

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - PELVIC EXAM STUDIES
COLPOSCOPY RESULTS
FORM L14**

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: **10/01/10**

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

A1. COLPOSCOPY:

- DONE1
- NOT DONE2 (A1d)
- PARTICIPANT REFUSED.....3 (END)

A1a. DATE OF PROCEDURE:

____ / ____ / ____
 M D Y

A1b. COLPOSCOPY PERFORMED BY:
(ENTER INITIALS OF COLPOSCOPIST/S)

i ____

ii ____

A1c. WAS COLPOSCOPY PERFORMED BY A WIHS COLPOSCOPIST?

- YES1 (A2)
- NO2 (PROMPT)

PROMPT: IF QUESTION A1c = NO (I.E., COLPOSCOPY WAS PERFORMED BY A NON-WIHS COLPOSCOPIST), THEN COMPLETE ACSR ATC FORM AND PROCEED TO QUESTION A2.

WIHS ID #

A1d. REASON COLPO NOT DONE:

- Unable to contact participant (e.g., no phone, homeless, no response to attempts)..... 1
- Participant was no show for multiple appointments 2
- Participant was too ill to be scheduled at this time 3
- Participant’s work/school schedule prevented her from coming 4
- Participant moved out of area / too difficult to travel 5
- Participant is incarcerated 6
- Staff unable to obtain colpo results from primary care OB/GYN for L14 completion 7
- Other 8

(SPECIFY)

PROMPT: END FORM AFTER COMPLETING QUESTION A1d.

A2. INDICATION FOR COLPOSCOPY
(CIRCLE YES OR NO FOR EACH OF THE FOLLOWING)

	<u>YES</u>	<u>NO</u>
a. Prior history of Dysplasia	1	2
b. ASCUS, AGUS, Koilocytosis or SIL on recent WIHS Pap Smear ...	1	2
c. Presence of visible cervical or vaginal lesions	1	2
d. Presence of visible vulvar or perianal lesions	1	2
e. Post coital bleeding when not menstruating	1	2
f. Positive HPV detection test	1	2
g. Research only	1	2
h. Other	1	2

(SPECIFY)

WIHS ID #

A3. TYPE OF COLPOSCOPY PERFORMED:

	<u>YES</u>	<u>NO</u>
a. Cervical	1	2
b. Vaginal	1	2
c. Vulvar	1	2
d. Perianal	1	2
e. Anal (anoscopy)	1	2

PROMPT: IF RESPONSES TO QUESTIONS A3a AND A3b ARE BOTH “NO,” SKIP TO QUESTION A10.

A4. WAS CERVIX PRESENT?

YES.....1
 NO2 (SKIP TO A10)

COLPOSCOPY RESULTS:

A5. CERVICAL EXAM ADEQUACY:

SATISFACTORY 1
 ENDOCERVICAL SPECULUM USED TO
 VISUALIZE SQUAMOCOLUMNAR JUNCTION.... 2
 SQUAMOCOLUMNAR
 JUNCTION NOT VISUALIZED..... 3

A6. GENERAL CATEGORIZATION OF CERVICAL COLPOSCOPY:

WITHIN NORMAL LIMITS..... 1 (A10)
 ABNORMAL FINDINGS 2

	<u>ABNORMAL COLPOSCOPIC FINDINGS</u>	<u>FOUND</u>	<u>NOT FOUND</u>
A7.	a. Keratosis (leukoplakia)	1	2
	b. Aceto-White Epithelium	1	2
	c. Punctation	1	2
	d. Mosaicism	1	2
	e. Atypical Vessels	1	2
	f. Other	1	2

