EUROPEAN FEDERATION FOR COLPOSCOPY

5th Satellite Meeting and Training the Trainers

Hotel Pullman Brussels Centre Midi

15th December 2017
Training the Trainers

16th December 2017
5th EFC Satellite Meeting

EUROPEAN FEDERATION FOR COLPOSCOPY

Training the Trainers

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International terminology and EFC quality standards in colposcopy

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Why to have terminology and standards in colposcopy?

- Our aim is to prevent cervical cancer!
- Diagnosis is the foundation for clinical management.
- Colposcopy is needed for the diagnosis
- Terminology and valid standards are needed for high quality services
- Visual and other information has to be translated into standardized written form

IFCPC Colposcopic Nomenclature 2011

Section	Pattern
General assessment	Adequate or inadequate for the reason … (eg, cervix obscured by inflammation, bleeding, scar) Squamo-columnar junction visibility: completely visible, partially visible, not visible Transformation zone types 1,2,3
Normal colposcopic findings	Original squamous epithelium: mature, atrophic Columnar epithelium; ectopy Metaplastic squamous epithelium; Nabothian cysts; crypt (gland) openings Deciduosis in pregnancy
Abnormal colposcopic findings	General principles Location of the lesion: Inside or outside the transformation zone; Location of the lesion by clock position Size of the lesion: Number of cervical quadrants the lesion covers Size of the lesion as percentage of cervix
	Grade 1 (Minor) Fine mosaic; fine punctation; thin aceto-white epithelium; irregular, geographic border
	Grade 2 (Major) Sharp border; inner border sign; ridge sign; dense aceto-white epithelium; coarse mosaic; coarse punctuation; rapid appearance of aceto-whitening; cuffed crypt (gland) openings
	Nonspecific Leukoplakia (keratosis, hyperkeratosis), erosion Lugol's staining (Schiller's test): stained or nonstained
Suspicious for invasion	Atypical vessels Additional signs: Fragile vessels, irregular surface, exophytic lesion, necrosis, ulceration (necrotic), tumor or gross neoplasm
Miscellaneous findings	Congenital transformation zone, condyloma, polyp (ectocervical or endocervical), inflammation, stenosis, congenital anomaly, posttreatment consequence, endometriosis

