

## STANDARD OPERATING PROCEDURES FOR SEE, TEST & TREAT, A PROGRAM FUNDED BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) FOUNDATION

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### BACKGROUND: THE CAP AND THE CAP FOUNDATION

As the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the College of American Pathologists (CAP) serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide.

As a 501(c)(3), the CAP Foundation, its philanthropic arm, supports patient-centered and humanitarian initiatives led by pathologists, striving to connect people in underserved communities with the specialized skills of pathologists. Find more information about the CAP Foundation visit [foundation.cap.org](http://foundation.cap.org). Contact the CAP Foundation at [capfnd@cap.org](mailto:capfnd@cap.org). Follow the CAP Foundation on Facebook at <https://www.facebook.com/capfndn> or follow us on Twitter at @capfndn.

### OVERVIEW: SEE, TEST & TREAT PROGRAM

**No woman in America should die from undiagnosed cervical or breast cancer**—yet every year, thousands of American women discover these cancers too late. When women don't receive preventive care, what's at stake is almost beyond measure: the many years of quality life that these women deserve; the vital roles they play in their families, communities and workplaces; their many contributions to communities and economies; the far higher costs of treating a cancer diagnosed late.

See, Test & Treat is a CAP Foundation initiative that delivers free, pathologist-led cervical and breast cancer screening, same-day results, and education to vulnerable women in US communities. The goal of See, Test & Treat is to engage underserved patients in community health care services by offering same-day screening results and immediate access to follow-up care in a culturally appropriate setting.

As physicians, pathologists know the importance of detecting cancer early when it is most treatable. Pathologists lead See, Test & Treat programs by coordinating collaborative, multidisciplinary care teams. These teams volunteer to ensure that patients facing health disparities as well as socioeconomic and other barriers have access to early cancer detection.

In a single-day, culturally appropriate program, women receive a Pelvic and Clinical Breast Exam, a Pap test with same-day results, a Screening Mammogram with same-day or prompt results, connection to follow-up care plans, interpretive services, translated educational sessions and materials, and a healthy meal. The program connects hospitals, clinics, clinicians, and volunteers with the communities they serve.

The CAP Foundation provides grants of up to \$20,000 to support its interdisciplinary, dignified approach to patient care. Grant funding is only provided to 501(c)(3) organizations. See, Test & Treat seeks to inspire women to become active participants in healthy behaviors and preventive health care, and to influence their family and community to do the same.

See, Test & Treat often becomes the entry point into the health care system for women, families, and communities. If you can reach women, you can engage families. Women make approximately 80% of the health care decisions for their families, and when they're well connected to the primary care system, they're more likely to ensure that their families

receive regular care as well. We see this “multiplier effect” at every See, Test & Treat program. Women screened through See, Test & Treat typically bring two friends or family member to attend with them

The See, Test & Treat program [lifecycle](#) illustrates the steps necessary to become a vetted and funded program.

**As a unique program, See, Test & Treat provides:**

- Cancer screening with same-day results
- Connection to follow-up care
- Culturally sensitive outreach and services accessible in local community clinics and hospitals
- Education to create patient understanding about how to access health care, the importance of preventive screening and how a healthy lifestyle and behaviors can lower the risk of cancer
- Healthy meals while patients wait for results

**Pathologists and pathology residents may fulfill the following onsite roles:**

- Discuss results with patients
- Provide patient education
- Oversee specimen coordination logistics
- Manage Pap results

**Liability**

The CAP Foundation assumes no, and hereby disclaims all, liability for the testing, diagnosis, or treatment of women participating in the See, Test & Treat program (see Rider 1). Participating sites should engage their Compliance and/or Risk Management Department to gain an understanding of and address any liability issues. It is expected that the care, testing, and treatment to be provided in the See, Test & Treat protocol by the participating gynecologists, cytologists, radiologists, pathologists, and mammography technologist shall be consistent with the standards of care applicable to such specialties.

**Trademark**

See, Test & Treat® is a registered trademark of the CAP Foundation. Prior to public use of the name and trademark, permission must be granted by the CAP Foundation. All intellectual property relating to See, Test & Treat® is owned exclusively by the CAP Foundation and shall remain the sole property of that party unless otherwise agreed in writing. Intellectual property arising out of collaborative activities will be determined in definitive agreements.

## FOREWORD AND PURPOSE OF STANDARD OPERATING PROCEDURES

The CAP Foundation's See, Test & Treat Standard Operating Procedures (SOPs) provide direction to individuals and organizations involved in the planning and execution of a See, Test & Treat program. This document is not intended to address all possible variations that may arise in the planning and execution of See, Test & Treat programs. More detailed and specific resources are available to complement these SOPs in the appendices, or by contacting the CAP Foundation at [capfdn@cap.org](mailto:capfdn@cap.org).

It is intended to be a living document that may be adapted when needed, but it may not be altered without the approval of the College of American Pathologists Foundation staff.

The purpose of the SOPs is as follows:

- Provide a baseline standard for planning, execution and follow-up that is applicable to any See, Test & Treat program.
- Ensure all participants focus on their specific tasks while being knowledgeable of all other areas to ensure a smooth and successful program.
- Create continuity around the knowledge of how See, Test & Treat programs are intended to function.
- Ensure a consistent quality experience for patients, clinicians, volunteers, health care systems, and the community.
- Offer guidance and approaches to ensure repeatable and scalable programs. These SOPs apply to all See, Test & Treat programs.

*"Watching committed, believing people unite in service is a wondrous thing—but being part of it is irreplaceable."*

– Eric F. Glassy, MD, FCAP



This information is a high-level overview of the steps a pathologist should take if interested in hosting a See, Test & Treat program and receiving CAP Foundation grant-funding support.

**1. External Inquiry**

Initial determination about site’s basic ability to support a See, Test & Treat program. (Prescreening questionnaire sent to preliminarily qualified sites.)

**2. Prescreening**

Site completes and returns prescreening questionnaire to determine capacity to support See, Test & Treat’s immutable core. (The CAP Foundation reviews/discusses with potential site.)

**3. Grant Application**

Approved sites invited to apply for a See, Test & Treat program grant.

**4. Grants Committee Review**

Reviews application and makes funding decision.

**5. Award Letter and Agreement**

If awarded a See, Test & Treat grant, site receives official grant award notification and agreement letter. (50% of funds released)

**6. Program Execution**

Final program planning, implementation, and execution.

**7. Data Submission**

Site submits patient data and grant funding reconciliation to CAP Foundation. (Remainder of grant funding released)

**8. Program Debrief /Evaluation**

Site conducts a post program session to gather feedback specific to program planning, execution, and impact on community and host organization.

## SEE, TEST & TREAT STANDARD OPERATING PROCEDURES:

### Core Requirements of All See, Test & Treat Programs

The goal of See, Test & Treat is to provide access to cervical and breast cancer screening to medically underserved women throughout the United States. In addition to fulfilling unmet health care needs, See, Test & Treat aims to engage women and their families in routine, preventive health care behaviors by connecting them with a regular health provider.

Pathologists and institutions interested in hosting a CAP Foundation See, Test & Treat program will go through the following stages:

#### Step 1: Prescreening Questionnaire ([Appendix 1](#))

This brief query helps prospective host sites determine if they can, at a high level, meet and manage the core requirements to host a See, Test & Treat program.

#### Step 2: Grant Application ([Appendix 2](#))

Prospective host sites that have received approval are invited to apply for a CAP Foundation grant of up to \$20,000 to support See, Test & Treat program expenses that other grants and in-kind donations do not cover.

### Requirements for Grant Funding Eligibility:

1. A CAP member pathologist to lead or co-lead a program to offer cervical and breast cancer screening to a U.S. community of underserved women.
2. The CAP member pathologist will partner with a volunteer, multidisciplinary clinical team and host site for care of patients.
3. A hospital/clinic program host with the capacity to provide a Pelvic and Clinical Breast Exam, Pap test, and Screening Mammogram to eligible women.
4. A 501(c)3 organization to act as recipient and fiduciary of CAP Foundation grant funding.
5. Provision of same-day Pap test results and same-day or prompt Screening Mammogram results (within one week).
6. Same-day results delivered face to face.
7. Establishment of a best practices protocol for delivering patient results that cannot be conveyed the same day. This may involve a phone call and certified letter to make sure patients are not lost to follow-up.
8. Provision of available information about financial aid, charity programs, state or federal assistance, and health insurance market place exchange.
9. Adherence to the American Cancer Society (ACS) and/or the American Congress of Obstetricians and Gynecologists (ACOG) Guidelines.
10. Conformance with acceptable standards of practice for the screening and diagnosis of cervical and breast cancer.
11. Compliance with appropriate federal, state, and local health provider licensing and regulations for cervical and breast cancer screening.
12. Connection to follow-up care for patients with abnormal results.
13. Culturally sensitive, translated, patient-centered education and health information.
14. Submission of a completion of Patient Outcomes Data Form within 30 days post program ([See Appendix 3](#))

## Grant Funding:

The CAP Foundation provides grants up to \$20,000 to support program expenses that other grants and in-kind donations do not cover. Grant funding is only provided to 501(c)(3) organizations. This grant typically pays for items such as exam and laboratory supplies, equipment rental, promotional materials, educational aids, interpreters, translation of materials, patient transportation, and meals. The See, Test & Treat program lifecycle illustrates the steps necessary to become a vetted and funded program. ([See Appendix 2 – Program and Grant Application](#))

To help defray the cost of the program, sites are encouraged to seek in-kind and local financial donations. Keep in mind that not everyone you ask to donate knows about your See, Test & Treat program. Clearly state why you are seeking donations, what the current situation is and what the desired outcome will be.

## Simple tips to follow when reaching out and asking for a donation:

1. **Use simple and direct language:** think about telling a story to explain your See, Test & Treat program, its impact on the community and why you are asking for a donation.
2. **Do tailor your message:** determine how you will make “the ask” (phone call, casual email note or formal letter); think about appealing to each person’s individual or business interests to make a correlation with See, Test & Treat.
3. **Do know what you’re asking for,** it’s important to clearly outline your request.
4. **Do know who you’re asking,** make sure you know who your audience is when you ask for donations.
5. **Don’t be scared of rejection,** you will not get a donation from every person you ask, and that’s okay.
6. **Do have a positive attitude,** stay positive, let people know the impact their donations will have on the success of your See, Test & Treat program and why it’s important.
7. **Do think outside the box,** get creative when you ask for donations for your See, Test & Treat program, and experiment with connecting with others via email, social media, in person, or better still, all three!
8. **Offer your donors benefits for donating to your event.** Include their name or logo on your signage/website/social media, or recognize them at the event with special thanks.

## Identifying additional funding opportunities

Seek local funding opportunities, donations and partnerships. Get in touch with the CAP Foundation Development team for help, guidance, and suggestions as to how to approach funders.

1. Research local foundations, community groups (i.e. Exchange Clubs, Rotary clubs, women’s clubs, etc.) and institutions that would be interested in providing funding to local programs. Be mindful of grant application deadlines and funding cycles.
2. Connect with businesses and organizations in the community who might be interested in donating food, transportation, or items for the program. Additionally, utilize these connections as a means to promote the program and recruit participants.
3. Work with your institution’s grant writer or outreach staff to identify key community groups or businesses that have a relationship with your institution.
4. Talk with board members and key stakeholders at your institution to see if they are connected with any organizations, clubs or businesses that would be interested in supporting See, Test & Treat.

## KEY STEPS TO PLAN A SEE, TEST & TREAT:

### Host Clinic or Hospital, Volunteer CAP Member Pathologist, and Team of Clinicians

#### Step 1: Identify a Patient Population

See, Test & Treat is a screening program for patients who experience health disparities or face socioeconomic or other barriers accessing cervical or breast cancer screening. Health disparities can be defined as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups. In relation to cervical and breast cancer, such differences occur when one group of women has a higher incidence of mortality rate than another or when one group has a lower survival rate than another.

In underserved communities both urban and rural, many women live without regular health care, increasing their risk for late diagnoses. African American women are 40% more likely to die of breast cancer, primarily as a result of late diagnoses. Latina women in America are 60% more likely to develop cervical cancer and 40% more likely to die from it. Southeast Asian women have higher invasive cervical cancer incidence rates and lower Pap testing frequencies than most other ethnic groups in the US. Cervical cancer incidence rates are five times higher among Vietnamese American women than white women.

#### Resources for identifying patient populations:

- Centers for Disease Control and Prevention
- NCI Fact sheet
- NCI Plan to Overcome Cancer Health Disparities [PDF]
- Visit the Department of Health and Human Services home page: <http://www.hrsa.gov/shortage/mua/index.html>

#### Step 2: Secure a Host Hospital or Clinic with an Underserved Population

1. Confirm support of the host site institution/organization and commitment from the following areas:
  - a. Hospital/Clinic administration
  - b. Medical director
  - c. Pathology department/chair
  - d. Gynecologist/gynecology department
  - e. Radiologist/radiology department
  - f. Laboratory director/chair
  - g. Patient advocate/community outreach
  - h. Interpreter Services
  - i. Registration
  - j. Financial aid department
  - k. Health insurance marketplace provider (to provide enrollment information)
2. Consider sufficient space for patients, accompanying family members or friends, clinical services, education and food.
3. Confirm where and how host site will connect patients to follow-up care and treatment when abnormal or cancer results are discovered.
4. Avoid scheduling programs that conflict with community events or holidays.
5. Consider factors that could be impacted by weather, especially if any part of the program will be held outdoors.
6. Schedule a program date approved by the host organization and the CAP Foundation.

