

PHN GUIDELINE: DYSPLASIA (CERVICAL)

I. PURPOSE:

- A. Prevention of invasive cervical cancer by the detection and treatment of premalignant lesions.
- B. Educate the public health community regarding preventive health care.

II. DEFINITION:

- A. Dysplasia is abnormal growth of the cells of the cervix. If it is not treated, dysplasia may develop into cervical cancer.
- B. Intraepithelial lesions (cervical dysplasia) represent a disturbance of cellular growth and development caused by human papillomavirus (HPV). Intraepithelial lesions are classified using the Bethesda System as either squamous or glandular. Squamous lesions are divided into low-grade lesions or high-grade lesions depending on degree of involvement of the squamous epithelium. Pre-malignant glandular lesions are described as atypical glandular cells or adenocarcinoma in situ.
- C. Cancer of the cervix has historically been squamous cell carcinoma. More recently 25% of cervical malignancies are adenocarcinoma. Cervical cancer may originate on the exocervical surface, the transformation zone, or in the canal (os). The principal pattern of growth is one of local extension. This may take the form of disease growth onto the vaginal epithelium or growth out into the parametria, the uterine ligament. Lymph node metastasis is common.

III. ETIOLOGY AND EPIDEMIOLOGY:

- A. Etiology: Infection with human papillomavirus (HPV types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) is the causative agent in all but a few cases of cervical cancer. Important co-factors include genetic and behavioral/lifestyle factors. Also see the OSDH HIV/STD Service Manual-Section IV, C. Genital Warts.
- B. Epidemiology: Liquid based Pap test results are read as abnormal approximately 8-10% of the time. This depends somewhat on the risk level of the population being screened. HSIL is found in 1%, LSIL is found in 2%, and atypical squamous cells (ASCUS) are found in about 5% of specimens. Atypical glandular cells (AGUS) are only seen in 0.1% of specimens. The management and risk associated with ASCUS and AGUS are very different and should not be confused. Women with LSIL are found to have CIN 2 or 3 in 25% of cases and about one in 500 will have invasive cancer. The women with ASC will have no disease approximately 50% of the time and will have HPV approximately 50% of the time. The risk of invasive cancer in this group is the same as the group with LSIL.
 - 1. The incidence of cervical cancer is highest in women who:
 - a. have experienced human papillomavirus infection (HPV);
 - b. fail to seek screening services;
 - c. have experienced any sexually transmitted diseases;
 - d. smoke;
 - e. have experienced vaginal intercourse before age 18;
 - f. have had more than one sexual partner or whose partner had more than one partner;
 - g. are of lower education and income levels;
 - h. have immune disease (HIV);
 - i. have experienced multiple pregnancies;
 - j. DES exposure

IV. CLINICAL FEATURES (Diagnostic Criteria) Laboratory Studies:

- A. The liquid based Pap test is a screening tool only. The liquid based Pap test result is reported according to the Bethesda System 2001 classification. The liquid based Pap test should not be used as a diagnostic test, and is not to be used for the diagnosis of symptomatic woman. The following is a list of potential findings:
1. Negative for intraepithelial neoplasia or malignancy;
 2. Atypical squamous cells (ASC);
ASC-US- atypical squamous cells of undetermined significance
ASC-H – Atypical squamous cells, cannot rule out HSIL;
 3. Low-grade squamous intraepithelial lesions (LSIL);
 4. High-grade squamous intraepithelial lesions (HSIL);
 5. Atypical glandular cells (AGC);
AGC-NOS- atypical glandular cells, not otherwise specified
Atypical endocervical cells, not otherwise specified
Atypical endometrial cells, not otherwise specified
Atypical endocervical cells, favor neoplastic process
Atypical glandular cells, favor neoplastic process
 6. Endocervical adenocarcinoma in-situ
 7. Squamous cell carcinoma, or adenocarcinoma
- B. Cervical biopsy is performed under colposcopic guidance. Endocervical curettage (ECC) may also be performed if the entire transformation zone is not easily evaluated. The pathology reports will give definitive histologic diagnosis including Mild (CIN I), Moderate (CIN II), or Severe Dysplasia (CIN III), or cancer. These results will dictate the treatment plan and must be evaluated in combination with liquid based Pap test results and colposcopic findings before therapy decisions are made.
- C. When liquid based test Pap results are HSIL or more serious and the biopsy report does not concur, a cone biopsy or LEEP is considered to locate the lesion. Lesions of the vagina should not be overlooked in these situations.