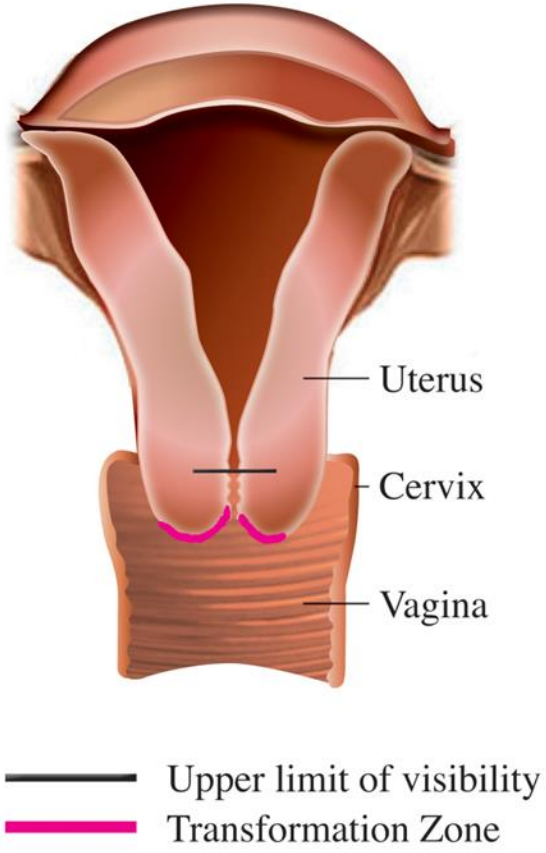
General Assessment

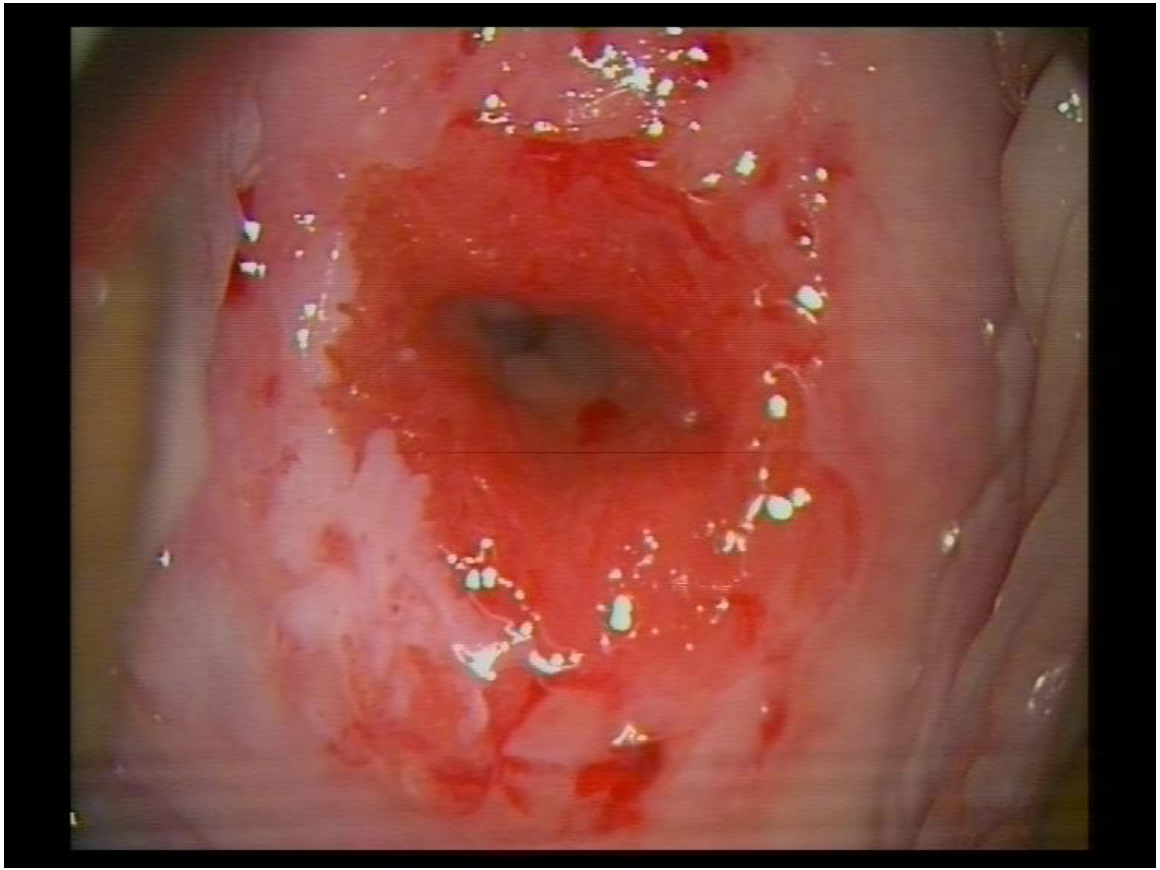
- Adequate colposcopy
- Inadequate colposcopy (the cervix is obscured e.g. by inflammation, bleeding, scar…)
- Squamo-columnar Junction visibility: Transformation zone type