7. Create a list of medical supplies. ([See Appendix 6](#))
8. Confirm that transportation is available.

### **Step 3: Secure Volunteers** ([See Appendix 5 - Sample Volunteer Guide](#))

CAP Foundation offers their commitment and experience in organizing See, Test & Treat Programs. Programs will also require:

- Identification of a Program Coordinator who will assist in planning/organizing all program logistics. Consider reaching out to a part-time staff person or clinician who may be interested in taking on a temporary assignment; those in administrative fellowships or graduate students may value the experience in serving as a program coordinator.
- The volunteer commitment of a CAP member pathologist to lead or co-lead a See, Test & Treat program
- The volunteer commitment and support of a hospital or clinic, clinical laboratory and radiology service/department
- A volunteer interdisciplinary clinical team
- All volunteers should be familiar with HIPAA guidelines specific to patient Protected Health Information (PHI)
- Willingness of all to provide cervical and breast cancer screening, same-day results, education, and a connection to follow-up care to an underserved population

### **Step 4: Understand Patient Needs**

Women who do not access routine preventive care often face socioeconomic, linguistic, insurance, health literacy, transportation, and other barriers. See, Test & Treat is a culturally appropriate program that addresses barriers to empower patients to take control of their health and that of their family. Towards that end, it is important to understand the populations being served and to provide a culturally appropriate experience by providing:

- Information to improve health literacy
- Navigation to enhance understanding
- Interpreters (any interpreters involved in translation of test results, medical procedures, follow-up care, etc. must be medically certified)
- Translated materials and signage
- Transportation options

**Step 5: Adhere to ACS/ACOG/ACR Guidelines to Determine Patient Eligibility within the Population in Need**

**ACS/ACOG Guidelines:**

<b>Cervical Cancer Screening</b>	
<b>Population</b>	<b>Screening Recommendations</b>
Aged < 21 y	No screening
Aged 21–29 y	Cytology alone every 3 years
Aged 30–65 y	HPV and cytology “co-testing” every 5 years (preferred); cytology alone every 3 years (acceptable)
Aged > 65 y	No screening following adequate negative prior screening
<b>Breast Cancer Screening</b>	
<b>Population</b>	<b>Screening Recommendation</b>
Aged 21–39 y	Clinical breast exam (CBE) every 3 years
Aged 40–65 y	Clinical breast exam (CBE) every year Yearly Screening Mammograms

**Step 6: Recruit a Workgroup to Plan and Implement the Program** ([See Appendix 4 - Sample Work Plan](#))

- Program Coordinator/Organizer
- Pathologists
- Cytotechnologists
- Gynecologists
- Oncologists
- Nurses
- Radiologists
- Mammography Technicians
- Registration
- Financial aid/insurance marketplace navigators
- Public Relations, Marketing or Communications Representative
- Administrative staff
- Patient advocates
- Community outreach
- Interpreters (any interpreters involved in translation of test results, medical procedures, follow-up care, etc. must be medically certified)

## Step 7: Estimate Patient Volume

Use the following planning guidelines to estimate number of patients:

- Establish the number of private examination rooms available for screening.
- Determine the number of clinicians available to provide patient exams and screenings.
- Estimate the amount of time needed for patients to change into a hospital gown.
- Allow ample time for a pelvic and Clinical Breast Exam, Pap test, patient, and clinician questions (15 to 20 minutes).
- Estimate the time for patients to dress after exams.
- Determine the amount of time necessary to transition from exam room to mammography.
- Determine the amount of time for patients to undress.
- Determine time needed to perform Screening Mammograms (20 minutes).
- Use the above information to estimate the number of women who can be served.
- Estimate the amount of time needed to process, read, interpret, and deliver results.
- Set the program hours of operation to achieve goals.
- Think about your typical clinic no show rate and consider registering additional patients to mitigate this (or create a patient wait-list)

## Step 8: Determine Volunteers Needed

Using the information to estimate the number of patients to be screened, determine the number of volunteers required to (make sure to send ALL volunteer names to the CAP Foundation in order for certificates of appreciation to be processed):

- Register patients on site
- Offer interpretive services
- Provide patient navigation
- Give directions/answer questions
- Manage patient flow in exam/screening areas
- Coordinate education
- Coordinate and manage onsite health fair
- Organize meals for patients and volunteer staff
- Check-out patients prior to leaving

Use the information about the number of patients above to help identify the number of clinicians who are licensed, credentialed, or granted privileges to provide services at the program, including the following:

- Conduct pelvic and Clinical breast exams
- Perform Pap test
- Process and read Pap specimens
- Perform Screening Mammogram

- Read and interpret Screening Mammograms
- Discuss results with patients
- Provide patient education
- Offer additional testing or procedures such as colposcopy, LEEP, when feasible
- Show patients healthy and diseased cells using either dual-headed microscope, monitor, or diagrams

#### **Volunteer Recruitment**

- Begin volunteer recruitment early within your own specialty
- Advertise in institutional newsletter, website, bulletin
- Enlist other specialties and community advocates to announce opportunity in staff and group meetings

#### **Additional Volunteer Roles to Consider:**

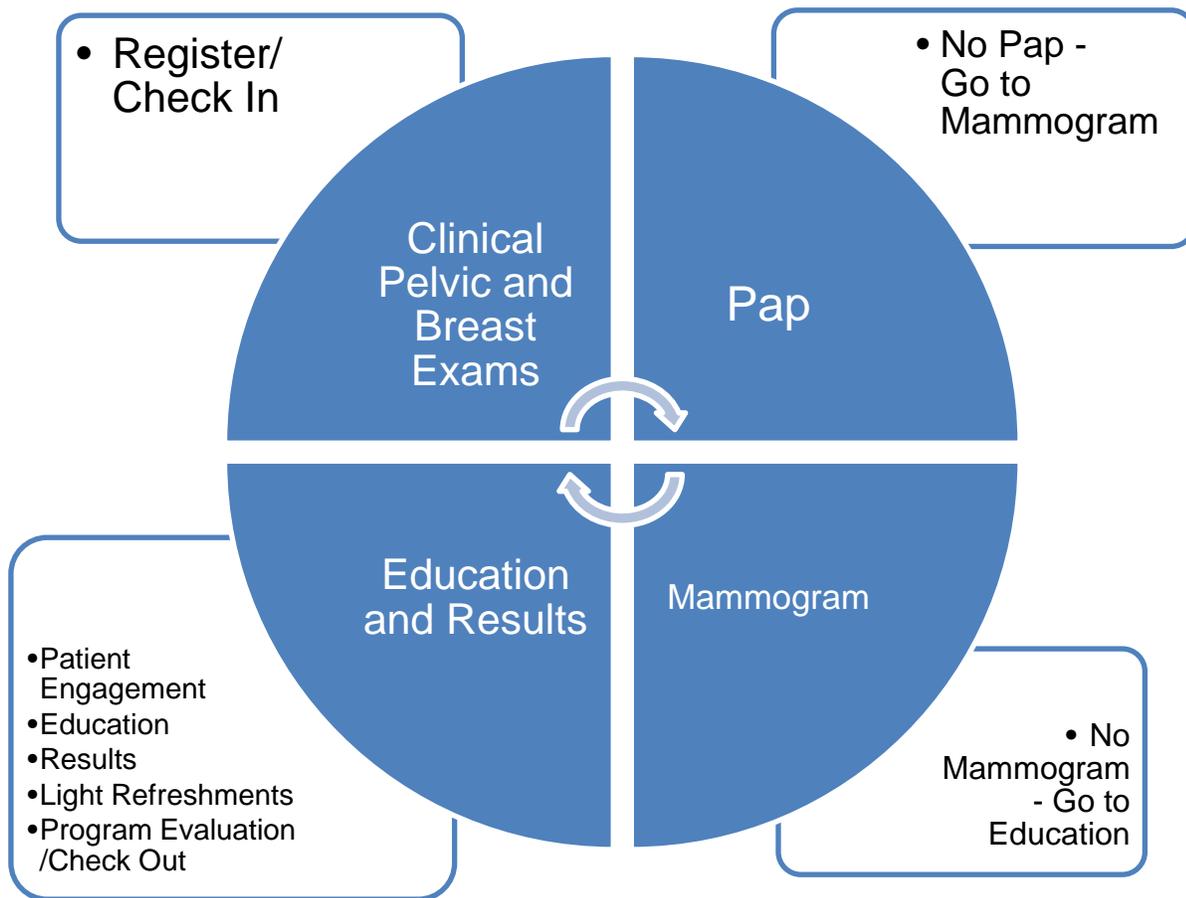
- Volunteer Coordinator
- Education Coordinator
- Greeters
- Patient Escorts
- Specimen Couriers
- Phlebotomist
- Exam Room Attendants
- Additional Interpreters (not medically certified)
- “Float” volunteers
- Children’s Activity Coordinator
- Food Coordinator
- Photographer
- Security
- Parking Attendants

#### **Step 9: Create Preregistration Process Prior to Patient Recruitment** ([See Appendix 7 - Sample Patient Registration FAQ and Form](#))

1. Determine whether registration will be conducted by phone, online, or via text message.
2. Devise a prescreening form to gather patient contact information, demographic information, patient/family history for cervical or breast cancer, and eligibility for screening based on age and ACOG/ACS screening guidelines.
3. Create a script in which to train registration staff so all are asking potential patients the same questions as well as giving correct event details ([see Appendix 7 for FAQ document](#)). In addition, staff needs to understand and answer questions regarding the circumstances under which a patient would or would not receive a Pap test or Screening Mammogram.
4. Permit registration staff to access appropriate databases to look up dates of previous screenings (Pap and/or Screening Mammogram) to confirm eligibility.
5. Advise patients that the name on their photo ID should be the name used when pre-registering and completing all forms for See, Test & Treat and future medical visits. Include this information and procedures in patient outreach and recruitment activities.

6. Utilize a waitlist, with a plan to contact women for unfilled appointments. These women can still attend educational segments.
7. Plan to accommodate walk-ins to fill appointment slots made available by women who do not keep their appointments, aka no-shows.
8. Plan for interpreters to meet population needs (any interpreters involved in translation of test results, medical procedures, follow-up care, etc. must be medically certified).

## SAMPLE Patient Flow Chart



### Step 10: Create Media and Marketing Plan ([See Appendix 12 - Media Kit](#))

- Contact media (TV, radio, newspaper) to enhance patient recruitment efforts
- Spread the word about See, Test & Treat's cancer screening program to garner community support
- Spread the word about your institution's outreach in the community
- Spread the word about your institution's outreach via social media (Facebook, Twitter, etc.)
- Contact media to educate the community about the value of the See, Test & Treat program

### Step 11: Devise Patient Recruitment Materials

- Work with community outreach experts within your institution and/or within the community to reach target populations.
- Post multilingual flyers in locations frequented by the target audience such as churches, libraries, community centers, grocery and other stores, laundries, ESL classes, local workplaces, fast food restaurants, and currency exchanges.
- Post multilingual flyers in your clinic or hospital.
- Contact local radio to conduct free public service announcements.
- Contact local cable TV hosts.
- Advertise in newspapers.
- Post on hospital website, Facebook, and Twitter.
- Employ community advocates to visit and recruit patients of the community.
- Create tactics to remind patients of their appointment times and any last minute instructions (mitigate no show rate).
  - Magnet
  - Letter
  - Phone Calls
  - Texts

Conduct pre-program workshops for resistant populations that may require additional information before participating.

- Create cultural awareness and sensitivity by holding a simple event to explain to women and their families what happens at a See, Test & Treat program.
- Have interpreters, volunteers, and clinicians available to field questions.
- Familiarize community influencers with the program and key messages about the importance of cervical and breast cancer screenings.
- Include diagrams and education about the procedures that will take place during the program.

### Step 12: Patient Management and Flow

1. Map out your See, Test & Treat program to determine the best use of available space and patient flow.
2. Determine location of check-in area for on-site registration of See, Test & Treat patients.
3. Ensure appropriate signage throughout site to guide the women to registration, screening, and education areas.
4. Ensure patient forms are completed during the on-site registration process, including:
  - a. Patient consent to health screening and waiver of liability.
  - b. HIPAA compliance and patients to be offered the opportunity to receive a copy of the “Notice of Privacy Practices.”
  - c. CAP Foundation media release form.
  - d. For patients who do not wish to be photographed, establish a visible way to identify them to the photographer. ([See Appendix 13 - Photo Release Form](#))

### Step 13: Create Day-of-Program Registration Process ([See Appendix 8 - Sample Patient Forms](#))

1. Utilize electronic health records whenever possible to accurately capture patient contact information, demographic information, screening eligibility, patient/family history for cervical or breast cancer, and follow-up information.
2. Verify information gathered from preregistered patients. Reminder: patients should use the same name that is on their photo ID.
3. Have patients communicate how they would like to be contacted. This may include postcard, phone call/text, email, or mail.
4. Have patients complete HIPAA forms, media releases and waivers, as necessary.
5. Inform women about the other activities and education that they can participate in while waiting for test results. Remind them of the importance to remain at the program to get results and complete a post-program questionnaire; utilize an incentive if needed.
6. If a paper-based patient registration system is used, ensure there are multiple copies so that gynecology, mammography, and the laboratory have necessary information for initial testing and follow-up procedures.
7. Have a system for ensuring that patient contact information has been captured, should paper forms be lost or misplaced.

#### Patient Identification

- Develop a patient identification system so that results can be readily and correctly matched.
- Follow all HIPAA guidelines specific to patient Protected Health Information (PHI).

#### Waiting Area

- Choose an area for patients to wait for screening and/or results.
- Determine what other activities will be available for patients to participate in while they are waiting.
- Keep the patients engaged and informed to foster a more meaningful, long-term clinical relationship with health care providers.

