FORM: **92 - PAP SMEAR**

Version: 2 – January 15, 2001

Description: Completed by Clinic Gynecologist or Practitioner; 1-page form; key-entered at Clinical Center (CC).

When Used: For Hormone Replacement Therapy (HRT) participants during screening and annual visits (as needed), or at non-routine visits to assess possible problems.

Purpose: To record findings of Pap smear, and any resulting referral.

GENERAL INSTRUCTIONS

1. Include form in HRT screening and annual visit participant packets, as needed. Use as needed for non-routine evaluations.

2. Affix a participant barcode label to the form.

3. Complete Items 1 - 4.

4. Complete Items 9.5. - 9.7. before obtaining the Pap smear by asking the participant the questions.

5. Perform the Pap smear or obtain a copy of the Pap smear report if the Pap smear was collected outside the CC. Complete Items 5 - 8. Refer to *Vol. 2 - Procedures, Section 9.9 - Pelvic and Pap Smear*.

6. Process and key-enter the form in the manner that best fits the flow of your CC. Options include:

    - Key-enter Items 1 - 4 to initiate the form in the database and key-enter the remainder of the form after receiving the Pap smear report. To do this:

        - Send the form to Data Entry after completing Items 1 - 5 and request the Pap smear report from the local lab. Store the form in the participant's file or a central holding area to await the report.

        - When you receive the report, complete the remainder of the form, attach the report to the form, and send the form back to Data Entry for key-entry of the remainder of the form.

    - Key-enter the *entire* form after receiving the Pap smear report. To do this:

        - Store the form in the participant's file or in a central holding area with other "waiting for result" forms.

        - When you receive the report, complete Items 7 - 12, attach the report to the form, and send the form to Data Entry for key-entry.

7. Data Entry: Regardless of which processing option is chosen, review the form for completeness and return to the responsible clinical staff person with any problems or questions. Key-enter after you resolve any questions.

    Initial the first page of the form when you complete the key-entry. If you key-enter the form before the Pap smear report arrives, initial the form key-entered once when you key-enter the participant ID and again when you key-enter the Pap smear results.

8. After key-entry, file both the form and the attached report in the participant's file.

Item Instructions

1.	Contact date	Date the form is initiated.
2.	Completed by	Standard 3-digit WHI employee ID of person performing the Pap smear. Write your name on the line. (See common data items.) Data Entry: Name not key-entered.
3.	Contact type	Mark appropriate box. (See common data items.)
4.	Visit type	Contact at which pelvic exam is performed. Mark appropriate box. Provide visit number as appropriate. (See common data items.)
5.	Collected by	CC staff/Other. If "other," record MD name, clinic name, and address. Data Entry: Name and address not key-entered.
6.	Date collected	Date Pap smear was performed.
7.	Date report reviewed	Date Pap smear results were reviewed at CC.
8.	Report reviewed by	Standard 3-digit WHI employee ID of person reviewing the Pap smear results. Write your name on the line. (See common data items.) Data Entry: Name not key-entered.
9.1.-9.3	Cells present	No/Yes. If the participant has had a hysterectomy, mark "No" to all. If endometrial cells are present, the participant should be referred to her PMD. The participant must have an endometrial aspiration to rule out endometrial pathology. The EA can be done by the CC or the PMD.
9.4.	Endocervical cells	No/Yes. If the participant has a cervix and you mark "No," the participant may have another Pap in six months. If the participant has had a hysterectomy, leave blank.
10.1 – 10.11	Results	Normal/Abnormal/ASCUS/AGUS/Cancer/Insufficient specimen/Slides damaged, cannot be read. Mark one appropriate box using dysplasia or Bethesda criteria. CCs should inform local labs that these criteria are being used to facilitate abstracting the report. If "4 - Abnormal, severe dysplasia", "6 – Abnormal, high grade SIL", "7 – Cancer", or "11 – AGUS/AGCUS" is marked, the participant should be referred to her PMD for evaluation. An endometrial aspiration is required for "11 – AGUS/AGCUS". Follow-up endometrial aspirations may be done by either the CC or the PMD. If "10 – ASCUS" is identified, the participant must have a second Pap smear. If the second Pap smear is abnormal, refer participant to her PMD.
11.	Referral for follow-up	No/Yes. If "Yes," complete items 11.1. - 11.3.
11.1	Referred by	Standard 3-digit WHI employee ID. Write your name on the line (See common data items.) Data Entry: Name not key-entered.

11.2.	Date of referral	Date participant was referred for follow-up care.
11.3.	Referred to	Name of MD, name of clinic, address and phone to whom participant was referred. Data Entry: Name and address not key-entered.
12.	Follow-up results	Normal/Mild dysplasia, low grade SIL, atypical cells/Moderate to severe dysplasia, high grade SIL, CIS, or cancer. Mark a box to record biopsy results (example: colposcopy biopsy reports, conization pathology) or second pap results.