

LABORATORY - PELVIC EXAM STUDIES TREATMENT FORM

FORM L16

ID LABEL
HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: **08/15/94**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. DATE OF PROCEDURE: _____ / _____ / _____
M D Y

A2. NEW TREATMENT:
YES1 (A5)
NO.....2

A3. FOLLOW-UP REPEATED TREATMENT:
YES1
NO.....2 (A5)

A4. DATE OF LAST TREATMENT: _____ / _____ / _____
M D Y

A5. INDICATION FOR TREATMENT (Circle worst lesion for each)

- a. Cervical None 1
- LG SIL: HPV 2
- LG SIL: CIN1 (Mild dysplasia) 3
- LG SIL: Unspecified 4
- HG SIL: CIN II (Mod dysplasia) 5
- HG SIL: CIN III (Severe/CIS)..... 6
- Microinvasive CA 7
- Invasive CA..... 8
- Adenocarcinoma 9
- Other..... 10

(SPECIFY)

WIHS ID #

- b. Vaginal
 - None 1
 - HPV lesion 2
 - VAIN I..... 3
 - VAIN II 4
 - VAIN III..... 5
 - Invasive CA..... 6
 - Other..... 7

(SPECIFY)

- c. Vulvar
 - None 1
 - HPV lesion 2
 - VIN I 3
 - VIN II 4
 - VIN III..... 5
 - Invasive CA..... 6
 - Other..... 7

(SPECIFY)

- d. Perianal
 - None 1
 - HPV lesion 2
 - PAIN I 3
 - PAIN II..... 4
 - PAIN III..... 5
 - Invasive CA..... 6
 - Other..... 7

(SPECIFY)

**A6. INDICATION FOR TREATMENT BASED ON:
(circle yes or no for each indication)**

	<u>YES</u>	<u>NO</u>
a. Suspicious pap smear with inadequate colposcopy 1	1	2
b. Histologic diagnosis 1	1	2
c. Pap smear - histologic - colposcopic discrepancy..... 1	1	2
d. Abnormal colposcopy 1	1	2
e. Grossly apparent lesion..... 1	1	2

WIHS ID #

A7. TREATMENT MODALITY:

a. Cervix (circle yes or no for each modality)

	<u>YES</u>	<u>NO</u>
1. None/Observation.....	1	2
2. Interferon	1	2
3. 5 - FU.....	1	2
4. Cold-knife conization	1	2
5. Radiation therapy.....	1	2
6. Cryotherapy	1	2
7. Laser vaporation	1	2
8. Laser conization.....	1	2
9. LEEP/LLETZ	1	2
10. Hysterectomy.....	1	2
11. Other	1	2

(SPECIFY)

b. WAS ECC DONE?

YES1
 NO.....2 (A5)

c. Vagina (circle yes or no for each modality)

	<u>YES</u>	<u>NO</u>
1. None/Observation.....	1	2
2. TCA	1	2
3. Podophyllin.....	1	2
4. Condylox.....	1	2
5. Interferon	1	2
6. 5 - FU.....	1	2
7. Radiation therapy.....	1	2
8. Vaginal excision	1	2
9. Cryotherapy	1	2
10. Laser vaporation	1	2
11. LEEP/LLETZ	1	2
12. Other	1	2

(SPECIFY)

WIHS ID #

d. Vulva (circle yes or no for each modality)

	<u>YES</u>	<u>NO</u>
1. None/Observation.....	1	2
2. TCA	1	2
3. Podophyllin.....	1	2
4. Condylox.....	1	2
5. Interferon	1	2
6. 5 - FU.....	1	2
7. Radiation therapy.....	1	2
8. Cryotherapy	1	2
9. Laser vaporization	1	2
10. LEEP/LLETZ	1	2
11. Excision	1	2
12. Other	1	2

(SPECIFY)

e. Perianal (circle yes or no for each modality)

	<u>YES</u>	<u>NO</u>
1. None/Observation.....	1	2
2. TCA	1	2
3. Podophyllin.....	1	2
4. Condylox.....	1	2
5. Interferon	1	2
6. 5 - FU.....	1	2
7. Radiation therapy.....	1	2
8. Cryotherapy	1	2
9. Laser vaporization	1	2
10. LEEP/LLETZ	1	2
11. Excision	1	2
12. Other	1	2

(SPECIFY)

A8. IS THIS PATIENT PART OF ANOTHER STUDY EVALUATION FOR TREATMENT OF DYSPLASIA?

YES 1
NO 2 (A9)

a. SPECIFY NAME OF STUDY: _____

b. SPECIFY NAME OF STUDY SITE: _____

A9. WAS HISTOLOGIC EVALUATION OBTAINED OR BIOPSY PERFORMED DURING THIS TREATMENT PROCEDURE ?

WIHS ID #

YES 1 **(Complete Form C62 for each biopsy performed)**
NO 2

A10. FOLLOW UP SCHEDULED?

YES 1
NO 2 **(A11)**

a. INDICATE SCHEDULED FOLLOW-UP IN WEEKS OR MONTHS:

WEEKS 1
MONTHS 2

b. INDICATE TYPE OF FOLLOW-UP PLANNED:

Repeat Pap only1
Repeat Pap & Colposcopy2
Repeat Colposcopy only 3
Repeat Treatment4

A11. WAS TREATMENT COMPLETED TODAY?

YES 1
NO 2

A12. HOW WAS THIS INFORMATION OBTAINED?
(circle yes or no for each source)

	<u>YES</u>	<u>NO</u>
a. Study Personnel.....	1	2
b. Chart Abstraction.....	1	2
c. Direct contact with provider.....	1	2
d. Patient history.....	1	2
e. Other.....	1	2

(SPECIFY)

A13. INDICATE PRIMARY SOURCE OF THIS INFORMATION?
(code below even if only one source = yes at A12)

	<u>YES</u>	<u>NO</u>
a. Study Personnel.....	1	2
b. Chart Abstraction.....	1	2
c. Direct contact with provider.....	1	2
d. Patient history.....	1	2
e. Other.....	1	2

(SPECIFY)