### Step 14: Patient Exams

- Develop a rotation system to utilize multiple patient exam rooms & providers.
- Assign individuals to specific exam rooms to ensure efficient room turnover for next patient exam.
- Please make sure all rooms are outfitted with equipment needed to complete patient exams (ie: sufficient lighting).
- Note: Advise providers against excessive use of lubricant during Pap tests to avoid compromising of specimens.

### Step 15: Laboratory, Laboratory Personnel and Specimen Management

- Space and personnel must meet all state/local requirements to screen for and diagnose cervical and breast cancer on the same day.
- Ensure program has licensed/certified personnel to conduct all exams, obtain and process Pap specimens, and take and review breast images.
- Follow the rules governing your organization regarding credentialing for personnel.
- Ensure your program utilizes a CLIA-certified laboratory to perform specimen testing.
- Determine the laboratory setup that works best while remaining compliant with state and federal regulations.

## Specimen Management

- Establish a protocol for specimen labeling.
- Identify a system to process specimens in the order in which they were collected.
- Establish a protocol for batching and delivering specimens to the appropriate staff for processing and interpretation.
- Avoid excessive batching of specimens, as that may result in processing delays that can impact the delivery of results to patients.
- Arrange for volunteer couriers, if necessary.

## Step 16: Deliver Patient Results ([See Appendix 9 - Sample Patient Discharge Form](#))

1. Determine how the results will be collected and provided to the clinician, and who will be communicating these results to the patient.
2. Identify a private setting for delivery of same day Pap and Screening Mammogram results.
3. Explain abnormal results and further testing or procedures required. Avoid using the word “cancer.”
4. Triage patients to receive any further required testing available that day.
5. For further testing or treatment that is not available that day, connect patient with hospital or clinic personnel who can arrange and communicate next steps to patient.

## Step 17: Follow-up testing and treatment

In instances where abnormal findings are discovered through pelvic or Clinical breast exam, Pap test, or Screening Mammogram, host site clinicians are encouraged to provide patients with additional onsite treatment whenever feasible.

1. When abnormal Pap test results are found, clinicians may find the following same-day tests or treatment beneficial to the patient:
  - a. Colposcopy
  - b. LEEP
2. When abnormal breast results are found via Screening Mammogram or manual palpation:
  - a. Additional mammogram views and/or
  - b. Fine Needle Aspiration (FNA), often performed by a Cytopathologist.
3. In cases where further treatment is needed that cannot be performed onsite, program hosts/clinicians are required to:
  - a. Arrange follow-up, including locations, providers and financial arrangements for women with abnormal results requiring further care.
  - b. Explain the follow-up plan to patients both orally and in writing before they leave the See, Test & Treat program.

## Models for Follow-up Care

See, Test & Treat host sites have employed various methods for connecting patients with abnormal Pap and Screening Mammogram results to further care. Tactics used include:

- Hospital affiliates committing to patient follow-up for cervical and breast abnormalities.
- Partner practice committing to patient follow-up for Pap and Screening Mammogram abnormalities.
- Triage with patient navigators and physicians working in area clinics/imaging centers that have committed to patient follow-up for cervical and breast abnormalities.
- Volunteer physicians accepting patients into their private practice.

- Referral to County medical center.
- Enrolling patients in a state/federally funded women’s cancer screening program, applying for Medicaid, or in a health insurance marketplace plan.

## Step 18: Patient Education, Meals, and Site Visitors

### Patient Education

The time between having a Pap test and waiting for same-day test results provides a perfect window of opportunity to engage women and their families in education. See, Test & Treat leverages this wait time to persuade women to take control of their health, and encourage family and members of the community to do the same. The most important factor is that education and educational materials are translated and culturally appropriate.

### Patients learn valuable lessons, such as:

- Adopting a healthy lifestyle with healthy diet and regular exercise can lower the risk of cancer and other diseases.
- Receiving routine cervical and breast cancer screenings can detect abnormal cells before they become cancer.
- Finding cancer early can make treatment more successful.
- Pathologists and laboratory medicine are central to getting your diagnosis.

### Interactive, hands-on learning promotes:

- Patient engagement as they experience and interact directly with clinicians.
- Unique experiences when patients can look through a microscope to see normal and abnormal cells with a guided tour from a pathologist or resident.
- Education can be in a health fair, table, or booth setting and can include the following:
  - One-to-one patient conversation and interaction
  - Demonstrations of self-breast exams with interactive anatomical models
  - Demonstration of disease states through posters or anatomical models
  - Posters and information sheets
  - Workshops
  - Lectures

### Patient Activity Cards and Program Evaluations: ([See Appendix 10 – Activity Card and Program Evaluation](#))

1. Provide patient with a card that lists all the activities and on-site education available for the day. Instruct patients that this card then must be stamped after participating in an activity or educational program.
2. Provide patient evaluation forms to gather information about patient experience and satisfaction.
3. Incentivize patients with a gift card for completed evaluations and vouchers.

## Step 19: Complete and Report Patient Outcomes and Patient Survey Results

1. Within 30 days post program, submit a completed Patient Outcomes worksheet to receive the balance of the CAP Foundation grant (see [Appendix 3](#)).
2. Report survey results as a means to learn about how well community need was addressed.
3. Provide results as a means of improving the See, Test & Treat program.
4. Meet with program organizers and CAP Foundation staff for a debrief meeting ([see Appendix 11](#))
5. Decide whether you will conduct a See, Test & Treat program next year.
6. Begin the planning.

**Rider 1**

The CAP member pathologists are not employees, agents or representatives of the CAP Foundation, and have no affiliation with the CAP Foundation other than the CAP member pathologists' professional membership with the College of American Pathologists. The CAP Foundation is not responsible for the actions or inactions of the CAP member pathologists. The participating sites and clinicians are at all times solely responsible for their own conduct, and should not rely on these Standard Operating Procedures in determining whether they have complied with their applicable professional standards of care.

## APPENDIX 1 - SEE, TEST & TREAT® PROGRAM PRESCREENING QUESTIONNAIRE

As See, Test & Treat continues to demonstrate its impact on communities across the United States; we are experiencing an overwhelming response to host programs in many communities.

With over 30 programs in our 2018 pipeline, we are instituting a vetting process to determine the See, Test & Treat programs for next year.

**The 2018 See, Test & Treat RFA period will open on Thursday, June 15, 2017 and close at 5:00 pm CT on Friday, August 18, 2017. All sites wanting to host a program and apply for See, Test & Treat funding in 2018 must submit the following two documents by the August 18, 2017 deadline:**

1. Prescreening Questionnaire
2. Program/Grant Application

The CAP Foundation will continue to offer grants of up to \$20,000 to support See, Test & Treat program expenses that other grants and in-kind donations do not cover. As See, Test & Treat continues to expand, we look to repeat programs to become more self-sustaining and actively pursue other sources of funding in addition to securing in-kind donations in the areas of refreshments/food, supplies, promotion and publicity.

Your responses to these questions will help determine if you are ready to host a See, Test & Treat program. If you answer NO to any of the questions, contact CAP Foundation Programs Staff for potential solutions (Julia Rankenburg at 847-832-7931 or [jranken@cap.org](mailto:jranken@cap.org)).

<b>Host Site Name:</b>		
See, Test & Treat® (STT) is a US-based screening program for women meeting the eligibility requirements defined by the ACS/ACOG screening guidelines and face healthcare disparities, socioeconomic or other barriers to accessing routine healthcare. STT is not for women currently accessing care through the host hospital or clinic		
	<b>YES</b>	<b>NO</b>
1. Have you identified a local community population with demonstrated need for a See, Test & Treat® program?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a current CAP member or are you working with a CAP member?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you willing to lead or co-lead the planning, coordination, and on-site execution of a See, Test & Treat® program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have the support of your hospital or clinic or the commitment from a local healthcare facility to host a one-day screening program	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the host site a 501(c)3 organization?	<input type="checkbox"/>	<input type="checkbox"/>
6. If no to question 5, can you identify a 501(c)3 organization to act as recipient and fiduciary of CAP Foundation grant funding?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you secure the volunteerism and support of the following stakeholders to assist with planning and hosting your See, Test & Treat® program:		
a. Host site (Hospital/Clinic/Community Health Center)	<input type="checkbox"/>	<input type="checkbox"/>
b. Administration/Medical Director	<input type="checkbox"/>	<input type="checkbox"/>
c. Pathologist/Pathology Department	<input type="checkbox"/>	<input type="checkbox"/>
d. Laboratory	<input type="checkbox"/>	<input type="checkbox"/>
e. Gynecologist/Gynecology Department	<input type="checkbox"/>	<input type="checkbox"/>
f. Radiologist/Radiology Department	<input type="checkbox"/>	<input type="checkbox"/>
g. Medically Certified Interpreters	<input type="checkbox"/>	<input type="checkbox"/>
h. Patient Advocate/Community Outreach Department	<input type="checkbox"/>	<input type="checkbox"/>
i. Patient Registration	<input type="checkbox"/>	<input type="checkbox"/>
j. Financial Aid Department	<input type="checkbox"/>	<input type="checkbox"/>
k. Public Relations/Marketing/Communications	<input type="checkbox"/>	<input type="checkbox"/>



<ul style="list-style-type: none"> <li>c. Program partners -</li> <li>d. Screening services -</li> <li>e. Onsite activities -</li> <li>f. Educational programs -</li> </ul>		
<p>16. What changes will your program make to the screening services or program components this year? (please list/describe)</p>		

## APPENDIX 2 - See, Test & Treat® Program and Grant Application and Funding Guidelines

### **Grant Funding:**

The CAP Foundation provides grants up to \$20,000 to support See, Test & Treat program expenses that other grants and in-kind donations do not cover. Grant funding is only provided to 501(c)(3) organizations. This grant typically pays for items such as exam and laboratory supplies, equipment rental, promotional materials, educational aids, interpreters, translation of materials, patient transportation, and meals.

As See, Test & Treat continues to expand, we look to repeat programs to become more self-sustaining and actively pursue other sources of funding in addition to securing in-kind donations in the areas of refreshments/food, supplies, promotion and publicity.

### **Application Submission**

As See, Test & Treat continues to demonstrate its impact on communities across the United States; we are experiencing an overwhelming response to host programs in many communities.

With over 30 programs in our 2018 pipeline, we are instituting a vetting process to determine the See, Test & Treat programs for next year.

**The 2018 See, Test & Treat RFA period opened on Thursday, June 15th and closes at 5:00 pm CT on Friday, August 18, 2017. All sites wanting to host a program and apply for See, Test & Treat funding in 2018 must submit the following two documents by the August 18, 2017 deadline:**

1. Prescreening questionnaire
2. Program/Grant application

The CAP Foundation Grants Committee will review all applications and award funds on behalf of the CAP Foundation Board of Directors. Programs are evaluated on their ability to:

- Reduce barriers to cervical and breast cancer screening and follow-up care
- Advance early detection and treatment of cervical and breast cancers
- Provide measurable results and outcomes
- Utilize standardized procedures set forth by the CAP Foundation

### **Funding Schedule**

All organizations applying for See, Test & Treat program grants from the CAP Foundation must demonstrate solid financial and program management.

The grant recipient will receive 50% of the award upon official approval of the application by the CAP Foundation Grants Committee. Each program is required to submit the See, Test & Treat outcomes data worksheet no later than 30 days following the program along with documented program costs to receive the balance of the funds. This aggregate-blind program data will be used to develop a formal research protocol to track and monitor the impact of See, Test & Treat and to improve the program design.

The CAP Foundation will not provide See, Test & Treat grants to the following entities:

- Individuals
- Social organizations
- Trade or business associations
- Memorials, such as cultural exchange programs or program to benefit any particular individual, including individual travel and/ or study

### **Requirements of all See, Test & Treat programs:**

- CAP member pathologist program leaders or co-leaders.
- Community of underserved women.
- Hospital or clinic program host.
- Partnership between pathologists and a volunteer, multidisciplinary clinical team and host site for care of patients.

- Capacity to provide a pelvic and Clinical breast exam, Pap test and Screening Mammogram to eligible women.
- Provision of same-day Pap test results delivered personally on-site.
- Provision of same day or prompt mammogram results (within one week).

**CAP Foundation See, Test & Treat Program Grants:**

CAP Foundation encourages volunteerism whenever feasible and supports See, Test & Treat programs by procuring in-kind donations of testing kits and supplies, loaner equipment whenever possible, as well as knowledge sharing in terms of running effective programs.

