

Laboratory Webinar


Colposcopy & MDT Meetings

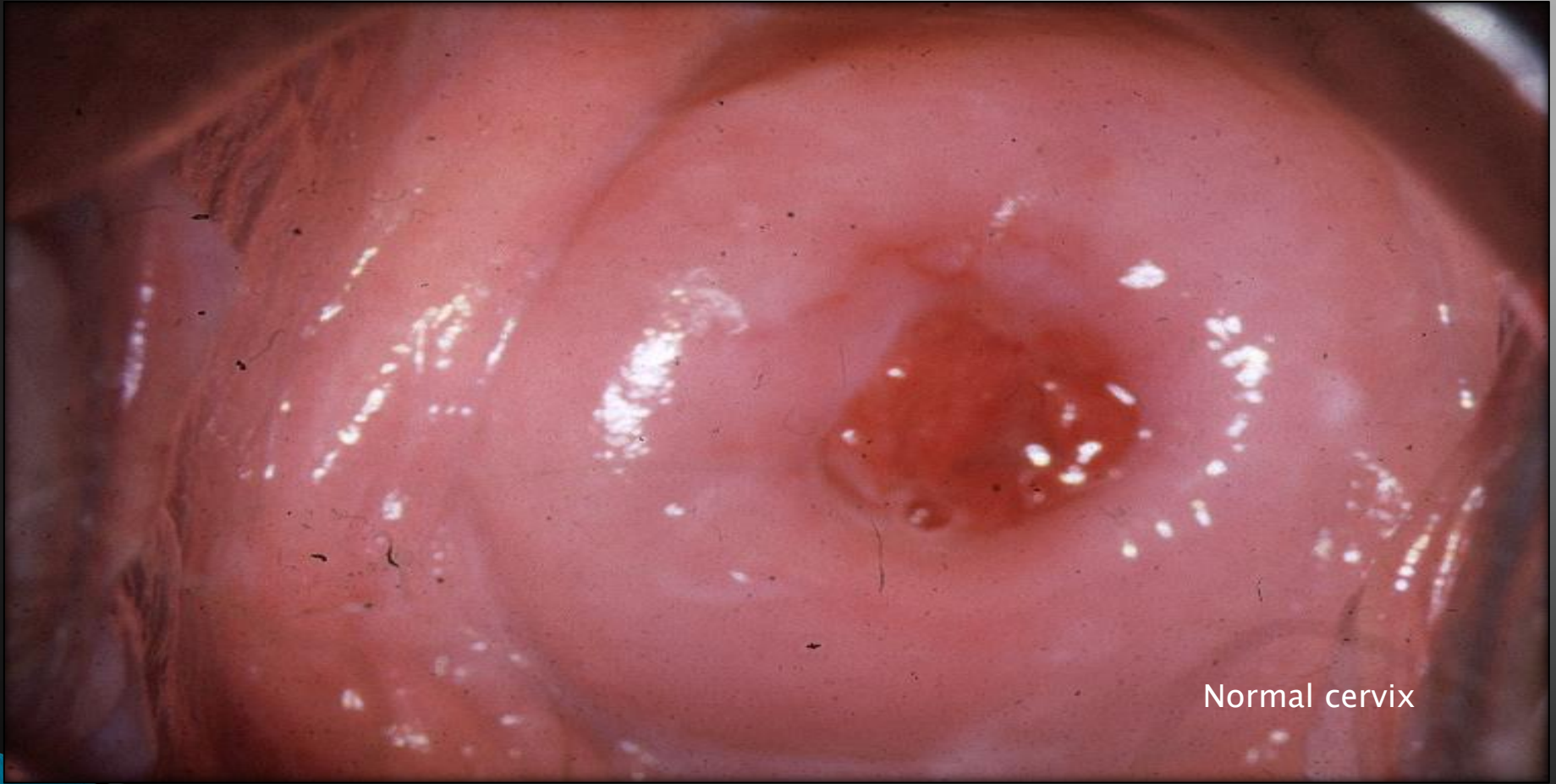
Maura Molloy

John Price

28/06/2021

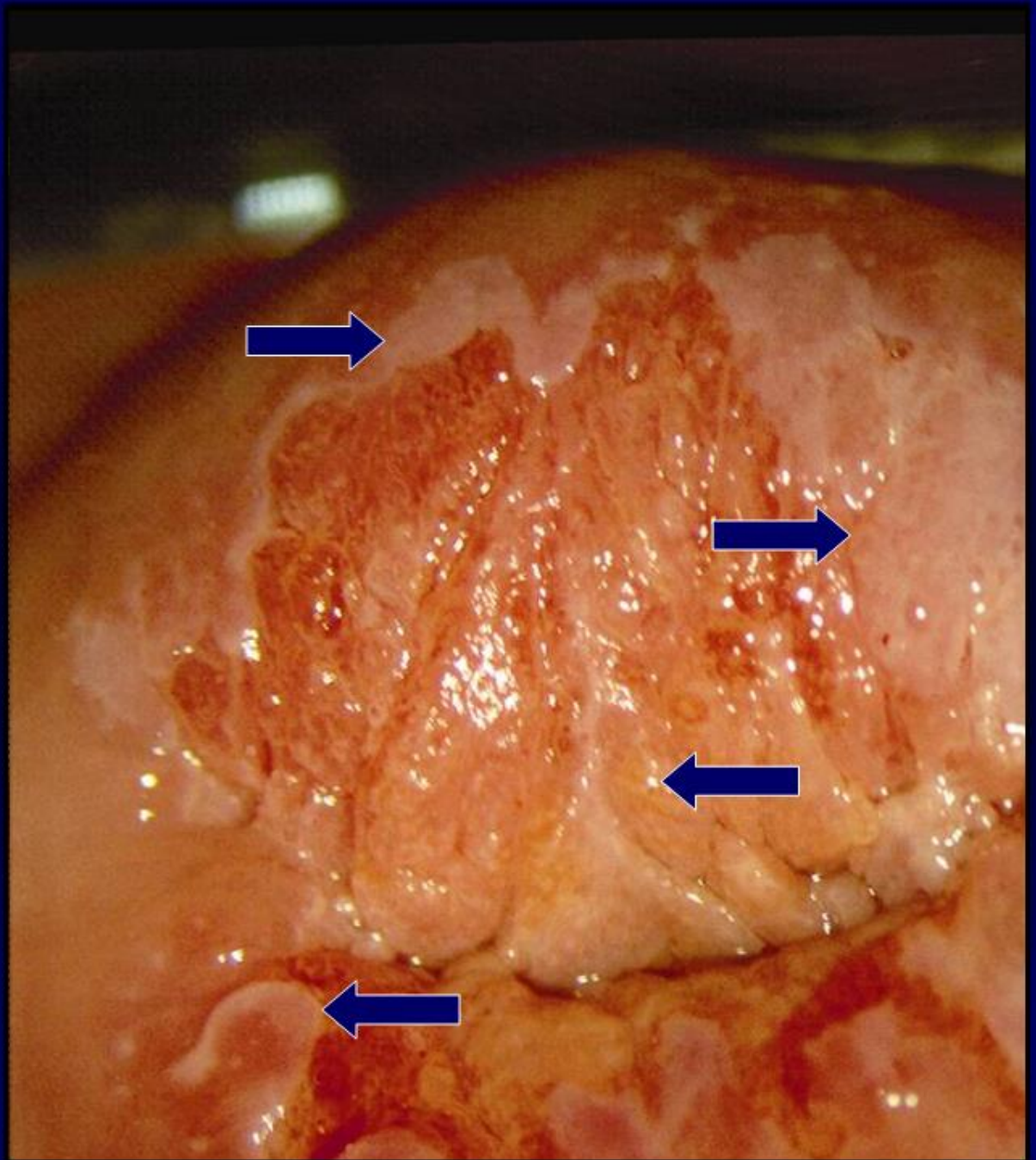
Colposcopy

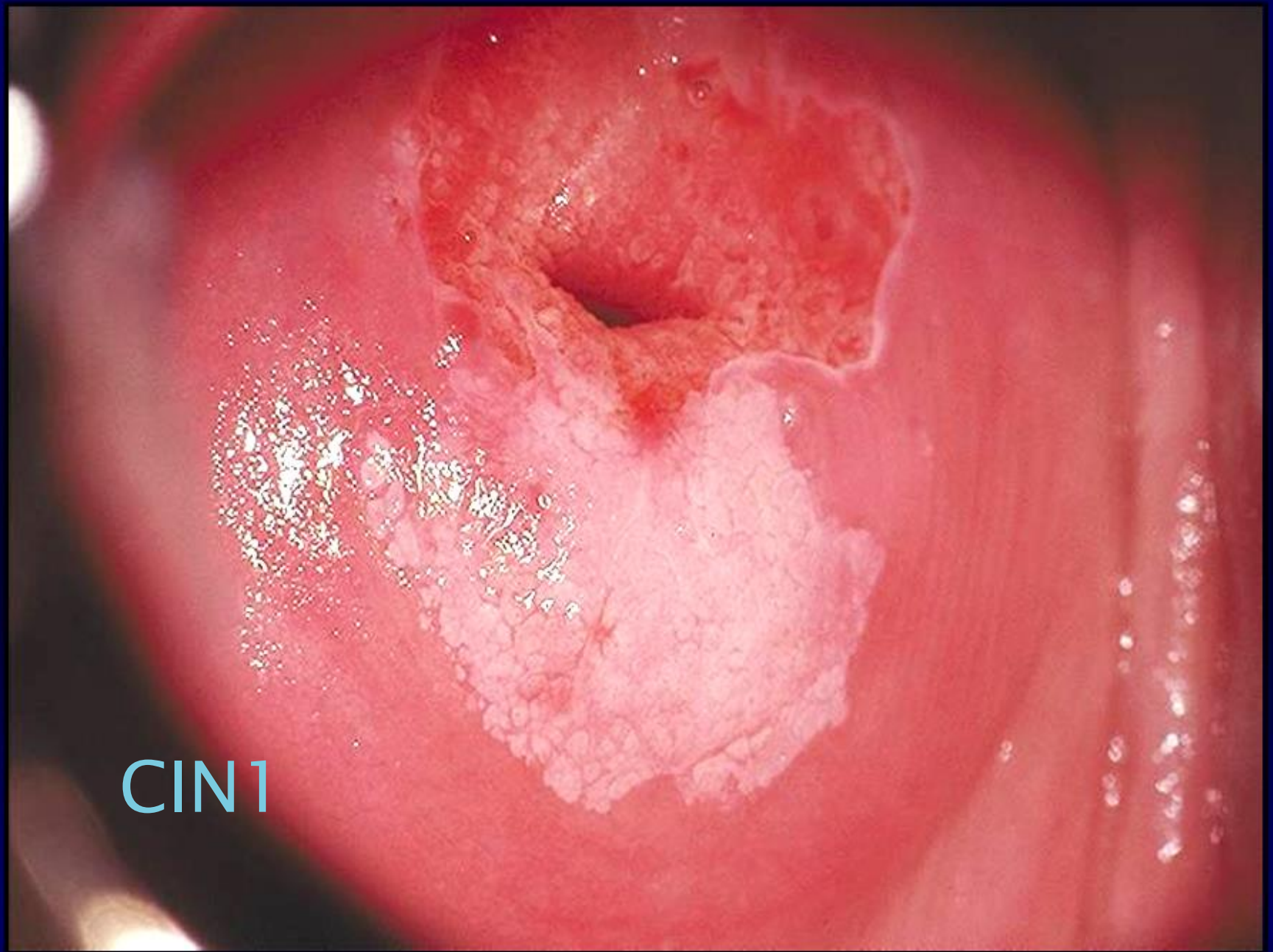
- ▶ Diagnostic arm of CervicalCheck
 - ▶ Defined referral criteria
 - HPV positivity and abnormal cytology
 - persistent HPV positivity
 - appearances suspicious of malignancy
 - ▶ Magnified visualisation of cervix (and genital tract) – Nurse or Doctor
 - ▶ Dyes applied
 - ▶ Directed biopsy for histology
 - ▶ 20% –30% of referrals need treatment
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Normal cervix

