

EFC – LGDSA 2nd Baltic Colposcopy Conference, 19-20 April 2018

RIGA



Selection criteria



High-grade smear

High-grade colposcopic opinion

High-grade biopsy result

Persistent low-grade disease

Glandular abnormality

Previous treatment

Patient choice

Treatment methods



Outpatient setting > 90%

Ablation – avoid cryocautery

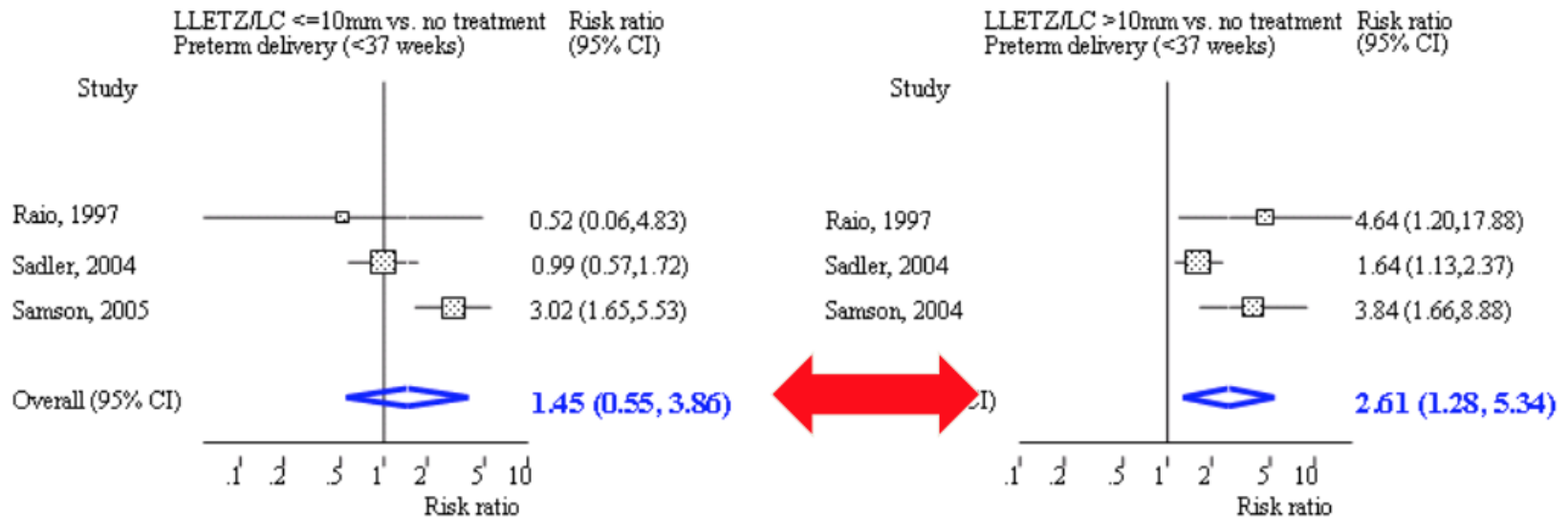
Excision – local (simple, extended, hysterectomy)



LLETZ and pre-term labour?

< 10 mm

> 10 mm



Depth: > 10 mm
< 10 mm

RR: 2.6, 95% CI: 1.3-5.3

RR: 1.5, 95% CI: 0.6-3.9

Kyrgiou Lancet 2006

Excision or ablation?



- Cold coagulation has similar cure rate to excision
- Might have less morbidity
- Selection vital
- Will under diagnose CGIN / early cervical cancer

Success rate of cold coagulation for the treatment of cervical intraepithelial neoplasia: a retrospective analysis of a series of cases. J Low Genit Tract Dis 2015

[Parry-Smith W1, Underwood M, De Bellis-Ayres S, Bangs L, Redman CW, Panikkar J](#)

Caveat...



- Swedish invasive audit (Silfverdal *et al.* 2011)

Audit of all invasive cervical cancer cases in women with previous abnormal cytology

Ablative therapy increased OR compared with excisional (3.82; 1.01–14.4)

Laser conisation decreased OR compared with LLETZ (0.06; 0.01–0.36).

This underlines the need of proficiency training of the clinician in surgical techniques as well as of careful follow-up after treatment. Larger studies are warranted to further evaluate the effectiveness of “see and treat”, LLETZ and ablative treatment in preventing invasive disease.

Also...



Increase in treatment failure rate, particularly in new cancer cases from 2001-8 Strander *et al*, (2014)

Less hysterectomies/ cones ± small loops may be to blame following concern on poor obstetric outcome.

But if you do, do it properly!

When to treat



- Do not treat CIN 1
- Avoid treatment in pregnancy
- Conservative management of CIN2

Most lesions, particularly in women <30, regress

Conservative management CIN2



- Aged < 30
- Nulliparous
- Small colposcopic lesions
- Informed consent
- MDT discussion
- FU in colposcopy clinic
- 6 month cytology/HPV till HPV neg / treated

Summary



- Colposcopy is mandatory prior to treatment
- Selection is crucial
- Overall excision preferable to ablation
- Treatment, whatever it is, can cause harm
- Paucity of detailed outcome data



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