- Medical equipment – (clinic site only) transporting or renting equipment to perform breast and cervical cancer screening
- Laboratory support personnel – laboratory staff necessary to perform the screening/tests during the program
- Testing/screening supplies necessary to perform Clinical Breast Exam, Screening Mammogram, fine-needle aspiration (FNA), pelvic exam Pap testing, HPV testing, colposcopy, and LEEP
- Marketing/Promotion – promotional activities and materials, such as posters and flyers to reach target patient population
- Temporary program coordinator – to plan and coordinate program logistics
- Interpreters and translated promotional and educational material
- Patient transportation vouchers
- Supplies for children’s activities
- Healthy breakfast and lunch

**Requirements for Grant Funding Eligibility:**

1. A CAP member pathologist to lead or co-lead a program to offer cervical and breast cancer screening to a U.S. community of underserved women.
2. The CAP member pathologist will partner with a volunteer, multidisciplinary clinical team and host site for care of patients.
3. A hospital/clinic program host with the capacity to provide a pelvic and Clinical Breast Exam, Pap test, and Screening Mammogram to eligible women.
4. A 501(c)(3) organization to act as recipient and fiduciary of CAP Foundation grant funding.
5. Provision of same-day Pap test results and same-day or prompt mammogram results (within one week).
6. Same-day results delivered face to face.
7. Establishment of a best practices protocol for delivering patient results that cannot be conveyed the same day. This may involve a phone call and certified letter to make sure patients are not lost to follow-up
8. Provision of available information about financial aid, charity programs, state or federal assistance, and health insurance market place exchange.
9. Adherence to the American Cancer Society (ACS), the American Congress of Obstetricians and Gynecologists (ACOG), and American College of Radiology (ACR) Guidelines.
10. Conformance with acceptable standards of practice for the screening and diagnosis of cervical and breast cancer.
11. Compliance with appropriate federal, state, and local health provider licensing and regulations for cervical and breast cancer screening.
12. Connection to follow-up care for patients with abnormal results.
13. Culturally sensitive, translated, patient-centered education and health information.
14. Completion of Patient Outcomes Data form. (Ref: [Appendix 3](#) in the *See, Test & Treat Standard Operating Procedures*)

**SEE, TEST & TREAT<sup>®</sup> PROGRAM GRANT APPLICATION FORM**

The CAP Foundation invites approved program sites to apply for See, Test & Treat<sup>®</sup> grant funding up to \$20,000 to support program expenses that other grants and in-kind donations do not cover. Grant funding is only provided to 501(c)3 organizations. This grant typically pays for items such as exam and laboratory supplies, equipment rental, promotion materials, education aids, interpreters, translation of materials, patient transportation, and meals.

**A. Program Host Information**

1. Name and address of institution/organization applying for See, Test & Treat grant: \_\_\_\_\_
2. See, Test & Treat program location: \_\_\_\_\_
3. Facility type:
  - a.  Clinic
  - b.  Hospital
  - c.  Other (please specify) \_\_\_\_\_
4. Date(s) and duration of See, Test & Treat program:
5. Number of See, Test & Treat Programs previously held by this host (at this site): \_\_\_\_\_
  - a. If this is a repeat program, tell us about:
    - i. Your past event(s) including information about program components, patient findings and any other interesting outcomes that occurred \_\_\_\_\_
    - ii. Which program components will remain unchanged, what if any new processes, services be implemented or changed as a result of lessons learned from a past See, Test & Treat program that will improve your program \_\_\_\_\_
    - iii. Identified processes that would enable you to grow the program specific to:
      1. patient recruitment/registration - \_\_\_\_\_
      2. number of women served - \_\_\_\_\_
      3. screenings and/or testing services offered (excluding cervical and breast) - \_\_\_\_\_
      4. community partners - \_\_\_\_\_
      5. community attendees - \_\_\_\_\_
    - iv. Outside funding/support sources (area companies/employers, community grants, in-kind donations, discounted services, etc.) that you have identified and/or applied for that could reduce the amount of CAP Foundation grant funding needed for your program \_\_\_\_\_

**B. Target Patient Population**

6. Describe the programs anticipated impact on the community/region: \_\_\_\_\_
7. Who will benefit the most from the See, Test & Treat Program?
  - a. Describe the target population (age group and ethnicity):
  - b. If this is a repeat program, are you targeting a new, untapped at-risk population or the same population previously targeted? Yes  No . Please explain \_\_\_\_\_
  - c. Why does this target population/community need a See, Test & Treat program? Include information such as area/target audience statistics, supporting outside data resources; community needs assessment information, etc. \_\_\_\_\_.

8. What is preventing patients from receiving adequate care (check all that apply)? What data/evidence do you have supporting this?

	<b>Barrier</b>	<b>Data/Statistics/Supporting Evidence</b>
<input type="checkbox"/>	Underinsured	
<input type="checkbox"/>	No Insurance	
<input type="checkbox"/>	Inability to afford co-pays	
<input type="checkbox"/>	Lack of education	
<input type="checkbox"/>	Availability of child care	
<input type="checkbox"/>	Access to transportation	
<input type="checkbox"/>	Scheduling/work conflicts	
<input type="checkbox"/>	Weak social/family support	
<input type="checkbox"/>	Language barriers	
	Other: _____	

**C. Patient Outreach**

9. Have you contacted area social workers, social service agencies, community leaders, local health providers and/or advocacy groups about this program? Yes  No
- a. **If yes**, explain how these groups will support your See, Test & Treat Program? \_\_\_\_\_
- b. **If no**, explain why these groups have not been contacted and/or why engagement is not needed. \_\_\_\_\_
10. Indicate which of the following are part of your patient recruitment efforts (check all that apply):
- a.  Word of mouth
  - b.  Group meetings
  - c.  Personal visits
  - d.  Community announcements
  - e.  Media exposure
  - f.  Social Media
  - g. Other (please describe) \_\_\_\_\_

**D. Screenings and Other Services**

11. Does the program host site have the capability to screen, provide same-day results and education to a minimum of 50 women? Yes  No
12. Screening goal (number of women to be served): \_\_\_\_\_

13. Indicate the services/screenings that will be offered during the See, Test & Treat program:

Service/Screening	Clinical Breast Exam	Pelvic Exam	PAP Testing	Screening Mammogram	HPV Testing	FNA	Colposcopy	Diagnostic Mammogram	LEEP	Other
What screenings or preventive services will be provided?	<input type="checkbox"/>									
What screenings or preventive services will be provided with same-day results?	<input type="checkbox"/>									
Number of estimated tests/screenings										
Other (please specify)*										

a. \*If you indicated that you plan to provide "Other" services, please explain the medical need in the targeted community: \_\_\_\_\_

14. What patient testing guidelines will be followed for:

- a. Pap testing: \_\_\_\_\_
- b. Mammography: \_\_\_\_\_
- c. HPV testing: \_\_\_\_\_

15. Describe how you plan to ensure same-day results are available (Pap and mammogram): \_\_\_\_\_

- a. If same-day results are not available, describe how you will manage the delivery of results to patients: \_\_\_\_\_

16. If you find positive diagnosis (abnormal pap or mammogram), how will you treat the patient – specifically:

- a. What is the usual and customary treatment followed for women requiring further diagnostic services? \_\_\_\_\_
- b. Where are women being referred if they need additional care and/or follow-up services? \_\_\_\_\_
- c. What is your institution's policy on providing and/or referring a woman requiring further medical services? \_\_\_\_\_

17. Describe how women will be triaged into long term reliable primary care or sustainable family care? \_\_\_\_\_

18. Describe the pathologist's/pathology's role in planning, coordinating, and participating in the program, including specimen management, interpretation, patient education, and result reporting. \_\_\_\_\_

19. Are the screenings that would be offered at this SEE, TEST & TREAT a current part of the organization's community outreach? Yes  No

20. Does your organization have any programs in place that provide the same types of screening available through the STT program? Yes  No

- a. If yes, please explain why your organization needs a See, Test & Treat program? \_\_\_\_\_

21. Does the organization already host a health fair of which See, Test & Treat would become a part? Yes  No

22. Will SEE, TEST & TREAT be secondary to other events taking place on the program day? Yes  No

23. How will you (the host site) collect required See, Test & Treat outcomes data (*Reference – Appendix 4 in the See, Test & Treat® Standard Operating Procedures Manual*)? \_\_\_\_\_

**E. Patient Education**

24. Indicate what type of patient education (topic is listed below and the mode of delivery is listed on the right) will be offered during the See, Test & Treat program. If your target population does not require the need for interpreters or bilingual presenters, please mark those columns 'N/A':

	<b>Brochures/ Handouts</b>	<b>Classroom Lectures/Talks</b>	<b>Interactive Education (touchable exhibits &amp; models)</b>	<b>Culturally appropriate translated information</b>	<b>Bilingual Presenters/ Instructors</b>	<b>Health Fair</b>
Breast Health	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cervical Health	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Healthy Lifestyle (e.g. exercise, smoking cessation, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nutrition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pathologists and their role in diagnosing disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial Counseling/Health Insurance Enrollment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information on other available Community Resources	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**F. Funding Request**

25. Using the list below, provide a detailed budget to indicate the requested funding amounts along with a corresponding breakdown of the items to be funded in each category. Grants are available; up to \$20,000 for each program site (specific amounts to be awarded will be determined by the CAP Foundation Grants Committee).

Suggested Grant Funding Utilization	Requested Grant Amount Please provide detailed information (use separate sheet if necessary)
Medical Equipment (clinic only) – costs associated with transport or rental of equipment to perform services indicated in question 6 _____	
Testing Supplies _____	
Temporary Program Coordinator _____	
Laboratory Support Personnel _____	
Marketing/Promotion _____	
Translation Services (print materials and on-site) _____	
Transportation _____	
Children’s Activities _____	
Meals _____	
Other – please list and explain: _____	
Total Requested Grant Amount for Other:	
<b>Total Requested Amount:</b>	

**G. Need for Program Funding**

26. Describe your organization; explain why your organization needs this funding: \_\_\_\_\_

27. Is this program being funded by any other organization than the CAP Foundation? Yes  No

- a. **If yes** – please provide additional detail (e.g. the source of funding, type of funding [monetary or in-kind], amount and purpose). \_\_\_\_\_
- b. **If no** – have you identified community funders/partners you intend to pursue? Who, and in which ways would they support your program (e.g. monetary support or in-kind donations)? \_\_\_\_\_

28. Describe the impact on the community/region if the program is not funded: \_\_\_\_\_

29. Please share any additional information that you feel should be considered in evaluating your request to host a See, Test & Treat Program. For example: unique features or services your institution offers that would strengthen the overall program, special impact the program would have on the community, ability to gather critical data related to population health, etc... \_\_\_\_\_

**H. Volunteers and Supporting Partners**

30. Please list the names/titles of key leadership within your institution(s) that have committed to the program along with any community partners (e.g. lead pathologist, chair of radiology department, administrators, chair of gynecology department, etc...): \_\_\_\_\_
31. What type of volunteers (medical and non-medical) will your program enlist? On a separate sheet, provide a listing of all volunteers and their proposed roles. (*Reference Appendix 6 in the See, Test & Treat Operating Procedures for example worksheet*).

Thank you for taking the time to thoughtfully prepare this See, Test & Treat<sup>®</sup> program and grant application. We hope it has given you and your team a chance to think through and evaluate the specifics involved in hosting a program and that you now feel even more confident as you move forward. The CAP Foundation Strategic Programs Committee will review and reach out to you with the next steps in the SEE, TEST & TREAT hosting process. If you have questions, please do not hesitate to contact CAP Foundation Director of Programs, Marci Zerante (847-832-7656 or [mzerant@cap.org](mailto:mzerant@cap.org)).

The submission of this signed application indicates your commitment to hosting a See, Test & Treat<sup>®</sup> program. CAP Foundation staff will assist you and your team in the planning and execution of the program. If there are any changes or issues that significantly impact your ability to continue with hosting the program after this point, please inform CAP Foundation Staff.

By selecting the "I Accept" button, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

- I Accept - Lead Pathologist Signature \_\_\_\_\_
- I Accept - Authorized Institutional Leadership Signature \_\_\_\_\_

**APPENDIX 3 - PATIENT OUTCOMES WORKSHEET**

See, Test & Treat® is building momentum thanks to your efforts. Your dedication will bring more women vital cancer screenings.

In order for us to apply for more Foundation and National funding, we need to collect the number of women in each ethnicity with their age information who receives Pap tests and Mammograms through See, Test & Treat rather than a global number covering all women.

National grantors would like See, Test & Treat to compare be able to compare its data with other programs such as the CDC National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

You already provide us with patient outcomes data on the number of women receiving a Pap test and Mammogram. We request that you break this down by the number of women in each ethnic and age category receive Pap tests and Mammograms.

There are many ways to capture this data:

1. Work with your IS personnel or software vendor to determine how this information can be retrieved from the patients EMR or EHR.
2. Create an Excel spreadsheet to record patient data to allow filtering of the sheet to capture combinations of data elements. Attached is a sample for your consideration which can be customized to meet the data capture needs of your See, Test & Treat program.

Program Host: \_\_\_\_\_

Program Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

<b>Number of Women Served</b>	<b>Total</b>
# of registrations	Click here to enter text.
# walk-ins	Click here to enter text.
# of women new to your hospital or clinic	Click here to enter text.
# of women who are repeats to your hospital or clinic	Click here to enter text.
# of no shows	Click here to enter text.
# of women new to See, Test & Treat	Click here to enter text.
# of women counseled	Click here to enter text.
Test results	Click here to enter text.
Follow-up care (annual screening recommended)	Click here to enter text.
Follow-up care (treatment plan established)* <b>*Detail established treatment plan for follow-up care for each patient listed in this category on a separate sheet.</b>	Click here to enter text.
# other (no test results)	Click here to enter text.
<b>Program Eligibility Requirements</b>	<b>Total</b>
Insurance	Click here to enter text.
No Insurance	Click here to

Federal/State Program	enter text. Click here to enter text.
<b>Age Range of Women Served</b>	<b>Total</b>
<20	Click here to enter text.
21 to 29	Click here to enter text.
30 to 39	Click here to enter text.
40 to 49	Click here to enter text.
50 to 59	Click here to enter text.
60 to 60	Click here to enter text.
70+	Click here to enter text.
<b>Race/Ethnicity of Women Served</b>	<b>Total</b>
African American	Click here to enter text.
American Indian	Click here to enter text.
Asian/Pacific Islander	Click here to enter text.
Hispanic	Click here to enter text.
Hmong	Click here to enter text.
Latina	Click here to enter text.
Somali	Click here to enter text.
Vietnamese	Click here to enter text.
White	Click here to enter text.
Other (specify) _____	Click here to enter text.
Other Unknown	Click here to enter text.
>1 Race	Click here to enter text.
<b>Screening History of Women Served</b>	<b>Total</b>
# Never had a mammogram	Click here to enter text.
When was your last mammogram?	
Within the last 5 years	Click here to enter text.
More than 5 years ago	Click here to enter text.
# With a known history of abnormal mammograms?	Click here to enter text.

