Colposcopy Standards

Introduction

Nicolas Wentzensen M.D., Ph.D., M.S.
National Cancer Institute

Warner Huh M.D.
University of Alabama
Disclosures

No conflicts
Colposcopy in the US

- Hundreds of thousands colposcopies performed every year
- Performed by Ob/Gyn, Family Practice, Internists, NPs, PAs
- Large country, many remote areas that need coverage but have low volumes
- No nation-wide integrated healthcare system, no screening or precancer registries
- Training is highly inconsistent: Residency, courses (e.g. ASCCP), mentorship training, self-education
- No formal certificate of colposcopy competence
- No formal colposcopy guidelines/ standards
Goals

- Develop colposcopy standards for the US setting
- Evidence-based, expert consensus
- Focus on role of colposcopy in cervical cancer prevention
- Describe minimal standards and optimal approaches
- Emphasis on approaches that can be implemented in the current US setting while serving as foundation for future improvements
- Simplification: Clear message in training, wide outreach
- Harmonization with international standards as much as possible
ASCCP Colposcopy Standards Timeline

1/2015
ASCCP board initiates Colposcopy Standards effort

10/2015
Steering committee finalizes charges, appoints working group members

7/2016
Literature search and abstraction

10/2016
Working groups present draft recommendations

1/2017
Working group members vote on recommendations

3/2017
Open comments period

4/2017
World congress presentation

6-7/2017
Finalize recommendations, publication
Colposcopy standards working groups

Working Group 1: Role of colposcopy, Benefits and Harms and Terminology
(Michelle Khan/ Warner Huh/ Mark Schiffman)

Working Group 2: Risk-Based Colposcopy and Biopsy
(Nicolas Wentzensen/ Stu Massad)

Working Group 3: Colposcopy procedures and Adjuncts
(Alan Waxman/ Candy Tedeschi/ Christine Conageski)

Working Group 4: Quality Control
(Mark Einstein/ E.J. Mayeaux)
Risk-based approach to colposcopy (example ALTS)

Two-Year Risk of CIN2+ (%)

- Normal + <HSIL/HSIL
- Low-grade + <HSIL
- High-grade + <HSIL
- Low-grade:
  - Low-grade + HPV16-
  - Low-grade + <HSIL + HPV16-
- High-grade:
  - High-grade + HPV16-
  - High-grade + <HSIL + HPV16-
  - High-grade + HSIL + HPV16-
- Colposcopy:
  - Normal + <HSIL/HSIL
  - Low-grade + HPV16-
  - Low-grade + <HSIL + HPV16-
  - High-grade + HPV16-
  - High-grade + <HSIL + HPV16-
  - High-grade + HSIL + HPV16-

IFCPC 2017 World Congress
Evidence-based approach

- Literature search terms were provided centrally for all working groups
- Each working group organized review and data abstraction for their charges
- Some areas had very limited evidence, relied strongly on expert opinion
- Conducted member survey to assess current state of practice among ASCCP members
- For some charges, additional systematic reviews and meta-analyses were conducted, including unpublished datasets
Focus on implementation

- Balance precision and complexity
- Approaches need to be robust and reproducible
- As much as possible, WGs tried to harmonize with other programs (e.g. terminology, QC criteria)

Dynamic process:
- Some recommendations may need to be updated when screening practice, vaccination coverage change
- Additional topics will be addressed in the future (e.g. ECC, extracervical colposcopy)