The value of the IFCPC nomenclature in colposcopy practice

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Disclosures

- Elise de Castro Hillmann and Djamal Berbiche
  - No financial relationships or conflict of interest to disclose

- Omar Moreira Bacha
  - Merck: paid speaker
Introduction

• IFCPC Nomenclature
  • tool
  • help interpretations of the colposcopy findings
  • predicting the histological findings
  • ensuring that guided biopsies are taken from the worse lesion areas

• standardized terminology
  • scientific research and further comparisons

Introduction

- Colposcopy diagnosis

Which one agrees better with histology: the colposcopist’s feeling or the IFCPC nomenclature?
Methods

- Hôpital Charles Le-Moyne, QC, Canada
- Experienced colposcopists (+10y experience)
- n=912
  - Live colposcopy
    - n=228
  - Static colposcopic image evaluations
    - n=684
    - All photographs were classified as adequate for evaluation

Methods

• Colposcopist feeling/impression= Colposcopy diagnosis (report)

• IFCPC Nomenclature= accordingly to the colposcopic findings
  • Most serious characteristic
Methods

• Colposcopy diagnosis and IFCPC Nomenclature diagnosis

  • Normal/Benign
  • Low Grade
  • High Grade
  • Cancer
Kappa interpretation

<table>
<thead>
<tr>
<th>Kappa</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 0</td>
<td>Less than chance agreement</td>
</tr>
<tr>
<td>0.01–0.20</td>
<td>Slight agreement</td>
</tr>
<tr>
<td>0.21–0.40</td>
<td>Fair agreement</td>
</tr>
<tr>
<td>0.41–0.60</td>
<td>Moderate agreement</td>
</tr>
<tr>
<td>0.61–0.80</td>
<td>Substantial agreement</td>
</tr>
<tr>
<td>0.81–0.99</td>
<td>Almost perfect agreement</td>
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Results
All cases were classified in 4 categories: Normal/Benign, Low Grade, High Grade and Cancer

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Weighted Kappa</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colposcopist diagnosis vs IFCPC Nomenclature diagnosis</td>
<td>K=0.7784</td>
<td>0.7435-0.8134</td>
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</table>

Only adequate colposcopies

<table>
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<tr>
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<tbody>
<tr>
<td>Colposcopist diagnosis vs IFCPC Nomenclature diagnosis</td>
<td>K=0.8000</td>
<td>0.7636-0.8365</td>
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Substantial agreement
<table>
<thead>
<tr>
<th>Agreement with histology</th>
<th>Weighted Kappa</th>
<th>Confidence Interval</th>
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<tbody>
<tr>
<td>Colposcopist diagnosis</td>
<td>K=0.2917</td>
<td>0.2310-0.3523</td>
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<tr>
<td>IFCPC Nomenclature diagnosis</td>
<td>K=0.2765</td>
<td>0.2183-0.3347</td>
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Only adequate colposcopies

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<th>Weighted Kappa</th>
<th>Confidence Interval</th>
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</thead>
<tbody>
<tr>
<td>Colposcopist diagnosis</td>
<td>K=0.2839</td>
<td>0.2172-0.3505</td>
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<tr>
<td>IFCPC Nomenclature diagnosis</td>
<td>K=0.2597</td>
<td>0.1958-0.3236</td>
</tr>
</tbody>
</table>

All cases were classified in 4 categories: Normal/Benign, Low Grade, High Grade and Cancer

Fair agreement
Discussion

- **Substantial agreement between colposcopist feeling and IFCPC nomenclature.**
  - 4 categories: Normal/Benign, Low Grade, High Grade, Cancer

- Both diagnosis (colposcopist feeling and IFCPC nomenclature) presented only a fair agreement with histology.
  - 4 categories: Normal/Benign, Low Grade, High Grade, Cancer

- **2002 IFCPC Nomenclature**
  - High grade: Sensitivity 61.1%, Specificity 94.4%

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Discussion

• The colposcopy adequacy does not improve colposcopy agreement with histology.
  
  • One of the changes in the last terminology (previous satisfactory/unsatisfactory) \(^1,^6\)
  
  • Is adequacy assessment really necessary?

Discussion

• Colposcopy new role 7
  • New cervical cancer prevention programs
  • Impact of HPV Vaccine

• Rarer lesions
• How new colposcopists will be trained?

Discussion

- Maybe IFCPC colposcopy recommendations should be focus on:
  - Simplify nomenclature
  - Systematic multiple biopsies
  - Triage of invasive lesions
    - Ensure faster histological diagnoses
    - Ensure faster treatment

Thank You

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