Scottish Cervical Screening Programme

Colposcopy and Programme Management

Addendum to NHSCSP Publication No 20 Second Edition – Exceptions Applicable in NHS Scotland

May 2012
(Final Version 2.7)

Please click here for NHSCSP Publication 20
Purpose of Document
The purpose of this document is to provide an addendum describing exceptions to the NHS Cervical Screening Programme Publication 20 document that are applicable to colposcopy and programme management in NHS Scotland. This document should therefore be used in conjunction with and as a supplement to NHSCSP Publication 20, Second Edition, May 2010.

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Section 2 Screening Programme Policy

2.1.1 Screening Intervals
All women between the ages of 20 and 60 are offered cervical screening every three years. Where previous screening tests indicate additional follow up is required, women may be recalled more frequently up to the age of 68.

2.1.2 Invitations for Screening
Women called routinely for screening are sent a prompt and two reminders whereas women requiring follow up are sent an additional reminder to attend for screening.

The following table details the invitation intervals:

<table>
<thead>
<tr>
<th>Reminder</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Screening</td>
<td>3 months after prompt</td>
<td>3 months after 1st reminder</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Non-routine Screening</td>
<td>2 months after prompt</td>
<td>2 months after 1st reminder</td>
<td>8 months after 2nd reminder</td>
</tr>
</tbody>
</table>

2.2 Age at starting screening
Women are called for routine screening from age 20.

2.3 Age at finishing screening
Routine screening ends at the age of 60.
Section 3 Screening Strategies

The current screening strategy is cervical sampling using liquid based cytology (LBC).

3.4.2 HPV and cytology testing for follow up of treated CIN – Test of Cure

HPV testing of cervical smears samples is undertaken for all patients treated for CIN 1, 2 and 3. Treatment includes all outpatient forms of treatment and hysterectomy. (National roll out 30th April 2012). Further smear follow up is dependent upon the result of both tests and is described in the flow chart.
Test of Cure Management

1. Smear negative or borderline squamous. HPV negative
   - Discharge to routine screening

2. Smear negative, borderline squamous, borderline glandular or unsatisfactory. HPV positive
   - Colposcopic assessment
     - Normal colposcopy – smear follow up 12, 24, 36, 48 and 60 mths following treatment
     - Abnormal colposcopy – follow local practice for colposcopic abnormalities

3. Smear negative, borderline squamous or borderline glandular. HPV failed or not done
   - Repeat smear and HPV test in 6 months

4. Smear unsatisfactory. HPV failed or not done
   - Repeat smear and HPV test in 3 months

5. Smear borderline glandular. HPV negative
   - Repeat smear test in 6 months

6. Smear unsatisfactory. HPV negative
   - Repeat smear test in 3 months

7. Smear abnormal (mild and above, includes borderline? high grade). Any HPV result or not done
   - Abnormal colposcopy – follow local practice for colposcopic abnormalities

Follow test of cure management depending on results 1-7

Normal colposcopy – requires individualised management especially if HPV positive. Minimum follow up for CIN2/3 - 12, 24, 36, 48 and 60 mths following treatment date. For CIN1 – 12 and 24 mths following treatment
Section 4 Referral Guidelines for Colposcopy

4.1 Cancer waiting times
The management of women with cervical cytology showing high grade changes or worse should conform to the waiting time standards set out in the New Cancer Waiting Times Targets Data and Definitions Manual.

- Where women are referred from the screening programme to Colposcopy services with a result of moderate dyskaryosis or worse they will be included in the 62 day standard

4.1.1 Severe dyskaryosis?invasive or endocervical adenocarcinoma
The following women should be seen in the Colposcopy clinic within 2 weeks of referral:

- the smear test result is severe dyskaryosis?invasive or endocervical adenocarcinoma or where ‘suspicion of malignancy’ has been highlighted

For the smear results above, the reporting laboratory should include a note, ‘urgent referral to Colposcopy, within 2 weeks’, in the cytology comment on SCCRS.

4.1.2 Moderate or severe dyskaryosis and glandular abnormality
Women with moderate dyskaryosis, severe dyskaryosis and glandular abnormality should be seen at colposcopy within four weeks of referral.

4.3 Borderline nuclear change
In an untreated patient, following a smear showing borderline nuclear change, a woman should be returned to routine recall only after a minimum of two negative tests each at six months apart or colposcopic assessment indicating no abnormality.

Following a smear showing mild dyskaryosis, a woman should be returned to routine recall only after a minimum of three negative tests each at six months apart or colposcopic assessment indicating no abnormality

4.3.2 Endocervical cell changes
Women should be referred for colposcopy after two tests reported as borderline nuclear changes in endocervical cells.

4.4 Abnormal results of any grade
Women should be referred for colposcopy if they have had three tests reported as abnormal at any grade in a 10 year period, even if returned to return recall on one or more occasions in that period.

4.5 Mild Dyskaryosis
Women should have a repeat test after a smear showing mild dyskaryosis and should be referred for colposcopy after two tests reported as mild dyskaryosis without a return to routine recall.

4.9 Glandular Neoplasia
In Scotland, SCCRS allows the BSCC reporting category of Glandular neoplasia to be subdivided into glandular abnormality, endocervical adenocarcinoma and endometrial (or other) carcinoma reflecting different anticipated outcomes. Women must be referred for colposcopy after one test reported as glandular abnormality and endocervical adenocarcinoma. Women must be referred to colposcopy or gynaecology, as per local guidelines, after one test reported as endometrial (or other) adenocarcinoma.