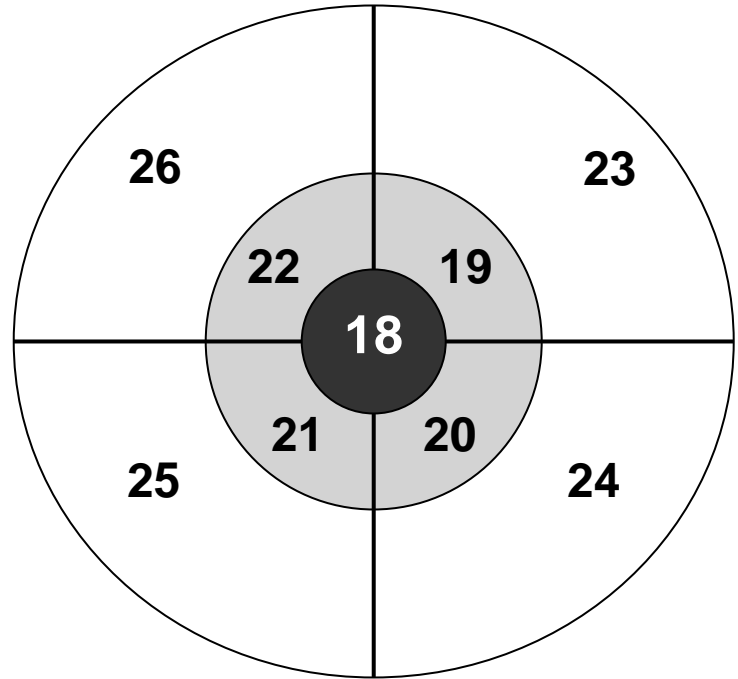
(SPECIFY)

WIHS ID #

A8. WHAT PERCENT (%) OF TRANSFORMATION ZONE WAS ABNORMAL?

- 0%1
- < 25%2
- 25% - < 50%3
- 50% - < 75%4
- 75% - 100%5

		<u>YES</u>	<u>NO</u>
A9.	What quadrants are abnormal?		
a.	Endocervix (#18).....	1	2
b.	Inner upper left quadrant (#19).....	1	2
c.	Inner lower left quadrant (#20).....	1	2
d.	Inner lower right quadrant (#21).....	1	2
e.	Inner upper right quadrant (#22).....	1	2
f.	Outer upper left quadrant (#23).....	1	2
g.	Outer lower left quadrant (#24).....	1	2
h.	Outer lower right quadrant (#25).....	1	2
i.	Outer upper right quadrant (#26).....	1	2



		<u>FOUND</u>	<u>NOT FOUND</u>	<u>LOCATION</u> <u>IF FOUND</u>	<u>YES</u>	<u>NO</u>
A10.	Inflammation	1	2	(A11) a. Vaginal	1	2
				b. Cervical	1	2
				c. Vulvar	1	2
				d. Perianal	1	2
				e. Anal	1	2
A11.	Polyp/Papilloma	1	2	(A12) a. Vaginal	1	2
				b. Cervical	1	2
				c. Vulvar	1	2
				d. Perianal	1	2
				e. Anal	1	2
A12.	Condyloma acuminatum	1	2	(A13) a. Vaginal	1	2
				b. Cervical	1	2
				c. Vulvar	1	2
				d. Perianal	1	2
				e. Anal	1	2

WIHS ID #

<u>OTHER FINDINGS</u>		<u>FOUND</u>	<u>NOT FOUND</u>	<u>LOCATION IF FOUND</u>	<u>YES</u>	<u>NO</u>
A13.	Other: a. _____ (SPECIFY)	1	2 (A15)	b. Vaginal c. Cervical d. Vulvar e. Perianal f. Anal	1 1 1 1 1	2 2 2 2 2
A14.	Other: a. _____ (SPECIFY)	1	2 (A15)	b. Vaginal c. Cervical d. Vulvar e. Perianal f. Anal	1 1 1 1 1	2 2 2 2 2

A15. WAS PAP SMEAR PERFORMED WITH THIS COLPOSCOPY?

YES.....1
NO2

A16. CERVICAL BIOPSY TAKEN?

YES.....1
NO2 (SKIP TO A17)
DELAYED3 (SKIP TO A17)
REFUSED..... <-7> (SKIP TO A17)

a. ECC Performed

YES.....1
NO2
DELAYED3
REFUSED..... <-7>

b. Colposcopically Directed Punch Biopsy1 YES NO
2 (c)

i) Number of punch biopsies taken: |_|_|

ii) Location(s) taken: (round to nearest o'clock)

- a. |_|_| o'clock
- b. |_|_| o'clock
- c. |_|_| o'clock
- d. |_|_| o'clock

WIHS ID #

	<u>YES</u>	<u>NO</u>
c. Cervical Excisional Biopsy (other than punch biopsy).....1		2 (d)
i) Location taken: _ _ o'clock to _ _ o'clock		
d. Loop Excision of Transformation Zone (LLETZ, LETZ, LEEP).....1		2 (e)
i. ectocervical passes.....1(a)		2
a. enter # of passes _ _		
e. Cervical Cone Biopsy.....1		2 (A17)

(CIRCLE ONE TYPE)

- Lasers..... 1(A17)
- Cold Knife..... 2(A17)
- Loop..... 3

	<u>YES</u>	<u>NO</u>
i. ectocervical passes	1(a)	2(ii)
a. enter # of passes _ _		
ii. endocervical core	1	2

A17. Overall impression of Cervix (Circle the highest grade lesion).