V. MANAGEMENT PLAN:

- A. Patient Education, Consultation and Referral:
1. Abnormal liquid based Pap test counseling should be done for women with LSIL, ASC-H or greater or an ASC-US finding. Encourage women to return to clinic for results (can notify by letter), The following should be discussed with the women:
 - a. The liquid based Pap test is a screening test, not a diagnostic procedure.
 - b. The next recommended step is colposcopy and biopsy so that diagnosis can be made and treatment can be recommended. See Appendix II for ASC recommendations.
 - 1) The woman should be informed that squamous intraepithelial lesions on the cervix are NOT CANCER, however, without proper evaluation and treatment, squamous intraepithelial lesions can lead to cervical cancer. If the liquid based Pap test suggests a potential carcinoma, recommend that the woman seek immediate evaluation with a physician such as a gynecologic oncologist who has expertise in evaluating and treating this condition. Determine if she is eligible for the Oklahoma Cares Program (866-550-5585). If she is ineligible, see Appendix VII.
 - c. If referred to private physician's office, complete referral form 399.
 - d. Document consultation and referral in the women's record.

- e. Women and their partners should use an effective method of contraception and should not attempt to become pregnant from the date of notification until completion of treatment.
2. All women with Pap test results indicating cervical dysplasia (ASC-H, LSIL, HSIL) or who have a diagnosis of cervical cancer on cervical biopsy should be informed of the association between cervical cancer and HIV. HIV testing should be offered for consideration.

B. Follow-up/Referral:

The treatment recommendation will be based on the information gathered from the history, liquid based Pap test, biopsy report, and findings on examination. (See Appendix I & II)

C. Post Treatment Follow-up

(See Appendix III & IV)

D. Women who decline further evaluation and/or treatment for abnormal liquid based Pap test:

1. Assure that the woman fully understands the results of the liquid based Pap test and the recommendations. Document the patient education and her response in the record.
2. Follow the program guidelines for repeat liquid based Pap testing. No other county health department or OSDH services should be withheld because of refusal of further evaluation and/or treatment unless program clinical guidelines prohibit those services.
3. For women who return for program services after declining further diagnosis or treatment for cervical dysplasia, follow cervical cancer screening guidelines. If the severity of the dysplasia is increasing, the woman should be informed and encouraged to seek diagnostic or treatment procedures.

REFERENCES:

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- Wright, TC, et al 2001 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities: JAMA April 24, 2002 vol 287(16): 2120-2129.
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APPENDIX I: CERVICAL CYTOLOGY PROTOCOL: DETECTION, REFERRAL AND FOLLOW-UP

The liquid based Pap test report will consist of four items:

- Specimen Adequacy: This is an indicator of whether the laboratory can successfully review, analyze and provide a screening result.
- General Category: Will be “Negative for Intraepithelial Lesion or Malignancy”, Epithelial Cell abnormality, or Other: See Interpretation or Result.
- Descriptive Diagnosis: If epithelial cell abnormalities are noted, this will describe those abnormalities, such as ASC, LSIL, HSIL, AGC, Adenocarcinoma in situ, Squamous cell carcinoma, Adenocarcinoma.
- Recommend: Recommendations by the pathologist will usually be standardized based on adequacy, category, and descriptive diagnosis.

Note: Use this tool in conjunction with the Priority Response Tool for initial and worsening findings. Use the Nursing Service Case Management Policy/Procedure for the remainder of the follow-up.

SPECIMEN ADEQUACY	RECOMMENDATIONS	RATIONALE
Satisfactory for Evaluation	Clinics should periodically review all liquid based Pap test reports to determine the percentage of specimens that are not satisfactory for evaluation. This should be a routine part of the annual quality assurance plan.	A satisfactory specimen contains both squamous cells and either endocervical cells or metaplastic cells. These cellular elements form the microscopic basis for the assumption that the transformation zone has been sampled. The transformation zone is where cancers originate and use of an endocervical brush to collect cells from the endocervical canal assures that this region has been evaluated. An optimal specimen from a postmenopausal woman may lack endocervical cells because of normal physiologic changes, not poor technique. The cytotechnologist or cytopathologist ultimately determines what is “an adequate sampling” for an individual based on integrating information from the clinical history and the specimen.
Unsatisfactory for evaluation	History of dysplasia or abnormal Paps, repeat within 6 months. If no prior history of dysplasia and prior three Paps normal, wait one year to repeat Pap.	More than 75% of the material on the slide is obscured. The liquid Pap based test should be repeated but allowance for a woman’s convenience may be made as long as there is no history of previous abnormal liquid based Pap test or evidence of serious disease or gynecologic problems.