# Never had a pap test	Click here to enter text.
When was your last pap test?	
Within the last 5 years	Click here to enter text.
More than 5 years ago	Click here to enter text.
# With a known history of abnormal pap tests?	Click here to enter text.
# Who have received the HPV vaccination?	Click here to enter text.
<b>Cervical Screening</b>	<b>Total</b>
# Receiving a pelvic exam	Click here to enter text.
Total # of pap tests	Click here to enter text.
Collection Method (add collection method) _____	Click here to enter text.
# of abnormal results	Click here to enter text.
% abnormal results	Click here to enter text.
Atypical squamous cells of undetermined significance (ASCUS)	Click here to enter text.
Atypical Glandular Cells (AGC)	Click here to enter text.
Low grade Dysplasia (LGSIL or LGSIL rule out HSIL)	Click here to enter text.
High grade Dysplasia (HGSIL)	Click here to enter text.
Additional non-abnormal cases (neoplasia)	Click here to enter text.
Neoplastic	Click here to enter text.
Unexpected	Click here to enter text.
Rare	Click here to enter text.
# Receiving HPV testing	Click here to enter text.
# Positive HPV results	Click here to enter text.
# Receiving Colposcopy	Click here to enter text.
# Receiving LEEP	Click here to enter text.
<b>Breast Screening</b>	<b>Total</b>
# Receiving a Clinical Breast Exam	Click here to enter text.
# Receiving mammogram	Click here to enter text.
Total # of abnormal mammograms	Click here to enter text.
Total # of mammograms requiring follow-up care	Click here to

	enter text.
FNA's	Click here to enter text.
Ultrasounds	Click here to enter text.
Malignancies	Click here to enter text.
<b>Other</b>	<b>Total</b>
List below the other services and screenings provided and the # receiving these screenings* *Example of services would be Health Education; example of additional screenings would be Hepatitis B, Chlamydia/GC _____ # of screening _____	
# Utilizing transportation services	Click here to enter text.
# Utilizing on-site children's activities	Click here to enter text.
# Participating in the education/health fair	Click here to enter text.
# Receiving additional STD screening (excluding Candida)	Click here to enter text.
# Receiving additional screening (list type of screening and # patients receiving) _____	
<b>Volunteer Staff</b>	<b>Total</b>
# Volunteers (breakout category if possible)	Click here to enter text.
# of Pathologists	Click here to enter text.
# Volunteer hours (breakout category if possible)	Click here to enter text.
# hours dedicated to STT pre-program planning	Click here to enter text.
# hours dedicated to on-site STT program	Click here to enter text.
# Volunteer hours (Pathologists)	Click here to enter text.
# hours dedicated to STT pre-program planning	Click here to enter text.
# hours dedicated to on-site STT program	Click here to enter text.

**APPENDIX 4 – PROGRAM WORK PLAN\***

\*Based on a 10-month planning process

Determine Eligibility	Complete Pre-Screening Questionnaire to determine if you are ready to host a See, Test & Treat (STT) program	
Month 1	Action	Notes/Status
	Discuss screening needs of community (breast and cervical cancer screening, etc.) – Identify population at risk.	
	Discuss market to be served (Hispanic, Chinese, African American, etc.)	
	Identify timing for the event that works best for community. Consider holidays, weather, etc.	
	Begin to identify possible locations to hold the program.	
	Confirm support of your institution/organization to host a one- day screening program to provide free cervical and breast screening to underserved women.	
	Confirm support from the following areas: 1. Hospital/Community Health Center Administration 2. Medical Director 3. Pathologist / Pathology Department 4. Gynecologist / Gynecology Department 5. Radiologist / Radiology Department 6. Laboratory	
Month 2	Action	Notes/Status
	Identify See, Test and Treat Working Group	
	Confirm program date with providers and Working Group.	
	Hold kick-off meeting.	
	<ul style="list-style-type: none"> <li>• Determine meeting frequency</li> <li>• Develop template agenda and work plan for Working Group meetings</li> <li>• Develop contact sheet with names and contact information for Working Group</li> </ul>	
	Begin to identify testing services offered.	
	Discuss event logistics – flow of event, timing.	
	Begin to identify registration process to accommodate preregistered patients and walk-ins.	
	How will the patients navigate the program?	
	How will abnormal results be managed? [Cervical and Breast]	
	Begin to identify vendors who could possibly donate supplies, as well as partners (Susan G. Komen for the Cure, American Cancer Society).	
	Begin to identify possible education, food, and other activities.	
	Begin to identify need for interpreters.	
	Develop a list of supplies needed (e.g. gloves, gauze, etc.).	

Month 3	Action	Notes/Status
	Discuss Licensing and Credentialing	
	Discuss Insurance Advocate Position	
	Confirm rooms for program	
	Finalize list of tests that will be offered.	
	Finalize the number of vendors needed for health fair.	
	Begin to identify program materials needed: banner, signage, etc.	
	Identify number volunteers and roles (e.g. runner, greeters, insurance advocates, etc.).	
	Continue to contact vendors about supplies.	
Month 4	Action	Notes/Status
	Begin to assign people to volunteer positions.	
	Begin to create a floor plan.	
	Draft template letter to invite local politicians, community leaders, patient advocates or special guests.	
	Begin contacting identified health fair vendors, partner, and vendors to donate supplies.	
	Continue to work on program logistics.	
	Begin developing program agenda.	
Month 5	Action	Notes/Status
	Develop media list: magazines; newspapers, including health reporters and calendar editors; radio; television; Internet; social media outlets; in-house publications, etc.	
	Develop media alert for broadcast media	
	Finalize interpreters.	
	Confirm registration telephone number and process.	
	Confirm food and other activities.	
	Confirm partners and vendors who will be donating supplies.	
	Create and send a SAVE THE DATE postcard	
Month 6	Action	Notes/Status
	Begin to develop STT flyers.	
	Begin to develop press release for long-lead magazines	
	Continue to develop program agenda.	
	Develop patient appointment reminder postcards, if necessary.	
Month 7	Action	Notes/Status
	Finalize STT flyers (approval needed from other sponsors)	
	Finalize program signage, banners, etc.	
	Distribute press releases to magazine and any publications with a long-lead time.	

Month 8	Action	Notes/Status
	Distribute STT flyers at local churches, schools, stores in community; weekend markets, etc.	
	Begin scheduling patient visits.	
	Create volunteer schedule.	
Month 9	Action	Notes/Status
	Call patients to remind them about their appointments; send reminder postcards.	
	Order food.	
	Distribute press releases.	
	Hold final planning meeting and program walk-through	
Month 10	Action	Notes/Status
	Walk through the program and patient flow with clinical partners and volunteers	
	<ul style="list-style-type: none"> <li>Confirm patient flow plan with entire team</li> <li>Confirm volunteer flow; day of program check-in, roles, assignments, etc.</li> </ul>	
	Confirm education plan and materials are prepared	
	Go through pre-program list of supplies and work flow requirements	
	Confirm healthy food orders are correct and scheduled	
	Final confirmation that laboratory services are secured	
	<ul style="list-style-type: none"> <li>Confirm specimen processing logistics</li> <li>If applicable, ensure courier services are scheduled</li> </ul>	
Day of Program (before patients arrive)	Action	Notes/Status
	Adhere to established patient flow plan	
	<ul style="list-style-type: none"> <li>Patient registration; patients must fill out registration forms, media release</li> <li>Patient waiting areas</li> <li>Pelvic and a clinical breast exam</li> <li>Educational offerings</li> <li>Healthy meal(s)</li> <li>Results</li> </ul>	
Post Program	Action	Notes/Status
	Create summary of patient results	
	Provide patient data to CAP Foundation	
	Provide full volunteer list for certificates of appreciation	
	Post Program debrief with all volunteers and the CAP Foundation	
	Send Thank You letters / emails to volunteers and program partners	

## APPENDIX 5 – SAMPLE VOLUNTEER GUIDE

<b>See, Test &amp; Treat Sample Volunteer Guide for Cervical and Breast Cancer Screening</b>			
<b>Category (Personnel)</b>	<b>Number of Suggested Volunteers</b>		<b>Notes</b>
	<b>Screening 50 Women</b>	<b>Screening 100 Women</b>	
Patient On-Site Registration (Check In / Out)	4	4	
Patient Navigators	3	6	
Patient Greeters	5	10	
Staff Project Manager	1	1	
On-Site Coordinator	1	1	
Children's Activity Coordinator	1 to 2	1 to 2	Based on need
Food Coordinator	1	1	
Supply Coordinator	1	1	
Cytotechnologist and Cyto Prep Tech	4	6	
Cytopathologist	2	2	
Pathologist	2	2	
Pathology Residents	6	6	Assist with education; engage patients in viewing healthy and unhealthy cells via two-headed microscope
Specimen Runners/Couriers	2	3	
Pathology/Laboratory Volunteers	3	6	
OB/GYN Administration	4	6	
OB/GYN	6 attending physicians	10 attending physicians	Perform exams and provide patient results
OB/GYN Residents	6	6	Assist with patient prep/exam; taking patient history
Nurse (NA/RN/MA)	6	10	
Colposcopy/LEEP (Provider)	TBD	TBD	Based on need
Colposcopy/LEEP (Nurse)	TBD	TBD	Based on need
Mammography Registration	1	3	
Radiologist	1	1	
Radiology Technician	2	3	
Phlebotomist	1	1	
Financial Aid	2	3	
Insurance Marketplace Navigators	1 to 2	1 to 2	
Education	TBD	TBD	Based on education offered
Interpreters	TBD	TBD	Based on need
<b>Total</b>	<b>58</b>	<b>82</b>	

## APPENDIX 6 – SUPPLIES AND EQUIPMENT

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### A. Supplies

Proper laboratory equipment and supplies are critical to the implementation of a See, Test & Treat program.

The CAP Foundation will assist programs by seeking in-kind donations of supplies and loaner equipment whenever possible.

### B. Equipment

The largest piece of equipment required for the success of See, Test & Treat is a mammography unit. Some locations will have a unit on site, but others will not. In many instances, a mobile mammogram unit that is appropriate for screening mammograms may be secured from local sources that STT grant funding can support.

You may need to secure additional equipment, which often can be donated from supply companies, equipment manufacturers or neighboring providers, for use during the event. Examples of additional equipment include:

- Colposcope
- LEEP instrument
- Ultrasound machine to provide additional diagnostic views for women presenting with abnormal Pap tests and irregular mammograms

## I. SAMPLE SUPPLIES AND EQUIPMENT LIST

### Laboratory Equipment

- Microscopes (4x, 10x, and 40x, objectives)
- LEEP equipment
- Cryosurgery equipment
- Liquid-based cytology processor
- Mammogram unit w/on-site processing capabilities
- Portable ultrasound equipment

## II. PATHOLOGIST SUPPLIES

- For Fine Needle Aspirations
- 10cc syringe pistol
- 1 box of 10cc syringes
- 25 gauge needle
- Gloves – all sizes
- 4x4 gauze
- Band-aids
- Diff Quick solution
- 80% alcohol or other fixative as requested by cytotechnologists for preparation of slides
- Pap stain

## III. FOR PAP TESTS

- Lens cleaner (liquid, in bottle), Lens paper
- Slide labels
- Scotts tape
- Filters for stains
- Quick stain – 12 bottle stain rack
- Gauze (useful for cover slipping)
- Slide trays

- Extra microscope light bulbs (in case they blow out)
- Microscope for screening slides

#### IV. CYTOTECHNOLOGIST SUPPLIES

- Supplies needed for processing Paps and breast FNAs
- Gloves – all sizes
- Glass slides
- Coverslips 24x50
- Mounting media – any xylene/toluene based (not aqueous)
- Access to sink and tap water
- Stains:
  - Gill II Hematoxylin – 1 pint o EA-65 (or EA-50) – 1 pint o OG-G – 1 pint
  - Diff-Quick 3 stain set
  - 95% alcohol – 3 gallon
  - Absolute alcohol – 1 pint
  - Xylene – smallest container available
- 30 Coplin jars (50-ml) or other small glass jar (use for staining AND wet fix specimen collection)
- Slide folders
- Dotting pens

#### V. OBSTETRICIAN/GYNECOLOGIST SUPPLIES

Required supplies and equipment for pap smears, colposcopy and LEEP

- Gloves – all sizes
- Speculum – all sizes
- Gowns – all sizes
- Exam Table Paper Rolls
- Frosted VCE slide
- Cytology brush
- KY jelly for the vaginal exam
- Rectal swabs
- Thin prep preservative fluid
- 5% acetic acid
- Lugol's solution – pour into plastic med cup
- Hurricane liquid topical anesthetic
- Tichler's-Morgan 7mmx3mm biopsy forceps
- Endocervical curette
- Bozeman's tissue or Ring forceps
- Formulin bottles for the separate biopsy specimens with labels
- Monsel's paste
- Chux

- Punch biopsy
- .25% marcaine for papacervicals
- 95% ethanol bottles to dip them
- gc/Chlamydia tests
- Surgilube packets
- Hemocult boards
- Normal saline drops
- KOH drops
- Endometrial pipettes
- Surgical mask
- Ground pad for the LEEP machine
- Special plastic coated speculum
- Big Q-tips, (Scoppets) for colposcopy
- 1% Lidocaine with Epinephrine in 10 ml syringe
- Alcohol pad
- Needle to draw up Lidocaine
- 18-22 gauge spinal needle to inject into cervix
- Extender for the LEEP hand control pencil
- 4 sizes of loops Ball-tip cautery
- Sanitary napkin for patient post procedure
- Biohazard bags
- Sharps and needle disposal containers

## APPENDIX 7 – SAMPLE PATIENT REGISTRATION FREQUENTLY ASKED QUESTIONS & REGISTRATION FORM

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### SEE, TEST & TREAT FREQUENTLY ASKED QUESTIONS (FAQ'S)

**Event date:**

**Event time:**

**Location:**

**Transportation/Parking:**

#### **What is the See, Test & Treat program?**

See, Test & Treat is a free cervical and breast cancer screening program for women who encounter financial, linguistic, social and cultural barriers to health care. Specifically those without health insurance, have not been exposed to health education or preventive disease screenings, and do not have a medical home.