**The
earliest
changes of
metaplasia
after acetic
acid.**

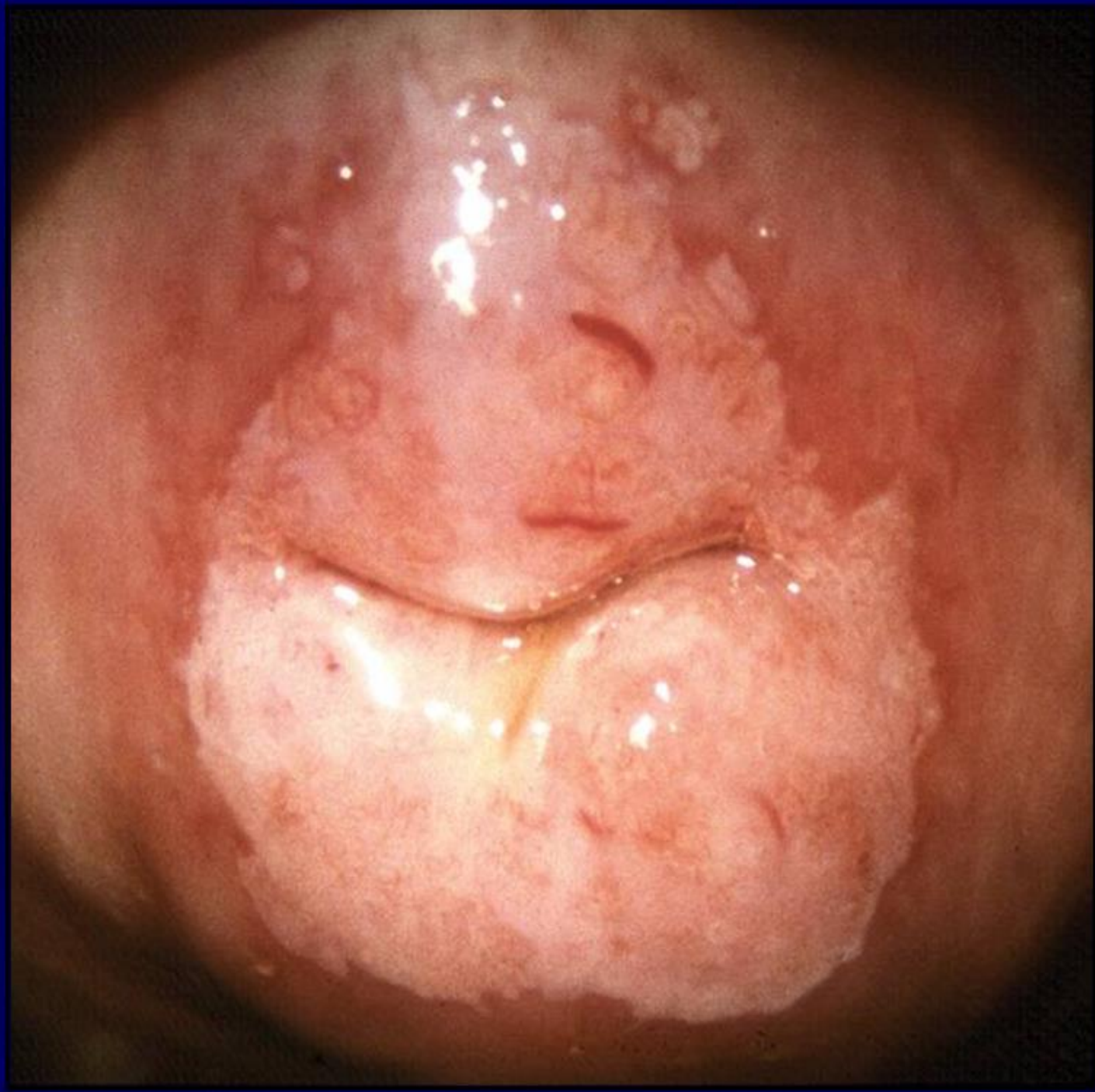




CIN1

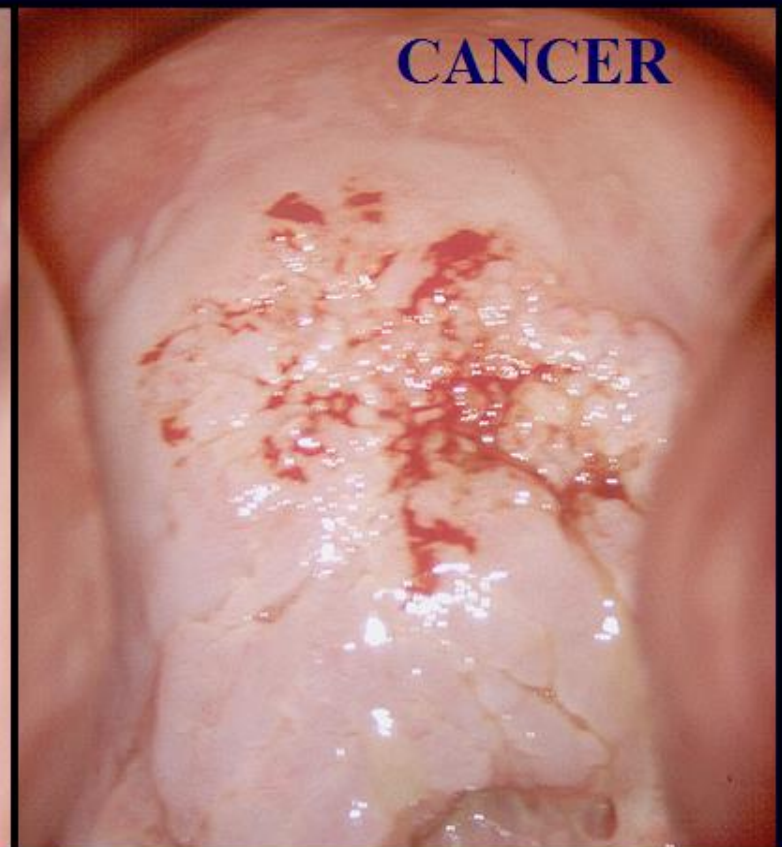
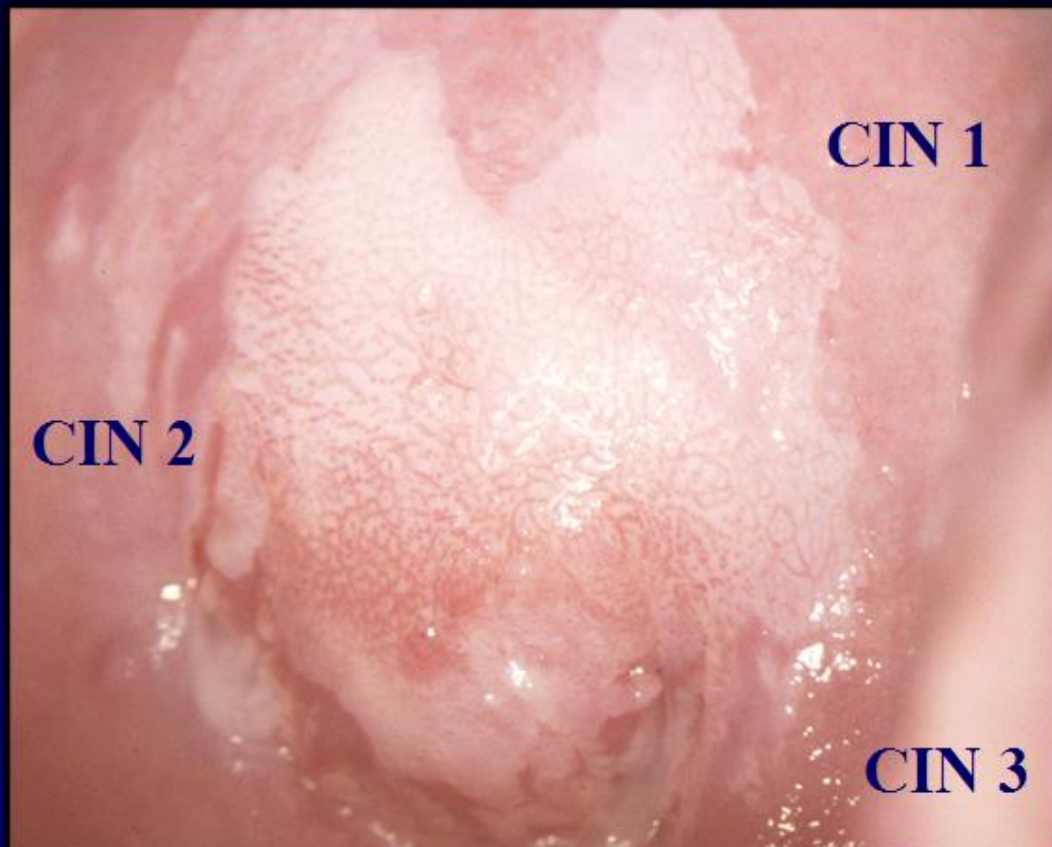
Pale acetowhiteness of CIN 1.