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
<p>Negative for Intraepithelial Lesion or Malignancy</p>	<p>Repeat liquid based Pap test according to specific program guidelines.</p>	<p>Pap tests and regular liquid based pap testing has reduced the death rate of women with cervical cancer significantly in the last 50 years.</p>
<p>If report notes limiting factors: Ex: No endocervical component (ECC)</p>	<p>1. Repeat liquid based Pap test in 6 months if clinically indicated, such as a previous abnormal result:</p> <ul style="list-style-type: none"> • atypical • dysplasia • treated for dysplasia <p>If still unable to obtain ECC with a history of dysplasia, fax medical history, liquid based Pap report and medical records to OU Ob/Gyn, attention: Research RN at OU 405-271-2882 for review and recommendation.</p> <p>2. Repeat in 1 year, if no symptoms or previous abnormal liquid based Pap results. If continues to have no ECC, technique is appropriate and clinical symptoms are negative, repeat pap annually, Once ECC are obtained and all else is clear, return to agency protocol for timing of repeat pap smears.</p>	<p>As data is limited on recommendations for no ECC findings, each case should be reviewed individually.</p> <p>Clinician collection technique should be reviewed by the District Nurse Manager or designee.</p>
<p>Negative for Intraepithelial Lesion or Malignancy (Organisms will be reported as appropriate)</p> <ul style="list-style-type: none"> • Trichomonas vaginalis • Fungal organisms as Candida • Coccobacillus • Actinomycosis • Cellular changes, herpes 	<p>Refer to private physician for treatment using form 399, or treat according to Orders, if available.</p>	<p>Inflammation/Infections viewed by the pathologist in the laboratory may be related to any number of processes both normal and abnormal.</p> <p>Refer to Family Planning or Maternity Program Approved Orders for treatment protocols.</p>

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
<p>Negative for Intraepithelial Lesion or Malignancy; (Other non-neoplastic findings will be reported as appropriate.)</p> <ul style="list-style-type: none"> • Inflammation • Atrophy with inflammation • Radiation • Intrauterine contraceptive device (IUD) 	<p>Refer to private physician for treatment using form 399 or treat according to Orders, if available.</p>	<p>Inflammation/infection viewed by the pathologist in the laboratory may be related to any number of processes both normal and abnormal.</p> <p>Refer to Family Planning or Maternity Program approved orders for treatment protocols.</p>

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
<p>ASC-US (Atypical squamous cells of undetermined significance)</p>	<p>For adolescent women 20 years of age and younger with ASC-US (results obtained before January 2010):</p> <ul style="list-style-type: none"> • Repeat liquid based Pap test in 12 months. 	<p>At the 12 month follow-up, adolescents with HSIL or greater on the repeat liquid based Pap test should be referred for colposcopy. A second result of ASC-US may be followed for one more year.</p>
	<p>For women 21 years of age and older with ASC-US:</p> <ul style="list-style-type: none"> • Recall for repeat liquid based Pap test every 6 months x 2 tests. If results are both normal, return to every 2 year testing. • Second ASC-US, refer for colposcopy The ASC-US pap results do not have to be consecutive. 	<p>Approximately 15% of ASC reports are associated with a high grade lesion. The rate of progression to cervical cancer is generally very slow (8-12 years).</p>
<p>ASC-H (Atypical squamous cells cannot exclude HSIL) The pathologist's report may state "favor atypical metaplastic cells, or "cannot rule out HSIL, or "favor a neoplastic process"</p>	<p>For women with ASC-H:</p> <ul style="list-style-type: none"> ▪ Determine if woman is eligible for the Oklahoma Cares Program (by completing the eligibility checklist and if eligible, complete the BCC-1 application). 	<p>Evaluation is recommended within 120 days to identify any cervical intraepithelial neoplastic lesions that might be masked.</p> <p>Approximately 25% of ASC reports are associated with a high-grade lesion.</p>

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
LSIL (Low Grade Squamous Intraepithelial lesion)	For adolescent women 20 years of age and younger with LSIL: <ul style="list-style-type: none"> Repeat liquid based Pap test in 12 months 	Adolescents with HSIL or greater on the repeat cytology (liquid based Pap test) should be referred for colposcopy. A second result of LSIL may be followed for one more year.
	For women 21 years of age and older with LSIL: <ul style="list-style-type: none"> Determine if woman is eligible for the Oklahoma Cares Program (by completing the eligibility checklist and if eligible, complete the BCC-1 application). 	Evaluation is recommended within 120 days to identify any cervical intraepithelial neoplastic lesions which might be masked Approximately 25% of LSIL reports are associated with a high-grade lesion.