In a single-day, culturally appropriate program, women receive a pelvic and Clinical Breast Exam, a Pap test with same – day results, a mammogram with same-day or prompt results, connection to follow-up care plans, interpretive services, translated educational sessions and materials and a healthy meal.

Through community and culturally appropriate education, individuals, families, and entire communities learn to navigate through the health care system. They also learn about the positive impact of healthy lifestyle and behaviors for prevention of disease and improved health.

#### **Will I need to show that I'm a resident or citizen of the United States?**

No

#### **Is there an age limit to attend to program?**

Yes, 21-65 yrs. old.

#### **I do not speak English, will an interpreter be present?**

Preferred language will be asked during registration in order to schedule interpreters.

#### **Any costs for services?**

No, all services on the day of the event are free of charge.

#### **What services will be provided?**

Pap test by a physician

Clinical Breast Exam by a physician

Mammogram if over 40 yrs. of age

Health education

#### **SHOULD I PREPARE FOR TESTS IN ANY WAY?**

##### **What is a Pap test?**

The Pap test also called a Pap smear, checks for changes in the cells of your cervix. The cervix is the lower part of the uterus (womb) that opens into the vagina (birth canal). The Pap test can tell if you have abnormal (unhealthy) cervical cells, or cervical cancer.

##### How can I prepare for a Pap test?

For two days before the test do not:

- Use tampons
- Use vaginal creams, suppositories, or medicines
- Use vaginal deodorant sprays or powders

- Have sex
- Douche

#### Should I get a Pap test when I have my period?

No. Doctors suggest you schedule a Pap test when you do not have your period. The best time to be tested is 10 to 20 days after your period.

#### What will happen if my Pap test is abnormal?

The physician will inform you if need to have further testing on the day of the event. If you need further testing or treatment on the day of the event, a physician from xxxxx will provide follow-up care.

#### **What is a Screening Mammogram?**

A mammogram is a low-dose x-ray exam of the breasts to look for changes that are not normal. The results are recorded on x-ray film or directly into a computer for a doctor called a radiologist to examine.

A Screening Mammogram allows the doctor to have a closer look for changes in breast tissue that cannot be felt during a Clinical Breast Exam.

#### How can I prepare for a Screening Mammogram?

If you are 40 years of age or older and haven't had a mammogram in the last year, the physician may ask you to have a mammogram. Do not wear deodorant and bring the films from the last mammogram with you.

#### **Will there be a cost for any abnormal results or follow-up treatment?**

Women that are eligible will be enrolled in a state cancer screening program or can meet with a health insurance marketplace navigator to enroll in a plan.

#### **Do I need to be present for the entire event?**

Additional activities are available to engage you and your family members (**mention activities available for patients at your event**). You must stay until you have received all results and if you require follow-up treatment. Expect a 2-3 hr. wait.

#### **When will I receive my results?**

Waiting times for final results will be available anywhere from 2 to 3 hours after your screening.

#### **Will my results be shared with anyone?**

No, the clinical information will be kept at xxxxx

#### **Will food be available?**

Yes, healthy light refreshments will be available.

#### **Can I bring my child/children on the day of the event?**

Yes, we will have children's activities available.

#### **I do not have a primary care doctor; will I be able to find a primary care appointment or a doctor at this event?**

We will have representatives available at the event to connect you with information to access a doctor.

#### **Will you offer this event on another date aside from INSERT DATE?**

No, not at this time. Services will be provided only on this date, an appt. can't be scheduled for a future date.

Once STT appt. slots are full, women interested in obtaining a pap, Clinical Breast Exam and/or Screening Mammogram may call the INSERT NAME at: xxx-xxx-xxxx

**SAMPLE PATIENT PRE-REGISTRATION FORM**

Today's date: \_\_\_\_\_  
**(First letter of last name)**

1. Are you between the ages of 21 – 65? Yes or No (if no, not eligible for the program)
2. Do you have health insurance? Yes or No

<b>Name (last, first)</b>		
<b>Age &amp; DOB (mm/dd/yyyy)</b>		
<b>SS# (if no SS#, patient is still eligible for services)</b>		
<b>Address (street, city, zip)</b>		
Phone: Alternate Number:		
Preferred Language	Interpreter Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, language:
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Have you or a family member ever been diagnosed with cervical cancer? If <b>YES</b>	What treatment did you have? Where did you have the treatment? What was the result? If a family member, who?	
Have you or a family member ever been diagnosed with breast cancer?		
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> Other	
Emergency Contact	Name	
	Relationship	Phone Number
When was your last Pap test?	<b>PAP Testing Eligibility</b> <ul style="list-style-type: none"> <li>Women ages 21 to 65 who:</li> <li>Never had a Pap test</li> <li>No Pap test within the last three years (INSERT MONTH/YEAR)</li> <li>Abnormal Pap test result</li> </ul> <b>Additional Question:</b> Have you had a hysterectomy? <input type="checkbox"/> Yes or <input type="checkbox"/> No Comments  <b>Pap test eligible?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No	

<p>Have you received HPV test / screening? (Note: This is different from the HPV vaccine)</p>	<p><b>HPV screening eligibility</b></p> <ul style="list-style-type: none"> <li>• Women ages 30 to 65 who:</li> <li>• Never had a HPV test/screening</li> <li>• No HPV test/screening within the last five years (INSERT MONTH/YEAR)</li> <li>• Abnormal Pap presenting with ASCUS results</li> </ul> <p><b>HPV test eligible?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
<p>When was your last mammogram?</p> <p>Criteria? Exclude those presenting with visible lumps or lesions</p>	<p><b>Mammogram Eligibility?</b></p> <ul style="list-style-type: none"> <li>• Women 40 and over</li> <li>• No mammogram within the last year (INSERT MONTH/YEAR)</li> <li>• No visible lumps or lesions</li> </ul> <p><b>Additional Questions:</b></p> <ol style="list-style-type: none"> <li>1. Are you 40 years of age or older? Yes – eligible No – if less than 40; must have an order from a doctor. Otherwise – not eligible</li> <li>2. Has it been at least a year since your last mammogram? Yes – eligible No – not eligible</li> <li>3. Do you have breast implants? Yes – not eligible No – eligible</li> <li>4. Are you pregnant or breastfeeding? Yes – not eligible No – eligible</li> <li>5. Are you having any problems such as lumps or dimpling? Yes – refer to a doctor for diagnostic exam* No – eligible *Diagnostic exam is free if they qualify for financial assistance</li> <li>6. Have you ever had breast cancer? No – eligible Yes – Have you received a mastectomy or a lumpectomy? If Yes to a mastectomy – the healthy breast can be screened If Yes to lumpectomy – cannot be screened</li> </ol> <p><b>Mammogram Eligible?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p><b>Mammogram only (no Pap):</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>If Yes, must bring: old films (where done), do not wear deodorant or powder on day of event.</p>
<p>Appointment Time</p>	<p>AM <input type="checkbox"/> 8:00 <input type="checkbox"/> 8:15 <input type="checkbox"/> 8:30 <input type="checkbox"/> 8:45 <input type="checkbox"/> 9:00 <input type="checkbox"/> 9:15 <input type="checkbox"/> 9:30  <input type="checkbox"/> 9:45 <input type="checkbox"/> 10:00 <input type="checkbox"/> 10:15 <input type="checkbox"/> 10:30 <input type="checkbox"/> 10:45 <input type="checkbox"/> 11:00 <input type="checkbox"/> 11:15  <input type="checkbox"/> 11:30 <input type="checkbox"/> 11:45 <input type="checkbox"/> 12:00PM</p>
<p>Determine eligibility for state /federal cancer screening</p>	<p><b>Eligible for state/federal program?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>



program criteria?	Reminder: Patient can still receive services if not eligible for state/federal program
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**APPENDIX 8 – EXAMPLE FORMS**

**PATIENT HISTORY**

Patient ID Number:	Patient Name:	Date of Birth: (mm/dd/yyyy)
Do you or any member of your family have a history of cervical or breast cancer? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If you answered yes, then please indicate which cancer and the family member: <input type="checkbox"/> Cervical Cancer or <input type="checkbox"/> Breast Cancer Family Member		
Preferred spoken language (state specific language):	Preferred written language (state specific language):	

Date: \_\_\_\_\_

Registration	
Pre-Registered <input type="checkbox"/> Yes or <input type="checkbox"/> No	Walk In <input type="checkbox"/> Yes or <input type="checkbox"/> No
Date of Last Pap:	
If Pap date unknown, last 2, 3, 4 or 5 years?	
History of Abnormal Pap? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
History of Abnormal Mammograms? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Have you received the HPV vaccination? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Have you had previous cervical procedures? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If YES, choose all that apply: <input type="checkbox"/> Colposcopy <input type="checkbox"/> LEEP <input type="checkbox"/> Cryotherapy (freezing) <input type="checkbox"/> Biopsy	
Have you had previous mammography? <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> > 5	

Age	Race/Ethnicity of Woman	
21 to 29	<input type="checkbox"/> African American	<input type="checkbox"/> Vietnamese
30 to 39	<input type="checkbox"/> American Indian	<input type="checkbox"/> White
40 to 49	<input type="checkbox"/> Black	<input type="checkbox"/> Laotian
50 to 59	<input type="checkbox"/> Chinese	Other Specify:
60 to 69	<input type="checkbox"/> Hispanic	Other Unknown
➤ 70	<input type="checkbox"/> Hmong	<input type="checkbox"/> More than 1 Race (list)
	<input type="checkbox"/> Cambodian	

**CONSENT TO HEALTH SCREENING AND WAIVER OF LIABILITY**

I understand, acknowledge and agree to the following:

1. I am voluntarily participating in the See, Test & Treat® (STT) program taking place on **INSERT DATE**.
2. I understand and agree that the screenings I am participating in are being conducted by volunteer physicians and other health care professionals/assistants in my best interest, for the benefit of my health, and are preliminary in nature only.
3. I understand that **INSERT ORGANIZATION NAME(S)**, CAP, all officers, members and the participating health care volunteers make no claims or guarantees with respect to the accuracy of these screening evaluations due to the limited nature of the services provided.

- 4. I agree that it is my responsibility to follow up on any recommendations or diagnoses that are made during these screenings, and obtain follow up treatment from my personal physician.
- 5. I agree to indemnify and hold harmless the participating organizations including **INSERT ORGANIZATION NAME(S)**, CAP, and volunteers from any and all claims, liability and expenses (including attorney fees and other costs) arising out of advice given or not given, tests conducted or any action or inaction on the part of the participation organizations or volunteers, during or after this Health Screening.
- 6. I understand that the activities of the STT may be filmed or photographed and such films or photographs may contain my picture or likeness. I further understand that such films or photographs may be used for various purposes including films and publications for noncommercial and/or commercial purposes.
- 7. I understand that I have right of privacy and a right of physician/patient privilege. By agreeing to participate in STT, I expressly waive my rights of privacy and physician/patient privilege and authorize the filming or photographing of my person or likeness for usage as detailed above, including but not limited to films, published articles for commercial as well as non-commercial purposes.

I UNDERSTAND THAT BY SEEKING THE ADVICE OF PHYSICIANS AT THIS EVENT, MY PARTICIPATION DOES NOT CREATE A PHYSICIAN/PATIENT RELATIONSHIP BETWEEN MYSELF AND ANY PHYSICIAN OR HEALTH CARE PROVIDER AT THIS PROGRAM

I acknowledge that I have read this Waiver, or had it read to me, I have understood the provisions, or have had them explained to me, and my waiver is made knowingly and voluntarily

Signature of Patient: \_\_\_\_\_

Witness: \_\_\_\_\_

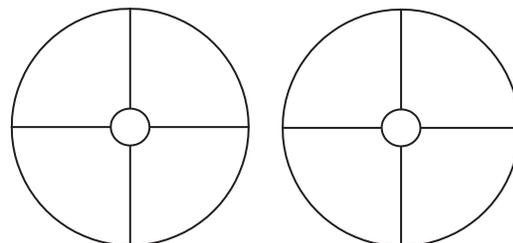
Name of Patient (print): \_\_\_\_\_

Name of Witness (print): \_\_\_\_\_

Date: \_\_\_\_\_

## CLINICAL BREAST EXAM

Clinical Breast Exam	Right		Left	
	Positive	Negative	Positive	Negative
Masses				
Nipple Discharge				
Retraction				
Scars				
Enlarged Axillary LN				
Fibrocystic changes				
Tenderness				
Other				



<input type="checkbox"/> <b>Not Doing Breast Screening</b>				
<b>Clinical Breast Exam (CBE) – Date of exam:</b>		<b>Pap Smear/Pelvic Exam</b>		
Result				
<input type="checkbox"/> Normal Exam				
<input type="checkbox"/> Benign finding				
<input type="checkbox"/> Discrete palpable mass				
<input type="checkbox"/> Bloody/serious nipple discharge	<b>Pelvic Exam</b>	<b>Negative</b>	<b>Positive</b>	
<input type="checkbox"/> Nipple/areolar scaliness	Vulva			
<input type="checkbox"/> Skin dimpling/retraction	Vagina			
<b>Breast Screening Results</b>	Cervix			
<input type="checkbox"/> No additional test recommended, follow routine screening	Adnexa			
<input type="checkbox"/> Short-term follow up in _____ months	Uterus	<b>Size</b>	<b>Shape</b>	<b>Position</b>
<b>Mammogram – Date of exam:</b>		Small	Regular	Anteverted
Radiological Facility Name:		Average	Irregular	Retroverted
		Enlarged		Prolapsed

### Physician

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes (Breast Exam/Mammogram): \_\_\_\_\_

### Discharge Recommendation:

Follow routine screening:  Yes or  No

Follow-up Care/Treatment Plan Established:  Yes or  No

Physician/NP/RN Signature: \_\_\_\_\_

Notes (Pelvic Exam/Pap Smear): \_\_\_\_\_

**APPENDIX 9 - SAMPLE DISCHARGE TEMPLATE**

Today you underwent screening for cervical cancer. The cervix is the opening of the uterus or womb. Cancer of the cervix can be prevented by screening to look for abnormal cells that, if left untreated, could become cancer. Today you underwent the following tests:

- Pap smear – a scraping of cells that is reviewed under the microscope; your Pap smear result was:
  - Normal
  - Abnormal and you need to have further follow-up. You have an appointment scheduled on \_\_\_\_\_ at \_\_\_\_\_ am/pm at \_\_\_\_\_
  - Abnormal and you have had your follow up colposcopy already. Results will take 2 weeks to return and we will contact you. If you have any questions or problems please call \_\_\_\_\_ and ask for \_\_\_\_\_.
  