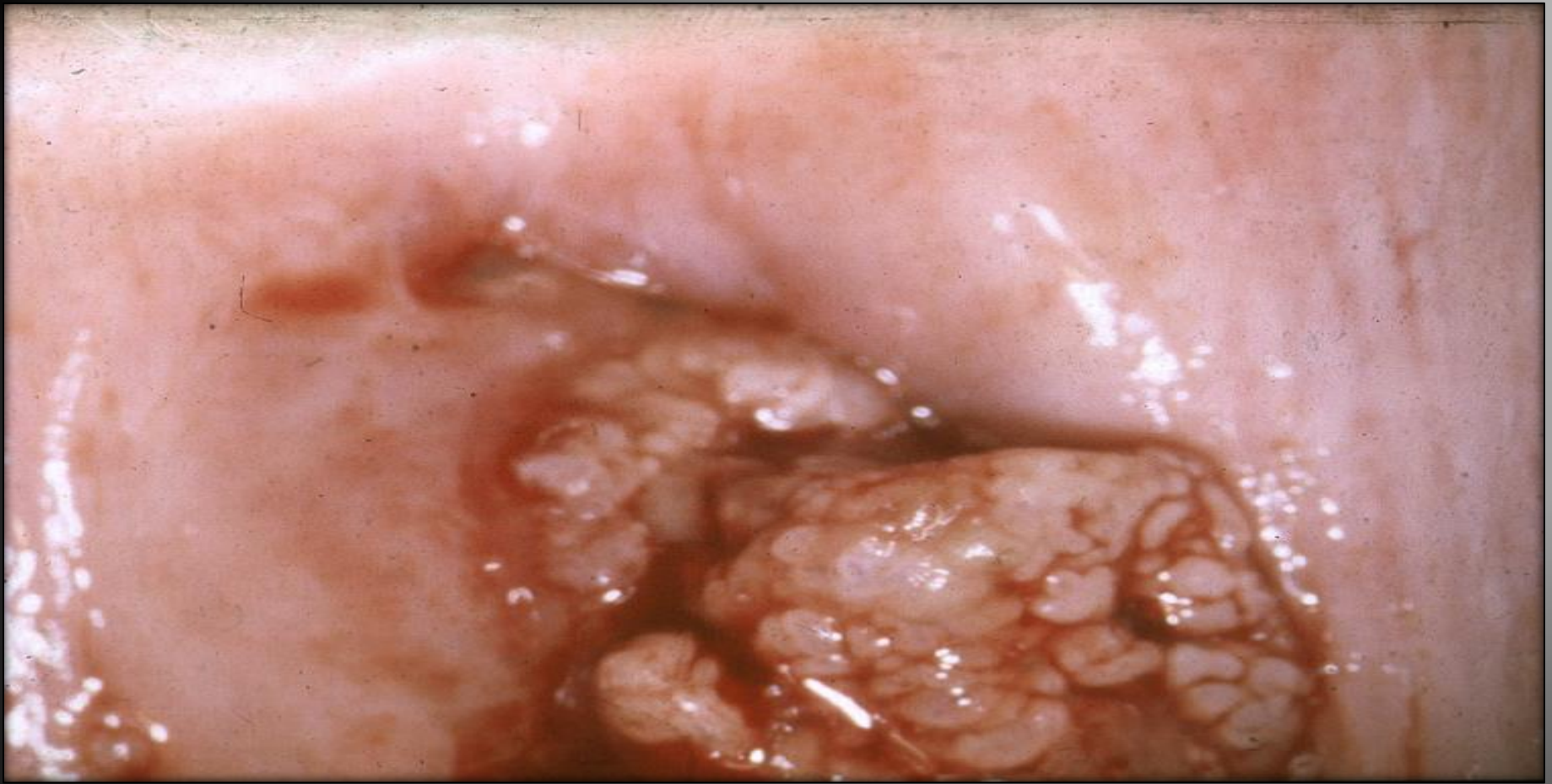
**CIN 1/2
on
anterior
cervix
and CIN
3 on
posterior
cervix
with canal
extension.**



USES OF COLPOSCOPY

Grading the squamous lesion:
CIN 1, CIN 2/3, cancer.





