

# Global Approaches to Standards in Colposcopy

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# Disclosures

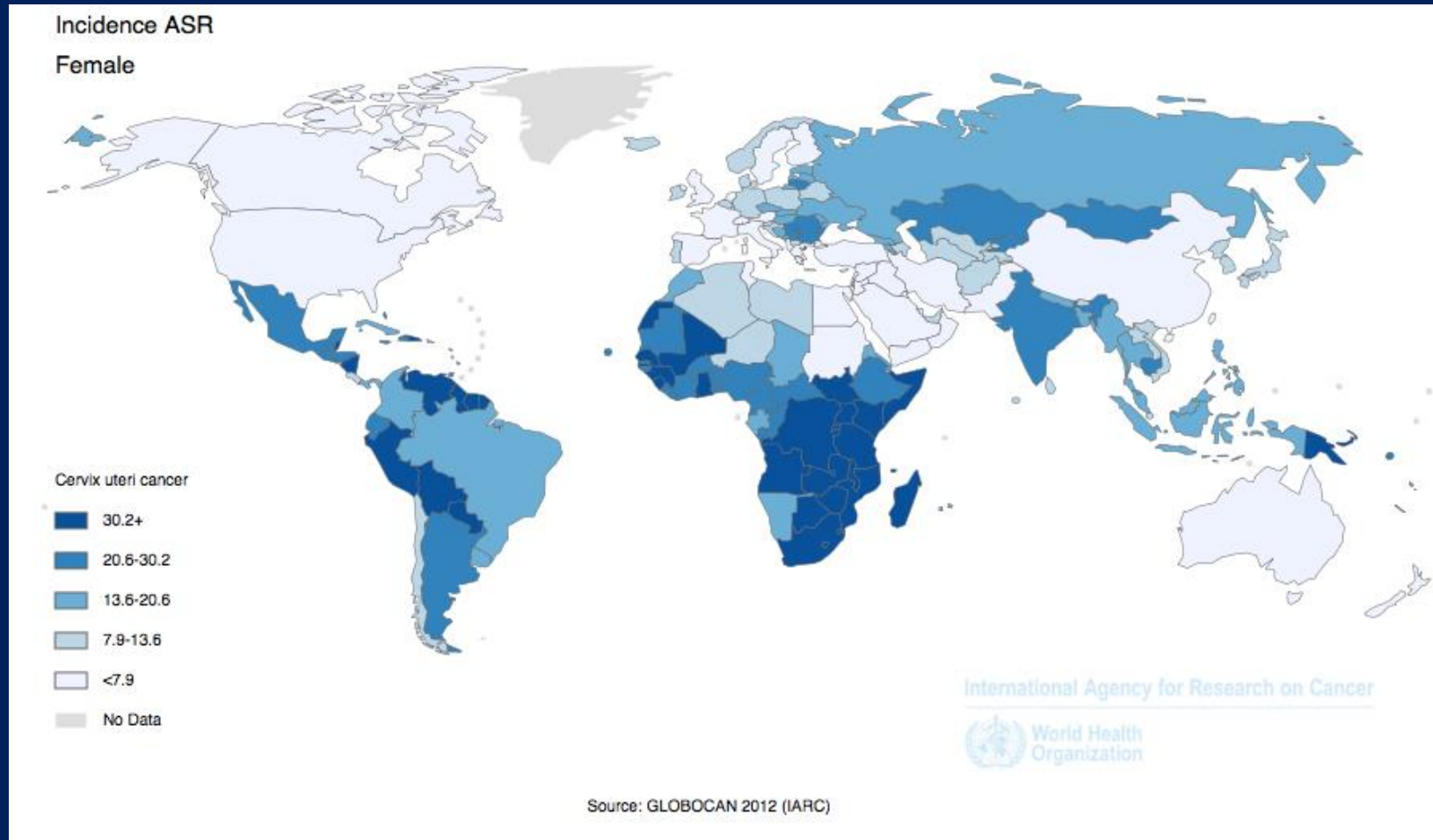
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- Merck: honoraria for speakers bureau and research support
- Amgen: research support
- Astra Zeneca: honoraria for advisory board
- Roche: honoraria for advisory board
- Pfizer: research support