4.11 Women with symptoms
Women presenting with symptoms of cervical cancer – such as postcoital bleeding, intermenstrual bleeding and persistent vaginal discharge – should be referred to gynaecological services as per local pathways.

Paragraph 3. – The ACCS is not applicable to NHS Scotland
Section 5 Quality Standards for Colposcopy Clinics

5.1 Good working practices

5.1.1 Quality assurance
The KC65 form is not relevant to Scotland as Colposcopy quality assurance is reviewed through the National Colposcopy Clinical Information System (NCCIAS) Benchmarking Standards. It should also be noted that the disclosure of the results of clinical audit to women who have subsequently developed cervical cancer are not applicable in NHS Scotland.

5.1.4 Team meetings
Operational meetings should be arranged at least 6 monthly to discuss clinic policy, protocol problems that arise, the findings of audit and shortcomings against quality standards.
Section 8 Treatment of Cervical Intraepithelial Neoplasia

8.1 Treatment standards
- The proportion of women treated at the first visit who have evidence of CIN 2/3 or cGIN on histology must be \( \geq 90\% \).
- \( \geq 90\% \) women having definitive treatment for high grade CIN must be treated within eight weeks from first colposcopy appointment (pregnant women are excluded).
Section 9 Follow Up of Women Attending for Colposcopy

9.3 Duration of follow up
The duration of follow up following treatment for CIN is determined by the results of the combined tests of cervical cytology and high risk HPV status (Test of Cure) 6 months following treatment. Those patients who have a double negative result (cytology negative or borderline and high HPV risk negative) will be returned to three yearly routine recall. Those patients who have either a positive HPV result or a smear test result of mild dyskaryosis and above, will require further assessment at colposcopy. If the colposcopy assessment is satisfactory and negative, then subsequent smear follow up will be dependent upon the initial CIN abnormality. For those patients treated for CIN 1, following a negative colposcopy, smears will be undertaken at 12 and 24 months following treatment. For those patients treated for CIN 2 or 3, following a negative colposcopy, smears will be undertaken at 12, 24, 36, 48 and 60 months following treatment. Women should have annual follow up for five years after treatment of cGIN or microinvasive managed conservatively before returning to routine screening.

9.6 Follow up after hysterectomy
In Scotland, SCCRS will continue to provide the call and recall of women following hysterectomy. There is no change to the current practice of smears being undertaken in primary care. The follow up protocols for these patients are:

- Women on routine recall and with no CIN in their hysterectomy specimen, no further vaginal vault cytology is required (as per current policy)
- Women not on routine recall and with no CIN in their hysterectomy specimen, no further vaginal vault cytology is required (as per current policy)
- Women who undergo hysterectomy and have completely or incompletely excised CIN will be part of the Test of Cure programme and should have a vaginal vault smear at 6 months - this will be tested for high risk HPV and cytology
- If the result is HPV negative and either cytology negative or borderline, then no further screening smears are needed.
• If the result is HPV positive and/or cytology > mild dyskaryosis, then patients require referral to colposcopy for assessment. If colposcopy is negative post hysterectomy then subsequent smear follow up is determined by whether CIN was fully excised or not and the grade of CIN. Therefore if CIN was fully excised only one further smear at 18 months post hysterectomy is required. If CIN was not fully excised follow up is determined by the grade of CIN – for CIN 1 patients this requires a further smear at 12 and 24 months post hysterectomy, and for CIN 2/3 patients this requires a further smear at 12, 24, 36, 48 and 60 months following hysterectomy.

• Women who undergo subtotal hysterectomy require to continue within the cervical screening programme

• Women who have undergone a hysterectomy for cGIN and have completely excised cGIN, should have a vaginal vault smear at 6 and 18 months following hysterectomy.

9.7 Management for women following treatment for early stage cervical cancer

*Follow up of stage Ia1*

If conservative treatment for cervical cancer has been performed, leaving a residual cervix, cervical cytological should be taken 6 and 12 months after treatment, followed by annual cytology for the next four years before return to routine recall to 60 years.
Section 10 Pregnancy, Contraception, Menopause and Hysterectomy

10.1 Pregnant women

10.1.1 Cervical screening in pregnancy

- If a woman has been called for routine screening and she is pregnant, the test should be deferred to post pregnancy unless she has previously failed to attend screening invitations.

- If a previous test was abnormal (and colposcopy referral is not planned) and in the interim the woman becomes pregnant, then the test should not be delayed but should be taken in mid-trimester unless there is a clinical contraindication.

- If a pregnant woman requires colposcopy or cytology after treatment (or follow up of untreated CIN1), her assessment may be delayed until after delivery. However, colposcopists can use clinical judgment to determine whether those with cGIN and those with involved or uncertain margin status, treated for CIN2/3, require review during pregnancy. This would need to be organised by the colposcopist.

10.4.8 Test not to be taken

You should not take a sample in the following circumstances (unless you think the woman will not re-attend):

- during menstruation
- less than 12 weeks postnatally
- if there is a discharge/infection present, treat the infection and take the sample on another occasion.
Section 12 Management of Glandular Abnormalities

12.2.3 Further investigation of endocervical/endometrial (or other) adenocarcinoma

Women with samples reported as endocervical adenocarcinoma should be referred within two weeks to colposcopy. Women with samples reported as endometrial (or other) adenocarcinoma should be referred for investigation urgently within two weeks either to colposcopy or gynaecology clinics, as per local protocols.

12.2.3.1 Further investigation of glandular abnormality

Women with samples reported as glandular abnormality should be referred for investigation urgently within four weeks by colposcopy.