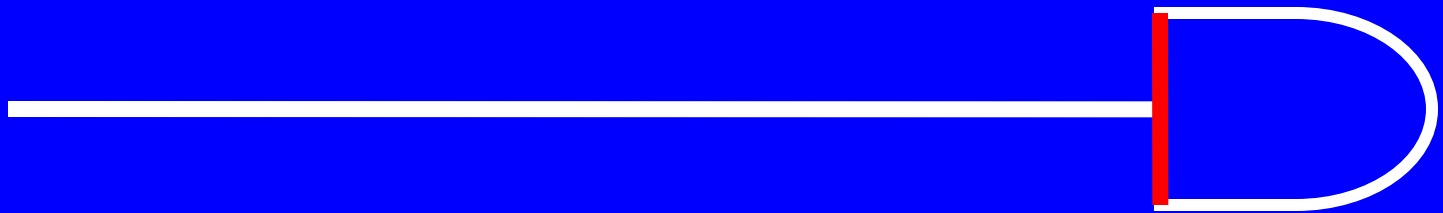


How can colposcopy be improved?



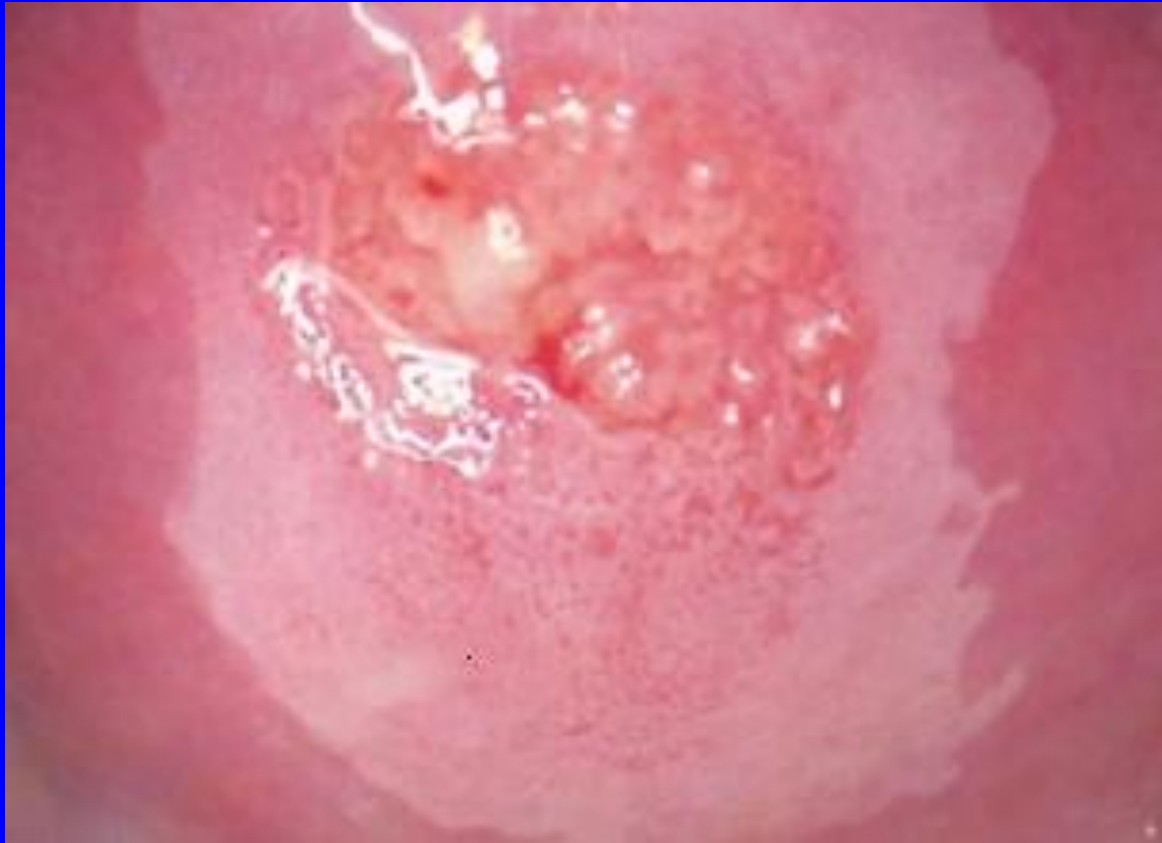
CWE Redman
Asti Colposcopy Course 2017



Outline

- The Problem
- Education and Training
- Quality Assurance
- Other Strategies

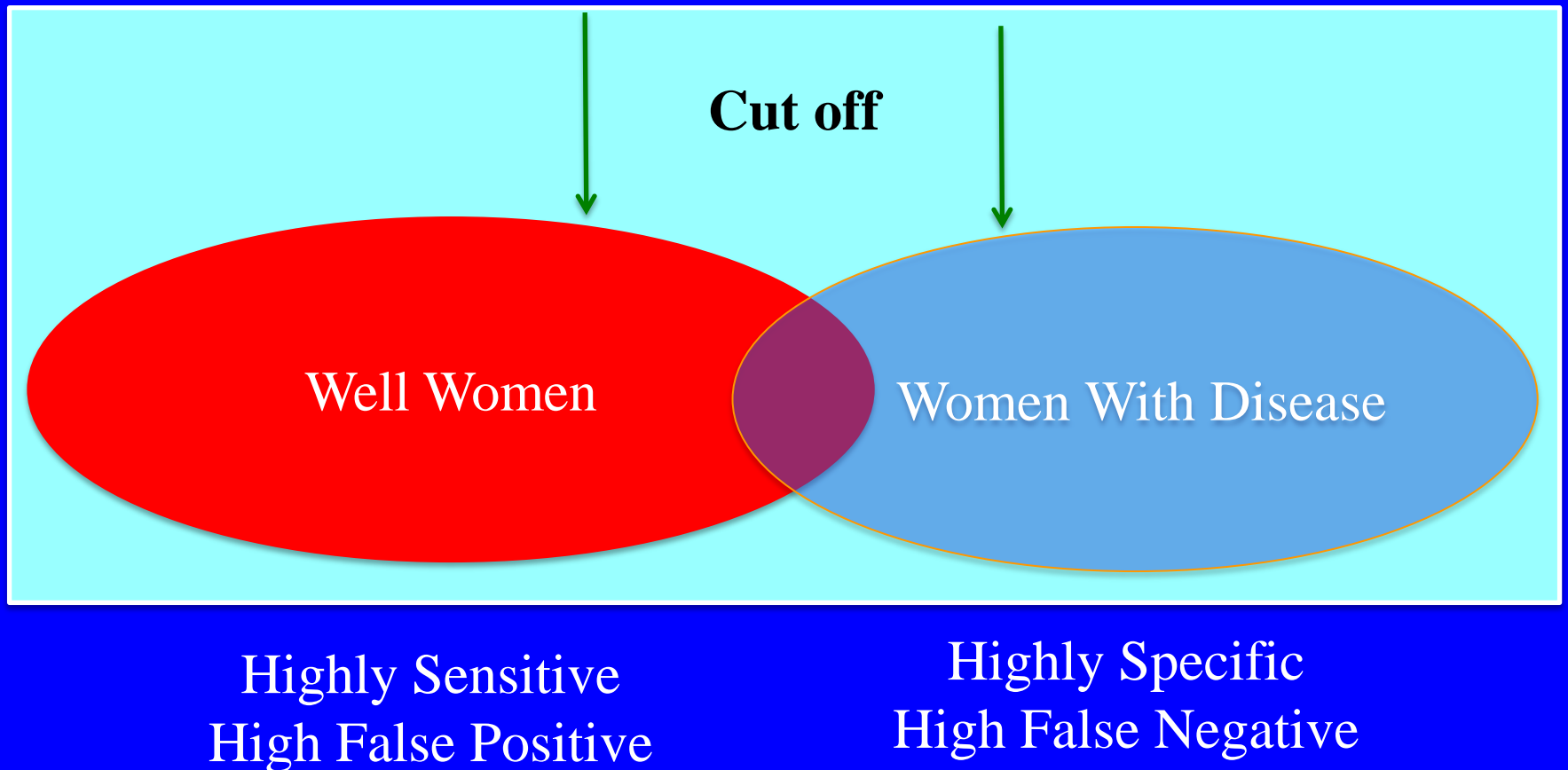




Comment about spectrum

“The most benign condyloma and most worrisome intraepithelial neoplasia are linked by a spectrum of continuous morphological change”

Diagnostic Characteristics



