Review of the Guidelines for Cervical Screening in New Zealand

Presentation for colposcopists
September 2008
Presentation overview

- The review process
- Guidelines overview and key changes
- HPV testing
- Further information
The new guidelines

- Title: “Guidelines for Cervical Screening in New Zealand”
- Update 1999 guidelines
- Provide recommendations on management of women participating in cervical screening
  - assessment, treatment and follow-up
  - are guidelines ie, they do not override clinical decisions, particularly if women have clinical symptoms
The review process

• Two multidisciplinary expert working groups

• Extensive review of literature and guidelines of other countries

• NSU commissioned cost-effectiveness evaluation:
  – Guidelines (without HPV testing) – cost-effective but neutral in cancer impact
  – HPV testing for triage of women over 30 yrs – would reduce cervical cancer cases
  – 100% LBC plus HPV triage – cost-effective
  – HPV testing post-treatment – found to be cost effective and lead to long term savings.
The 5 main sections

- Management of women with normal cervical smears
- Management of women with unsatisfactory cervical smears
- Management of women with abnormal cervical smears
- Management of women in special clinical circumstances
- HPV testing guidance
Guidelines overview and key changes
The most significant changes

• Changes to follow-up time for women with low grade smear abnormalities

• Additional information on various clinical circumstances

• The introduction of HPV testing (from 1 July 2009)
Age range and screening interval

- Age range and screening interval unchanged – for review by NSU within 3-5 years
- Women under 20 years **must not** be routinely screened
  - can cause more harm than benefit
  - no screening women <25 yrs
  - 3 year interval for women 25-49 yrs
  - 5 year interval for women >50 yrs.
Management of women with normal cervical smears

• Recall in 3 years – not before

SHORT INTERVAL RE-SCREENING
- Represents unnecessary use of NCSP resources
- Impacts on laboratory turn around times
- Can lead to inappropriate treatment
Management of women with unsatisfactory smears

- Repeat the smear within 3 months

- There may be situations where LBC offers some advantage over conventional smears, such as women with:
  - excessive cervical mucus, discharge or blood
  - recurrent inflammatory smears
  - recurrent unsatisfactory smears

Liquid Based Cytology Policy (2006)
Management of women with abnormal cervical smears
### Cervical Smear Report

<table>
<thead>
<tr>
<th>Cervical Smear Report</th>
<th>Guideline</th>
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| **ASC-US or LSIL**    | - Women aged 20 - 29 years with no abnormal smear reports within the last 5 years  
                      | Repeat cervical smear in 12 months |
|                       | - Women aged 30 years and over with one (or more) normal smear reports in the last 5 years  
                      | Repeat cervical smear in 12 months |
|                       | - Women aged 30 years and over who haven't had a smear in the last 5 years should be offered either a repeat smear within 6 months or a referral to colposcopy.  
                      | *HrHPV testing as from 1 July 2009* |

**ie:** - extends time for repeat smear from 6 to 12 months  
- HrHPV testing from 1 July 2009
**Low-grade: colp. assessment**

<table>
<thead>
<tr>
<th>COLPOSCOPIC ASSESSMENT</th>
<th>GUIDELINE</th>
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</table>
| Satisfactory and normal | Refer back to the smear taker for two annual smears.  
1. If either smear is abnormal, refer for repeat colposcopy.  
2. If both smears are negative, resume routine screening. |

Note: recall 12 months rather than 6 months

| Unsatisfactory | Cytology review is recommended.  
• If low-grade cytology is confirmed on review, repeat colposcopy and cytology in 12 months.  
• Management may be individualised…. |
Low-grade: colposcopy assessment
Low-grade: histology confirmed

<table>
<thead>
<tr>
<th>HISTOLOGY REPORT</th>
<th>GUIDELINE</th>
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<tbody>
<tr>
<td>Histologically confirmed low grade squamous abnormalities</td>
<td><strong>Treatment is not recommended,</strong> as such lesions are considered to be an expression of a productive HPV infection. Refer back to smear taker for repeat cytology at 12 and 24 months. If both smears are negative, it is recommended that the woman return to routine screening. If either repeat smear shows ASC-US / LSIL or higher ie: HSIL / ASC-H / AGC /AIS then the woman should be referred back to colposcopy.</td>
</tr>
</tbody>
</table>

**Note:** recall at 12 months rather than 6 months
High-grade: ASC-H/HSIL

<table>
<thead>
<tr>
<th>CERVICAL SMEAR REPORT</th>
<th>GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-H</td>
<td>Refer for colposcopy</td>
</tr>
<tr>
<td>HSIL</td>
<td>Refer for colposcopy and targeted biopsy where indicated.</td>
</tr>
<tr>
<td>HSIL with suspected invasion</td>
<td>Urgent referral to a colposcopist or oncologist</td>
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More information on colposcopic assessment of ASC-H/HSIL and on various treatment methods
### High-grade: colp. assessment

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<th>COLPOSCOPIC ASSESSMENT</th>
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<tbody>
<tr>
<td>Satisfactory and abnormal</td>
<td>Targeted biopsy should be performed for histological diagnosis. Where biopsy confirms CIN 1, manage based on MDM.</td>
</tr>
</tbody>
</table>
| Satisfactory and normal colposcopy or negative biopsy | Cytology review is recommended  
**If review confirms high-grade, repeat colposcopy and cytology within 3 months:**  
1. If colposcopy and cytology normal at 3 months repeat cytology in 12 months.  
2. If colposcopy or cytology LSIL at 3 months, individualise management based on multidisciplinary team review.  
3. If colposcopy or cytology HSIL at 3 months, treatment is indicated.  