- HPV Testing – testing to see if you have been exposed to the HPV virus that is the cause of most abnormal pap smears and most cervical cancers. The results of your HPV test will take 1 – 2 weeks and we will contact you with the results. If the test is positive you may need to come in for further testing; even if your pap smear is normal.
  - Your final results will be sent to the address you provided
  
- Breast Imaging – Mammogram/Screening and Diagnostic with Breast Ultrasound:
  - No findings of concern; routine screening recommended
  - Follow-up mammogram or ultrasound recommend in 6 months – call \_\_\_\_\_ to schedule
  - Abnormal – Biopsy is schedule on \_\_\_\_\_ at \_\_\_\_\_
  - Exam not yet interpreted; your final results will be sent to the address you provided

Remember that not everyone will need a pap smear every year. Depending on the results of all of your tests, we will recommend either further testing or a repeat pap smear in 1, 3 or 5 years. We will let you know when you should follow up when all of your testing is complete.

Questions: Please contact us at:

## APPENDIX 10 - SAMPLE ACTIVITY CARD AND PROGRAM EVALUATION

Visit Health Education; Participate and Get a Stamp – turn in the Activity Card and Program Evaluation when completed and receive a gift card.

Name: \_\_\_\_\_

Health Activities	Stamp Here
View slides under a microscope with a pathologist or health care worker	
Talk with a nurse and view flip charts featuring mammogram and pap smear education	
See, touch and feel anatomic breast and cervix models	
Watch a video to learn more about cervical health	
"Tell a friend" about cervical health presentation	
Spin the wheel to learn more about nutrition	
Learn why and how to quit smoking	

### Program Evaluation

Thank you for participating in today's See, Test & Treat® program and Health Education. Please complete the following program evaluation.

1. How did you hear about this event? (circle all that apply)

- a. During a visit to a hospital or clinic
- b. Flyer
- c. TV
- d. Newspaper
- e. Radio
- f. Friend or family member
- g. Do not remember
- h. Other (please specify): \_\_\_\_\_

2. Who is with you today? (circle all that apply)

- a. I came alone
- b. Friend
- c. Mother
- d. Sister
- e. Adult daughter/son
- f. Spouse
- g. Partner
- h. Child/children

3. How would you rate the information provided in the following health education: (Rate all – note Did Not Participate for activities you did not participate in)

a. education presented was easy to understand	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
b. viewing slides under a microscope	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
c. learning about pathologists	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
d. flip chart education (breast/cervical)	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
e. anatomic models (breast/cervical)	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
HPV video	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
Poster board/HPV: Tell a friend	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
Nutrition wheel	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate
Smoking cessation/prevention	4. Very Helpful	3. Helpful	2. Not Helpful	1. Did Not Participate

4. The health education programs increased my understanding of the following: (circle all that apply)

- |                                  |   |
|----------------------------------|---|
| a. Cervical cancer               | e. Importance of regular health screenings    |
| b. Breast cancer                 | f. Role of pathologists in diagnosing disease |
| c. HPV                           | g. Importance of health insurance coverage    |
| d. Health nutrition and exercise |   |

5. As a result of the information/education I received today, I will: (circle all that apply)

- |                              |  |
|------------------------------|--|
| a. Perform self-breast exams | g. Eat more health foods                     |
| b. Get regular Pap tests     | h. Schedule a follow-up visit with a doctor  |
| c. Get HPV immunization      | i. Share information with friends and family |
| d. Get regular mammograms    | j. Make no changes to my behavior            |
| e. Start an exercise routine | k. Other _____                               |
| f. Reduce or stop smoking    |  |

6. Do you currently have health insurance?  Yes or  No

- |  |   |
|--|---|
| a. If <b>YES</b> , do you understand how to use your health insurance? | <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| b. If <b>No</b> , have you ever had health insurance?                  | <input type="checkbox"/> Yes or <input type="checkbox"/> No |

7. Did you receive information today about available health coverage/insurance options?  Yes or  No

8. Did you enroll in or apply for any of the following: (circle ONE response)

- Financial Aid or Charity Program
- State or Federal Program (women’s cancer screening program)
- Health Care Insurance Marketplace Exchange

9. Tell us what you liked and did not like about this event.

## APPENDIX 11 – POST-PROGRAM VOLUNTEER SURVEY

---

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Why did you volunteer:
2. What was your role/responsibility (please describe)?
3. Please rate the following:

	EXCELLENT	GOOD	FAIR	POOR
Program Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Location/Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Describe three program strengths:

- 
- 
- 

5. Describe three program weaknesses:

- 
- 
- 

6. List three program opportunities:

- 
- 
- 

7. If you were going to volunteer again; what would you do differently?

## APPENDIX 12 – MEDIA KIT

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**See, Test & Treat Media Kit** – suggested press materials for host sites (with templates and guidelines).

- CAP Foundation See, Test & Treat Program Media Relations Timeline
- Pitching pointers
- CAP Foundation fact sheet
- CAP Foundation See, Test & Treat key messages
- Media alert template
  - Print
  - Electronic
- Press Release template
- Social Media guidelines (Twitter and Facebook)

### CAP Foundation See, Test & Treat Program Media Relations Timeline

Month	Activity	Status
5 months pre-event	Identify/Secure Photographer if Foundation assigned photographer is not assigned	Communicate as host action item on monthly conference calls
	Explore broadcast opportunities in regional and local markets	Communicate as host action item on monthly conference calls
	Contact regional ethnic media and public health outlets about possible placements	Communicate as host action item on monthly conference calls
	Develop press materials: <ul style="list-style-type: none"> <li>• Team contact list – host, CAP</li> <li>• Pitch letter</li> <li>• Multimedia press release</li> <li>• Fact sheet</li> <li>• Talking points</li> <li>• Media alert (to be distributed 3 weeks prior to the event, as well as the day before and day of event.)</li> </ul>	
	Compile media list	
4 months pre-event	Continue to develop/finalize press materials CAP and Host Site Communications	
3 months pre-event	Distribute pitch letter and press release to long-lead publications and calendar of events editors	
	Make follow-up calls to the long-lead publications	
2 months pre-event	Continue to follow-up with the long-lead publications	
1 month pre-event	Explore possible pathologist interviews to record, distribute local radio stations.	
	Distribute press release to: <ul style="list-style-type: none"> <li>• Local newspapers</li> <li>• Television stations</li> <li>• Radio stations</li> <li>• Social media outlets (e.g. CAP or host web sites, Twitter accounts, etc)</li> </ul>	
	Make follow-up calls to the media outlets which received the press release	
2 weeks pre-event	If produced, ensure pre-recorded radio interviews with pathologist are distributed to local radio stations	
	Distribute media alert to local television stations.	
	Continue to follow-up with local media outlets to see if planning to attend or cover the event.	
	Issue tweets, social media postings	

Month	Activity	Status
Day Prior	Re-distribute media alert. Continue to follow-up with local media	
EVENT DAY	Conduct media interviews with outlets that attend the event.	
	As budget or resources permit, select two photos to distribute via AP Photo Express. Develop captions	
	Engage social media from event: "tweets," CAP and host Facebook postings; event photos	
1 – 2 weeks following	Media follow-up; results reporting	

## PITCHING SEE, TEST & TREAT® TO LOCAL MEDIA

### Pitching Pointers:

1. Personalize your letter or email to the local journalists you have identified.
2. Keep your message short and simple (aim for no more than 200 words.)
3. When emailing a pitch, consider splitting your effort into two emails:
  - a. An initial 150-word introduction highlighting newsworthy specifics. For example, is it the first See, Test & Treat for the facility, city, or region?
  - b. Follow up two to three days later with a more detailed email that includes some narratives; consider including one sentence about a patient experience from a previous See, Test & Treat at your facility. Paste your final Media Alert in the bottom of the email.
4. Use bullet points to speed the editor's ability to review.
5. Have a clear next step. For example:
  - a. State the time and date you plan to call the journalist to follow up with more details.
  - b. Include contact information and encourage reporters to respond and provide you a preferred time for you to call them.
  - c. Offer to send a media kit, or feature a link to a press release posted on your website.

### Additional Fast Facts: Include as Needed to Support Your Pitch

- More than 12,000 women will be diagnosed with cervical cancer this year.
- With the introduction of the Pap test in 1941, cervical cancer has decreased by more than 70%.
- Recent advances indicate that the human papillomavirus (HPV), one of the most common sexually transmitted diseases, can cause cervical cancer. Updates to screening guidelines and introduction of the HPV vaccine have increased questions and concerns women have about cervical cancer and screening.
- Regular screening and knowing the facts can help protect women from serious health conditions.
- Screening tests, such as the Pap test and HPV test, as well as the HPV vaccine have made cervical cancer one of the most preventable cancers.
- Pathologists are physicians who screen for cervical cancer by examining cells under a microscope.
- Sometimes called the "doctor's doctor," pathologists work closely with the other physicians on the patient care team to provide an accurate diagnosis and to determine if further testing is needed if cervical cancer is detected. They also help guide treatment.

## COLLEGE OF AMERICAN PATHOLOGISTS (CAP) FOUNDATION FACT SHEET

### About the CAP Foundation

- The CAP Foundation champions patient-centered and humanitarian roles for pathologists. The CAP Foundation strives to connect people, especially those in need, to the specialized, life-saving skills of pathologists.
- Through the generous financial support of CAP members, staff, industry, foundations, and patient advocacy groups, the CAP Foundation serves as the leading philanthropic organization for pathologists.
- Since its inception in 1963, the CAP Foundation has proudly granted millions of dollars to support pathology education, research, and humanitarian programs.
- CAP members, staff, industry, foundations, and patient advocacy groups provide the generous financial support that makes the CAP Foundation the leading philanthropic organization impacting patients and the

specialty.

- The CAP Foundation is a registered 501(c) (3) charitable organization, with Federal Tax ID 36-6134600. Donations are tax deductible to the extent allowed by law.

#### **ABOUT SEE, TEST & TREAT®**

- The CAP Foundation's flagship program, See, Test & Treat, delivers pathologist-led free cervical and breast cancer screening and same-day results to women in need. The program is funded by donations to the CAP Foundation.
- CAP member pathologists, partnering with hospitals and clinics to host a program, apply for grants up to \$20,000 for each program site. These pathologists, together with a team of health care professionals, donate their time and expertise to deliver See, Test & Treat's same-day screening, results, and connection to follow-up care.
- See, Test & Treat follows the most current American Cancer Society breast cancer and cervical cancer guidelines.
- The See, Test & Treat program offers the following:
  - A clinical pelvic and breast exam, Pap test, and screening mammogram.
  - Same-day Pap test results, same-day or prompt mammogram results, and connections to follow-up care. Such follow-up care may include onsite colposcopy and cervical biopsies, additional mammography views, and breast fine-needle aspirations.
  - Inclusive, culturally sensitive education, outreach, and care to ethnically diverse, vulnerable patients while they wait for test results often delivered by a pathologist.

#### **SEE, TEST & TREAT GOALS, IMPACT:**

- Recognizing women as catalysts to change within the family and community, See, Test & Treat seeks to influence community health care and lifestyle behaviors for the better by establishing habits of preventive care and integrating patients into a medical home.
- In a one-day, single-visit model that also may offer interpreters, nutritious meals, medical and health care supplies, community outreach materials, transportation, and children's activities, See, Test & Treat helps women overcome obstacles to care.
- See, Test & Treat introduces patients to laboratory medicine as it brings the pathologist's expertise directly to patients in need.
- Through 2016, the CAP and CAP Foundation have:
  - Sponsored and funded 49 See, Test & Treat programs
  - Helped nearly 4,500 women in underserved communities across the nation
- The program's benefits go beyond these numbers, reaching and engaging women and their families who have previously been disconnected from health care.