Transformation Zone Classification

Type 1

- Completely ectocervical
- Fully visible
- Small or large

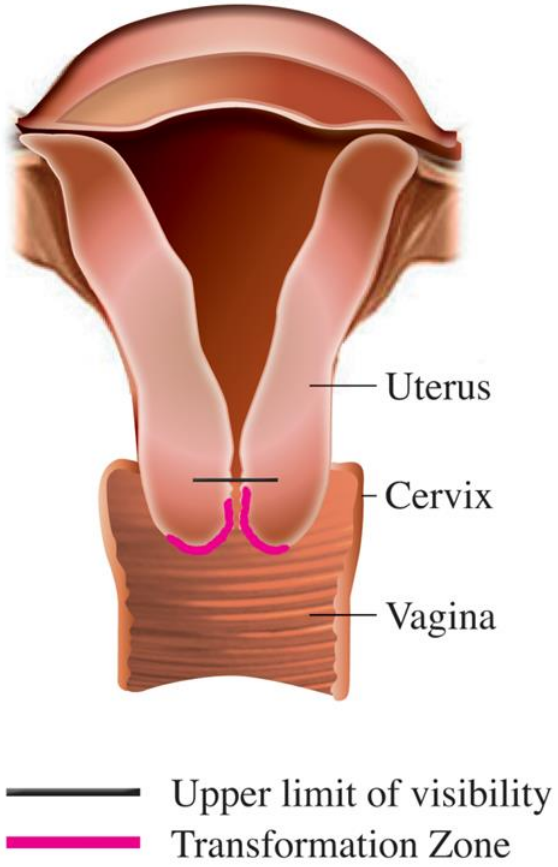


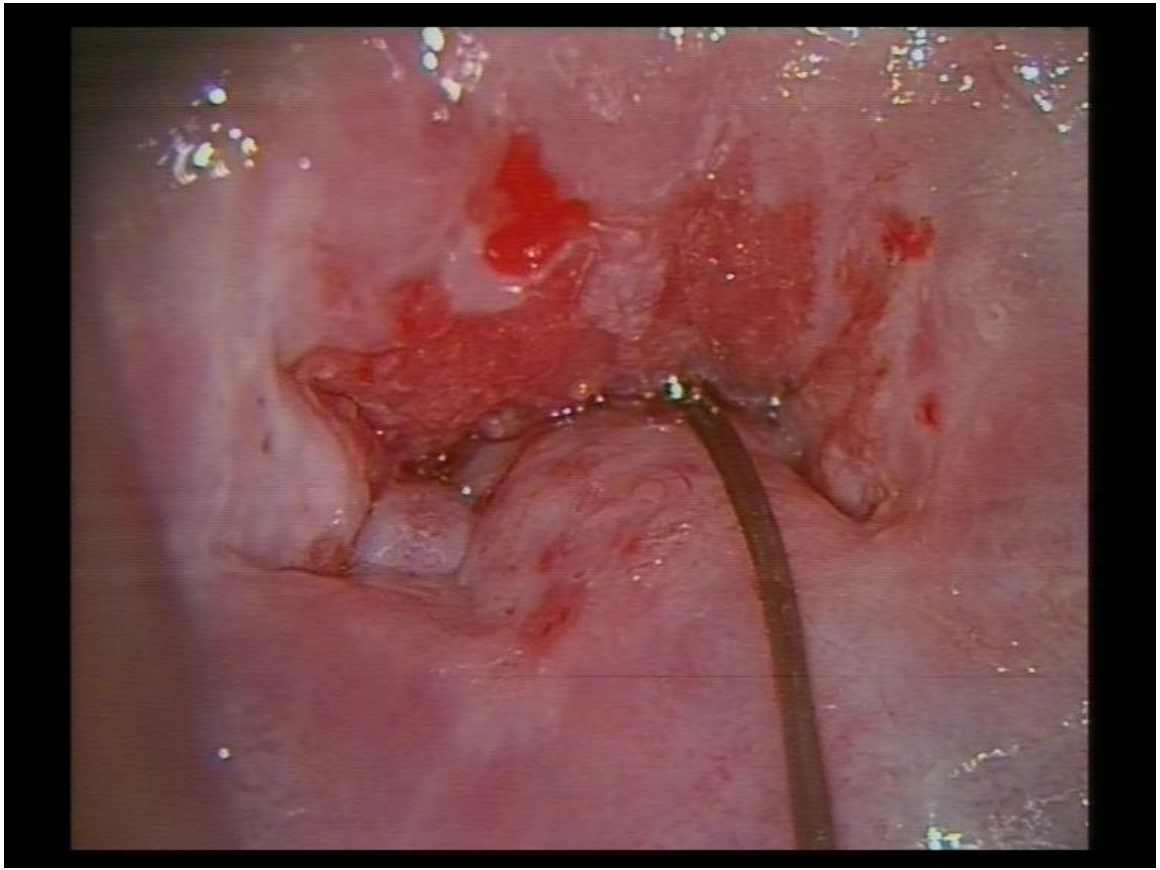


Transformation Zone Classification

Type 2

- Has endocervical component
- Fully visible
- May have ectocervial component which may be small or large