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
HSIL (High Grade Squamous Intraepithelial lesion)	Women with HSIL: <ul style="list-style-type: none"> Advise woman to receive care within 30 days of receipt of liquid based Pap test report. All infections noted on liquid based Pap test result must be diagnosed and appropriately treated before dysplasia evaluation and treatment. Treat infection upon identification of causative agent by wet prep or culture. Determine if woman is eligible for the Oklahoma Cares Program (by completing the eligibility checklist and if eligible, complete the BCC-1 application). 	Evaluation is recommended within 30 days to identify any cervical intraepithelial neoplastic lesions that might be masked.
Squamous Cell Carcinoma	Women with Squamous Cell Carcinoma: <ul style="list-style-type: none"> Determine if woman is eligible for the Oklahoma Cares Program (by completing the eligibility checklist and if eligible, complete the BCC-1 application). 	Evaluation is recommended within 30 days to identify any invasive carcinoma. Evaluation and accurate diagnosis is essential to begin an effective treatment program.

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
<p>Glandular Cells (AGC)</p> <p>1) Atypical Glandular Cells, not otherwise specified (NOS)</p> <p style="padding-left: 40px;">endocervical or glandular cells not otherwise specified</p> <p>2) Atypical Glandular or Endocervical Cells, favor neoplasia</p>	<p>Women with Glandular Cells:</p> <ul style="list-style-type: none"> ▪ Determine if woman is eligible for the Oklahoma Cares Program (by completing the eligibility checklist and if eligible, complete the BCC-1 application). 	<p>The woman should be encouraged to seek evaluation within 30 days of receipt of report.</p> <p>Atypical glandular cells may be evidence of endocervical adenocarcinoma, glandular or squamous dysplasia, or endometrial carcinoma. The woman should be referred for further evaluation.</p> <p>Adenocarcinoma originates within the cervix, endometrium, ovary and/or fallopian tubes.</p>
<p>Endometrial Cells</p>	<p>Women with endometrial cells:</p> <ul style="list-style-type: none"> ▪ If she no longer has menses or has abnormal vaginal bleeding refer: <ul style="list-style-type: none"> ○ OU Dysplasia clinic at 405-271-8727. ○ OU Women’s Clinic (resident clinic) 405-271-6195 ○ Or private physician <p>Please note these women are not eligible for the dysplasia voucher and they will be private pay.</p>	<p>Endometrial cells reported in the Pap smear of a post-menopausal woman are abnormal and may suggest “possible” endometrial cancer.</p> <p>Asymptomatic premenopausal women with benign endometrial cells, endometrial stromal cells, or histocytes, no further evaluation is recommended.</p> <p>For post-menopausal women with benign endometrial assessment is recommended regardless of symptoms.</p>

BETHESDA CLASSIFICATION	RECOMMENDATIONS	RATIONALE
Glandular Cells Adenocarcinoma, or Endocervical adenocarcinoma in situ (AIS).	Women with Glandular Cells: <ul style="list-style-type: none">▪ Determine if woman is eligible for the Oklahoma Cares Program▪ Or private physician.	The woman should be advised to seek evaluation immediately. Consider this finding as possible endocervical dysplasia or adenocarcinoma. .