- NORMAL.....1
- ABNORMAL, BUT NO SIL2
- LOW GRADE3
- HIGH GRADE4
- INVASIVE5
- CERVIX NOT PRESENT.....6 (A18)

WIHS ID #

[Empty box for WIHS ID #]

a. TOTAL NUMBER OF CERVICAL LESIONS:

- none1
- one2
- two3
- three4
- four5
- five to nine6
- ≥ ten7

A18. OTHER NON-CERVICAL BIOPSIES TAKEN?

- YES1
- NO2 (SKIP TO A26)
- DELAYED3 (SKIP TO A26)
- REFUSED <-7> (SKIP TO A26)

<u>TYPE BIOPSIES TAKEN</u>	<u>YES</u>	<u>NO</u>	<u>ENTER UP TO 2 LOCATION CODES FOR EACH TYPE</u>
A19. Vaginal 1	1	2 (A20)	a) _ _ b) _ _
A20. Vulvar 1	1	2 (A21)	a) _ _ b) _ _
A21. Perianal 1	1	2 (A22)	a) _ _ b) _ _
A22. Anal (Anoscopy)* 1	1	2 (A23)	a) _ _ b) _ _
A23. Endometrial 1	1	2	
A24. Other 1	1	2 (A26)	b) _ _ c) _ _
a. _____ (SPECIFY)			
A25. Other 1	1	2 (A26)	b) _ _ c) _ _
a. _____ (SPECIFY)			

LOCATION CODES ARE LOCATED ON PAGES 10-11

* COMPLETE SECTION B ON PAGES 12 - 14 OF THIS FORM

WIHS ID #

A26.

a. TOTAL NUMBER OF VAGINAL LESIONS:

- none1
- one2
- two3
- three4
- four5
- five to nine.....6
- ≥ ten.....7

b. TOTAL NUMBER OF VULVAR LESIONS:

- none1
- one2
- two3
- three4
- four5
- five to nine.....6
- ≥ ten.....7

c. TOTAL NUMBER OF PERIANAL LESIONS:

- none1
- one2
- two3
- three4
- four5
- five to nine.....6
- ≥ ten.....7

A27. MAXIMUM LESION SIZE:
IF NO LESION PRESENT, CODE AS “-1”

- a. vaginal |_|_|.|_| cm
- b. vulvar |_|_|.|_| cm
- c. perianal |_|_|.|_| cm
- d. anal |_|_|.|_| cm
- e. Other |_|_|.|_| cm

(SPECIFY LOCATION)

A28. TOTAL NUMBER OF BIOPSIES TAKEN (Include both cervical and non-cervical):

|_|_|

a. TOTAL NUMBER OF BIOPSIES DELAYED OR REFUSED (Include both cervical and non-cervical):

|_|_|

WIHS ID #

A29. OVERALL IMPRESSION:
(CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)

- NORMAL 1(A33)
- ABNORMAL, BUT NO SIL 2
- LOW GRADE 3
- HIGH GRADE 4
- INVASIVE 5

A30. LOCATION OF THE HIGHEST GRADE NON-CERVICAL LESION:

	<u>YES</u>	<u>NO</u>
a) Vagina.....	1	2
b) Vulva	1	2
c) Perianal	1	2
d) Anal	1	2
e) Other	1	2

