

# Establishing U.S. Standards for Colposcopy Terminology and Practice

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*Improving Lives Through the Prevention & Treatment  
of Anogenital & HPV-Related Diseases*

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# Disclosures

- None, as it pertains to this topic
- Consultant: InCellDx, Antiva, Altum, and PathoVax

# Context for Colposcopy Standards

- Cancer prevention in the U.S. involves multiple steps:
    - Cytology, now +/- HPV vs primary HPV testing
    - Colposcopy for abnormal results
    - Treatment of CIN2+
  - Over 3 decades, NCI & ASCCP have tried to standardize
    - Bethesda system: cytology reporting
    - ASCCP management guidelines: abnormal screens/CIN/AIS
    - LAST: histologic diagnosis of precancer
- Colposcopy is the next component for standardization

# Context for Colposcopy Standards

- Colposcopy has not been standardized previously
  - IFCPC standard terminology exists, not adopted in U.S.
    - Complex
    - Terminology is not familiar to many U.S. settings
  - British standards are stringent
    - Training at accredited center
    - Certification through BSCCP/RCOG including case logs
    - Annual minimum volume (50 new cases/yr)
    - Triennial case review/recertification
    - Ongoing CME
- Depends on central payor: currently not feasible in U.S.

# U.S. Colposcopy: Why Change?

- HPV16/18 prevalence down 30-50% in women <30yo
- Clinician experience/skill declining with
  - Shift to screening q3-5y
  - Deferring start to age 21
- Lesions have changed
  - Colpo threshold shifted from Pap III to ASCUS/persistent HPV+
  - Smaller, more subtle, lack classic appearance

# Colposcopy in the U.S.

- 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
  - In 2016 ASCCP survey, many respondents did <60 cases/yr
- No nation-wide integrated healthcare system, no screening or precancer registries

# Colposcopy in the U.S.

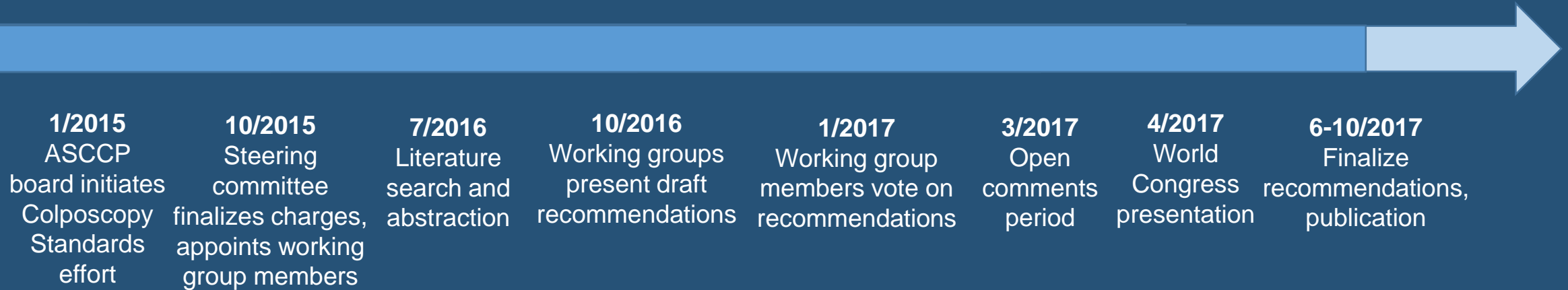
- Reproducibility is poor
- Sensitivity is low
- Training is highly inconsistent: Residency, courses (e.g. ASCCP), mentorship training, self-education
- No formal certificate of colposcopy competence
- No formal colposcopy guidelines/ standards

# Goals

- Develop colposcopy standards for the U.S. 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 U.S. 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



# 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**

(E.J. Mayeaux/Mark Einstein)

# 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)

# Comprehensive and Minimal Standards for U.S. Colposcopy Practice

- Comprehensive standard – the level that should be achieved by most colposcopy practices in the U.S.
  - This is how we want you to practice after this course!
- Minimal standard – the level necessary to adequately and safely perform colposcopy

# Thank You

- Steering Committee Co-chairs: Nicolas Wentzensen and Warner Huh
- WG1 Co-chairs: Michelle Khan and Warner Huh
- WG2 Co-chairs Nicolas Wentzensen and L. Stewart Massad
- WG3 Co-chairs: Alan Waxman and Christine Conageski
- WG4 Co-chairs: EJ Mayeaux and Mark Einstein