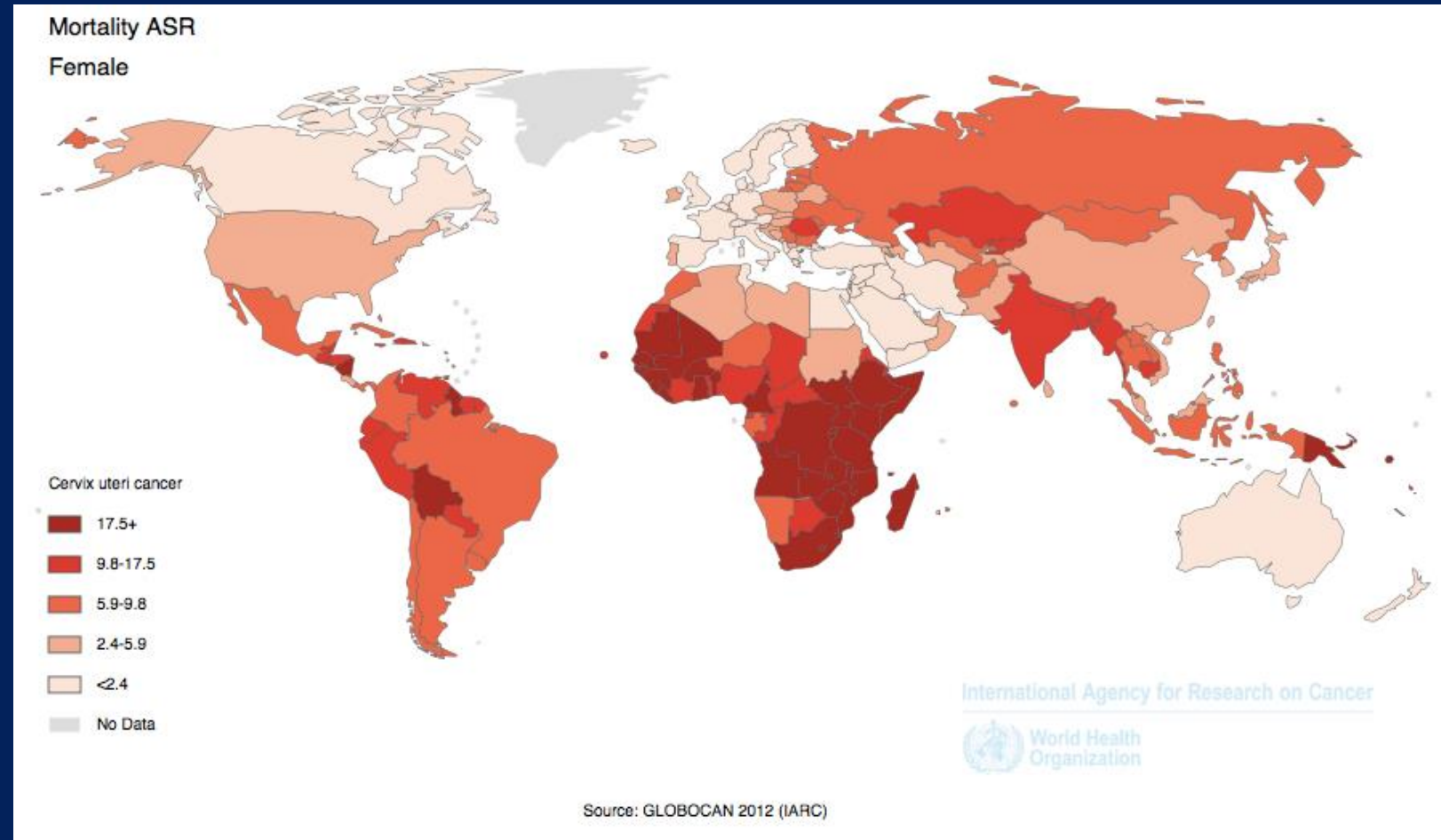


# Cervical Cancer Incidence 2012





# Cervical Cancer Mortality 2012



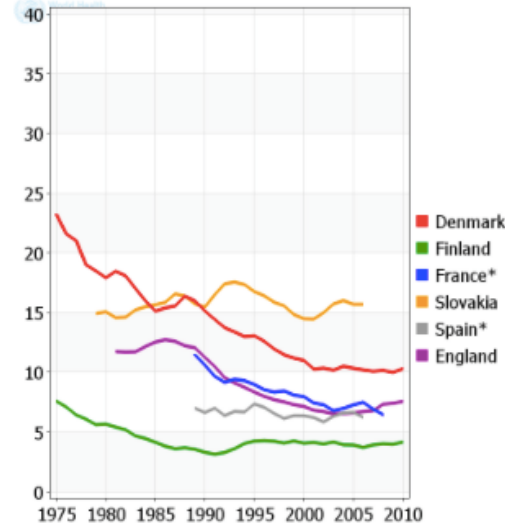


# Cervical Cancer Trends

Estimated age-standardised rates (World) per 100,000

Trends in incidence of cervical cancer in selected countries: age-standardised rate (W) per 100,000

International Agency for Research on Cancer



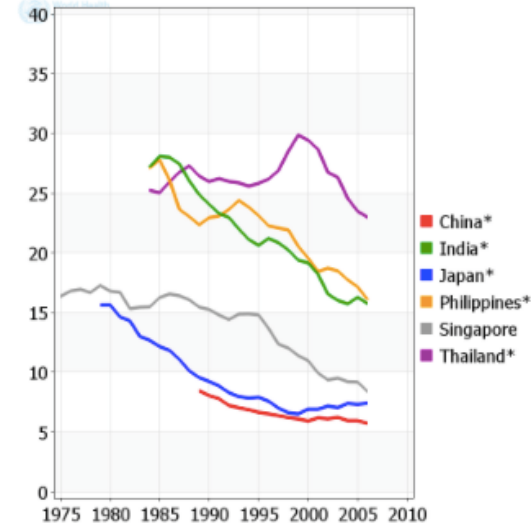
\*Regional data

NORDCAN ([www.ancr.nu](http://www.ancr.nu))

ECO ([eco.iarc.fr](http://eco.iarc.fr))

England: [www.ons.gov.uk](http://www.ons.gov.uk)