Invasive Cervical Cancer >>

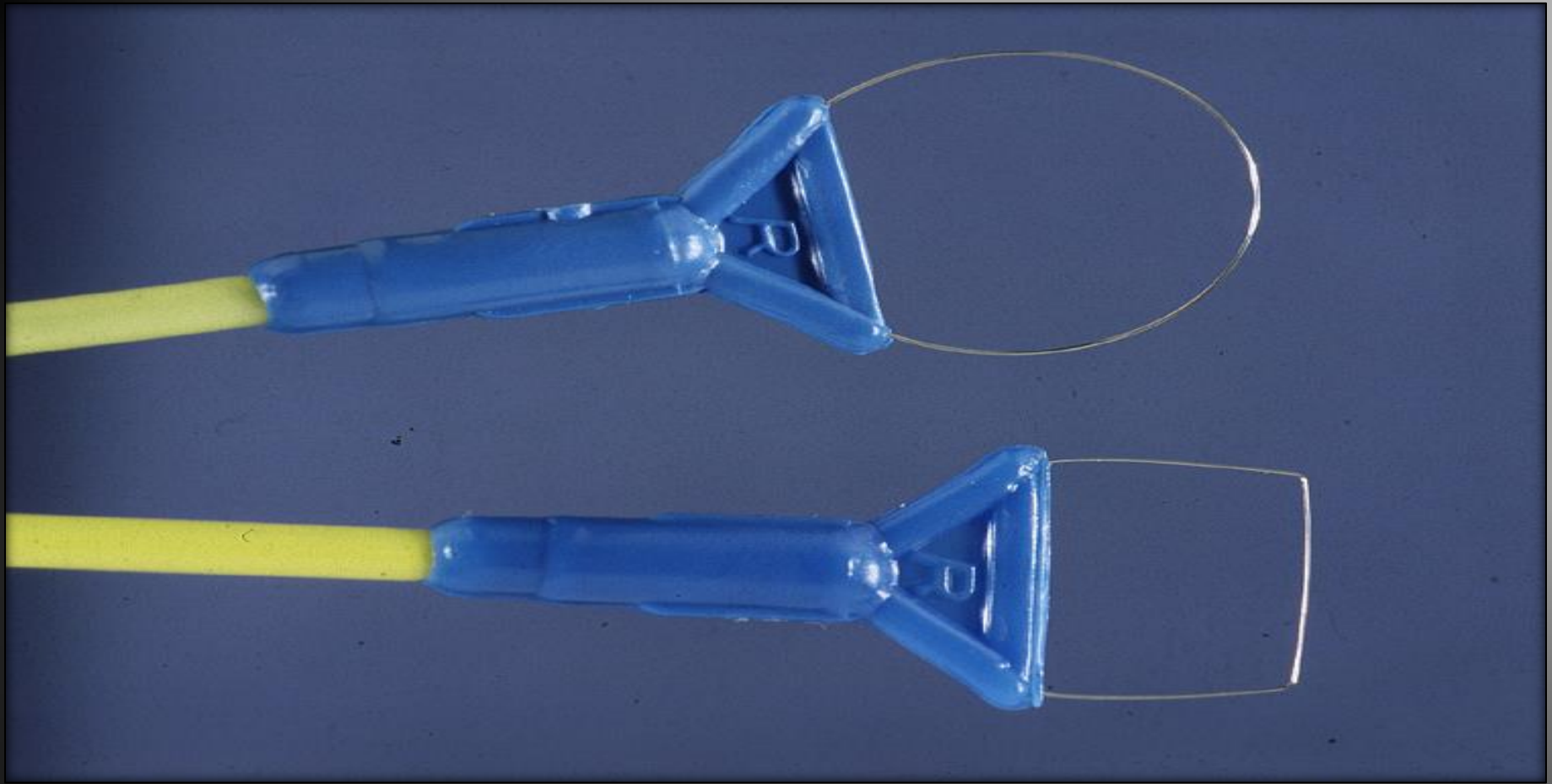
Always look before touching

Colposcopy

- ▶ **Management**
- ▶ Normal – return to screening (3 years)
- ▶ Low grade – monitor with HPV/reflex cytology in Primary Care – annual
- ▶ High Grade – Excision (LLETZ) – Destruction (Cold Coagulation)
- ▶ Only 5% need repeat treatment
- ▶ Invasive cancer – Manage at MDT Meeting

* CIN2 – in some cases can be managed conservatively for up to 2 years.