Unintended Consequences



How good is colposcopy?



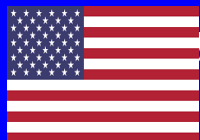
Colposcopy - poor sensitivity and specificity Schneider A, IJC



Randomized trials: poor sensitivity for CIN3+ Stoler M, IJC 2011



Randomized trials: colposcopy as sensitive as immediate LEEP TOMBOLA, BMJ

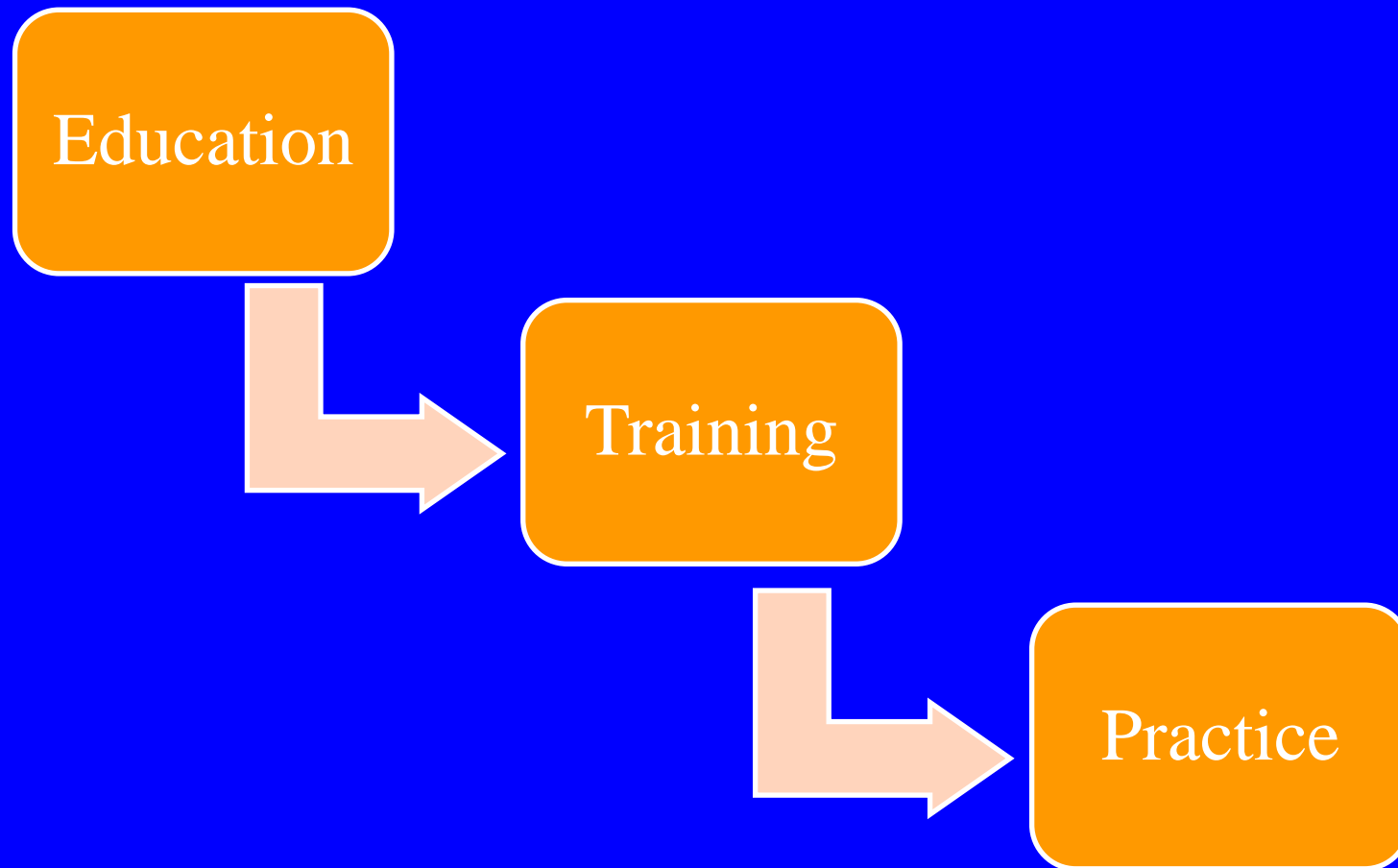


Accuracy of colposcopy CIN3 29-93% in a US trial Pretorius R, JLGTD



Lacks sensitivity in women with positive HPV tests but normal cytology
Petty KU, GO 2012