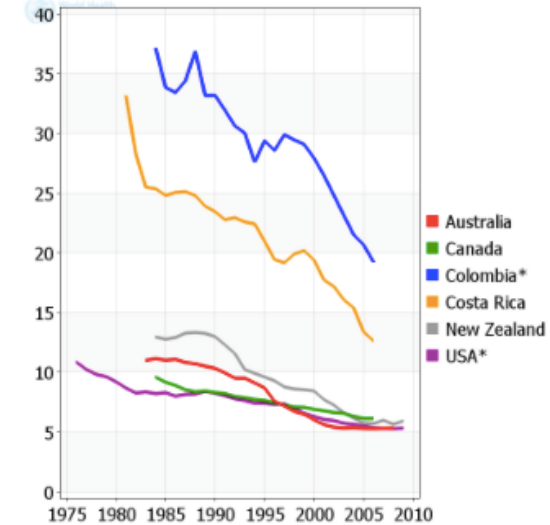
International Agency for Research on Cancer



\*Regional data

CI5.iarc.fr

International Agency for Research on Cancer



\*Regional data

CI5.iarc.fr

Australia: [www.aihw.gov.au](http://www.aihw.gov.au)

New Zealand: [www.health.govt.nz](http://www.health.govt.nz)

USA: [seer.cancer.gov](http://seer.cancer.gov)

GLOBOCAN 2012 (IARC), Section of Cancer Surveillance (15/4/2015)



# Global burden of cervical cancer

| World             | 2010 (ASR)     | 2030    |
|-------------------|----------------|---------|
| Incidence         | 528 000 (14.0) | 710 000 |
| Mortality         | 266 000 (6.8)  | 383 000 |
| 5 year Prevalence | 1 547 000      | -       |

| Less developed regions | 2010 (ASR)     | 2030    |
|------------------------|----------------|---------|
| Incidence              | 445 000 (15.7) | 648 000 |
| Mortality              | 230 000 (8.3)  | 363 000 |
| 5 year Prevalence      | 1 258 000      |         |

Ferlay et al., GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon, France: International Agency for Research on Cancer; 2013. Available from: <http://globocan.iarc.fr>, accessed on 05/05/2015.



# Screening in emerging regions

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Recent and widespread

Often by VIA, maybe by HPV

Will generate large numbers of screen positives who will be best served by colposcopic evaluation & management

Can colposcopy services cope?

Is see, screen and treat the answer?

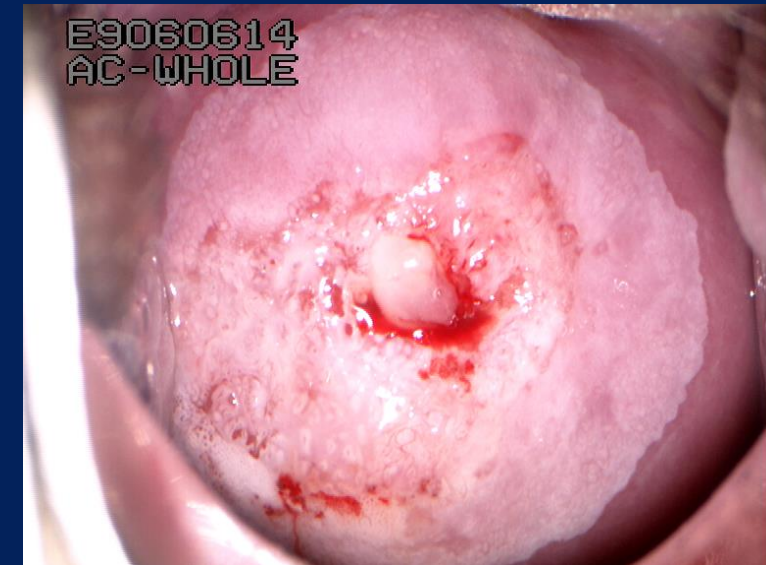


# Need for colposcopy: Size of Transformation Zone

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**World Health Organization guidelines: use of cryotherapy for cervical intraepithelial neoplasia.**

*“Among women with CIN lesions covering more than 75% of the ectocervix, or with lesions extending beyond the cryo tip being used, the expert panel suggests performing or referring for excisional therapy”*



# Need for colposcopy: Endocervical lesions

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**World Health Organization guidelines:  
use of cryotherapy for cervical  
intraepithelial neoplasia.**

*“In settings where LLETZ is available and accessible, and women present with CIN lesions extending into the cervical canal, the expert panel suggests treatment with LLETZ/LEEP over cryotherapy”*



# Need for QUALITY colposcopy:

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- London UK based colposcopist in a dedicated clinic
- Rural India with a VIA based screening system
- Eldoret, Rift Valley Kenya VIA based screening system
- Rio de Janeiro with a cytology service
- Or Oklahoma City in private practice OB Gyn
  
- All need quality colposcopy



# Colposcopic Quality

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- Screening system with appropriate referrals
  - Needs QA of the screening system
  - Appropriate triage of referrals
- Colposcopy Quality
  - Clinic Standards
  - Colposcopic education standards
    - Initial education
    - Maintenance of competency
  - Individual colposcopists performance
  - Clinic/ region/ Program performance



# Education Standards

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UK

EFC

Canada

IFCPC DLC



Colposcopy predominantly done as part of the NHS  
As such it should be done by either BSCCP certified colposcopist  
BSCCP sets the standard and trains  
The hospital ensures that all colposcopists are trained