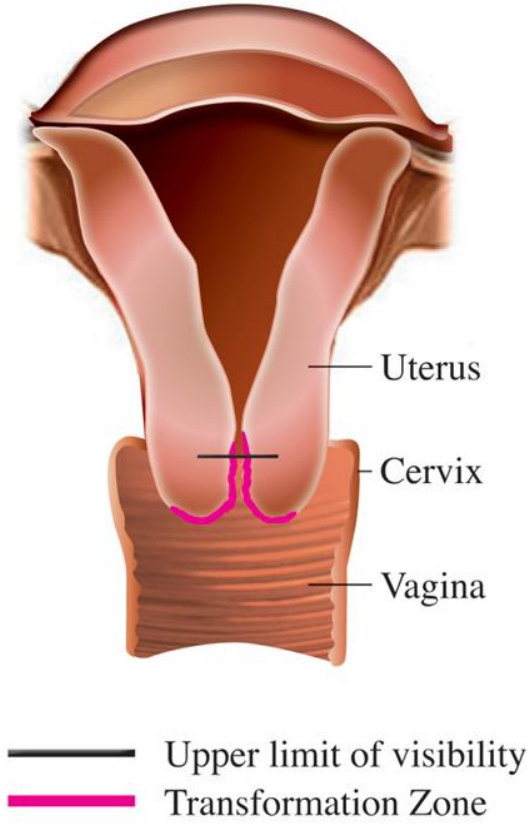


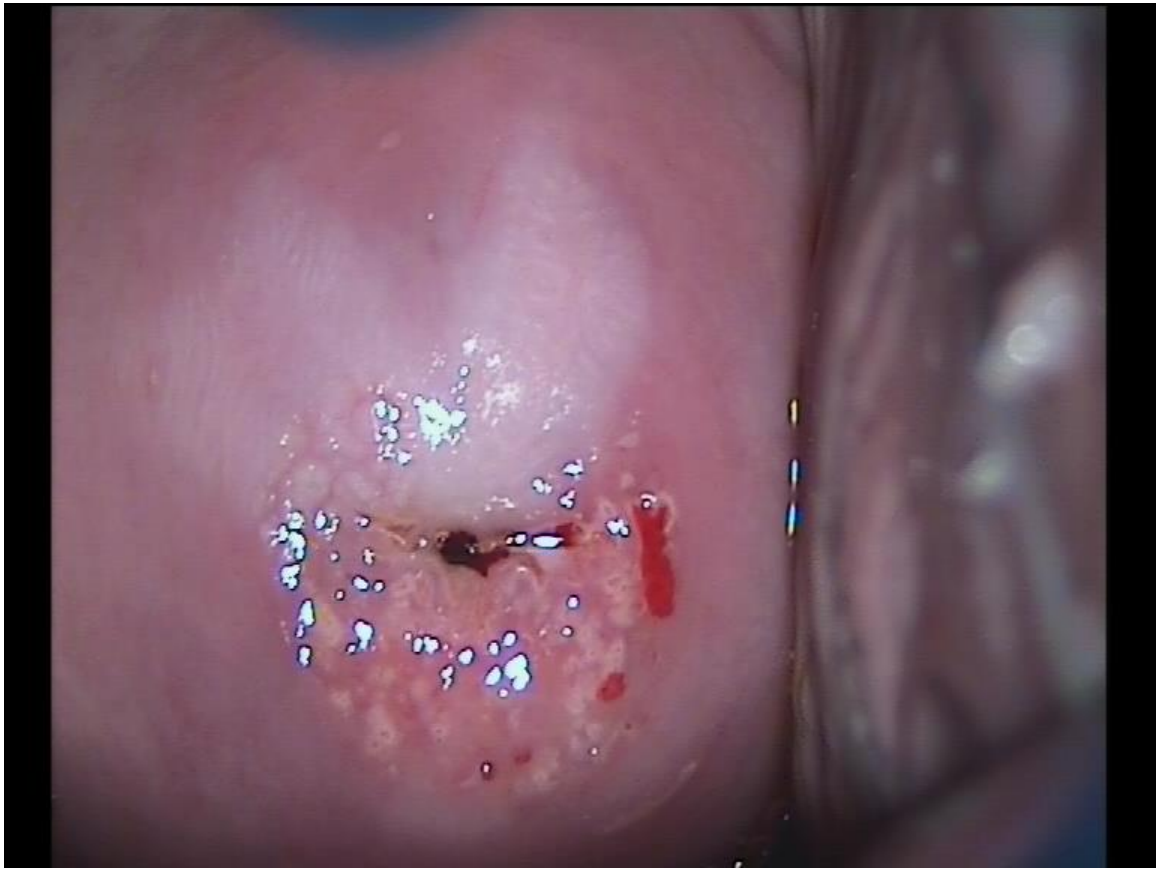


Transformation Zone Classification

Type 3

- Has endocervical component
- Is not fully visible
- May have ectocervial component which may be small or large