The 3 EFC Quality Steps



Education



Developed and revised core curriculum

Agreed standards for basic and advanced courses

EFC recognition of courses

Provision of targeted courses

Training

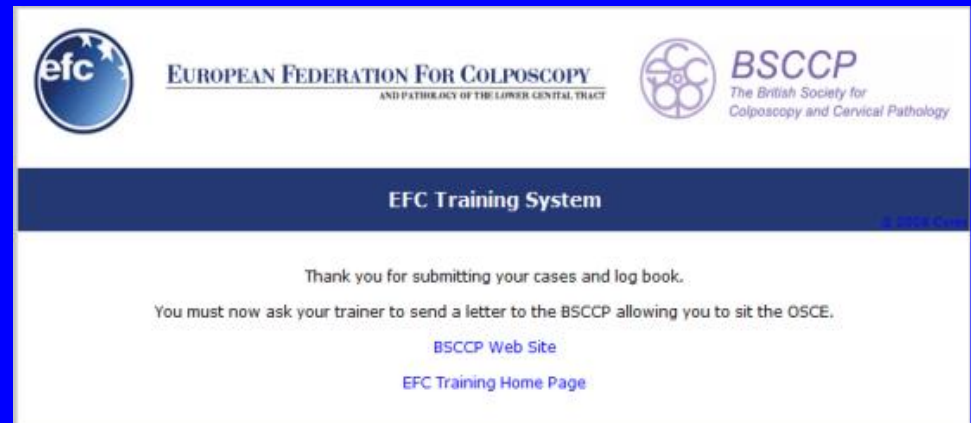


Training programme structure

Caseload

Assessment

Electronic log-book





Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Colposcopy training and assessment across the member countries of the European Federation for Colposcopy



E.L. Moss^{a,*}, C.W.E. Redman^b, M. Arbyn^c, E. Dollery^d, K.U. Petry^e, P. Nieminen^f,
N. Myerson^g, S.C. Leeson^h

Table 1

Presence of a National Structured Training Programme, assessment and re-validation, responses grouped by size of country population.

	Population >20 million (n = 9)	Population 10–20 million (n = 5)	Population 2–10 million (n = 15)	Population <2 million (n = 5)
Training programme	7/9 (78%)	4/4 (100%)	9/13 (69%)	1/5 (20%)
Course for colposcopy training	8/9 (89%)	4/4 (100%)	12/13 (92%)	1/5 (20%)
Committee overseeing training	6/9 (67%)	2/4 (50%)	8/13 (62%)	1/5 (20%)
Assessment as part of training	6/8 (75%)	3/4 (75%)	10/13 (77%)	1/5 (20%)
Training programme an essential requirement to practice	2/8 (25%)	3/4 (75%)	4/13 (31%)	1/5 (20%)
National re-accreditation process	4/8 (50%)	2/4 (50%)	3/13 (23%)	0/5
Would the EFC be of use to your training programme?	7/8 (88%)	4/4 (100%)	9/13 (69%)	5/5 (100%)

Population ≥ 20 million: France, Germany, Italy Poland, Romania, Russia, Spain, Turkey, United Kingdom Population ≥ 10 to <20 million: Belgium, Czech Republic, Greece, Netherlands, Portugal.

Population ≥ 2 to <10 million: Albania, Austria, Croatia, Finland, Georgia, Hungary, Israel, Latvia, Lithuania, FYR Macedonia, Norway, Republic of Ireland, Serbia, Slovakia, Sweden.

Population <2 million: Cyprus, Estonia, Kosovo, Malta, Slovenia.

EBCOG Training Recommendation



EBCOG
The European Board and
College of
Obstetrics and
Gynaecology



Standards of Care for Women's Health in

All colposcopists should have had formal training and be recognised or certificated as suitable to practice colposcopy. All European training programmes should comply with European Federation for Colposcopy (EFC) training standards.

Confusion! 2017

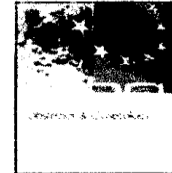


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Full length article

What European gynaecologists need to master: Consensus on medical expertise outcomes of pan-European postgraduate training in obstetrics & gynaecology



Jessica E. van der Aa^{a,b,*}, Annalisa Tancredi^c, Angelique J. Goverde^{d,e,f}, Petr Velebil^{f,g,h}, Jaroslav Feyereisl^{f,g,h,i}, Chiara Benedetto^{c,f,j,k}, Pim W. Teunissen^{l,m}, Fedde Scheele^{a,b,f,m}

The following were proposed as being core skills

- Colposcopy with biopsy
- LLETZ
- Conisation

Quality Assurance

Systematic monitoring and evaluation of the various aspects of a service to ensure that standards of quality are being met

What is a good colposcopist?