## Well structured program

- 50 supervised cases (20 new/ 10 high grade)
- 100 cases indirectly supervised (30 new 15 high grade)
- Complete a log book
- 5 hours pathology
- Case based discussions
- Clinical skill evaluation
- OSATS assessment of technical skills
- OSCE exam

Once certified a colposcopist needs to maintain membership, perform an audit of their practice and attend appropriate colposcopy meetings at least once in 3 years

Ongoing audit of practice done using standards outlined in “document 20” Updated March 2016



# EFC achievements



Consensus on 51 core competencies in colposcopy (at current under revision in a Delphi process)

Consensus on minimum number of cases for trainers and trainees in colposcopy

Preliminary consensus on 6 candidate quality indicators in colposcopy (final QI will be defined in an ongoing Delphi process)

Consensus that harmonisation of teaching and practicing colposcopy is needed in Europe

EFC offers continuously training courses in all parts of Europe in cooperation with national and international partners



# European consensus

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1. 51 core competencies see [www.e-f-c.org](http://www.e-f-c.org)
2. Minimum cases:
  - Trainees – to see a minimum of 100 cases, at least 50 should be new presentations, at least 30 cases with proven histological/colposcopic abnormality
  - Trainers – should see at least 100 cases per annum, at least 50 should be new presentations, at least 30 cases with proven histological/colposcopic abnormality
  - Training duration – requirements should be completed within 24 months





# IFCPC – IARC Colposcopy Training Course 2017



- Theoretical Module
  - 30 lectures and supportive reference material on the web delivered on a fortnightly basis over 6/12
  - Web based question and answer following each lecture
  - 24 video/still image colposcopy clinical cases





# IFCPC – IARC Colposcopy Training Course 2017



- Practical Clinical Part of Course
  - To manage 50 cases under supervision will take 1 to 2 months depending on patient numbers in the clinic (half new, 15 HSIL)
  - 50 unsupervised cases may be logged at trainees' own center and assessed by trainer
  - OSCE exam at end of the course
  - Review of program continuously





# IFCPC – IARC Colposcopy Training Course 2017



- Prerequisites:
  - 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 the internet





# IFCPC – IARC Colposcopy Training Course 2017



## *Training the Trainers'* seminar

- Establish agreed principles of training and practice
- Define methods and tools of training and assessment
- Agree amount and character of training
- Agree numbers of patients trainee needs to manage
- Recognize significant time commitment





# IFCPC – IARC Colposcopy Training Course 2017



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



# Organisational Standards

## The Organization of Colposcopy Services in Ontario: Recommended Framework

### Guideline Recommendations

*J. Murphy, N. Varela, L. Elit, A. Lytwyn, V. Wu, M. Yudin, M. Shier, S. El-Khatib, and  
the Cervical Cancer Screening Clinical Advisory Committee*

**Report Date: January 20, 2015**

#### **GUIDELINE OBJECTIVES**

To provide a framework by which colposcopy services in Ontario can be delivered with consistent quality, in the following areas:

1. Colposcopy training, qualification, and maintenance of competence:
  - Accessibility to training programs
  - Quality of training programs
  - Requirements to qualify as a colposcopist
  - Maintenance of competence
2. Practice setting requirements:
  - Group practice: hospital-based clinics and outpatient clinics located outside of hospitals
  - Individual office-based practice
3. Operational practices:
  - Referral criteria
  - Wait times
  - Strategies to reduce drop-out rates

Murphy J, Varela NP, Elit E, Lytwyn A, Wu V, Yudin M, et al. The organization of colposcopy services in Ontario: recommended framework. Toronto (ON): Cancer Care Ontario; January 20, 2015. Program in Evidence-based Care Evidence-based Series No.: 15-12.



# C-QuIP

COLPOSCOPY QUALITY IMPROVEMENT PROGRAM

[Home](#)[Certification](#)[Colposcopy Data Collection](#)[Maintaining Certification](#)[RANZCOG CPD](#)[Links](#)[Contact](#)[Courses & Meetings](#)

## Welcome to the Colposcopy Quality Improvement Program (C-QuIP)

The Colposcopy Quality Improvement Program aims to improve the care of women who are referred for colposcopy and treatment of screen detected abnormalities.

This is achieved by the following:

- Developing certification and recertification programs in colposcopy
- Developing audit for all health professionals performing colposcopy
- Supporting practitioners in their efforts to improve their performance in colposcopy
- Providing a comprehensive online education program for all professionals performing colposcopy



[Click on the logo above](#)

[WEB PORTAL](#)

[Click on the button above.](#)

### The Colposcopy Quality Improvement Program

College House, 254-260 Albert Street, East Melbourne Vic 3002, Australia  
(t) +61 3 9412 2938 | (f) +61 3 9417 7795 | (e) [cquip@ranzcoг.edu.au](mailto:cquip@ranzcoг.edu.au)

