

1. **PREVIOUS Pap Test?** Make every effort to report previous Pap test information.
 - Select *Yes – Date known* if the recipient had a previous Pap test and the date is known. If only the year is known, enter the year and leave the month blank.
 - Select *Yes – Date unknown* and the option that matches when previous Pap test was done (*within last 5 years* or *more than 5 years*).
 - Select *No* if the recipient has not had a previous Pap test. Continue to Item 2.
 - Select *Unknown* and the reason the previous Pap test information is unavailable.
2. **Reason for CURRENT Pap Test** Report the reason for starting this cervical cycle.
 - Select *Pap test not done - Diagnostic work-up and/or HPV test only* if recipient refused Pap test or requires other diagnostic procedure and/or HPV test.
 - If Pap test not paid by EWC (e.g., FPACT), enter Pap result in Item 7.
3. **Cervical Diagnostic Referral Date**
 - If no Pap test done, enter the date of the HPV test or first diagnostic procedure, whichever was done first.
 - Continue to Item 9 and select *Immediate work-up* to enter diagnostic procedures.
4. **Date of CURRENT Pelvic Exam** See Date Instructions at the bottom of this page.
5. **Specimen Adequacy** If specimen adequacy is *Unsatisfactory*, select *Short term follow-up* in Item 9.
6. **Specimen Type** Select type of Pap test used.
7. **CURRENT Pap Test Result (7a) and Date of CURRENT Pap Test (7b)** Items marked with * require Immediate work-up (see Item 9).

Look at the overall assessment and use only the final impression (may be the abbreviations shown in parentheses on the worksheet).

 - Select *Negative for intraepithelial lesion or malignancy* if result is reactive, infection, inflammation or hyperkeratosis.
 - Select *Atypical squamous cells of undetermined significance (ASC-US)* for results of atypia or atrophic atypia.
 - An example of *Other Pap Test Result* is endometrial cells.
8. **CURRENT HPV Test Result (8a) and Date of CURRENT HPV Test (8b)**
 - Report the result of high risk HPV test performed as a follow-up to a Pap test result of *LSIL* or *ASC-US* (see Item 7). Co-screening HPV test covered for beneficiaries 30 years and older.
 - If Pap test result is *ASC-US* and HPV test is positive, immediate work-up and colposcopy is recommended.
9. **Additional Procedures Needed to Complete Cervical Cycle**
 - Select *Not needed or planned - Routine rescreen* only when both the Pap test and HPV test are negative. Resume routine screenings.
 - Select *Not needed or planned - Short term follow-up* when the patient requires a repeat Pap test within 12 months.
 - Select *Needed or planned - Immediate work-up* when diagnostic procedures are required without delay to rule out cervical cancer. Data should be submitted within 30 days.
10. **Type of Procedure (Cervical Diagnostic) (10a) and Date of Procedure (10b)**
 - Select all cervical diagnostic procedures performed. Please report the procedures listed even if they are not covered by EWC. Report an HPV test and result in the Pap test section of the worksheet Item 8.
 - ECC is covered if performed **ONLY** as the initial work-up of *AGC - atypical endometrial cells* when done with *endometrial sampling (without colposcopy)*.
11. **Other Cervical Procedure Performed (11a) and Date of Procedure (11b)**
 - Select only one other cervical diagnostic procedure. Please report the procedures listed even if they are not covered by EWC.
 - Do not enter *colposcopy without biopsy*, *colposcopy with biopsy and/or ECC*, *LEEP*, *CKC*, *ECC alone*, or staging procedures as an *Other Cervical Procedure Performed*. Do not include treatments such as cryosurgery, hysterectomy, laser, or cautery.
 - *Excision of endocervical polyp* is covered **ONLY** if done as work-up of abnormal Pap result.
 - EMB is covered **ONLY** as work-up of AGC.
 - Enter *cervical biopsy performed alone* under *Other—Please Specify*.
12. **Work-up Status (12a) and Date of Work-up Status (12b)**
 - Select *Work-up Status* and enter *Date of Work-up Status (12b)* for all patients who required an *Immediate work-up* (see Item 9).
 - Select *Work-up complete* when no more immediate diagnostic procedures are needed. Continue to Item 13 and complete Final Diagnosis and Date of Final Diagnosis.
 - Select *Work-up refused* if patient refused work-up, obtained insurance, moved out of the area, or changed PCP.
13. **Final Diagnosis (13a) and Date of Final Diagnosis (13b)**
 - Obtain final diagnosis from colposcopy and/or biopsy reports. Do not enter Pap test results.
 - For final diagnosis of adenocarcinoma in situ (AIS), select *CIN III / severe dysplasia / CIS or AIS of cervix*.
 - For final diagnosis of squamous cell carcinoma or invasive adenocarcinoma, select *Invasive Cervical Carcinoma*.
 - Only if patient does NOT have a cervix, enter the following final diagnoses as *Other: vaginal intraepithelial neoplasia (VAIN)*, and other *cancers of the vagina, ovaries or vulva (including primary or metastatic)*. If the patient has a cervix, do not enter endometrial cancer.
 - Cervical polyps should be entered as *Other*.
14. **Treatment Status (14a) and Date of Treatment Status (14b)**
 - Treatment Status must be completed for a final diagnosis of *CIN II*, *CIN III / CIS / AIS*, *HSIL* or *Invasive Cervical Carcinoma*.
 - Indicate when treatment started (regardless of insurance status) or why it wasn't started.
15. **Patient enrolled in BCCTP. Check this box ONLY if you have completed the BCCTP enrollment process.**
 - See DETEC HELP or contact BCCTP Eligibility Specialist for a list of BCCTP qualifying diagnoses.

Date Instructions:

- Enter the date of the test or procedure for Items 4, 7, 8, 10 & 11, not the date of the result.
 - For the Date of Work-up Status (12b), enter the date of the last procedure or the date other status choices occurred.
 - For the Date of Final Diagnosis (13b), enter the date of the definitive diagnostic procedure.
 - For the Date of Treatment Status (14b), enter the date treatment started or when other choices for treatment status occurred.
- You will see a DETEC warning message if the dates in the cycle fail program standards for time to diagnosis and treatment.
Recheck the dates you entered to make sure they are the dates the procedure(s) were performed.