- Recognized training
- Certification

Continued medical education

Caseload

Audit



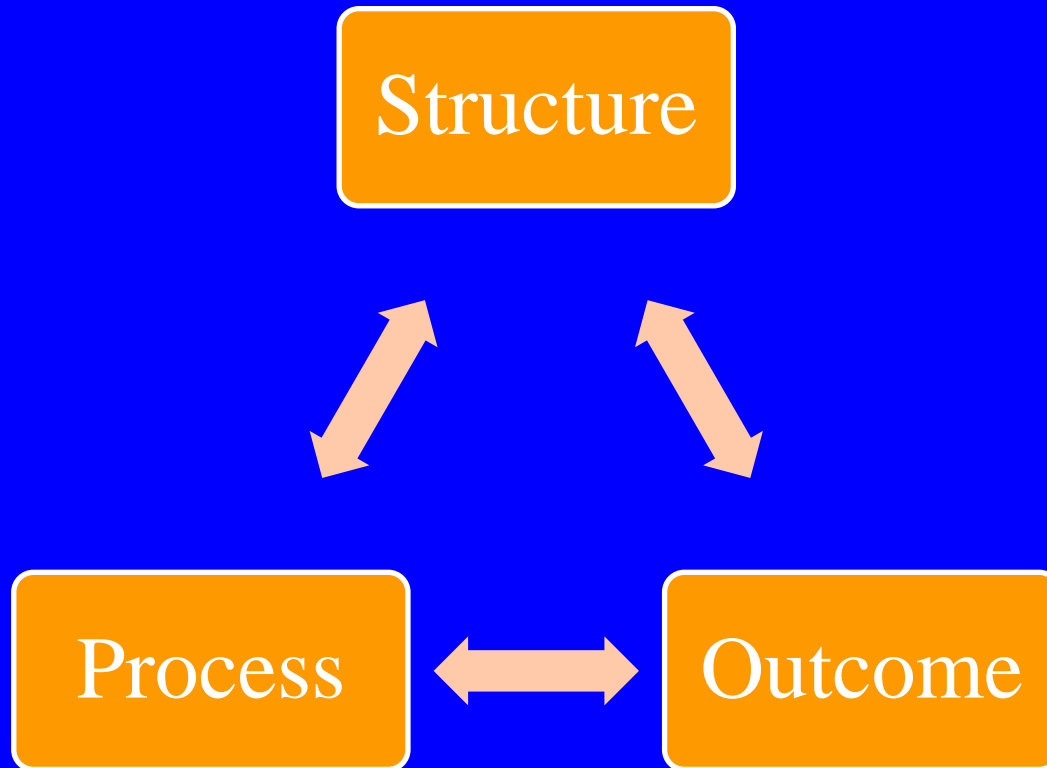
Guidelines

- Colposcopy and Programme Management
- Evidence based guidelines
- Consensus where evidence lacking



Relevant and customised to individual national context

Quality Standards





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journal homepage: www.elsevier.com/locate/ejogrb



European Federation of Colposcopy quality standards Delphi consultation

Esther L. Moss^a, Marc Arbyn^b, Elizabeth Dollery^c, Simon Leeson^d, Karl Ulrich Petry^e,
Pekka Nieminen^f, Charles W.E. Redman^{g,*}

^a Department of Gynaecological Oncology, University Hospitals of Leicester, Leicester, UK

^b Unit of Cancer Epidemiology, Scientific Institute of Public Health, Brussels, Belgium

^c European Federation of Colposcopy, Birmingham, UK

^d Department of Obstetrics and Gynaecology, Betsi Cadwaladr University Health Board, Bangor, Gwynedd, UK

^e Department of Gynaecology and Obstetrics, Klinikum Wolfsburg, Germany

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ABSTRACT

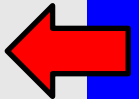
Objective: Optimization of colposcopy practice requires a program of quality assurance including the monitoring of performance indicators. The European Federation of Colposcopy (EFC) aimed to identify a list of quality indicators for colposcopic practice, which are relevant, reproducible and practical across all of the member countries.

Study design: A five-round Delphi consultation was conducted in 30 full, 5 associate and 4 potential member countries in order to determine a core list of quality indicators including optimal target ranges. **Results:** Six indicators were selected from a list of 37 proposed standards. Two further rounds of consultation were conducted to determine expert opinion on the target level for each of the standards. The six indicators identified and corresponding targets were: documentation of whether or not the squamocolumnar junction has been seen (100%); colposcopy prior to treatment for abnormal cervical cytology (100%); percentage of excisional treatments/conizations to contain cervical intra-epithelial neoplasia grade two or worse ($\geq 85\%$); percentage of excised lesions/conizations with clear margins ($> 80\%$); and two indicators concerned the number of cases to be colposcoped per year: > 50 low-grade/

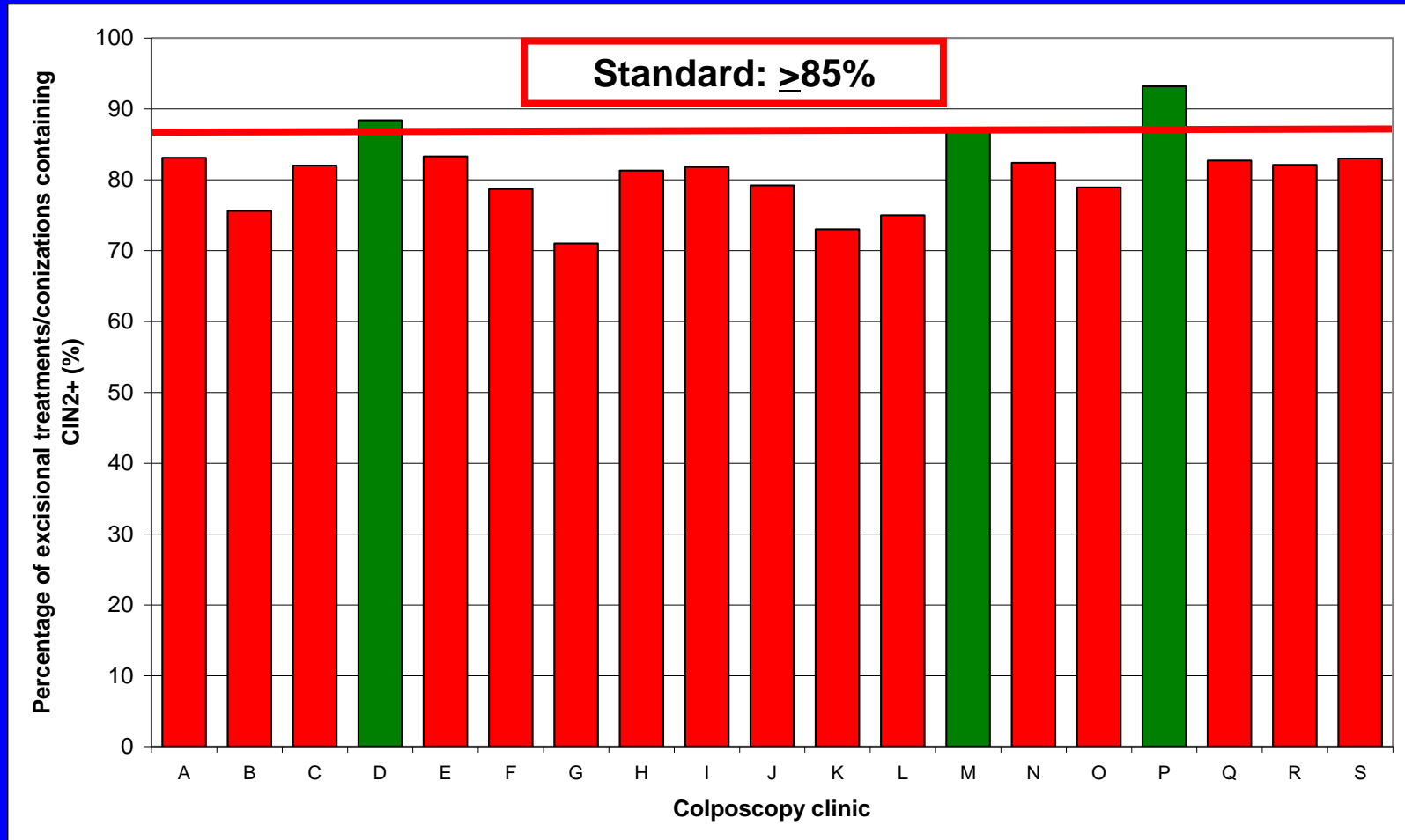
EFC standards 2012



Identified targets	Target
Colposcopic examination prior to treatment	100%
Documentation of SCJ status	100%
% CIN2+ in excisional treatment biopsies	85%
% clear margins in excisional treatment biopsies	80%