2011 IFCPC Nomenclature

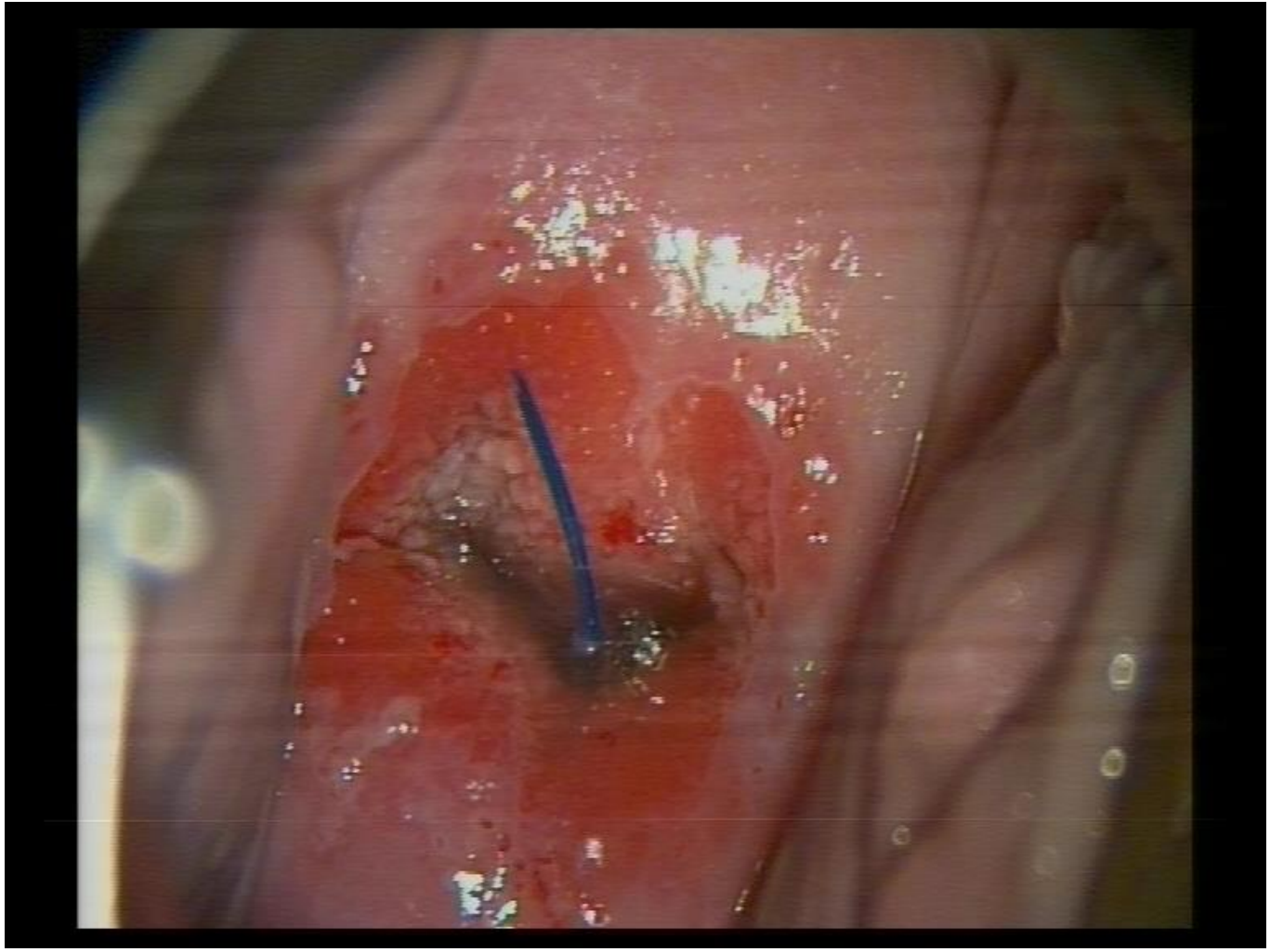
Normal colposcopic findings

Original squamous epithelium:
- Mature
- Atrophic

Columnar epithelium
- Ectopy

Metaplastic squamous epithelium
- Nabothian cysts
- Crypt (gland) openings

Deciduosis in pregnancy

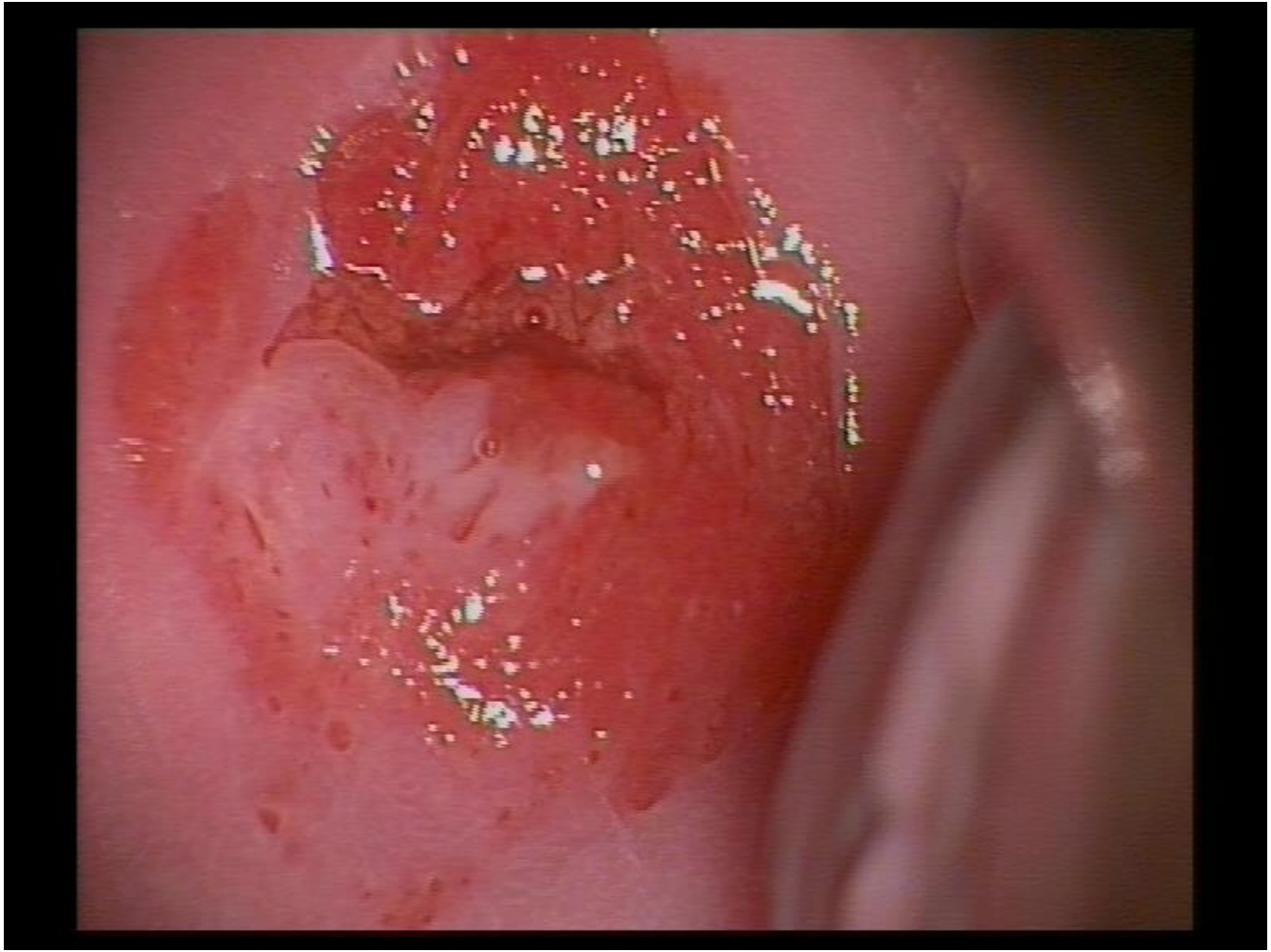


2011 IFCPC Nomenclature

Abnormal colposcopic findings

Grade 1 (Minor)

- Thin aceto-white epithelium
- Irregular, geographic border
- Fine mosaic,
- Fine punctation