OTHER CERVICAL CONDITIONS (from clinical observation or history)	RECOMMENDATIONS	RATIONALE
Leukoplakia (cervical white plaque visible with the naked eye, unable to be removed with swab)	Refer to private physician for evaluation. Complete the referral form 399.	The woman should be advised to seek evaluation within 60 days of receipt of report. Leukoplakia may or may not be an abnormal condition. Leukoplakia appears on cervix or vagina as a defined white area with a definite border, and indicates need for evaluation.
Cervical lesion/tags that are of irregular size, discolored, friable, ulcerative, aged/thickened.	Request that liquid based Pap test report be "rushed". Refer for evaluation to private physician when normal pap test results are received Refer for evaluation as for dysplasia when abnormal pap test results are received.	The woman should be advised to seek care within 60 days. Paps are a good screening tool, but not accurate to diagnose or rule out cancer if there is a specific concerning lesion. Cervical lesions or growths may contain dysplastic or cancerous cells. Evaluation of growth provides for diagnosis.
DES exposure in utero	Refer for evaluation at initial identification confirming history. Referral should be made regardless of the Pap smear report result. Thereafter, annual Pap smears and careful examinations should occur and referral for abnormal Pap tests according to cervical cytology guidelines.	The woman should be advised to obtain evaluation within the next year. Systematic examination of the female offspring exposed to DES reflects that 60% have vaginal adenosis, presence of cervical-like epithelium in the vagina. Some studies reflect that DES exposed offspring may have an increased risk of developing squamous neoplasia because of the large number of transformation zones inherent in this condition, although few cases of carcinoma have been reported. All DES exposed females should have an annual examination including pelvic examination and pap smear beginning at menarche. Careful inspection of the cervix, of any suspicious areas in the vagina, and digital palpation of the vagina must be performed. After confirming history, refer for evaluation including colposcopy.

APPENDIX II: THE PREGNANT WOMAN WITH AN ABNORMAL PAP SMEAR

OTHER CONDITIONS	RECOMMENDATION	RATIONALE
Pregnant woman with abnormal liquid based Pap test.	<p>All HSIL and ASC-H should be referred to colposcopy during pregnancy, if over age 21.</p> <p>Under age 21, HSIL and ASC-H should be referred for colposcopy at 6 weeks postpartum.</p> <p>Refer LSIL and ASCUS with positive HPV testing (any age) to colposcopy at 6 weeks postpartum.</p> <p>Referral sources: Oklahoma Cares, Dysplasia Clinic, or private physician.</p>	<p>Performing colposcopy for minor cytological abnormalities in adolescents should be discouraged because it can potentially result in harm through unnecessary treatment.</p> <p>Colposcopy allows for close visualization of the cervical structures with a non-invasive procedure.</p>

APPENDIX III: DIAGNOSTIC PROCEDURES: POST PROCEDURE FOLLOW-UP

PROCEDURE	RECOMMENDATION	RATIONALE
Post colposcopy with or without cervical biopsy:	<p>Follow written recommendations from OSDH contracting provider.</p> <p>Women referred for follow-up by non contracting physician:</p> <ul style="list-style-type: none"> • Obtain records for results. • Perform liquid based Pap test every 6 months X 2 tests then routine screening. <ul style="list-style-type: none"> ○ If the woman has any positive results refer for repeat colposcopy. 	<p>Refer to Appendix V for a description of Dysplasia Services.</p> <p>OSDH cannot assume responsibility for treatment recommendations from non-contracting physicians.</p> <p>Follow PCP or Dysplasia Clinic recommendations.</p>

APPENDIX IV: TREATMENT: POST-PROCEDURE FOLLOW-UP

PROCEDURE	RECOMMENDATION	RATIONALE
<p>Post LLETZ (Large Loop Excision of Transformation Zone). Also known as LEEP (Loop Excision Electrical Procedure).</p> <p>Post-Conization/Cone Biopsy or Laser procedures</p> <p>(Though no longer performed in OSDH clinics, women who have had cryotherapy should follow these guidelines as well.)</p>	<p>Repeat liquid based Pap test every 6 months until 2 negative liquid based Pap test reports are obtained. Follow written recommendations from OSDH contracting provider.</p> <p>If Post treatment liquid based Pap test results show LSIL, HSIL, ASC-H, ASC-US:</p> <ul style="list-style-type: none"> • Determine if woman is eligible for the Oklahoma Cares Program (by completing the eligibility checklist and if eligible, complete the BCC-1 application). • No endocervical component: follow recommended frequency but at least one pap in post treatment period should be negative without limitations. 	<p>After treatment the tissue must be allowed to heal and regenerate for at least 4 months. The recurrence rate of dysplasia after treatment is between 5% and 40%. Therefore, close follow-up should be recommended to woman.</p>
<p>Post-Hysterectomy for a woman with a history of cervical dysplasia or cervical cancer</p>	<p>Liquid based Pap test of vaginal wall and incision line should be obtained every 6 months for one year after surgery and then annually thereafter.</p>	<p>Although recurrence rate is low, the liquid based pap test is the first line of defense in screening for cervical/vaginal cancer. Women with a history of dysplasia are at increased risk after hysterectomy in comparison to women without a history of dysplasia.</p>