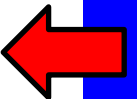
% excisions containing CIN2+



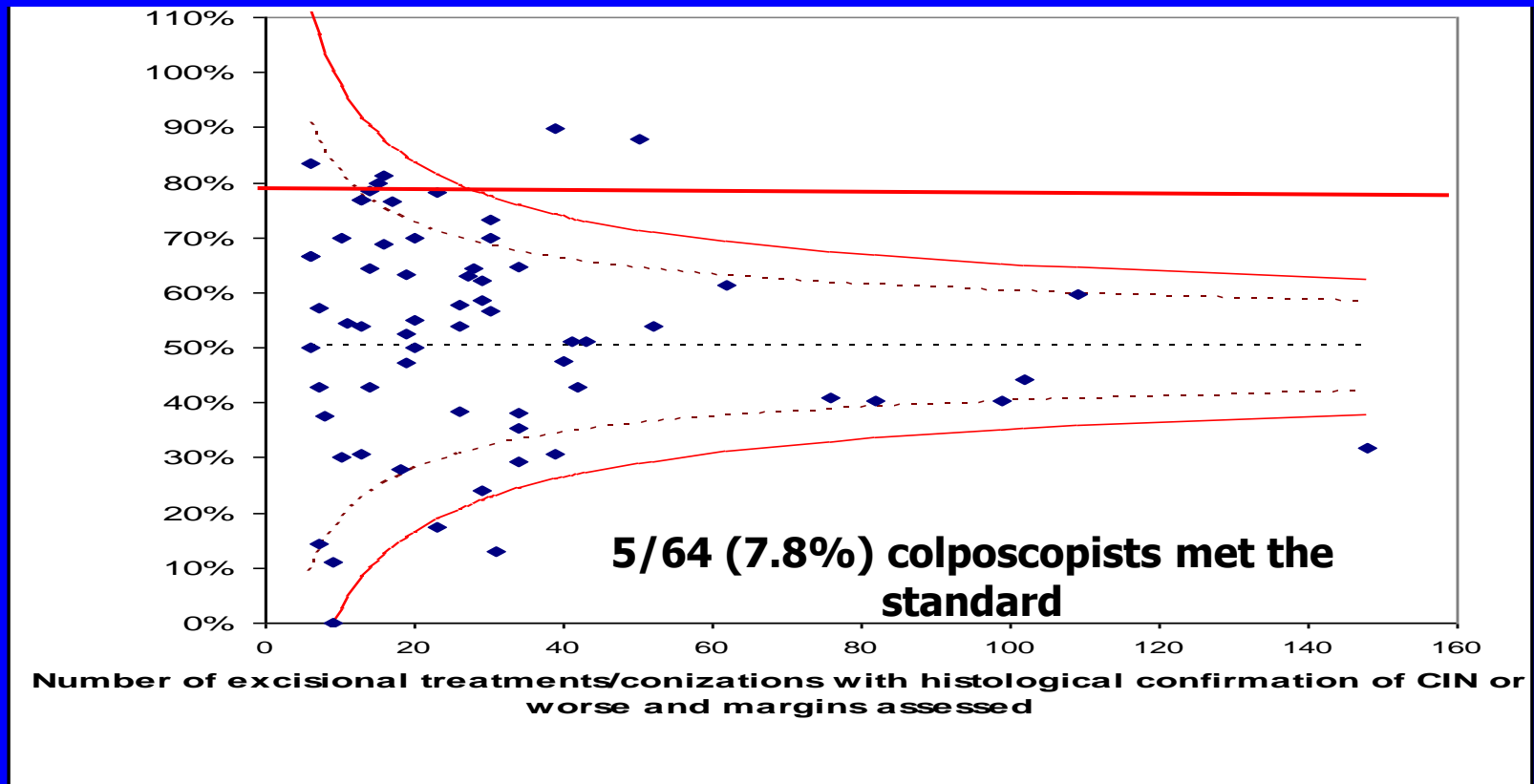
EFC standards 2012



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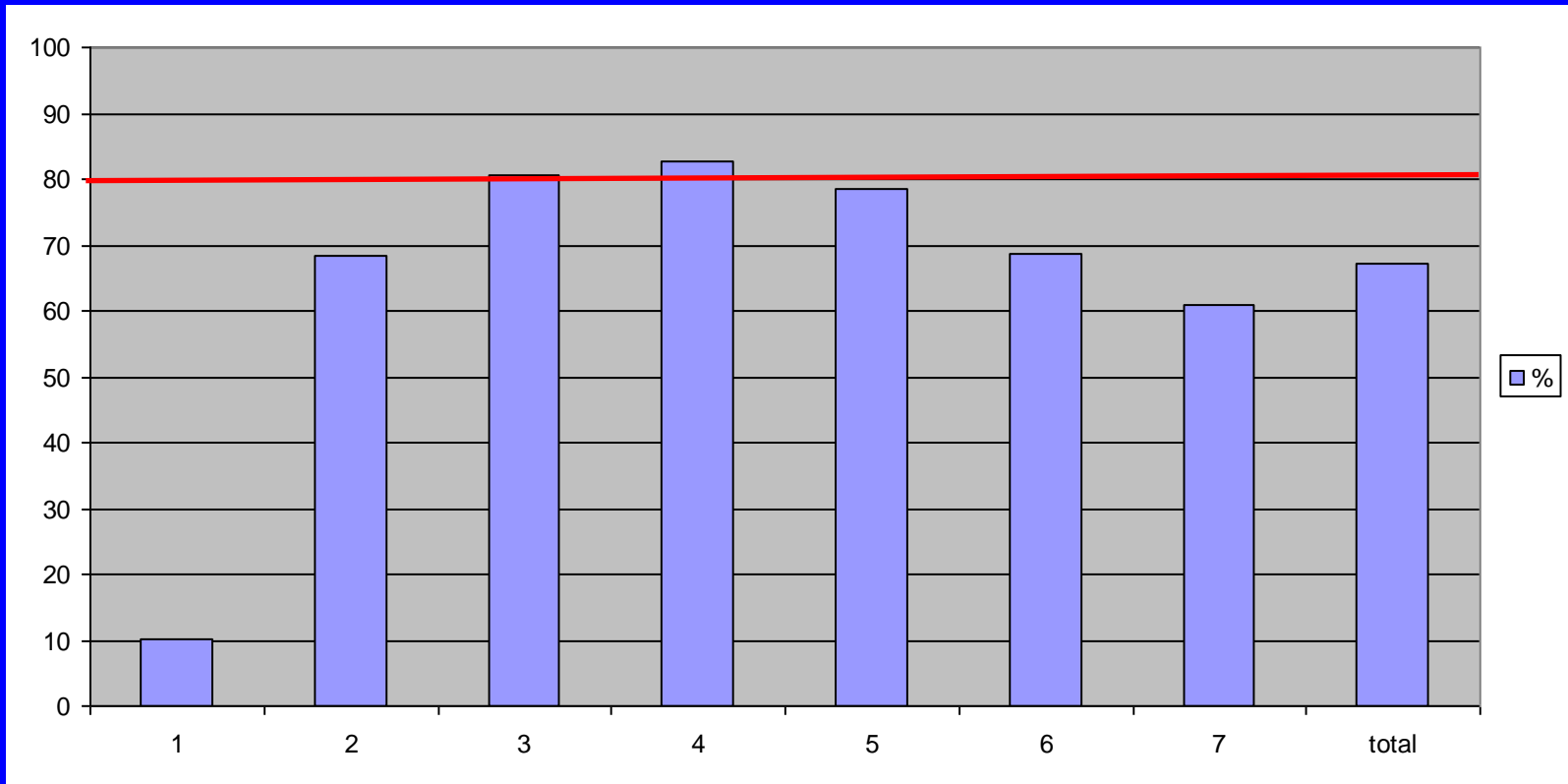


UK (West Midlands) performance % of excisions with clear margins

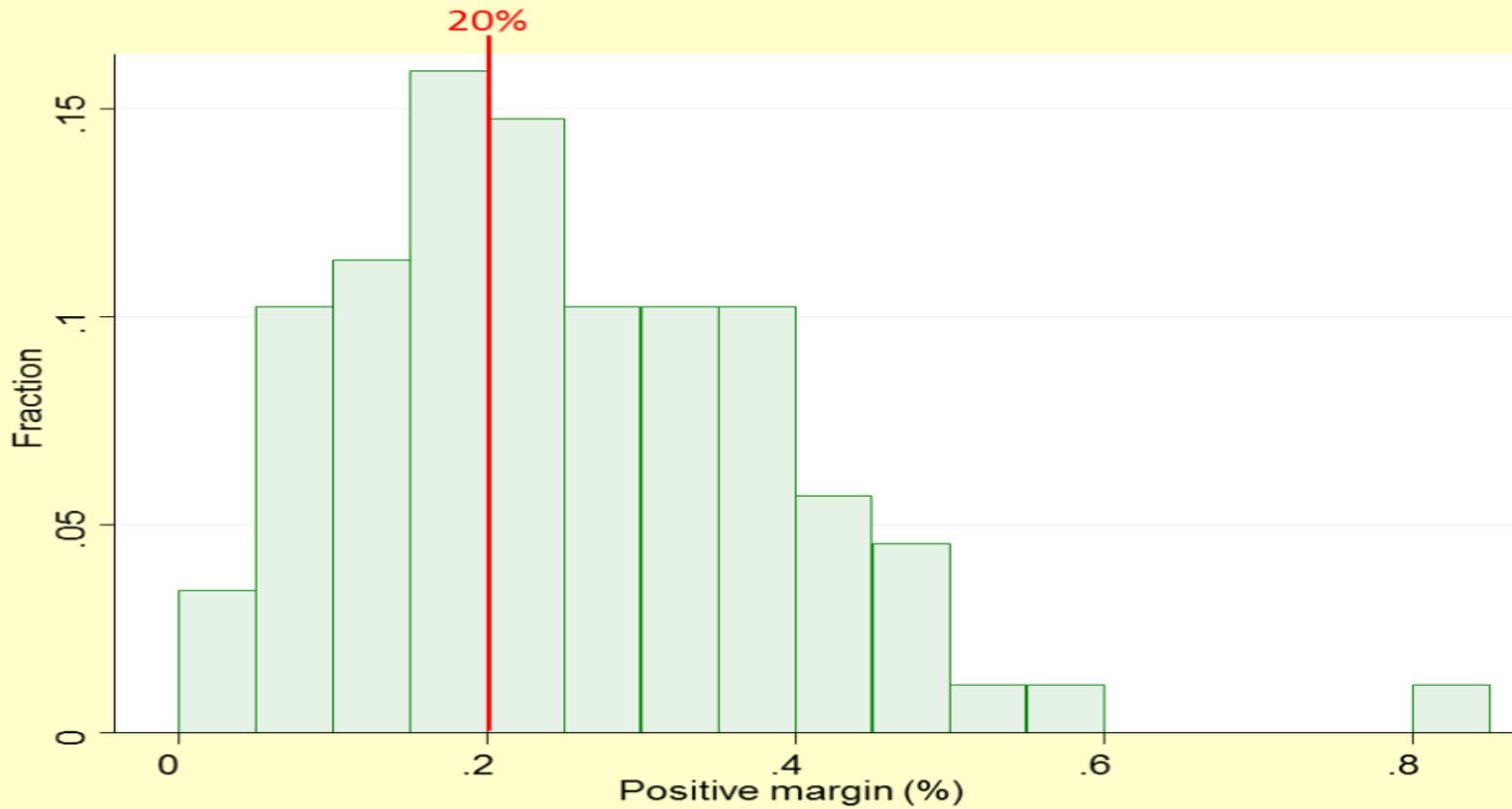


Germany

% of excisions with clear margins



Risk of treatment failure associated with positive section margins of excisional treatment for high-grade CIN: a systematic review and meta-analysis. *Marc Arbyn 2014 review for EFC*



Margin Status

Margin status has poor sensitivity to predict treatment outcome.

