# **Does length matter?**



# Serbian Advanced Colposcopy Course Belgrade 2016

# Why do we do what we do?

### Progression of cervical disease after HPV infection



# The Aim is to treat CIN2+

CIN



# **Unintended Consequences**



### **Pre-Term Labour and LLETZ?**

#### < 10 mm

#### > 10 mm



## The Evidence – depth of crypts

Cervical Crypt Involvement by Intraepithelial Neoplasia M. C. ANDERSON, MB, MRCPath, AND R. B. HARTLEY, MRCS, LRCP

VOL. 55, NO. 5, MAY 1980

Obstetrics & Gynecology

The second real

Measurements made on a section from a cervical conization specimen. A = depth of the deepest crypt; B = depth of the deepest involved crypt.

#### Depths of Crypts With and Without Involvement by CIN Grade 3

Crypt status	Mean (mm)	Maximum (mm)	Mean +1.96 SD (mm) 95%	Mean +3 SD (mm) 99.7%
Uninvolved	3.38	7.83	5.25	6.30
Involved	1.24	5.22	2.92	3.80

# **Excision Treatment Guidelines**

#### ~~~~

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Peril Control Terraring Programme 1994 March 2000 All

Colposespy and Programme Management

Guidelines for the NPTS Carried Screening Programmer

EDITORS DAVID LUESLEY SIMON LESSON

### Type I TZ

## Excision length 8mm or greater

Cancer Screening Programmes

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## **Potential for harm**

age 35 and less

Histological recurrence and depth of loop treatment of the cervix in women of reproductive age: incomplete excision versus adverse pregnancy outcome

C Ang,<sup>a</sup> A Mukhopadhyay,<sup>a</sup> C Burnley,<sup>b</sup> K Faulkner,<sup>b</sup> PA Cross,<sup>c</sup> P Martin-Hirsch,<sup>d</sup> R Naik<sup>a</sup>

above 35 years



2011



1558 women

loop nategory acc.ta

## **Depth of excision and outcome**

Histological recurrence and depth of loop treatment of the cervix in women of reproductive age: incomplete excision versus adverse pregnancy outcome

C Ang,<sup>a</sup> A Mukhopadhyay,<sup>a</sup> C Burnley,<sup>b</sup> K Faulkner,<sup>b</sup> PA Cross,<sup>c</sup> P Martin-Hirsch,<sup>d</sup> R Naik<sup>a</sup>



Figure 3. Kaplan–Meier survival curves for histological recurrence at different loop depths in women  $\leq$ 35 years versus >35 years of age. Higher recurrence seen at lower depths in older women, but no difference in younger women.

#### No association between depth and outcome in women < 35 yrs

# Considerations

- CIN is a dynamic process
- Biological variables
- Treatment is based on an anatomical model
- Excision can cause harm
- Paucity of detailed outcome data

### **LLETZ length and outcome in Type 1 TZ**



# **Review of LLETZ specimens**

- 1237 treatments April 2012 May 2014
- 76% Type 1 (n=938)
- Median age 31 (24-64)

# **Excision Margins** (n=654)

Length	Complete	Ecto	Endo	NA	Total
2-7	15 (17%)	51 (57%)	20 (22%)	4 (4%)	90
8-10	78 (31%)	137 (54%)	35 (14%)	3 (1%)	253
11+	110 (35%)	178 (57%)	19(6%)	4 (1%)	311



Complete

Endocervical involved

# **Outcome - cytology**



### **Outcome – Test of Cure at 6 mo**



Chi-squared test yielded a p-value of 0.636

# **Summary of findings**

- 86% of excisions 8<sup>+</sup> mm (standard=95<sup>+</sup>%)
- 47% 10<sup>+</sup> mm (9% 15<sup>+</sup> mm)
- No association between depth and outcome in

### Type I TZ

• Smoking associated with outcome!

# Fly a kite!



# **Parting Comments**

- 36% of excisions after CIN2+ biopsies contain CIN1 or less (14% no CIN)
- Depth of excision does not influence outcome
- Immune modulation ?
- Significance of CIN changes with age?

# **Parting Comments**



#### Is this the best way to treat viral disease?

## EFC Symposium PARIS 11<sup>™</sup> JANUARY 2017

#### General Assembly

Recommendations on quality standards in education and practice in colposcopy

Register on www.efcolposcopy.eu



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