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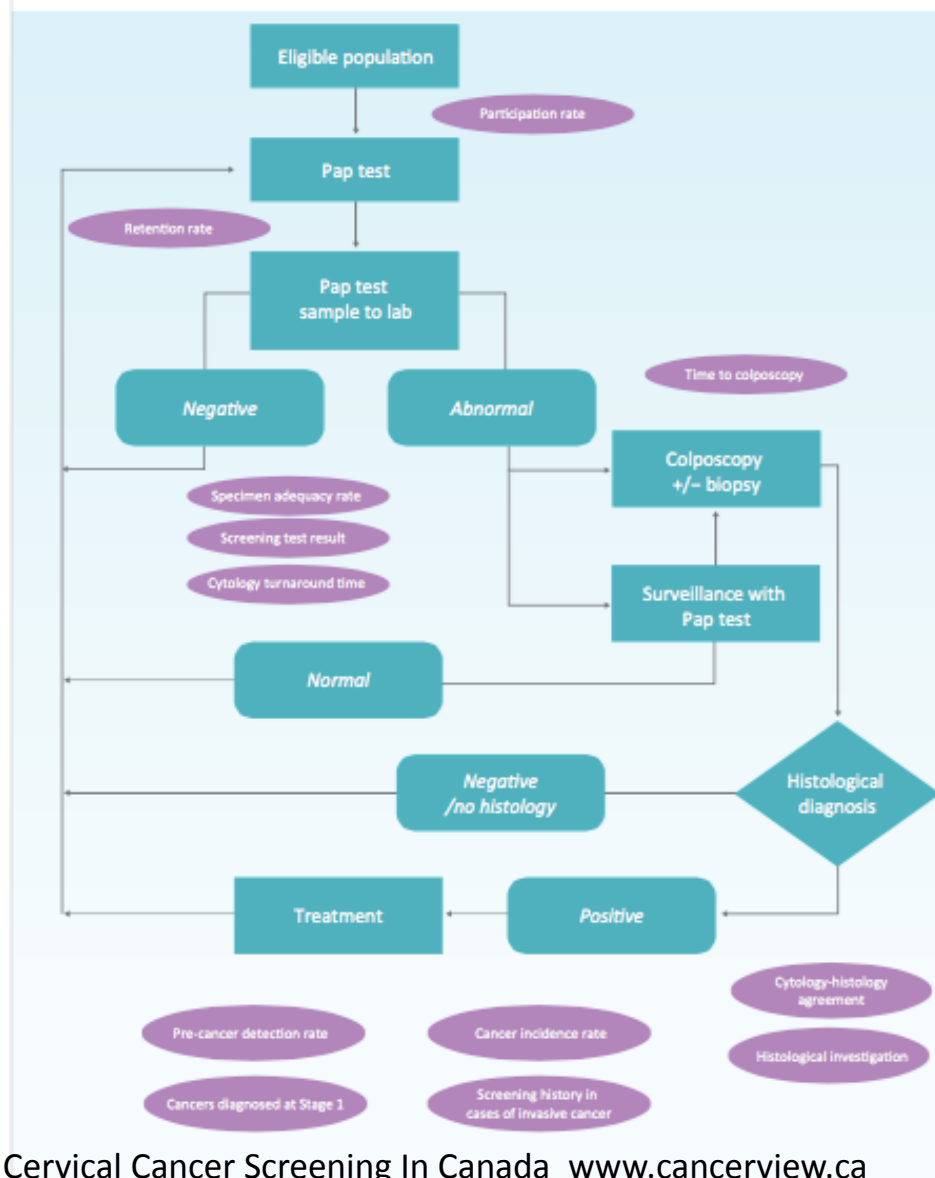
IFCPC2017 World Congress



## Indicators

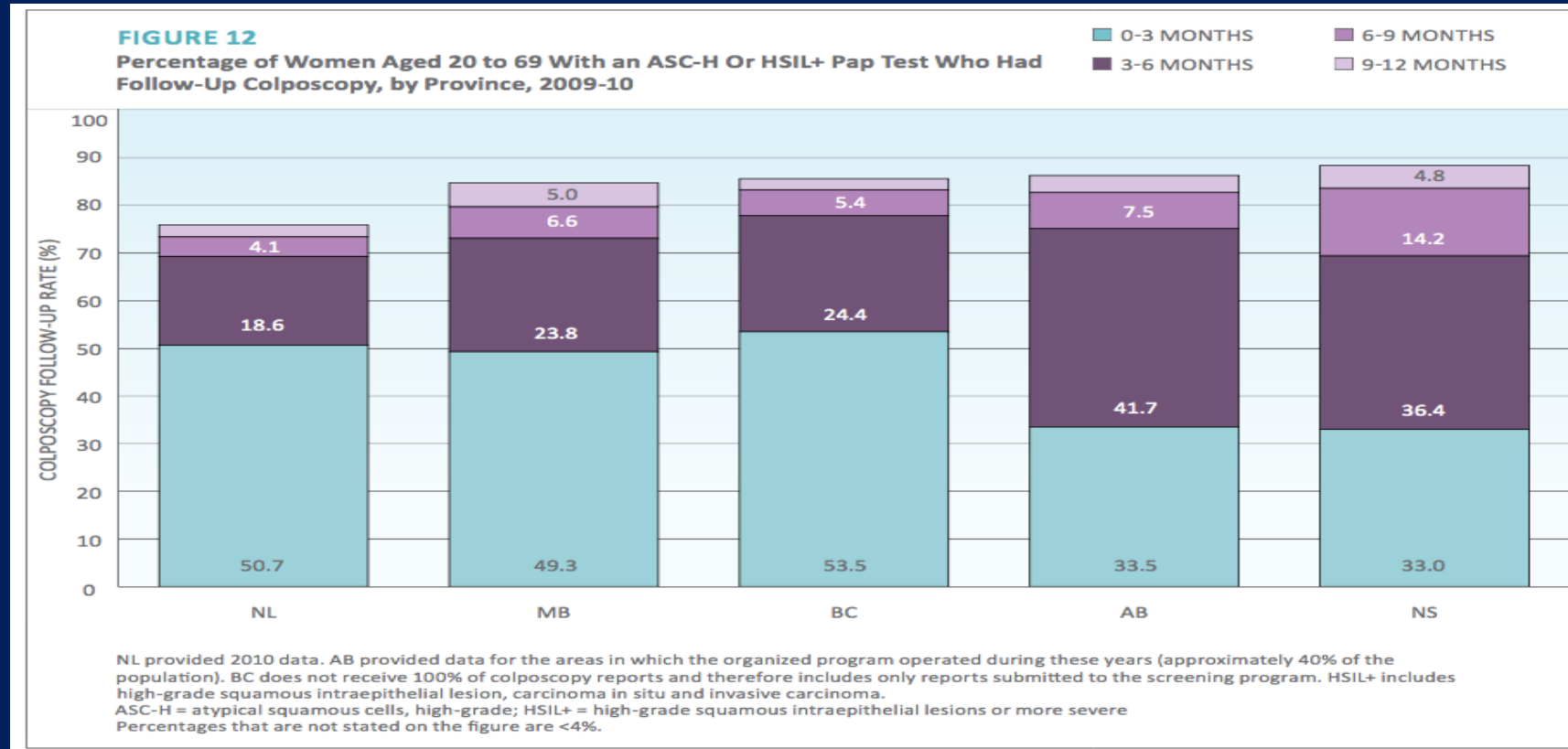
- Participation rate
- Retention rate
- Specimen adequacy rate
- Screening test result
- Cytology turnaround time
- Time to colposcopy
- Pre-cancer detection rate
- Cancer diagnosed at stage 1
- Cancer incidence rate
- Screening history of cancer cases
- Cytology/histology agreement
- Histological investigation