HPV status is more sensitive and not less specific compared to the margin status

Use of Standards to improve quality

European Journal of Obstetrics & Gynecology and Reproductive Biology xxx (2015) xxx–xxx



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1 Utility of EFC quality indicators for colposcopy in daily practice: results from an independent, prospective multicenter trial

2 Alexander Luyten ^a, Ingke Hagemann ^b, Sarah Scherbring ^c, Gerd Boehmer ^d,
Friederike Giesecking ^e, Linn Woelber ^e, Frank Glasenapp ^f, Monika Hampl ^g,
Christina Kuehler-Obbarius ^h, Marcus van den Bergh ⁱ, Simon Leeson ^j, Charles Redman ^k,
Karl Ulrich Petry ^{a,*} for “Studiengruppe Kolposkopie eV (SGK)”
and “G-CONE (German Colposcopy Network)”

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3 ^b Partnerschaftsgesellschaft abts + partner, Prüner Gang 7, Kiel, Germany

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^g University Düsseldorf, Clinic for Gynecology and Obstetrics, Moorenstr. 5, Düsseldorf, Germany

^h Frauenarztpraxis, Heussweg 37, Hamburg, Germany

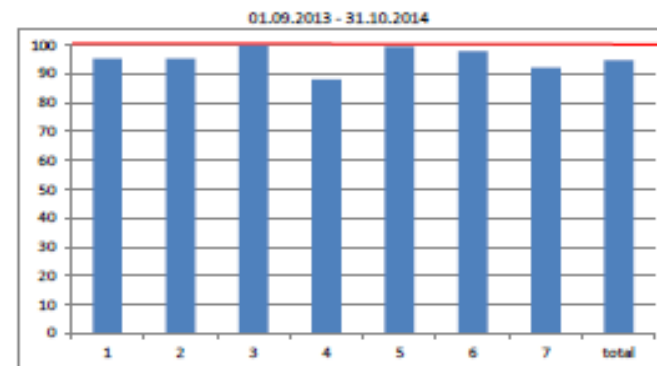
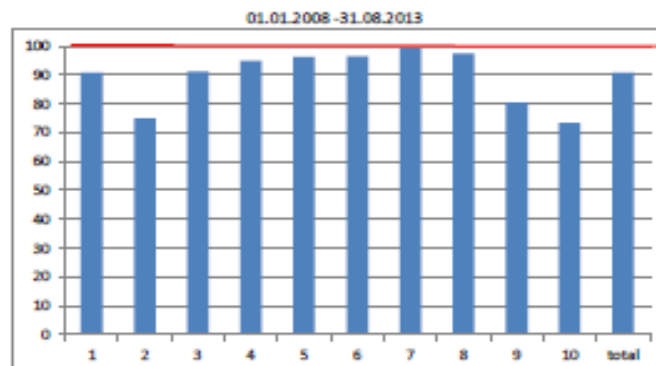
ⁱ Asthenis GmbH, Aschheim, Germany

^j Department of Obstetrics and Gynaecology, Ysbyty Gwynedd, Bangor, Gwynedd LL57 2PW, UK

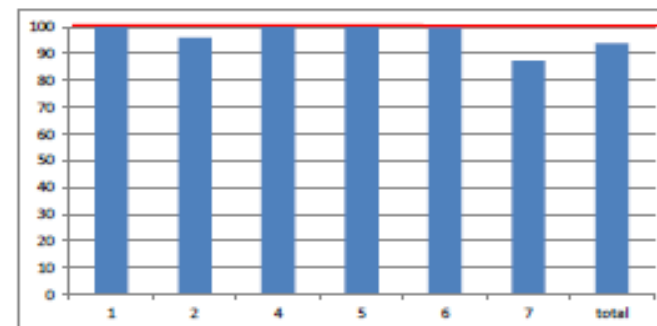
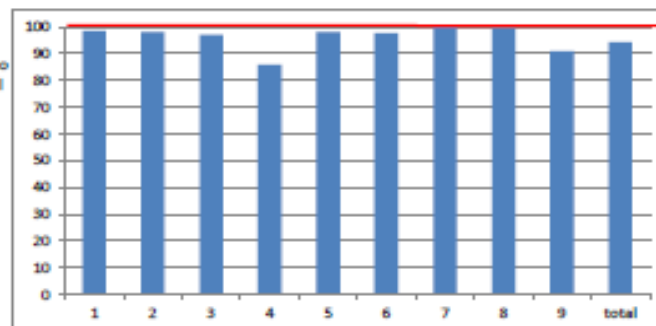
^k Department of Gynaecological Oncology, University Hospital of North Staffordshire, Stoke-on-Trent, UK

a. Documentation of whether the squamocolumnar junction has been

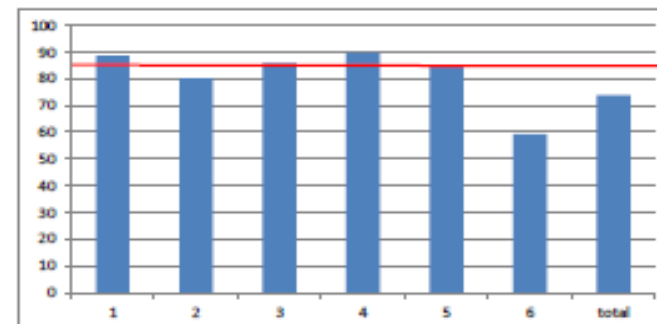
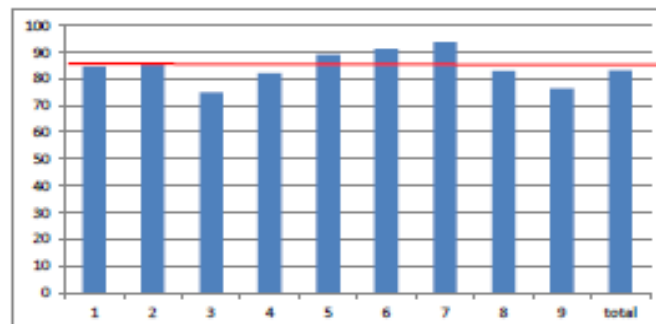
seen or not