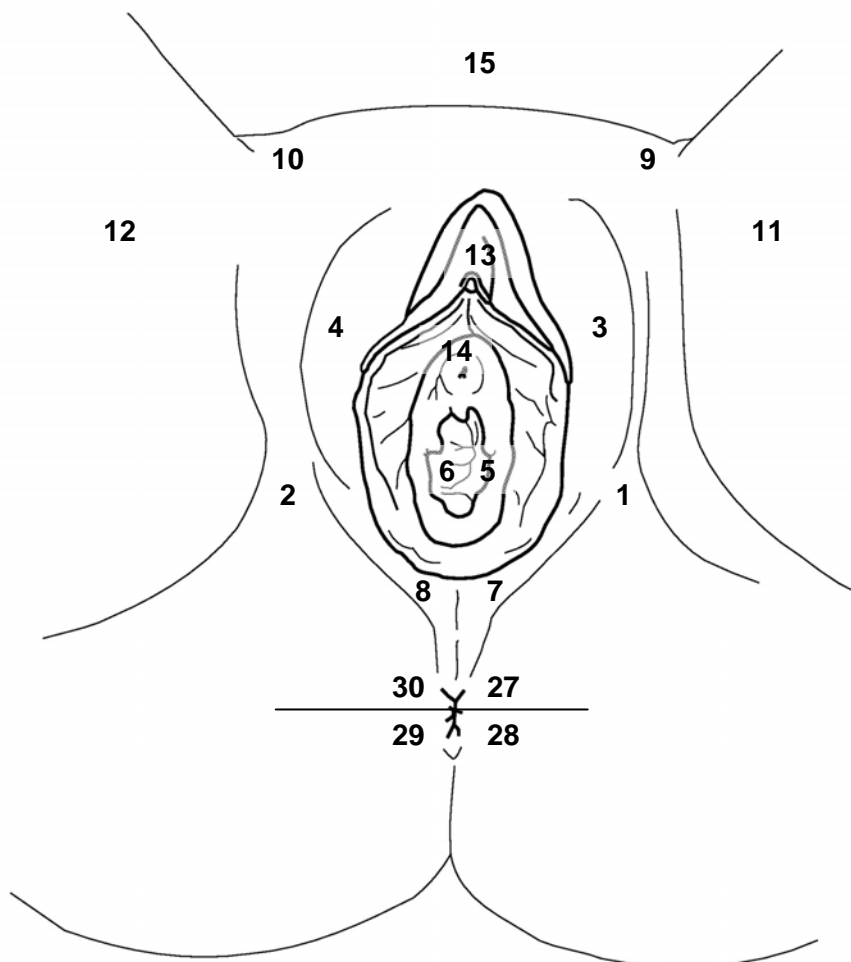
(SPECIFY)

WIHS ID #

A31. CIRCLE THE NUMBERS FOR THE LESION LOCATIONS:

LOCATION CODES

- | | |
|-------------------------|--------------------------|
| 1. Labium Majus (left) | 27. Perianus upper left |
| 2. Labium Majus (right) | 28. Perianus lower left |
| 3. Labium Minus (left) | 29. Perianus lower right |
| 4. Labium Minus (right) | 30. Perianus upper right |
| 5. Introitus (left) | 31. Internal Anus |
| 6. Introitus (right) | |
| 7. Perineum (left) | |
| 8. Perineum (right) | |
| 9. Inguinal (left) | |
| 10. Inguinal (right) | |
| 11. Thigh (left) | |
| 12. Thigh (right) | |
| 13. Clitoris | |
| 14. Urethra | |
| 15. Pubis | |

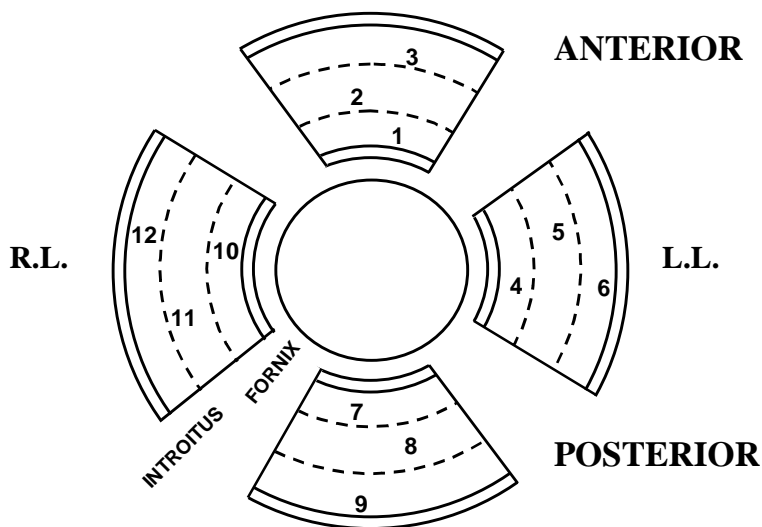


WIHS ID #

A32. CIRCLE THE NUMBERS FOR LESION LOCATIONS:

