

# Application: STT23SYF-0000000040

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Single Year Funding See, Test & Treat 2023 Grant Application

## Summary

**ID:** STT23SYF-0000000040

**Last submitted:** Aug 15 2022 02:04 PM (CDT)

## 3 Month Post Program See, Test & Treat Outcomes Data Form

### Incomplete

To ensure that CAP Foundation staff is kept up to date on the outcomes of any patients that require further care, all grantees are being requested to provide information for the patients identified in your one month outcomes report who require additional diagnostic procedures, treatment and/or follow-up services. To highlight the impact resulting from See, Test & Treat, we are requesting sites to follow patients until they are connected with the care/information they need. Please utilize the See, Test & Treat Data Collection Guidance document as reference and email [rpainta@cap.org](mailto:rpainta@cap.org) for any questions regarding this report.

## 3 Month Post Program See Test & Treat Outcomes Form

To ensure that CAP Foundation staff is kept up to date on the outcomes of any patients that require additional diagnostics or treatment, all grantees are requested to report 3 month post program outcomes data using the form below.

## Contact Information of Individual Completing this Report

Contact Name	(No response)
Email	(No response)
Phone Number	(No response)

# See, Test & Treat Institution Information

Institution Name	(No response)
Program Date	(No response)

## Summary of Cervical Screening Follow Up Services Provided and Outcomes

**Total # Patients Connected to Follow Up Care (colposcopies, biopsies, etc) for abnormal cervical cytology results within 3 months of program**

(No response)

### **Cervical Biopsy summary**

# Biopsies performed	(No response)
# Negative/Normal	(No response)

**Summary of abnormal cervical biopsy findings. Please also indicate # connected to any treatment (LEEP, hysterectomy, chemo, surgery, etc.):**

	# Connected to Treatment	# Not Yet Connected to Treatment
LSIL, CIN1		
HSIL, CIN2		
HSIL, CIN 3		
Cancer		

# Summary of Breast Screening Follow Up Services Provided and Outcomes

**Total # Patients Successfully connected to Follow Up Care (Diagnostic mammograms, ultrasounds, biopsies or FNAs) for abnormal breast cancer screening results**

(No response)

## **Summary of Breast Diagnoses:**

	# Connected to Treatment	# Not Yet Connected to Treatment
DCIS		
LCIS		
ADH		
Atypical Hyperplasia		
Cancer		

**Were any other significant diagnoses (STIs, etc) made in See, Test & Treat patients? If so, please describe.**

(No response)

**Patient Story # 1: Please provide a narrative for any patients that were diagnosed with precancerous lesions or cancer and connected to care.**

(No response)

**Patient Story # 2: Please provide a narrative for any patients that were diagnosed with precancerous lesions or cancer and connected to care.**

(No response)

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## **Successes and Challenges In Follow Up - 3 months post program**

Describe any **successes** experienced by your institution in the provision of screenings, diagnostics, treatment, or follow up care for your See, Test & Treat patients. Include any recommendations do you have for other programs based on these successes.

(No response)

Describe any **challenges** experienced by your institution in the provision of screenings, diagnostics, treatment or follow up care, for your See, Test & Treat patients. Include how you addressed these challenges along with any recommendations you have for other programs.

(No response)

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**Thank you for your submission! Your next report will be due at 6 months after your program and will give you the opportunity to update the Foundation on the outcomes of patients needing additional follow up.**