#### **OTHER CAP FOUNDATION GRANTS & AWARDS**

- The CAP Foundation also offers a portfolio grants and awards ranging from \$1,000 to \$20,000 to support patient centered work by pathologists and training and education for residents.
- Since 1963, the CAP Foundation's growing array of grants and awards has helped advance the specialty of pathology. Among recipients responding to a recent survey:
  - **95%** said they would recommend the program to colleagues

- **94%** rated the overall value of the experience as Good or Excellent
- **84%** made at least one change to their pathology practice because of the CAP Foundation grant or award
- **75%** said the grant or award had an Extremely Significant or Significant impact on their career - most often in terms of providing specialty research that helped determine career interest and direction

**For more information or to make a tax-deductible contribution or apply for a grant or award, visit [foundation.cap.org](http://foundation.cap.org), or call 800-323-4040 ext. 7846, or email at [capfdn@cap.org](mailto:capfdn@cap.org).**

### Key Messages for Speaker, Interviewee Reference

- The CAP Foundation’s See, Test and Treat program aims to provide free cervical and breast cancer screening, **same-day results**, and connection to follow-up care all in one visit, for vulnerable women in communities around the country.
  - Women receive a pelvic exam, along with a Pap test to screen for cervical cancer, and a Clinical Breast Exam along with a screening mammogram to screen for breast cancer.
- As the philanthropic arm of the CAP, the CAP Foundation funds the See, Test & Treat program.
- Pathologists who are members of the CAP volunteer their time and expertise to lead a team of volunteer gynecologists, radiologists, and other clinicians to provide See, Test & Treat screenings.
  - Pathologists are medical doctors who specialize in laboratory medicine in order to diagnosis diseases, evaluate patient health, and identify potential treatment options.
- Support for See, Test & Treat helps improve access to care to foster community health. Moreover, it removes barriers to care that many women face. For example, See, Test & Treat:
  - Uniquely screens and provides women with test results in one day, which helps women who cannot take time off work for doctor visits.
  - Often includes language interpreters, supporting women who have limited English language fluency.
  - While women wait for their test results, they enjoy free nutritious meals, receive translated education materials from a variety of allied health organizations, and they grow comfortable with health care resources in their community.
- See, Test & Treat shines a light on the pathologist’s essential role in collaborative, coordinated patient care.
- Through 2016, the CAP and CAP Foundation have sponsored 49 See, Test & Treat programs and helped nearly 7,000 women in underserved communities across the nation.
- The CAP Foundation plans to expand the See, Test & Treat program in the coming five years so that more pathologists can coordinate and provide essential screening services to more vulnerable women across the US.

## MEDIA ALERT

### FOR IMMEDIATE RELEASE

[insert distribution date]

### MEDIA CONTACT:

[Insert Your Media Contact Information Name, Title  
Phone, Email]

Thomas J. McFeely, CAP Foundation Communications  
800-323-4040 ext. 7274  
[tmcfeel@cap.org](mailto:tmcfeel@cap.org)

### REMOVE BARRIERS TO EARLY CANCER DETECTION

for [Insert your service area or region] Women See, Test & Treat® free cervical and breast cancer screening program delivers same-day test results to area women in need

**WHAT:** With a grant from the College of American Pathologists Foundation, **[Insert your organization and facility's name]** will provide free cervical and breast cancer screening, same-day results, and access to follow-up care for local women in need.

**WHEN:** **[Insert day, date, and event start and finish times]**

**WHERE:** **[Insert site facility's full street address, ZIP code; Include contact name and number if preregistration is offered]**

**WHO:** **[insert lead pathologist first + last name]**, MD, FCAP, the **[insert pathologist's title]** leads the collaborative screening. **[Insert brief biographical detail, e.g., a board-certified pathologist, Dr. X specializes in etc.]**

Pathologists, physicians who diagnose diseases through laboratory medicine, are uniquely qualified to explain how regular cervical and breast cancer screenings and immediate test results can help reduce deaths caused by these cancers. The volunteer clinical team includes cytopathologists, gynecologists, internists, radiologists, residents, nurses, medical students, technologists of various specialties, community health professionals, and many more.

**WHY:** Each year, about 12,000 women in the United States are diagnosed with cervical cancer. Among some underserved groups, the incidence is 25% higher than that of the general population. And yet with regular screening, cervical cancer can be nearly eliminated. When breast cancer is diagnosed in its earliest, localized stages, the five-year survival rate is 98%.

The **[insert facility name]** See, Test & Treat program targets local underserved women, including **[insert your targeted patient population, for example: Asian, Hispanic, and African American women]**. Multilingual outreach includes **[if appropriate detail language services provided.]**

**The CAP Foundation** is the philanthropic arm of the College of American Pathologists, the leading organization of board certified pathologists, which serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. The CAP Foundation supports patient-centered and humanitarian initiatives lead by pathologists, striving to connect people in underserved communities with the specialized skills of pathologists.

**[Insert your boilerplate statement here]**  
**(Consider incorporating local statistics as appropriate:**

**CDC – Cervical Cancer Statistics by State:**  
<http://cdc.gov/cancer/cervical/statistics/state.htm>)

## PRESS RELEASE

### FOR IMMEDIATE RELEASE

[insert distribution date]

### MEDIA CONTACT:

[Insert Your Media Contact Information Name, Title  
Phone, Email]

Thomas J. McFeely, CAP Foundation Communications  
800-323-4040 ext. 7274  
[tmcfeel@cap.org](mailto:tmcfeel@cap.org)

**[Insert short headline. Please include See, Test & Treat in headline  
Note: For electronic or wire service distribution, delete logos above]  
—insert subhead as needed —**

**[Insert Dateline]** — **[Sample copy:** Backed by a 2017 grant from the College of American Pathologists (CAP) Foundation, pathologist **[insert first, last name]** MD, FCAP, **[insert title]** leads clinical volunteers to deliver a See, Test & Treat cancer screening program **[insert date, times, location.]** The program serves area women in need and represents a partnership between **[name additional organizations, as appropriate.]** See, Test & Treat will provide women with a free Pap test with same-day results and screening mammogram with same-day or prompt results.

### **[Insert a quote. Refer to the example below; edit and use as needed]**

“The incidence of cervical and breast cancer among minority women is higher than that of the general population,” Dr. **[insert pathologist’s last name]** said. “The See, Test & Treat program helps reduce such disparities by connecting women with care in their communities—care that speaks their language and understands their challenges. With regular screening, these women can learn more about their unique risks, and we can detect cancers early, when the potential for survival is greatest.”

[Insert other quotes, details of your event and its participants, as well as any location or registration information.] **[Insert other quotes, details of your event and its participants, as well as any location or registration information.]**

**[See the See, Test & Treat Key Message document to include, if desired, available cervical and breast cancer incidence data.]**

### **About [insert your organization’s boilerplate]**

#### **About the College of American Pathologists and CAP Foundation**

The CAP Foundation, its philanthropic arm, supports patient-centered and humanitarian initiatives led by pathologists, striving to connect people in underserved communities with the specialized skills of pathologists. Find more information about the CAP Foundation visit [www.foundation.cap.org](http://www.foundation.cap.org). Contact the CAP Foundation at [capfnd@cap.org](mailto:capfnd@cap.org). Follow the CAP Foundation on Facebook at [facebook.com/capfndn](https://facebook.com/capfndn) or follow us on Twitter at @capfndn.

## LEVERAGING SOCIAL MEDIA FOR SEE, TEST & TREAT®

### Twitter Guidelines

- Please include the CAP's Twitter handle in your tweets: @capfndn
- Email your organization's Twitter handle to the CAP Foundation's social media manager, Denise Kainra at [dkainra@cap.org](mailto:dkainra@cap.org) to be included in CAP Foundation tweets.
- Use ideal length to increase retweet rate: 120 characters
- Use photos to also increase the retweet rate
- Remember that spaces, dashes, and everything else count as characters
- Character-saving tips:
  - Use a semicolon (;) or ampersand (&) instead of the word "and"
  - Don't count spaces after semicolons, commas, etc.
  - Use lab instead of laboratory
  - Don't worry about Dr.'s first names or FCAP
- Additional Tips:
  - Write out your thought or draft message in the Twitter compose box, and then edit out adjectives, articles, and any unnecessary words and characters. Think: "clear, concise, and compelling, and then be even more concise."
  - If possible, post a tweet that "tags" the hospital and any other organizations involved in event. You can do a search at the top of the Twitter homepage to find these handles or find from the Web. For example:



### Facebook Guidelines:

- Like and post your See, Test & Treat event highlights and status updates to the CAP Facebook page ([facebook.com/capfndn](https://facebook.com/capfndn))
- While Facebook status updates accommodate thousands of characters, aim to be concise
- Accompany each post a photo
- Just like Twitter, tag your institution if it is on Facebook and be sure to tag the CAP Foundation.

## APPENDIX 13 – PHOTOGRAPHY AND MEDIA RELEASE

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### PHOTOGRAPHY / VIDEOGRAPHY

Taking pictures or filming of the participants and volunteers during the program is a visible way to tell a program's story and capture the faces of the community you serve. The pictures/videos may be used to showcase the program's and the facility's outreach to the community.

Work with your Public Relations/Communications department to determine a patient media strategy to capture stories and interviews.

All volunteers, clinicians, and patients are to complete a CAP/CAP Foundation media/photo release form. Participants and volunteers may request not be photographed. For those who do not / will not complete this form, there must be a procedure in place to identify them to the photographer.

Any and all photographs/videos captured by the CAP/CAP Foundation or a representative of are the property of the organization.

Written permission is required before reproducing any CAP/CAP Foundation photographs for any purpose.

If a host site engages its own photographer, this individual must follow all STT branding guidelines. This information will be provided upon request.

## MEDIA RELEASE FORM

College of American Pathologists

I (please print your name) \_\_\_\_\_, give the **College of American Pathologists** and the **College of American Pathologists Foundation**, the absolute right and permission to use my likeness on its Web sites, in social media channels, and in its promotional videos, video news releases (VNR), satellite media tours (SMT), publications, promotional materials, and publicity efforts. I understand that my likeness, which may or may not include my name and other identifiers, may be used on the CAP Web site, the CAP Foundation Web site, and in a VNR, SMT, publication, print ad, direct-mail piece, electronic media (e.g. video, DVD, Internet), or other form of promotion.

I hereby waive any and all rights to inspect or approve any of the finished version(s), including a written copy that may be created in connection therewith.

I understand that if my photograph is posted on the CAP's Web site or on the CAP Foundation's Web site, the image can be downloaded by any computer use. I agree to waive any claim I may have against the following entities:

- The College of American Pathologists
- The College of American Pathologists Foundation
- The photographer and/or producer
- All staff of the College of American Pathologists and the College of American Pathologists Foundation

I am of full age. I have read this release and give the College of American Pathologists and the College of American Pathologists Foundation permission to use my likeness as it deems appropriate.

---

Name \_\_\_\_\_ Date \_\_\_\_\_

---

Signature \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Telephone Number \_\_\_\_\_ Email Address (internal use only) \_\_\_\_\_

## Media Release & Waiver of Liability

### Media Release

I authorize the College of American Pathologists, the College of American Pathologists Foundation, and HOST INSTITUTION (hereinafter collectively referred to as the "Sponsors"), the absolute right and permission to take photographs, films, audio and/or video, interview me, or publish article(s) or information about me for the purpose of:

- Publications, fundraising, publicity, promotion, web site or advertising for the Sponsors or affiliated entities.
- "Marketing" as defined in the Federal Privacy Regulations.
- Research/education programs.
- Publication and newspapers, printed media, radio, television, web site and all types of electronic communication media.
- Placement in a central repository for the use by the Sponsors, i.e. reuse.

I realize that I will not be compensated in any way for the taking or use of photographs, films, audio and/or videotapes, or the publishing of any article(s) or information about me. I understand and agree that this Authorization is valid unless I cancel it in writing (as described in the next sentence) for as long as the Sponsors (or any organization that succeeds it) stay in business. I understand that I may cancel this Authorization at any time (as long as the Sponsors have not taken action in reliance on this Authorization) by certified mail, return receipt requested the Sponsors.

I understand that neither the Sponsors nor any of their affiliated health care providers can make me sign this Authorization as a condition to getting treatment, making payments on any bills, or gaining enrollment or eligibility in any health insurance plan, unless the Federal Privacy Regulations allow it.

### Waiver of Liability

I understand, acknowledge and agree to the following:

- I am voluntarily participating in the See, Test & Treat program taking place on INSERT DATE.
- I understand and agree that the screenings I am participating in treatment rendered are being conducted by volunteer physicians and other health care professionals/assistants in my best interest, for the benefit of my health, and are preliminary in nature only.
- I understand that the Sponsors and the participating volunteers make no claims or guarantees with respect to the accuracy of these screening evaluations due to the limited nature of the services provided.
- I agree that it is my responsibility to follow up on any recommendations or diagnoses that are made during these screenings, and obtain follow up treatment from my personal physician.
- I agree to indemnify and hold harmless the participating Sponsors and volunteers from any and all claims, liability and expenses (including attorney fees and other costs) arising out of advice given or not given, tests conducted or any other action or inaction on the part of the participating Sponsors or volunteers, before, during or after this health screening event.
- HIPAA Notice Acknowledgment: I have received or I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where and why my confidential health information may be used or shared. I acknowledge that the Sponsors, affiliated organizations and their staff may use and share my confidential health information with others in order to treat me or to arrange for payment of my bill, and for issues that concern the Sponsors operations and responsibilities.

- I have read this media release and give the Sponsors permission to use my likeness as it deems appropriate.
- I have read this waiver of liability; I understand the provisions and my waiver is made knowingly and voluntarily.
- I agree that I have received a signed copy of this Authorization.

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Name Date

---

If minor, name of child Date of Birth Relationship

---

Signature

---

Address City State Zip

---

Telephone Number Email Address (internal use only)