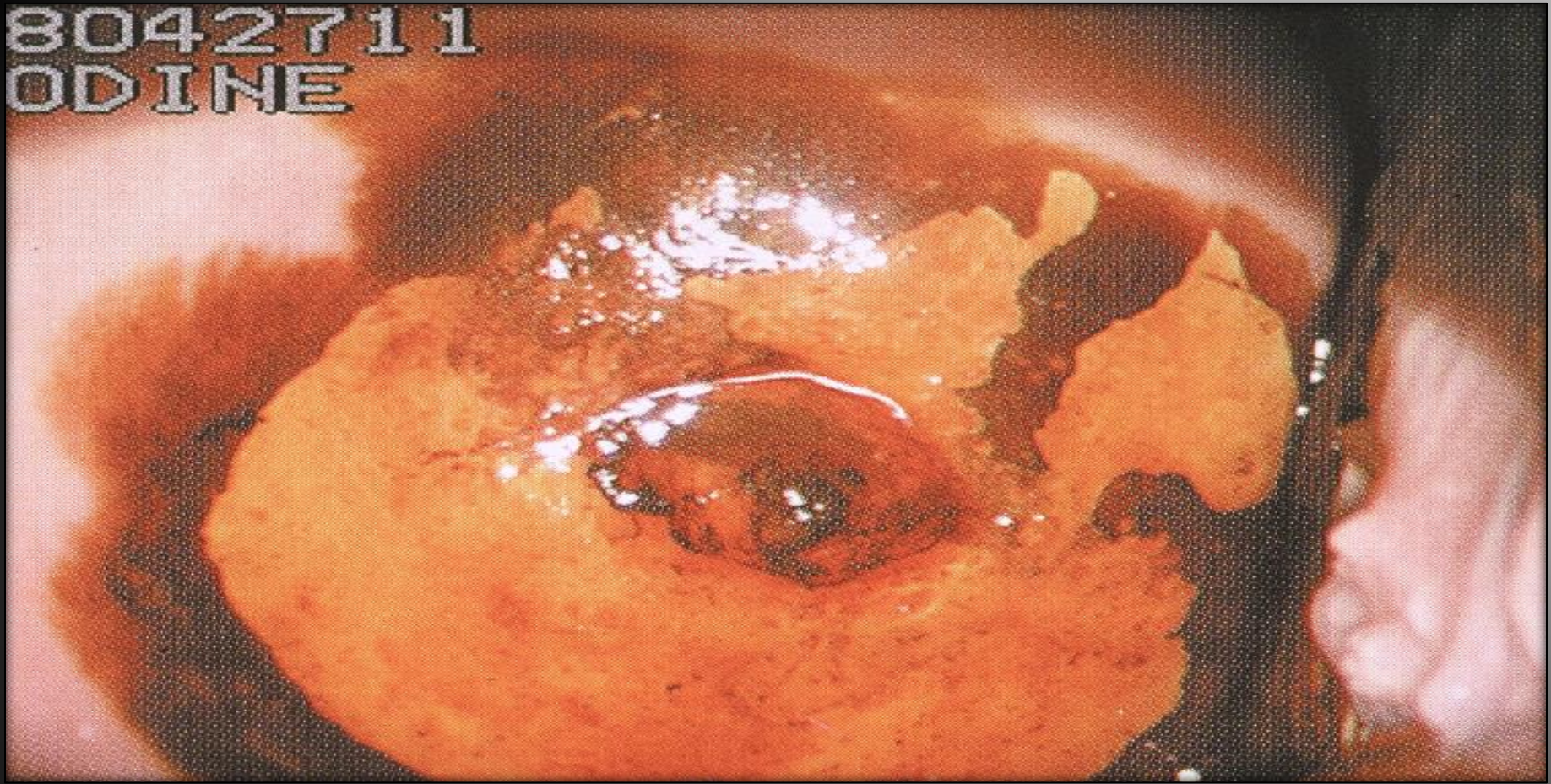


LLETZ Loops



Large range of sizes

8042711
ODINE



Iodine application prior to LLETZ procedure

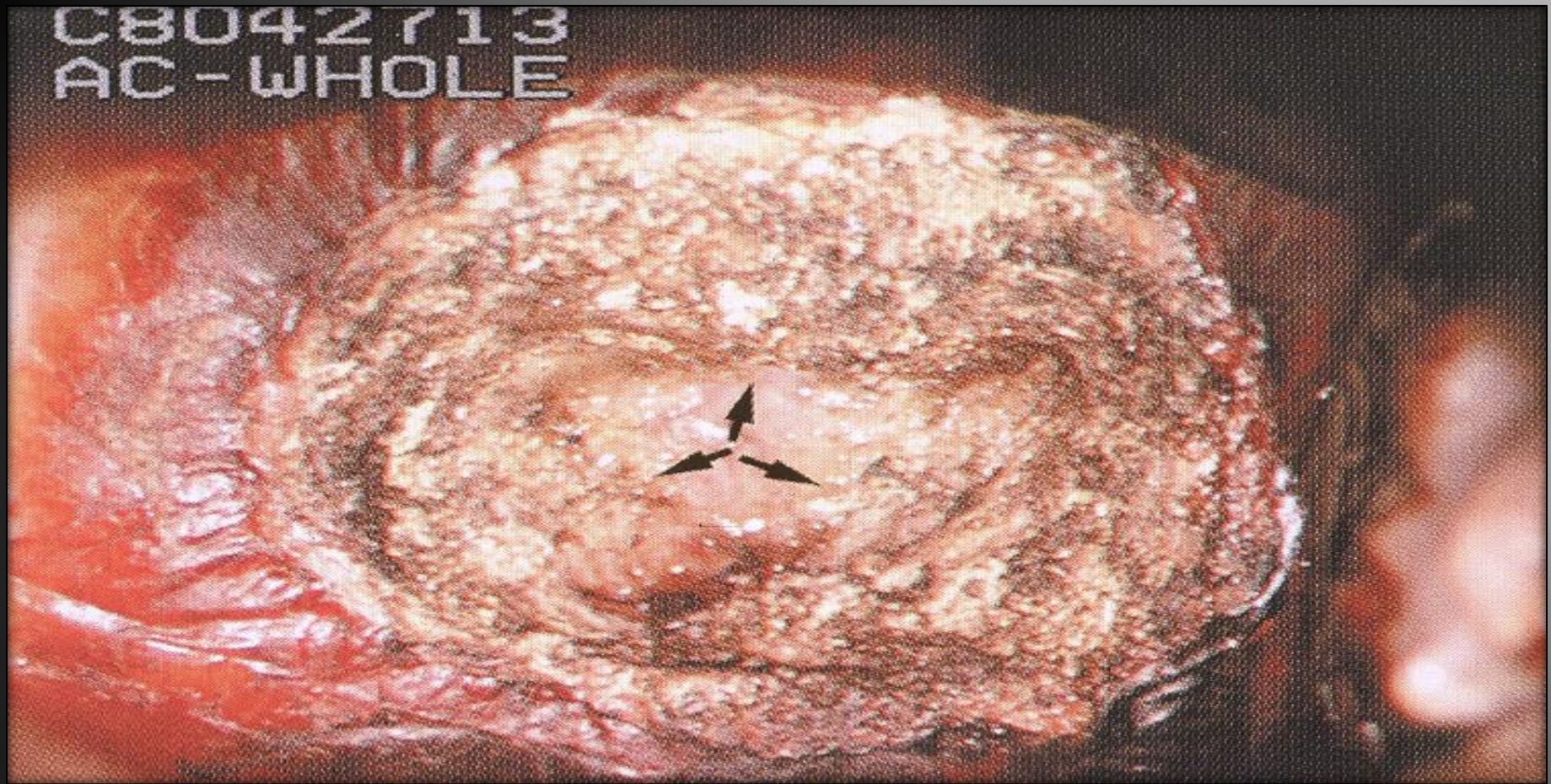


Healthy glycogen rich squamous cells uptake iodine



Preforming LLETZ sweeping Right to Left >>

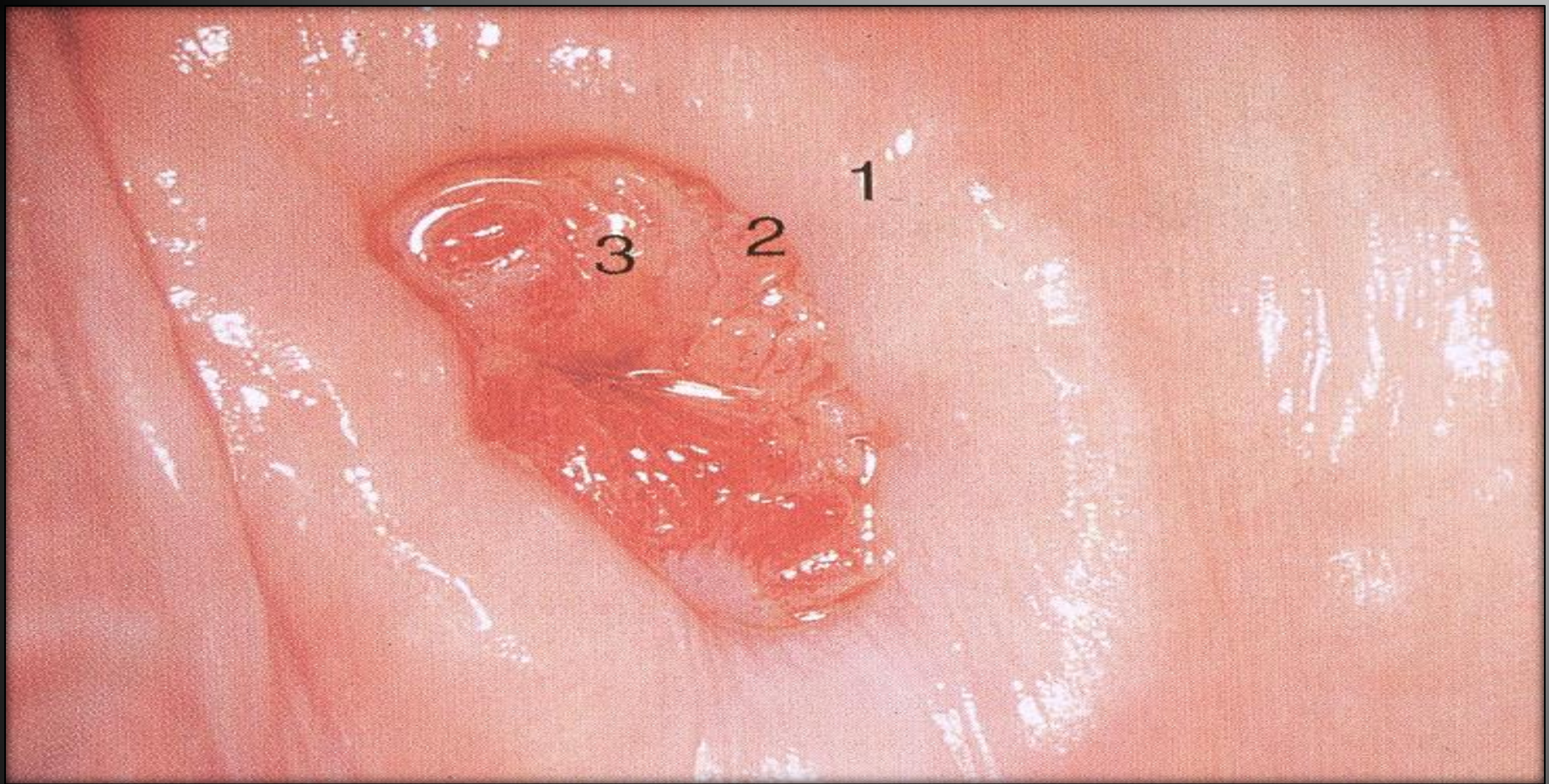
Depth at least 7 mm



Completed LLETZ procedure



Diathermised wound bed after LLETZ

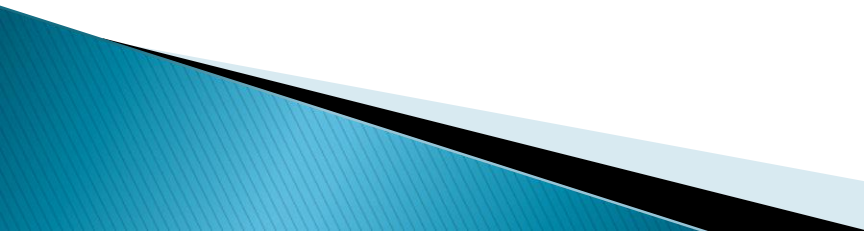


Post treatment cervix



6 months post LLETZ

Colposcopy follow up

- ▶ Guidelines and Algorithms are available for most circumstances