FIGURE 2  
Cervical Screening Indicators



Cervical Cancer Screening In Canada [www.cancerview.ca](http://www.cancerview.ca)

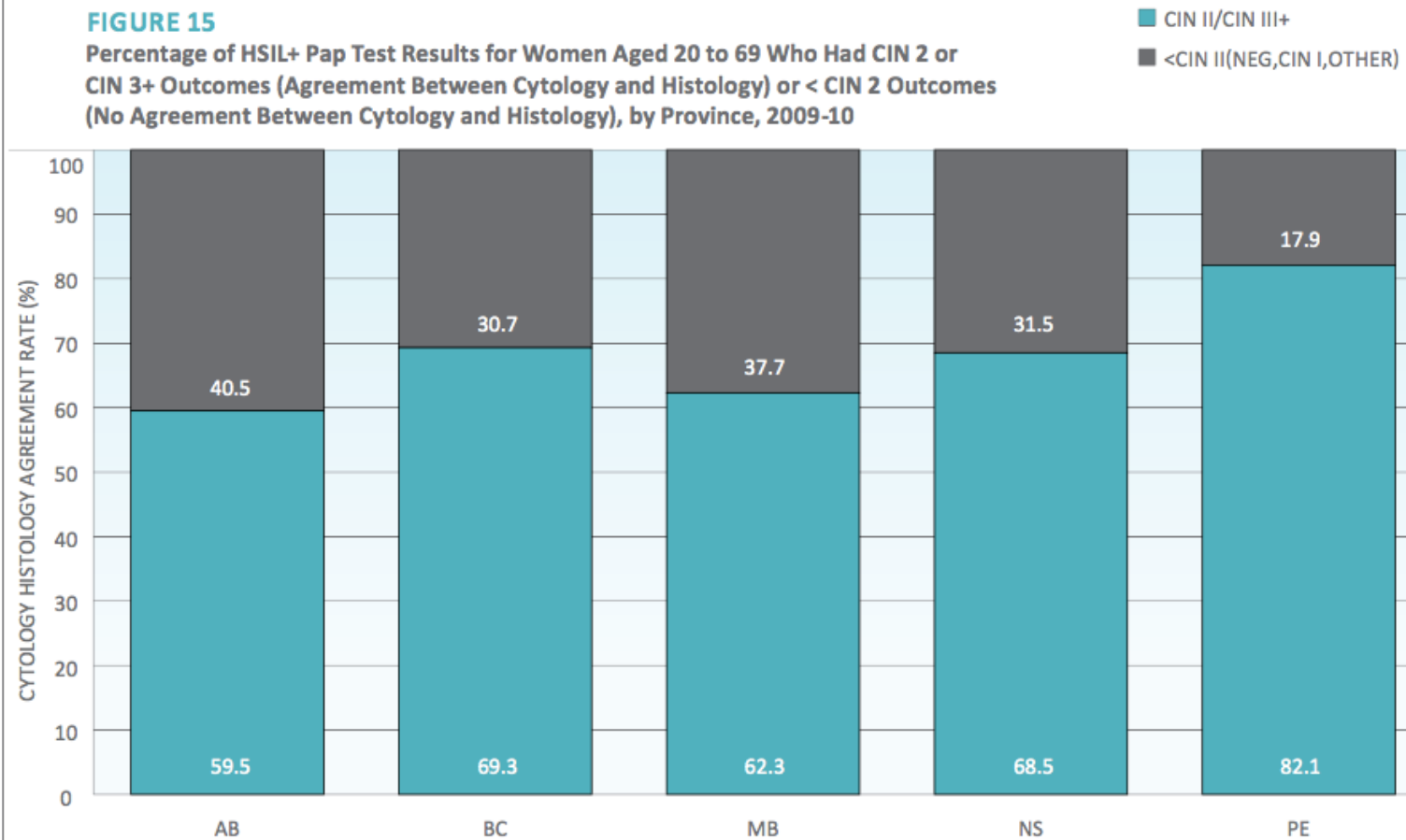
# Follow-up colposcopy rate



# Cytology/ histology agreement

**FIGURE 15**

Percentage of HSIL+ Pap Test Results for Women Aged 20 to 69 Who Had CIN 2 or CIN 3+ Outcomes (Agreement Between Cytology and Histology) or < CIN 2 Outcomes (No Agreement Between Cytology and Histology), by Province, 2009-10



