

IFCPC Distance Learning Course for Latin America

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Disclosures

- No financial relationships or conflict of interest to disclose



Cervical Cancer Statistics on Americas

	Americas	Caribbean	Central America	Northern America	South America
Population					
Women at risk for cervical cancer (Female population aged ≥ 15 yrs) in millions	388.7	16.5	62.9	147.8	161.5
Burden of cervical cancer					
Annual number of new cervical cancer cases	83,195	5,018	18,792	14,377	45,008
Standardised incidence rates per 100,000 population	14.9	21.0	23.5	6.6	20.3
Annual number of cervical cancer deaths	35,673	2,254	6,937	7,108	19,374
Standardised mortality rates per 100,000 population	5.9	8.6	8.9	2.6	8.6

<http://www.hpvcentre.net/statistics/reports/XMX.pdf>



Why do we need to perform a Colposcopy

- To recognize HSIL in presence of an abnormal screening test
- To recognize the type and size of TZ
- To rule out or recognize cancer
- To recognize normality
- To facilitate appropriated treatment



Why do we need to train colposcopists?

A normal colposcopy examination is associated with a very high
NEGATIVE PREDICTIVE VALUES in the presence of Mild or Borderline
PAP smears or High Risk HPV infection



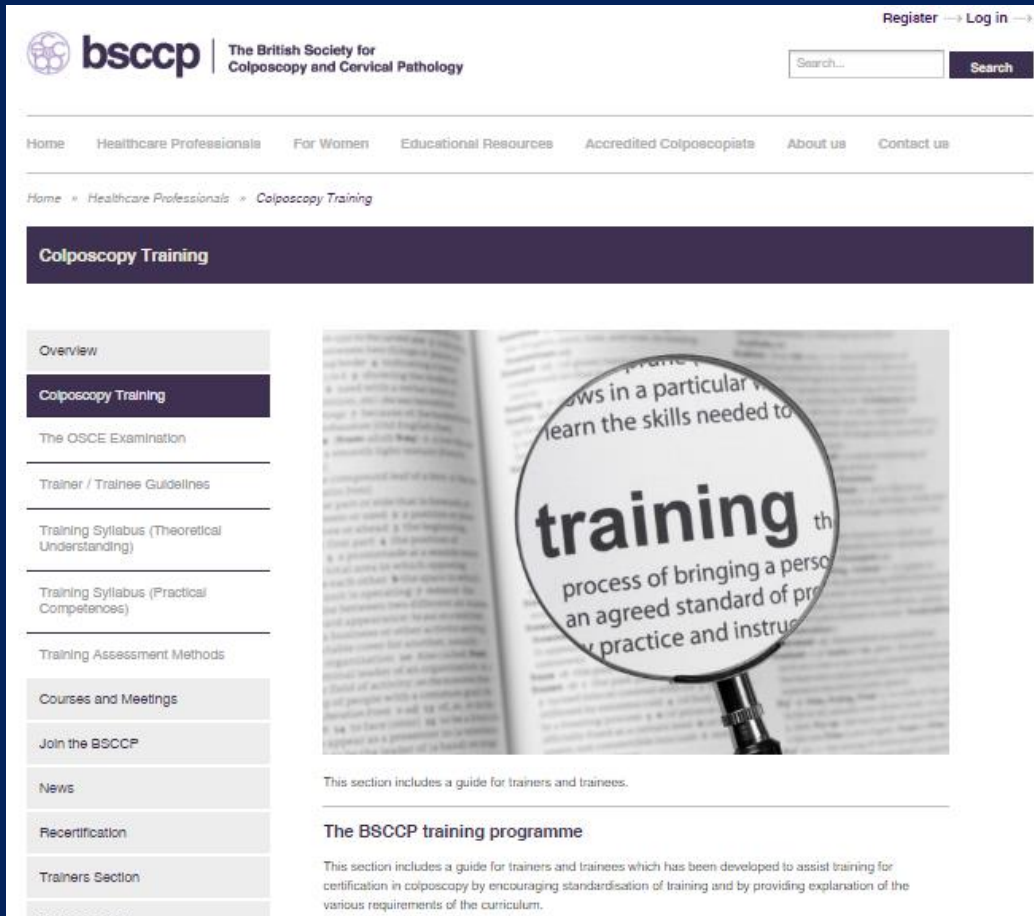
If it is performed by:

Properly trained, accredited and quality assured colposcopists

Kelly R., Walker P et al BJOG 2012



Why do we need to train colposcopists?