 - ▶ Emphasis placed on role of HR-HPV association with CIN and Cervical Cancer
 - ▶ Persons who remain HR-HPV positive, but without cytological abnormality can be safely monitored
 - ▶ Persons who are or become HR-HPV negative can safely return to primary care screening with the next screen test in 3 years
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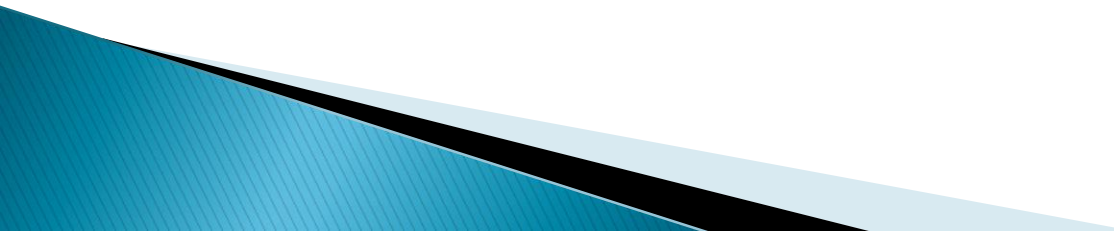
Multidisciplinary Team Meetings (MDTM)

- Essential part of quality assurance
- Plan care
 - Review and discuss histology, cytology and colposcopy
- Education
 - Case discussions
 - Slide and image viewing