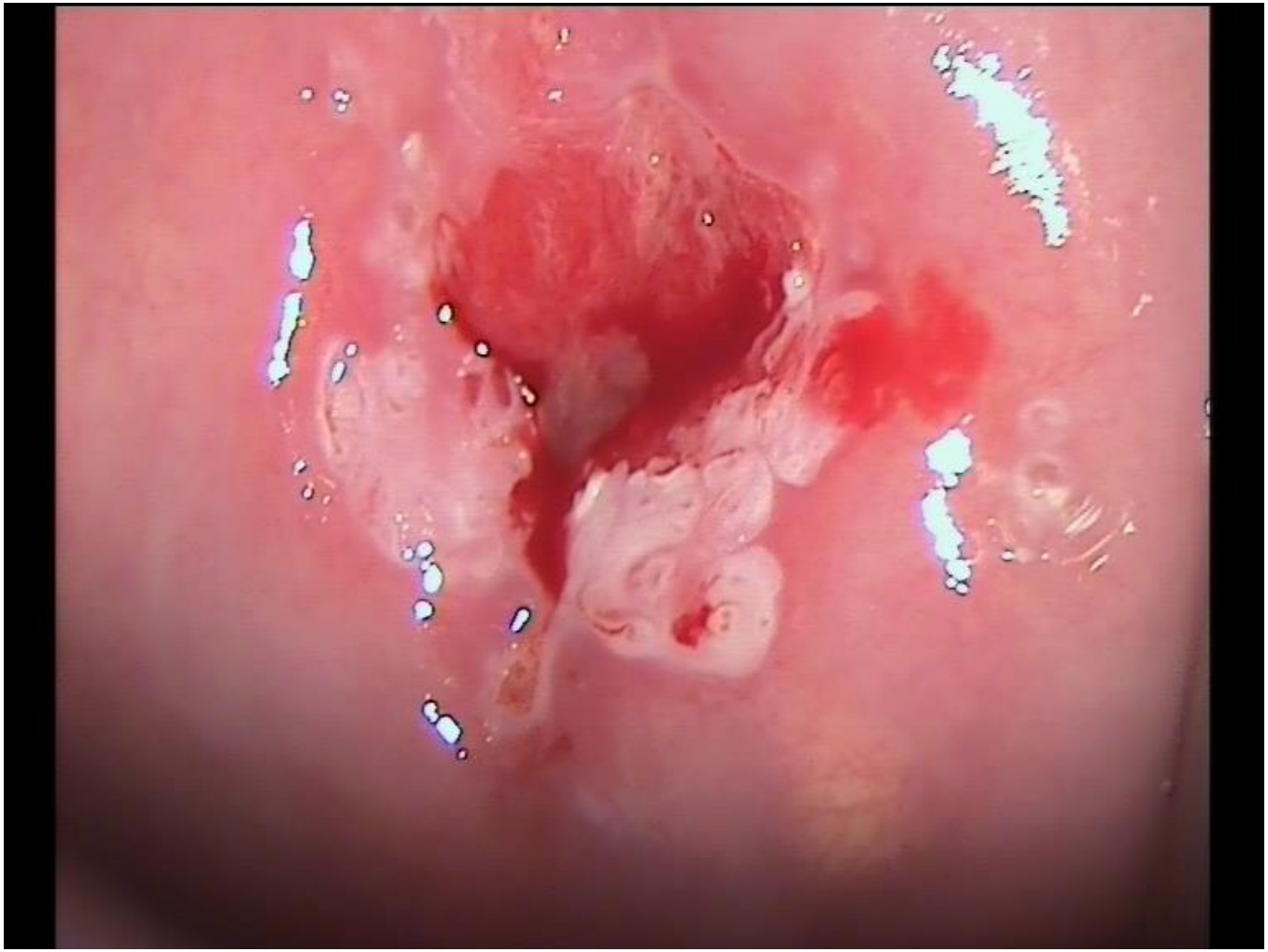


2011 IFCPC Nomenclature

Abnormal colposcopic findings

Grade 2 (Major)

- Dense aceto-white epithelium,
- Rapid appearance of acetowhitening,
- Cuffed crypt (gland) openings
- Coarse mosaic,
- Coarse punctuation,
- Sharp border,
- Inner border sign,
- Ridge sign