- The BSCCP is committed to the provision of quality-assured colposcopy services through training, certification and continuing education.
- CIN 2 found at original colposcopy:
 - **72.3%** (ALTS Study)
 - **94.6%** (UK NHS)

Training is necessary by Different Distance Learning Course Worldwide

- Applicability of training programmes across national and continental borders:
 - Differences in clinical practice
 - Differences in regulatory authorities
 - Differences in training opportunities

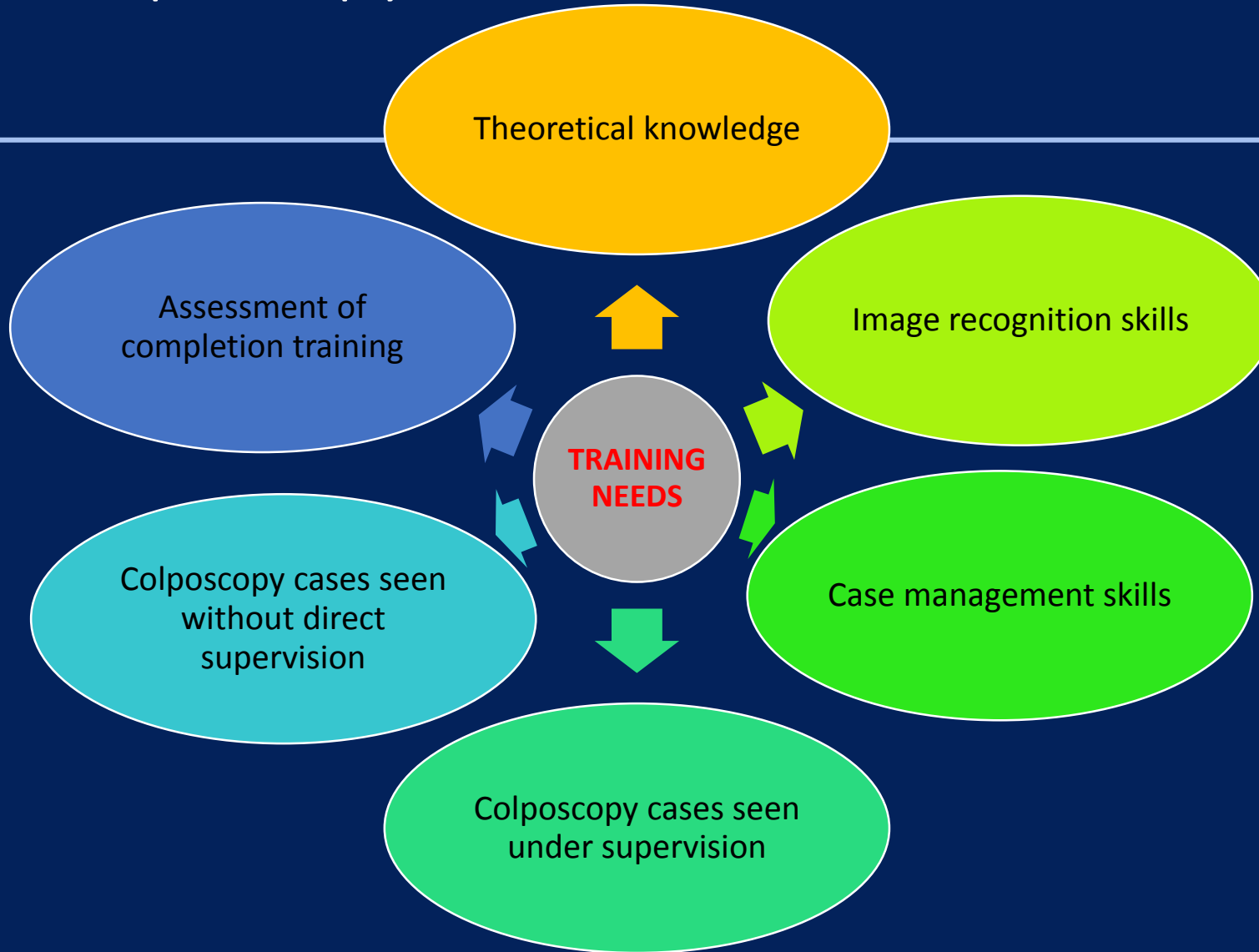


IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

- Structured, progressive, comprehensive and accesible.
- Includes theory, image recognition, case management and clinic modules.
- Assessed continuously during the course and by OSCE exam at the end.
- Certificate of completion the course and passing the exam



