

# Nebraska Colon Cancer Screening Program (NCP) Endoscopy Form

April 2022

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](mailto:dhhs.nccsp@nebraska.gov) || Website: [www.dhhs.ne.gov/crc](http://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
- 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)
- Adenoma with high grade dysplasia (include in situ carcinoma)
- Adenocarcinoma, invasive
- Carcinoma, other
- Unknown/other lesions ablated, no retrieved or confirmed