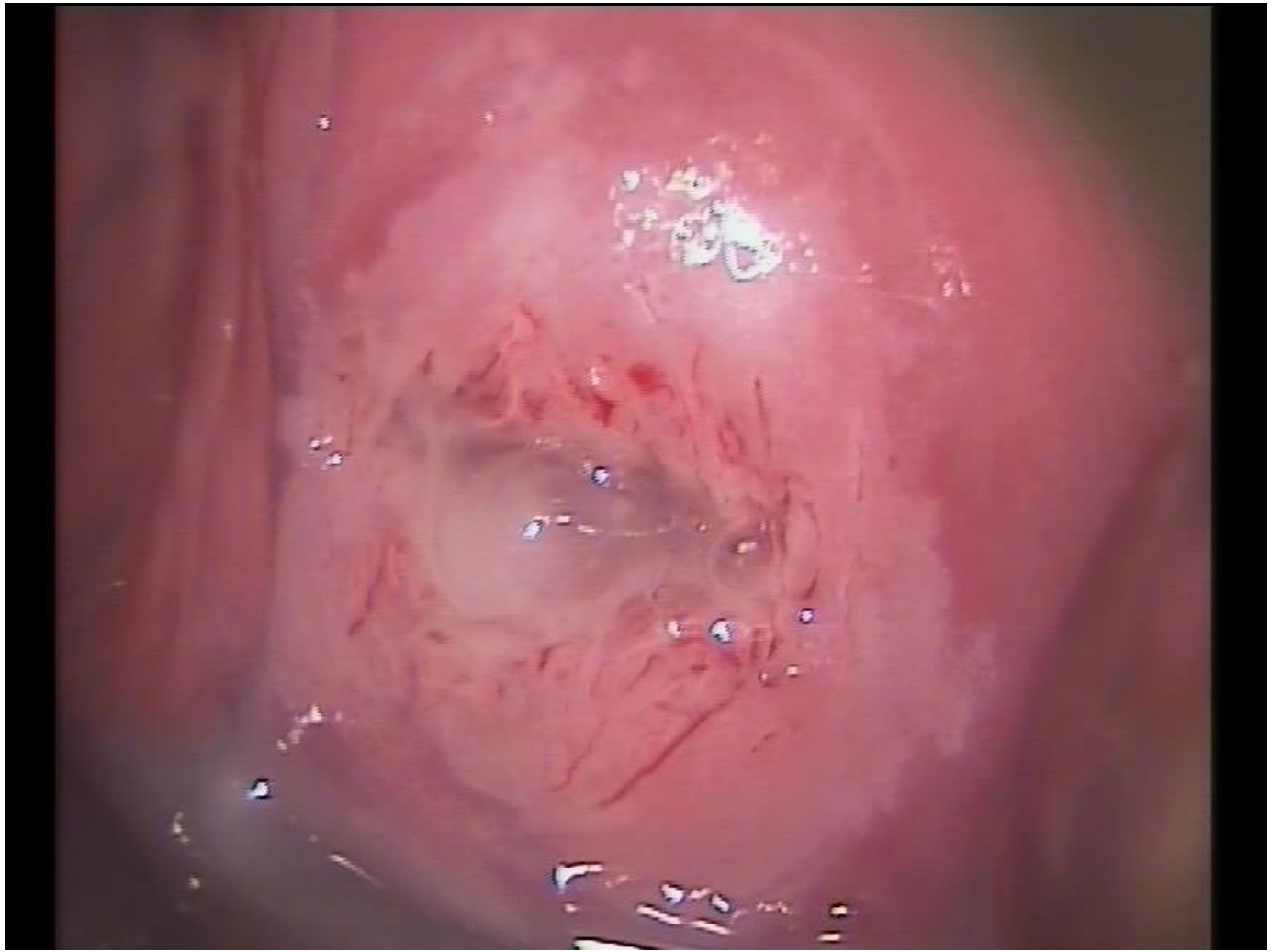


2011 IFCPC Nomenclature

Suspicious for invasion

Atypical vessels

Additional signs: Fragile vessels, Irregular surface, Exophytic lesion, Necrosis, Ulceration (necrotic), tumor/gross neoplasm



EFC standards

Identified targets	Target
For cervical colposcopy transformation zone (TZ) type (1,2 or 3) should be documented	**100%**
% cases having a colposcopic examination prior to treatment for abnormal cervical cytology	**100%**
% of excisional treatments/ conizations having a definitive histology of CIN2+. Definitive histology is highest grade from any diagnostic or therapeutic biopsies.	**85%**
% clear margins in excisional treatment biopsies	**80%**
N of colposcopies personally performed each year for a low-grade/ minor abnormality on cervical cytology	**>50**
N of colposcopies personally performed each year for a high-grade/ major abnormality on cervical cytology	**>50**

EFC Minimum Standards for Colposcopy Training

- All EFC member countries
- Different backgrounds (ca incidence/mortality)
- Aiming to high quality in every country
- Equality for every woman

The current EFC training programme criteria were reviewed and ratified at the 3rd EFC satellite meeting in Berlin in February 2014.

Trainee Caseload

•Each Trainee should see a minimum of 100 cases, but individual Societies would have the right to require more cases

•The Trainee should see a minimum of 50 new cases

•A minimum of 30 of the cases seen should have both a colposcopic and histological proven abnormality

•The training should be completed within 24 months

Electronic Log-book

It is recommended that cases seen should be documented using the EFC electronic log-book

Trainer Caseload

•The Trainer should see a minimum of 100 cases per annum
•The Trainer should see a minimum of 50 new cases per annum
•The Trainer should see a minimum of 30 cases per annum with both colposcopic and histological abnormality

Training Centre criteria

The Individual Society should decide which centres are suitable for training

Introduction of a structured training programme

Each individual Society should identify how best to introduce the training programme and to identify the time scale for its introduction.

Exit Assessment

Each Society should, at some time in the future, introduce some form of exit assessment at the completion of training

EFC Minimum Standards for Training in Colposcopy - 51 Core Competencies, agreed by all EFC member societies

A.Preliminary/Preparatory

1. Understand the development of cervical pre-cancer
2. History taking
3. Positioning of patient
4. Insertion of vaginal speculum
5. Perform cervical smear (including Cytobrush)
6. Perform bacteriological swabs
7. Take samples for HPV testing
8. Practise complies with Health and Safety recommendations
9. Understand National Cervical Screening Guidelines

B. Colposcopic examination

10. Position and adjust the colposcope
11. Determine whether or not the entire transformation zone (TZ) is visible
12. Determine whether or not colposcopy is satisfactory
13. Recognise abnormal vascular patterns
14. Examination of TZ with saline and green filter
15. Examination of TZ with acetic acid
16. Quantify and describe acetic acid changes
17. Use endocervical speculum
18. Schiller's Test
19. Examination of vagina with acetic acid

C. Colposcopic features of the normal cervix

20. Recognise original squamous epithelium
21. Recognise columnar epithelium
22. Recognise metaplastic epithelium
23. Recognise Congenital Transformation Zone
24. Recognise features of a postmenopausal cervix
25. Recognise effects of pregnancy