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

The aim of the IFCPC colposcopy training programme is to enable trainees to:



Obtain the core knowledge

Develop the necessary skills

Develop the personal and professional attributes to enable competency in colposcopy



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

Theoretical Knowledge

- 2 or 3 days course of lectures



Possible means of delivery

- 25 lectures delivered on line with mandatory questions and answers after each lecture



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

Image recognition skills

- Attained in a clinic over time



Possible means of delivery

- 50 still images with specific colposcopic characteristics in each one disseminated on line



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

Case
management
skills

- Attained in a clinic over time



Possible means of delivery

- 100 video clases, each with online questions and answers



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

Colposcopy
cases seen
under
supervision

- 50 cases in a colposcopy clinic with half of this high grade



Possible means of delivery

- Direct management under supervision of 50 cases in a colposcopy clinic with half of this high grade



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

Colposcopy
cases seen
without direct
supervision

- Submission of 50 case details to trainer



Possible means of delivery

- Submission of 50 case details to nominated trainer to review



IFCPC IARC Colposcopy and Cervical Cancer Prevention Program

Assessment
of completion
training

- OSCE



IFCPC Distance Learning Course Theoretical Module

Course plan

- Fortnightly lectures and supportive reference material
- Follow up questions
- Log of cases seen in unit
- Followed by
 - Series of clinical cases and associated discursive critique
 - Video or still image of colposcopy
 - Cyto and histo slide presentation
 - Case management plan



IFCPC Distance Learning Course Practical Module

- Practical colposcopy in each site to manage 50 cases under direct supervision - 20 of which must be NEW cases (10 high grade)
- 100 cases under indirect supervision - 30 of which must be NEW cases (15 high grade)
- Training in treatment modalities - 10 treatments under supervision of trainer
- Training in method of treatment(s) used in training clinic
- The trainer should review the logbook with the trainee as well as supervise the clinic



IFCPC Distance Learning Course End of Course

- End of course exit exam
 - Eligibility requires that
 - all lecture questions answered
 - the practical course is attended
 - satisfactory display of clinical skills
 - OSCE style exam including image recognition questions, management questions, patient interaction assessment



Prerequisites for participation in the course

- Work in a unit where some form of screening is provided such that pre-cancer patients need colposcopy and management
- Have the support of the unit where the delegate is working
- Have the necessary colposcopic equipment
- Have regular access to internet



IFCPC Distance Learning Course for Latin America

Reference Training Centers

Hospital Lopez Mateos (México DF)
Dr. Jose Luis Lopez

Hospital Solca (Cuenca)
Dr. Hernán Neira



Hospital San José FUCS (Bogotá)
Dr. Carlos Humberto Perez
Moreno

Hospital Maternidad (Córdoba)
Dr. Otilio Rosato

Hospital de Clínicas (Buenos Aires)
Dr. Silvio Tatti



IFCPC Distance Learning Course for Latin America:

6 Sections

25 Lectures

23 Speakers from different countries of Latino America, USA, Spain and France all of them opinion leaders

The course is all in Spanish



IFCPC Distance Learning Course for Latin America - Coordinator: Laura Fleider

The speakers are from:

USA (1)
Ramón Cestero

Mexico (3)
Eduardo Lazcano Ponce
Elsa Díaz Lopez
Jean René Clemenceau

Chile (1)
Eugenio Suarez

Argentina (10)
Silvio Tatti
Laura Fleider
Facundo Gomez Cherey
Andrés Humphreys
Lili Díaz
Verónica Maldonado
María Tinnirello
Enrique Copolillo
Ricardo Caruso
Verónica Suzuki