APPENDIX V: Dysplasia Services funded by Take Charge! Program

A. Eligibility -- Women must meet the following guidelines:

1. Whose screening liquid based Pap tests were collected in a County Health Department, OSDH program, clinic, or provider in the last 12 months.
2. With income at or below 185% of current federal poverty level, and;
3. Who have no health care insurance including Medicare and Medicaid, or insured with an unmet deductible of over \$150, and;
4. Between the age of 19-65;
5. Self declared Oklahoma resident;
6. Qualified or non qualified alien;
7. Who are found **not** to be eligible for the Oklahoma Cares program and meet one of the medical referral requirements:
 - a. DES exposed daughters or women who received the drug DES
 - b. ASC-US reported on two PAP specimens obtained within a two-year period, the most recent of which must have been obtained within the past 12 months, for women age 21 or older
 - c. Single ASC-US and HPV positive for high-risk types, for women age 21 or older
 - d. LSIL, reported on liquid based test obtained within the past 12 months, for women age 21 or older.
 - e. HSIL, for which the woman has not been treated since the specimen was obtained within the last 12 months.
 - f. AGC, reported on liquid based test obtained within the past 12 months.
 - g. ASC-H, "atypical metaplastic cells" or "cannot rule out HSIL", reported on liquid based Pap test obtained in the past 12 months

B. Process of scheduling appointments

1. Eligible women will be scheduled at a Take Charge! contracted facility. The facilities contracted to provide dysplasia services are listed on the "Dysplasia Appointment Request" and the Available facilities list.
2. Once eligibility is determined by completing the "Dysplasia Appointment Request", the referring healthcare provider (County Health Department, clinic, etc) will fax the Dysplasia Appointment Request to the facility where services are being requested.
3. The Take Charge! contracted facility will schedule appointment based on eligibility and availability of appointments. The appointment information will be faxed directly back to the referring healthcare provider. Please note, appointment scheduling will be delayed if information is missing from the Dysplasia Appointment Request.
4. Once the appointment information is received from the Take Charge! contracted facility, the referring healthcare provider will fax the completed voucher and cervical records to the contracted facility. File the second page (yellow copy) of the 2-part NCR voucher in the patient's record. The original voucher should be sent with the patient to the contracted facility as the voucher is used for billing purposes by the contracted facility.

C. Reporting Results

1. After services have been received, the referring healthcare provider will fax the following completed forms to 405-271-6315, Attention: Take Charge! Data Entry:
 - a. Completed 274CD (Follow-up, Diagnostic, and Treatment Form),
 - b. Copy of the Dysplasia Appointment Request.

APPENDIX VI: INELIGIBLE WOMEN

If a woman is not eligible for Oklahoma Cares or dysplasia services paid by OSDH, please use the following as a guideline for referral sources. This is not an inclusive list.

1. If she is ineligible for the Oklahoma Cares Program, contact the Take Charge! Patient Navigator at 405-271-6912 to determine eligibility for dysplasia appointment.
2. If she is not eligible for either program she may be referred to:
 - a. Private offices of contracted facility. For current contracted provider, please see list available facilities list in Public Folders, Chronic Disease, Take Charge, Available Facilities folder

Or

 - b. Private OB/GYN physician with colposcopy certification of her choice
3. Please advise the women that if she is ineligible, she will need to make payment arrangements.
4. Complete the referral form 399.

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Dysplasia Appointment Request

Instructions: This request is to be completed by the healthcare provider to determine eligibility for a Dysplasia Voucher. Please print neatly and complete all of the boxes. If information is missing, your request will be returned to you. Once you complete this appointment request and you determine that the woman meets the criteria for a dysplasia appointment, fax this request to TC patient navigator at 405-271-6315.