AB provided data for the areas in which the organized program operated during these years (approximately 40% of the population). Histological confirmation includes any cervical, vaginal or endocervical histology result. HSIL+ includes high-grade squamous intraepithelial lesion, carcinoma in situ and invasive carcinoma.

HSIL+ = high-grade squamous intraepithelial lesions or more severe; CIN = cervical intraepithelial neoplasia

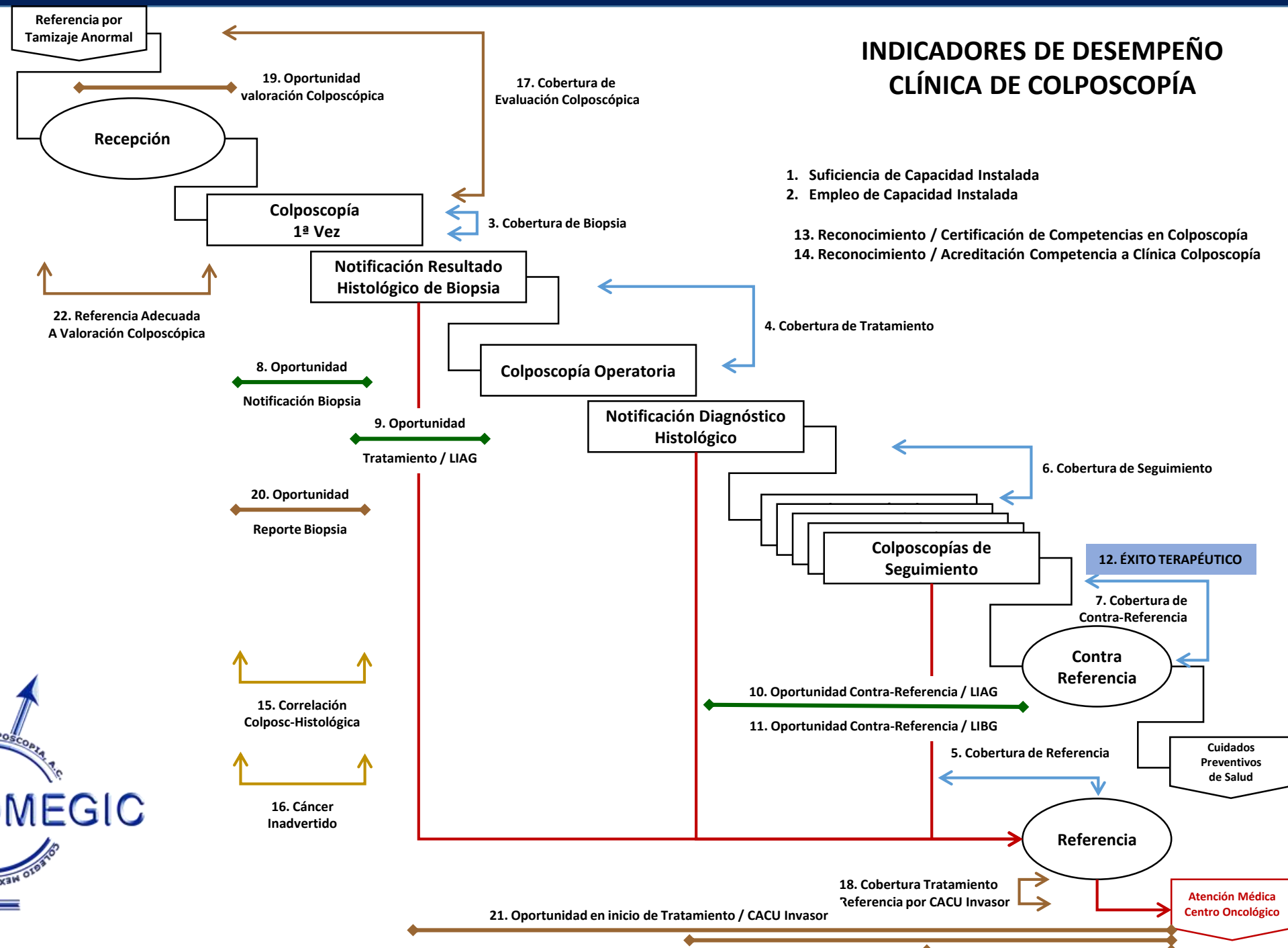
## Utility of EFC quality indicators for colposcopy in daily practice: results from an independent, prospective multicenter trial