France (1)
Christine Bergeron

IARC (1)
Rolando Herrero

Costa Rica (1)
Fernando Madrigal Cordero

Uruguay (1)
Alejandro Eiriz

Colombia (1)
Carlos H. Perez

Spain (3)
Alfonso Alba Menendez
Aureli Torné Bladé
Montserrat Cararach Tur

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Section 1: Essentials Colposcopy of the Normal and Abnormal Transformation Zone

1. Introductory and Explanatory talk outlining the rationale, process and timeline of the course

Walter Prendiville, Silvio Tatti y Laura Fleider

2. Colposcopy, the equipment

Facundo Gomez Cherey (Argentina)

3. Colposcopic examination of the normal cervix

Fernando Madrigal Cordero (Costa Rica)

4. Colposcopy of the abnormal cervical transformation zone

Carlos Humberto Perez (Colombia)



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Section 2: Science Molecular Biology, Epidemiology and Screening

1. The anatomy, physiology and colposcopy of normal and abnormal cervical epithelium

Verónica Maldonado (Argentina)

2. The Biology of Human Papilloma Virus cervical infection

Alfonso Alba Menéndez (España)

3. Cervical cytology screening, principles, utility and future perspectives

Christine Bergeron (Francia)

4. The clinical utility of HPV testing

Eugenio Suarez (Chile)

5. The epidemiology of HPV and Cervical cancer worldwide

Rolando Herrero (IARC)

6. Analysis of costs of different strategies of screening. The experience in Mexico

Eduardo Lazcano Ponce (México)



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Section 3: Diagnostic Colposcopy

1. New IFCPC colposcopic nomenclature and useful scoring systems

Silvio Tatti (Argentina)

2. Difficult Colposcopic Circumstances and Physiological Variations (Previous treatment, Atrophy, Infection, menopause, DES)

Aureli Torné Bladé (España)

3. Glandular abnormalities : Recognition and management

Andrés Humphreys (Argentina)

4. Case histories / cytology-colposcopy-histology correlation

Lili Diaz y Laura Fleider (Argentina)



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Section 4: Treatment and Follow-up

1. The treatment of CIN using ablative methods

María de los Angeles Tinnirello (Argentina)

2. Excisional treatment of CIN (i) practical aspects

Laura Fleider (Argentina)

3. Excisional treatment of CIN (ii) benefits and disadvantages

Ramón Cestero (USA)

4. The treatment of microinvasion, adenocarcinoma in situ and the type 3 TZ

Elsa Diaz Lopez (México)

5. Follow up of treated and untreated women, with and without HPV testing

Alejandro Eiriz (Uruguay)

6. The colposcopy and management of CIN in Pregnancy

Enrique Copolillo (Argentina)



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Section 5: Miscellaneous issues

1. HIV and CIN

Laura Fleider (Argentina)

2. Cervico-vaginal infections : Colposcopic recognition and management

Ricardo Caruso (Argentina)

3. Extragenital HPV infection. H & N Tumors HPV related. The evidence base for management choices – screening, investigation and treatment

Jean René Clemenceau (México)

4. Multifocal disease : Diagnostic and management issues

Silvio Tatti (Argentina)

5. Colposcopy of the Vagina and the Vulva

Montserrat Cararch Tur (España)

6. Vulvar Dermatoses

Verónica Suzuki (Argentina)



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Section 6: Exam

OSCE (i)

Practical course and practical exam

Silvio Tatti / Laura Fleider / Walter Prendiville



IFCPC Distance Learning Course

- Theoretical and image recognition parts of the course entirely on line at:
www.ifcpdistancelearning.com
- But is password protected for delegates and faculty
- Course material released over time
 - (i.e. over one year, lectures first, cases subsequently)



Principles

- A graduate of an IFCPC course should be competent independent of region
- Colposcopy clinic experience is core
- 50 Supervised cases is minimum needed
- 100 unsupervised cases follow
- Examination is mandatory
- Accreditation is desirable



2017 planned courses

- Brazilian pilot course completed (Portuguese)
- 2 in Africa (French and English)
- 1 in Latin America (Spanish)
- 1 in Eastern Europe (Russian and English)
- 1 in India (English)
- ? China in 2017



Summary

- We have a responsibility to train
- It is not easy
- It is possible
- It needs agreed protocols
- It needs commitment of regional experts
- It needs collaboration with Regional Societies and/or Federations



Thank you!!!

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