LOCATION CODES

- 1. Anterior vaginal wall, proximal third.
- 2. Anterior vaginal wall, medial third
- 3. Anterior vaginal wall, distal third
- 4. Left lateral vaginal wall, proximal third
- 5. Left lateral vaginal wall, medial third
- 6. Left Lateral vaginal wall, distal third
- 7. Posterior vaginal wall, proximal third
- 8. Posterior vaginal wall, medial third
- 9. Posterior vaginal wall, distal third
- 10. Right lateral vaginal wall, proximal third
- 11. Right lateral vaginal wall, medial third
- 12. Right lateral vaginal wall, distal third



VAGINA AND CERVIX
(DRAW OS)

WIHS ID #

A33. DID YOU KNOW THE HIV STATUS AT THE TIME OF THIS EXAM?

YES.....1
NO2

A34. WAS FOLLOW-UP VISIT SCHEDULED FOR BIOPSY?

YES.....1
NO2

a) SPECIFY WHERE SCHEDULED:

(M.D. OR INSTITUTION)

(ADDRESS)

SECTION B. ANAL COLPOSCOPY

B1. ANAL COLPOSCOPY:

DONE..... 1
NOT DONE 2 (END)
PARTICIPANT REFUSED 3 (END)

B1a. DATE OF ANAL COLPOSCOPY:

___ / ___ / ___
M D Y

B1b. COLPOSCOPY PERFORMED BY:
(ENTER INITIALS OF COLPOSCOPIST/S)

i ___

ii ___

WIHS ID #

B2. INDICATION FOR ANAL COLPOSCOPY:

	<u>YES</u>	<u>NO</u>
a. Prior history of anal dysplasia	1	2
b. Abnormal anal cytology	1	2
c. Presence of visible perianal lesions	1	2
d. Positive anal HPV detection test	1	2
e. Research only	1	2
f. Other	1	2

(SPECIFY)

B3. ARE LESIONS PRESENT?

YES	1
NO	2 (B8)

B4. LESIONS

	<u>FOUND</u>	<u>NOT FOUND</u>
a. Keratosis (leukoplakia)	1	2
b. Aceto-White Epithelium	1	2
c. Punctation	1	2
d. Mosaicism	1	2
e. Atypical Vessels	1	2
f. Condyloma	1	2
g. Other	1	2

(SPECIFY)

B5. TOTAL NUMBER OF LESIONS:

none	1 (B8)
one	2
two	3
three	4
four	5
five to nine	6
≥ ten	7

WIHS ID #

[Empty box for WIHS ID #]

B6. MAXIMUM LESION SIZE:

 |_|_| cm

B7. LOCATION OF LESION: (REFER TO DEFINITIONS AND DIAGRAM BELOW)

	<u>YES</u>	<u>NO</u>
a. Anterior.....	1	2 (b)
i. _ _ o'clock		
b. Posterior	1	2 (c)
i. _ _ o'clock		
c. Anus.....	1	2
d. Crypt/Columnar area.....	1	2
e. Rectum.....	1	2
f. Other	1	2

(SPECIFY)

B8. WAS A BIOPSY TAKEN?

YES	1	
NO	2	(B10)
DELAYED	3	(B10)
REFUSED	<-7>	(B10)

B9. NUMBER OF BIOPSIES TAKEN: |_|_|

B10. ANOSCOPIC IMPRESSION: (CIRCLE THE HIGHEST NON-CERVICAL GRADE LESION)

NORMAL	1
ABNORMAL, BUT NO SIL	2
LOW GRADE.....	3
HIGH GRADE.....	4
INVASIVE.....	5

DEFINITIONS:

ANUS: (Anal Canal) between Verge and Squamo-Columnar junction (Pectinate Line)

CRYPT/COLUMNAR AREA: Between Squamo-Columnar junction and Ano-Rectal (AR) line

ANO-RECTUM: Between Verge and Ano-Rectal line

RECTUM: Beyond Ano-Rectal line

