

National QI performance for colposcopy

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Aims

- Determine how colposcopy services support cervical screening programmes.
- To see how colposcopy is currently used to treat precancerous cervical lesions/ assess those abnormalities not requiring treatment.

Objectives

- To assess current measurement of colposcopy practice in Europe.
- To evaluate variation in context of national populations/ screening programmes.
- Assess how agreed standards implemented/ measured.
- Record improvements of care as consequence of quality measures.

Introduction

- Need data for quality assurance. Data to be collected prospectively, validated/ be exchangeable. To allow comparison or benchmarking with others, same data items need to be collected.
- It therefore follows that basic organisational issues essential for QA to occur include:
 - Agreed minimal database
 - Standardised/ exchangeable data
 - Organisation of data collection/ exchange i.e. who is responsible for data collection
 - Collation/ analysis

In 2012 EFC agreed 6 quality measures by Delphi process¹.

- % excisional treatments/ conisations containing CIN2+ (85%)
- % cases having a colposcopic examination prior to treatment for abnormal cervical cytology (100%)
- % excised lesions/ conisations with clear margins (80%)
- Documentation of whether the squamocolumnar junction has been seen or not (100%)
- Number of colposcopies personally performed each year for a low-grade/ minor abnormality on cervical cytology (>50)
- Number of colposcopies personally performed each year for a high-grade/ major abnormality on cervical cytology (>50).

1. Moss EL *et al.* *Eur J Obstet Gynecol Reprod Biol.* 2013

Results:

- 5 responses

England	Charles Redman
Germany	Ulli Petry
Ireland	Grainne Flannelly
Italy	Carmine Carriero
Wales	Simon Leeson.

- Data from Ireland and Wales but none of agreed QIs received.

- Therefore 3 responses included.

England	Q1 2014 - 88 cases
Germany	8 clinics affiliated to G-CONE from 1.10 to 9.14 - 10,869 cases
Italy	1.14 to 6.14 - at least 4,321 cases

	UK (%)	Germany (%)	Italy (%)
% excisional treatments/ conisations containing CIN2+ (85%)*	91	83	68
% cases having a colposcopic examination prior to treatment for abnormal cervical cytology (100%)**	100	94	98
% excised lesions/ conisations with clear margins (80%)***	25		73
Documentation of whether the squamocolumnar junction has been seen or not (100%)****	93	95	99

****if only colposcopy if vagina or vulva then scj will not be identified. Unclear if standard is recording if scj is seen or if whether recording that there was an attempt to identify the scj. Could record TZ types too.

- Numbers of cases not relevant to service so % of colposcopists seeing at least 50 low grade and 50 high grade cases/ year not recorded.
- Need criterion for standard to be achieved (eg 95% of all colposcopists seeing enough cases/ year).
- Alternatively where HPV based screening is used then this must be included (100 cases/ year in total).

Conclusions

- We need to know what data being collected/ how collected.
- We need to ascertain how proposed QA standards perform across Europe in comparable settings/ how performance in these settings related to type of colposcopist/ workload.
- Need to be refined.
- Decide if we need new standards despite Delphi.



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