*HrHPV testing to assist management as from 1 July 2009* |
| Unsatisfactory colposcopy | Cytology review is recommended  
If review confirms ASC-H / HSIL, cone biopsy is recommended.  
If review confirms normal or ASC-US or LSIL, manage based on MDM. |
High-grade: ASC-H / HSIL

colposcopy
High-grade: confirmed CIN 2/3

Additional guidance on use of:

- Ablative therapy
- Cryotherapy
- LEEP, LLETZ
- Cold knife cone biopsy
- Hysterectomy
- See and treat
- Treatment of women who plan to have children
<table>
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<tr>
<th>FOLLOW UP</th>
<th>GUIDELINE</th>
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<tbody>
<tr>
<td>Routine follow up</td>
<td>A woman treated for CIN 2 or 3 should have a colposcopy and smear in 6-12 months.</td>
</tr>
<tr>
<td></td>
<td>A cervical smear should be taken 12 months after treatment and annually thereafter until the age of 70.</td>
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<tr>
<td></td>
<td><strong>As from 1 July 2009, HrHPV testing ....</strong></td>
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</table>
Proportionally, cervical adenocarcinomas are increasing.

Glandular lesions carry a significant risk of cancer.

Colposcopic assessment is mandatory for cytology suggesting glandular abnormalities.

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<thead>
<tr>
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<tbody>
<tr>
<td>AGC or AIS or adenocarcinoma</td>
<td>Refer to a colposcopist or to an oncologist.</td>
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</table>
High-grade: glandular colposcopy

Atypical glandular cells (AGC) (AG1-5)
Adenocarcinoma in situ (AIS)
Adenocarcinoma (AC 1-4)

Colposcopy

Satisfactory & normal
- Cytology review
  - Cytology confirmed
    - Cone biopsy and D&C
  - Not confirmed
    - Multi-disciplinary team review

Satisfactory & abnormal
- Consistent with cancer
  - Cone biopsy and D&C
- Favoured a neoplastic process (AIS)
  - Punch biopsy and refer to gynaecological oncologist
  - Cone biopsy and D&C

Unsatisfactory
- Cytology review
  - Confirmed favouring a neoplastic process
    - Cone biopsy and D&C
  - Not confirmed
    - Multi-disciplinary team review
For example:

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<thead>
<tr>
<th>SPECIAL CIRCUMSTANCE</th>
<th>GUIDELINE</th>
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<tr>
<td>Pregnancy</td>
<td>Cervical smears and colposcopy are not contraindicated, however, it is not necessary to do routine cervical smears.</td>
</tr>
<tr>
<td></td>
<td>Low-grade cytology lesions - a repeat smear after 12 months.</td>
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<tr>
<td></td>
<td>High-grade lesions should be referred for colposcopic evaluation.</td>
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<tr>
<td>Immunosuppressed women</td>
<td>Refer abnormal smear results for colposcopy, even for a low-grade lesion.</td>
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Summary: indications for case review

- HSIL in women under 20 years
- Discordance between cytology and colposcopy:
  - HSIL and normal colp. assessment
  - Abnormal glandular cytology and normal colp. assessment
  - Persistent LSIL and normal colp. assessment.
- Unsatisfactory colposcopy and suggested high-grade disease.
High risk HPV (HrHPV) testing
HrHPV testing

• Tests for 13 high risk HPV genotypes

• Very high negative predictive value (approx 99%)

• A positive HPV test indicates increased risk of developing a high grade lesion but does not indicate the presence of abnormal cell changes.

• HPV testing is a useful adjunct to management.

• Can be requested with LBC or as a separate swab.
- Operational from 1 July 2009.
- “NCSP Best Practice Guidance on HPV Testing” is available at www.nsu.govt.nz
- Of benefit in 3 main areas of management.
1. HPV testing for triage of low-grade smears
Triage with HPV testing

- For:
  - Women 30 years and over
  - No abnormal smear reports in the last 5 years
  - Low-grade smear result (ASCUS/LSIL)

- Use of ‘reflex testing’ – LBC or co-collection

- Women who test positive for HrHPV will be referred to colposcopy. Women who are HrHPV negative return to 3 yearly recall (following another negative smear).
HPV triage ASC-US/LSIL
2. HPV testing post-treatment
HPV testing: post-treatment

- Following treatment for pre-cancerous lesions
- Substitutes for annual smears for life
- 2 negative HPV and smear tests - return to normal screening
- Will require close monitoring of long term safety
HPV testing: post-treatment

Colposcopy follow-up with cytology at 6-12 months

Cytology and HrHPV test 12 months post-treatment and again at 24 months post-treatment

HrHPV negative, cytology negative on both testing occasions
- Return to 3-yearly screening

HrHPV positive or cytology ≥ ASC-H at either event
- Refer to colposcopy

HrHPV negative, cytology ASC-US / LSIL
- Repeat cytology and HrHPV testing 24 months post-treatment

HrHPV positive, refer to colposcopy irrespective of cytology result

HrHPV negative, cytology negative, repeat cytology in 12 months

HrHPV negative, cytology ASC-US/LSIL, consider referral to colposcopy or continue annual screening

HrHPV negative, cytology ≥ ASC-H, refer to colposcopy

HrHPV positive, refer to colposcopy irrespective of cytology result
HPV testing post-treatment (extended)
• ‘Discordant’ results: eg; a high-grade smear result but colposcopy appears normal

• HPV testing assists in management

• Similar to ‘test of cure’ flowchart
• Women
• Smear takers
• Laboratory staff
• Other health professionals
- www.nsu.govt.nz
- Screening Matters
Thank you.