Alexander Luyten <sup>a</sup>, Ingke Hagemann <sup>b</sup>, Sarah Scherbring <sup>c</sup>, Gerd Boehmer <sup>d</sup>,  
Friederike Giesecking <sup>e</sup>, Linn Woelber <sup>e</sup>, Frank Glasenapp <sup>f</sup>, Monika Hampl <sup>g</sup>,  
Christina Kuehler-Obbarius <sup>h</sup>, Marcus van den Bergh <sup>i</sup>, Simon Leeson <sup>j</sup>, Charles Redman <sup>k</sup>,  
Karl Ulrich Petry <sup>a,\*</sup> for “Studiengruppe Kolposkopie eV (SGK)”  
and “G-CONE (German Colposcopy Network)”

- 4 Quality indicators , none met standard %
- Excisional treatment contained CIN2+; 83.3%, target 85%
- Colposcopy exam prior to treatment; 94%, target 100%
- SCJ visibility reported; 90.9%, target 100%
- >80% clear margins in excised lesions; not felt to be useful and hence not documented



# INDICADORES DE DESEMPEÑO CLÍNICA DE COLPOSCOPÍA



| INDICADORES DE DESEMPEÑO DE CLÍNICA DE COLPOSCOPÍA                                                                                                         |                           |    |                                                              |          |           |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----|--------------------------------------------------------------|----------|-----------|-------------------|
| CARACTERÍSTICAS DE COMPETITIVIDAD                                                                                                                          | CLASE DE INDICADOR        |    | INDICADOR DE DESEMPEÑO                                       | Estándar |           | Tipo de Indicador |
| PRODUCTIVIDAD                                                                                                                                              | CAPACIDAD INFRAESTRUCTURA | 1  | Suficiencia de capacidad instalada                           | 100%     |           | E                 |
|                                                                                                                                                            |                           | 2  | Empleo de Capacidad Instalada                                | >80%     |           | P                 |
| ACCESO EFECTIVO                                                                                                                                            | COBERTURA                 | 3  | Cobertura de biopsia ante tamizaje anormal                   | 100%     |           | P                 |
|                                                                                                                                                            |                           | 4  | Cobertura de tratamiento a LIAG confirmados                  | 100%     |           | P                 |
|                                                                                                                                                            |                           | 5  | Cobertura de referencia a centro oncológico por CACU Invasor | 100%     |           | P                 |
|                                                                                                                                                            |                           | 6  | Cobertura de seguimiento post-tratamiento                    | >85%     | 1 año     | P                 |
|                                                                                                                                                            |                           | 7  | Cobertura de contra-referencia                               | 100%     | 3 años    | P                 |
|                                                                                                                                                            | OPORTUNIDAD               | 8  | Oportunidad en notificación de biopsia                       | >85%     | 15 días   | P                 |
|                                                                                                                                                            |                           | 9  | Oportunidad en el tratamiento a casos con LAIG               | >85%     | 15 días   | P                 |
|                                                                                                                                                            |                           | 10 | Oportunidad en contra-referencia por LIAG                    | >85%     | 6 meses   | P                 |
|                                                                                                                                                            |                           | 11 | Oportunidad en contra-referencia por LIBG                    | >85%     | 6 meses   | P                 |
|                                                                                                                                                            | EFFECTIVIDAD              | 12 | Éxito terapéutico                                            | >95%     |           | R                 |
| CALIDAD DE LOS SERVICIOS                                                                                                                                   | SEGURIDAD                 | 13 | Reconocimiento de Competencias Institucionales               | 100%     |           | E                 |
|                                                                                                                                                            |                           | 14 | Reconocimiento/Acreditación de CC                            | 100%     |           | E                 |
|                                                                                                                                                            | CONFIABILIDAD             | 15 | Correlación colpscópica-histológica LIAG                     | >85%     |           | P                 |
|                                                                                                                                                            |                           | 16 | Cáncer inadvertido en casos tratados por LIAG                | <5%      |           | P                 |
| INTERACCIÓN                                                                                                                                                | COBERTURA                 | 17 | Cobertura de evaluación colpscópica por tamizaje anormal     | 100%     |           | P                 |
|                                                                                                                                                            |                           | 18 | Cobertura de tratamiento a casos referidos por CACU invasor  | 100%     |           | P                 |
|                                                                                                                                                            | OPORTUNIDAD               | 19 | Oportunidad en la valoración colpscópica                     | >85%     | 6 semanas | P                 |
|                                                                                                                                                            |                           | 20 | Oportunidad en notificación de reporte histológico           | >85%     | 15 días   | P                 |
|                                                                                                                                                            |                           | 21 | Oportunidad en el tratamiento a casos con CACU invasor       | >85%     | 15 días   | P                 |
|                                                                                                                                                            |                           | 22 | Referencia adecuada a valoración colpscópica                 | >85%     |           | P                 |
| Recomendados como indicadores mínimos para medición del desempeño de clínicas de colposcopia                                                               |                           |    |                                                              |          |           |                   |
| E: Estructura; P: Proceso; R: Resultado; LIAG: Lesión intraepitelial de alto grado; LIBG: Lesión intraepitelial de bajo grado; CACU Cáncer cervico uterino |                           |    |                                                              |          |           |                   |



# Conclusions

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- Standards in Colposcopy are very important
- Currently being evolved/ implemented in all continents
- IFCPC has a role in the education and will work to develop consensus standards that can be applied globally.