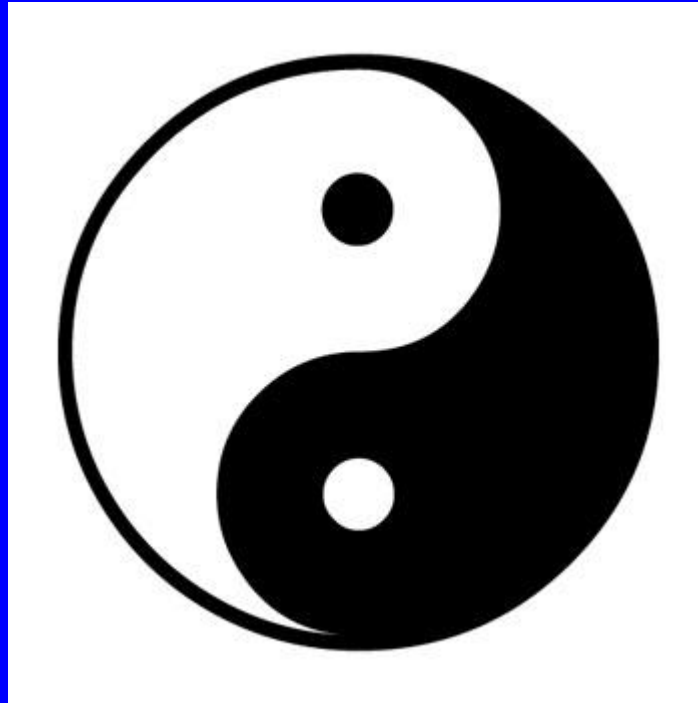


b. Percentage of cases having a colposcopic examination prior to treatment for abnormal cervical cytology



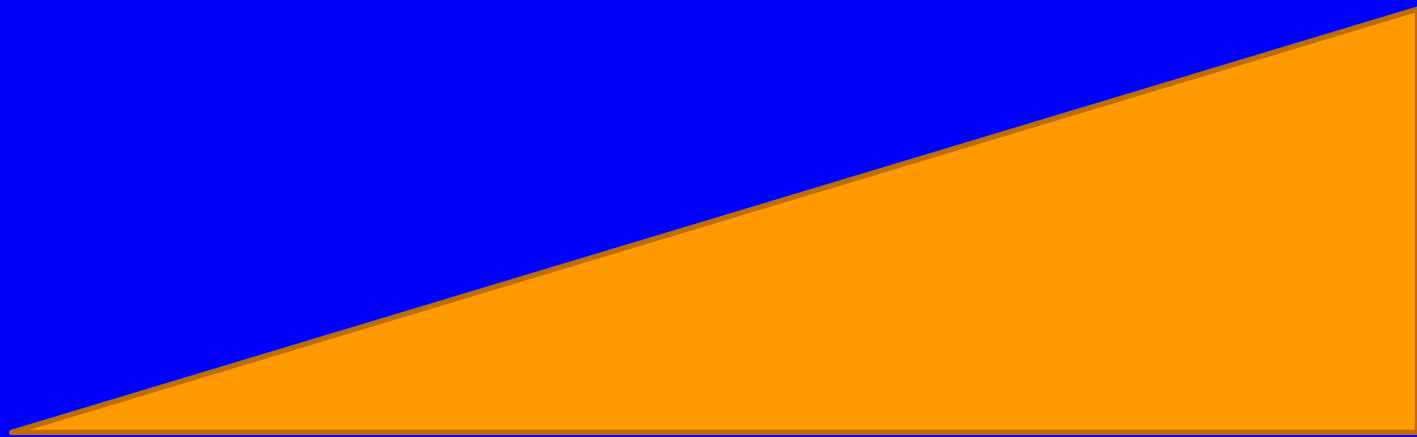
c. Percentage of excisional treatments/conizations containing CIN2+





- Use the quality parameters to assess quality in colposcopy.
- Use the quality assessment to evaluate the quality parameters

Number of Biopsies



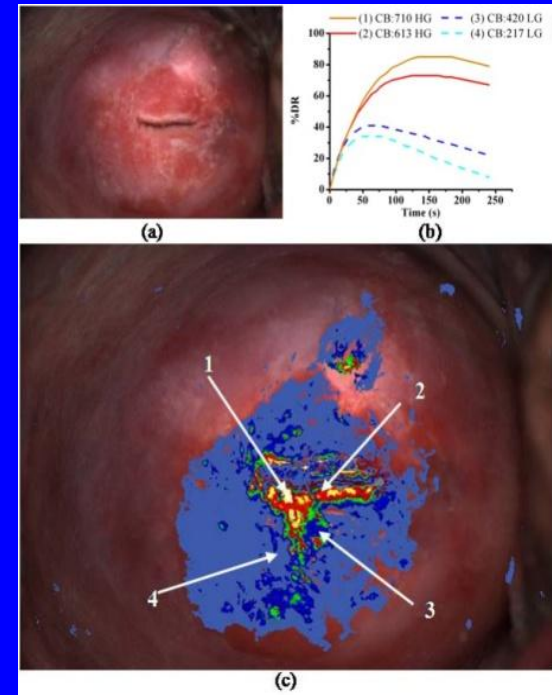
Biopsies



Gage 2006

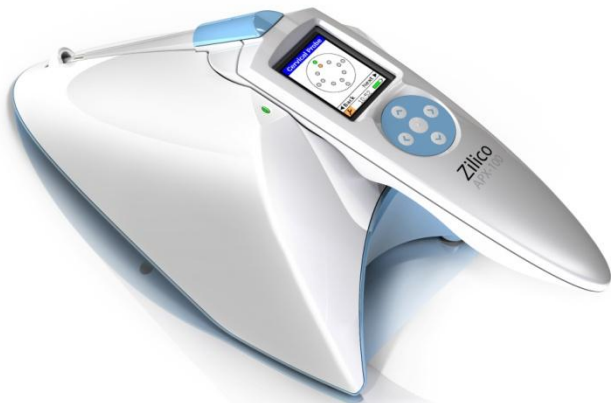
Wentzensen 2015

DySIS



Greater sensitivity than conventional colposcopy

Zedscan



Electrical Impedance Spectroscopy

Conventional colposcopic sensitivity = 88% (80-94)

Significantly improves colposcopic performance
(ROC curve AOC = 0.887 cf. 0.82 in Mitchell's paper)

Performance profile can be adjusted

Tidy et al Br J Obstet Gynaecol 2013;120;400-11

How can colposcopy be improved?



- Recognition
- High quality training / education
- Certification
- Quality Assurance
- Adjunctive technologies



Thank you!