Section 1: Demographics (Please print)

First Name of Patient	Middle Initial	Last Name of Patient	
Social Security Number	Date of Birth	Age	
Race: (Mark one or more) White <input type="checkbox"/> Black <input type="checkbox"/> AL/IS <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Eskimo <input type="checkbox"/> Pacific Islander <input type="checkbox"/>			
Ethnicity: Hispanic Yes <input type="checkbox"/> No <input type="checkbox"/> Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>			
Address	City	County	Zip
Needs a translator? Y N		Primary Language? _____	
Home Phone Number with Area Code () _____	Cell Phone with Area Code () _____	Work Phone with Area Code () _____	

Section 2: Income

Ask the two questions below. Then write in the answer regarding household income. Please be sure to circle if the income is weekly, monthly or annual. Then write in the answer regarding the number of family members that are supported by that income. After asking both questions, refer to the current income guidelines. The current income guidelines are announced between January and March each year through a memo.

- 1. Ask the applicant, "What is the total income for your family?" _____ (weekly/monthly/annually)**
 Please note: The total family income includes: wages, tips, savings, net income from farm self-employment, unemployment compensation, alimony, royalties, rental income, pension, savings or bonds. Family income is basically any income or funds that the woman has access to for the purchase of food, clothing, shelter, entertainment, or health care. Income guidelines are based on 185% of the current Federal Poverty Guidelines. If the person makes **more** than amount listed for the size of the family unit they **do not qualify**. The guidelines are updated annually. ****Patient's statement accepted****(There is no need to ask for proof of income by reviewing checking stubs, tax records, etc.)
- 2. Ask the applicant, "How many family members are supported by that income?" _____**

Continue on page 2

First Name of Patient _____ Last Name of Patient _____

Section 3: Medical Guidelines

Place a checkmark in the box that describes the woman’s medical findings. If a description is not listed, contact the TC patient navigator at 405-271-6912 for further instructions. Please report the name of the person that performed the Pap smear.

Medical Finding	Description
	ASC-US (2 nd) (Date: _____ Who performed the Pap smear: _____)
	ASC-H (Date: _____ Who performed the Pap smear: _____)
	LSIL (Date: _____ Who performed the Pap smear: _____)
	HSIL (Date: _____ Who performed the Pap smear: _____)
	Squamous Cell Carcinoma (Date: _____ Who performed the Pap smear: _____)
	AGC (Date: _____ Who performed the Pap smear: _____)
	Previous hx of colpo Date of Colpo: _____
	Endometrial Cells Present (Who performed the Pap smear: _____)

Is she pregnant? **Yes** (Due Date: _____) **No**

Section 4: Final Determination

Check the appropriate box for each statement. If all questions are answered “no” then complete section 5 and fax the request for dysplasia voucher to TC patient Navigator at 405-271-6315.

Yes	No	Statement
		Is she under the age of 19 or over the age of 65?
		Does she exceed the current income guidelines (See section 2)?
		Is she eligible for Oklahoma Cares, Soonercare or any other Medicaid program?
		Does she have health insurance coverage, group health plan, state health risk pool, Armed Forces insurance (Tri-care), Medicare, Medicaid, Cancer Policy, or Major Medical Policy that covers cervical cancer diagnosis or treatment.
		If she has insurance, has she met the deductible of \$150.00 or more
		Has she already received diagnostic services for her abnormal liquid based Pap smear?

Section 5: Service Requested

Please schedule woman for: Colpo LEEP

Section 6: Determine which of the following locations is the most convenient for the patient.

- OUCOM GYN/Onc., Oklahoma City, OK
- OSU Tulsa OBGYN, Tulsa, OK
- Southern Plains Medical Center, Chickasha, OK
- Durant HMA Physician Management, Durant, OK

Section 7: Contact Information about provider

Name of person making request for appointment: _____

County Name: _____ City: _____

Phone number: (____) _____ Fax: (____) _____

If you have any questions or concerns, please contact the TC patient navigator at 405-271-6912. If the appointment is approved, you will receive a fax of the patient’s appointment date and time. Once you receive that fax, please complete the voucher and fax the medical records according to the guidelines.

PHN ORDER: DYSPLASIA (CERVICAL)

I. LABORATORY:

- A. Cervical cytology screening (Liquid based Pap test)
- B. Pregnancy test, if indicated.

II. MEDICATION:

Advise the woman to take “over-the-counter” Ibuprofen or Tylenol just before her dysplasia appointment. Aspirin should not be used. Instruct the woman to bring extra medications for use before or after procedure, if needed. Refer the woman to the Family Planning Nurse Practitioner for any contraception management changes. The woman will receive written instructions prior to her dysplasia services appointment.