D. Colposcopic features of the abnormal lower genital tract

26. Recognise low grade pre-cancerous cervical abnormality
27. Recognise high grade pre-cancerous cervical abnormality
28. Recognise features suggestive of invasion
29. Recognise and assess Vaginal Intraepithelial Neoplasia
30. Recognise and asses Vulval Intraepithelial Neoplasia
31. Determine the extent of abnormal epithelium
32. Recognise acute inflammatory changes
33. Recognise HPV infection
34. Recognise condylomata plana
35. Recognise condylomata accuminata
36. Recognise changes associated with treatment
37. Recognise benign cervical polyps

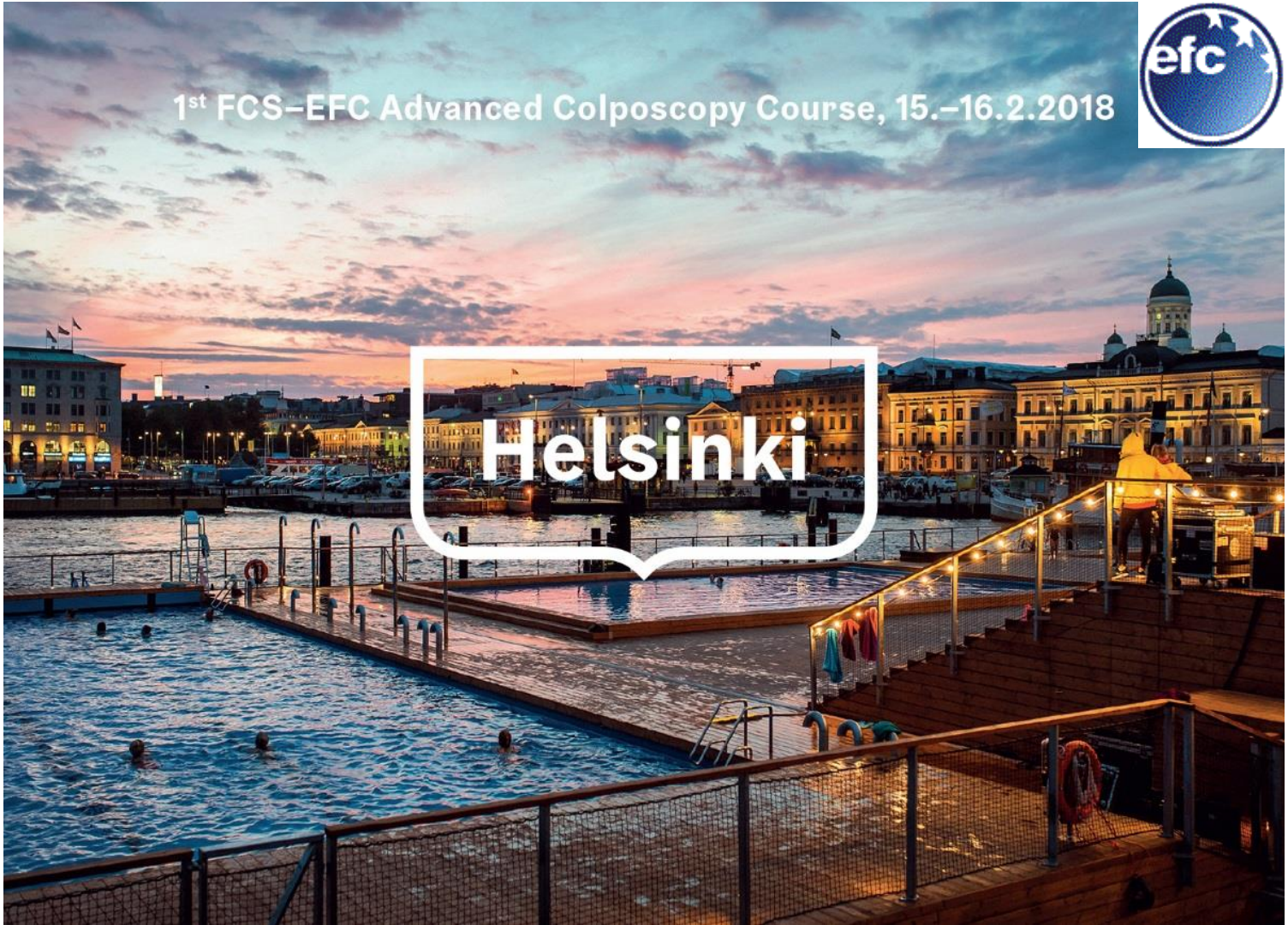
E. Practical Procedures

38. Administer local analgesia
39. Determine where to take directed cervical biopsies
40. Perform a directed cervical biopsy
41. Perform a directed vaginal biopsy
42. Perform a directed vulval biopsy
43. Control bleeding from biopsy sites

F. Administration and G. Communication

44. Document findings
45. Manage appropriately patients according to guidelines

46. Ensure adequate information given to patient
47. Counsel patients prior to colposcopy
48. Obtain informed consent correctly
49. Counsel patients after colposcopy
50. Break bad news
51. Communicate well with other health professionals


1st FCS–EFC Advanced Colposcopy Course, 15.–16.2.2018
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Helsinki