



Cervical Pre-Cancer Surveillance: HPV-Impact Case Reporting



Purpose: Monitor incidence and trends of cervical pre-cancer to evaluate the impact of the human papillomavirus (HPV) vaccines.

Background: Cervical pre-cancer surveillance began January 1, 2008 for histologically-diagnosed high-grade cervical pre-cancer, specifically cervical intraepithelial neoplasia (CIN) 2, 3 and adenocarcinoma in situ (AIS) in adult female residents of Alameda County, including eligible resident university students. In September 2013, cervical pre-cancer became a laboratory-reportable condition in Alameda County.

Case Finding and Eligibility:

ELEMENT	INCLUDED	EXCLUDED
Diagnosis	<ul style="list-style-type: none"> Histologic diagnosis of CIN 2 or CIN 3 or AIS These cases may also be referred to as moderate or severe dysplasia, carcinoma in situ, adenocarcinoma in situ, or HSIL ICD-10* billing codes N87.1, N87.2, D06.0, D06.1, D06.7, D06.9 	<ul style="list-style-type: none"> CIN 1, CIN 1/2, and invasive carcinoma
Anatomic Site	<ul style="list-style-type: none"> Cervix, ectocervix and endocervix, cervix uteri and uterine cervix 	<ul style="list-style-type: none"> Endometrial biopsies
Specimen Type	<ul style="list-style-type: none"> Any tissue/histology specimen is acceptable including biopsy, ECC, cone biopsy (e.g., LEEP), or surgical (e.g., hysterectomy) 	<ul style="list-style-type: none"> Cytology specimens
Time Frame	<ul style="list-style-type: none"> Specimen collection date of January 1, 2008 or later 	
Patient Residency	<ul style="list-style-type: none"> Residency in Alameda County at the time of specimen collection 	
Patient Age	<ul style="list-style-type: none"> (date of specimen collection) – (date of birth) ≥ 18 years 	

*ICD-10 code N87.9 is a non-specific code that may identify eligible cases upon review.

Data Reporting:

- Eligible case information may be submitted electronically (HL7, Excel) or via paper.
- Laboratories will report cases at regularly scheduled intervals as agreed upon.
- See table below for minimum and preferred data.

Minimum Data	Patient Name	Patient Date of Birth	Patient Address, City, Zip Code
	Date of Specimen Collection	Accession Number	Procedure
	Final Diagnosis	Diagnosis Text	Diagnosis Comments
	Ordering Provider	Ordering Provider Phone	Ordering Provider Address

Preferred Data	Patient Insurance Type	Prior Pap and HPV Test	Immunohistochemical Stains
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