commonly called adjunct HPV testing or cotesting)? Mark (X) all that apply.

- Women under 21 years old
- Women 21 years old to 29 years old
- Women 30 years old and over
- Women who request the test for cervical cancer screening
- Women who request the test to check their HPV infection status
- Other – Specify

7. Given the following screening histories, when would your practice recommend that a woman between 30 and 60 years of age return for her next Pap test?

| Prior Pap test results in past 5 years (excluding current normal results) | Current HPV DNA test results | Current Pap test result | No follow-up needed | Less than 6 months | 6 months to less than 1 year | 1 year | 2 years | 3 years or more | Have no experience with this type of patient or test |
|---|---|---|---|---|---|---|---|---|---|---|
| (a) Two consecutive normal Pap tests | Has not had test | Normal | | | | | | | | |
| (b) Two consecutive normal Pap tests | Negative | Normal | | | | | | | | |
| (c) Two consecutive normal Pap tests | Positive | Normal | | | | | | | | |
| (d) Has not had a Pap test | Negative | Normal | | | | | | | | |
| (e) Has not had a Pap test | Positive | Normal | | | | | | | | |
| (f) Abnormal Pap test | Negative | Normal | | | | | | | | |
| (g) Abnormal Pap test | Positive | Normal | | | | | | | | |

**QUESTIONS 8-14 ASK ABOUT THE HPV VACCINE**

8. How often does your practice use an HPV test to determine who should get the HPV vaccine? Mark (X) only one.

- Rarely or never
- Sometimes
- Usually
- Always or almost always
- Do not recommend the HPV vaccine – SKIP to item 10.
9. As it relates to the HPV vaccine, how often does your practice —

<table>
<thead>
<tr>
<th>Mark (X) only ONE for each row.</th>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always or almost always</th>
<th>Unknown/Not applicable/Do not ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Use the number of sexual partners to determine who should get the HPV vaccine?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>b. Perform a PAP test to determine who should get the HPV vaccine?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>c. Recommend the HPV vaccine to females with a history of an abnormal PAP test result (ASC-US or higher)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>d. Recommend the HPV vaccine to females with a positive HPV test?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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10. Will your practice's cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?

- □ Yes
- □ No — SKIP to item 14

11. How will your practice determine when to start routine cervical cancer screening for fully HPV vaccinated females?

- □ By age
- □ At the same age as non-HPV vaccinated females
- □ Specify age
- □ At a later age
- □ Specify age
- □ By onset of sexual activity
- □ Specify age
- □ Will not be screening fully HPV vaccinated females
- □ Unknown

12. How often will your practice routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? Mark (X) one.

- □ Annually
- □ Every 2–3 years
- □ Every 4–5 years
- □ Greater than every 5 years
- □ Will not be screening fully HPV vaccinated females
- □ Unknown

13. Will your practice be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?

- □ Yes
- □ No

14. Please indicate to what extent you agree, disagree, or are unsure with each statement. Please respond to both a and b.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Unsure</th>
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<tr>
<td>□</td>
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15. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low-income women through the National Breast and Cervical Cancer Early Detection Program (Title XV). The state health departments contact out the screening services to physicians and other health care providers. Is this practice currently participating in this state or national screening program?

- □ Yes
- □ No
- □ Unknown

16. For purposes of this survey, which of the following categories describe your profession? Mark (X) only ONE.

- □ Physician
- □ Nurse practitioner/ Nurse midwife
- □ Registered nurse
- □ Other office staff

CLOSING STATEMENT

Thank you for completing this special survey. We appreciate your time and cooperation.