Who attends

- Lead Colposcopist
- Colposcopy Consultants
- Nurse Colposcopists
- Colposcopy trainees
- Histopathologist
- Cytopathologist
- Administration

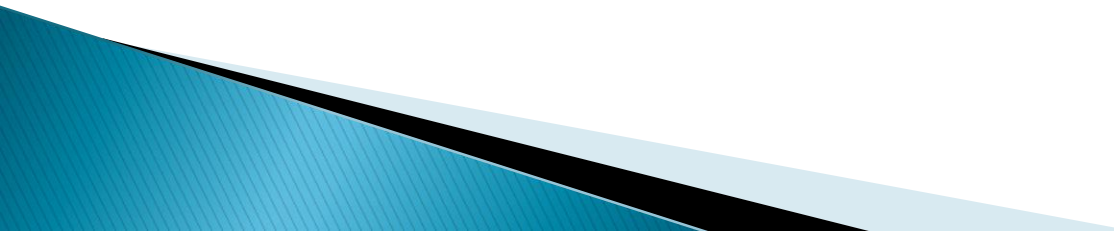
Process

- ▶ Cases can be chosen by colposcopists, cytopathologists or histopathologists
 - ▶ Summary created with lab ref numbers for review at least 10 working days in advance
 - ▶ Encrypted request data sent to attendees secure emails only, should not be forwarded to personal accounts. UN and PW sent separately but not to the same email
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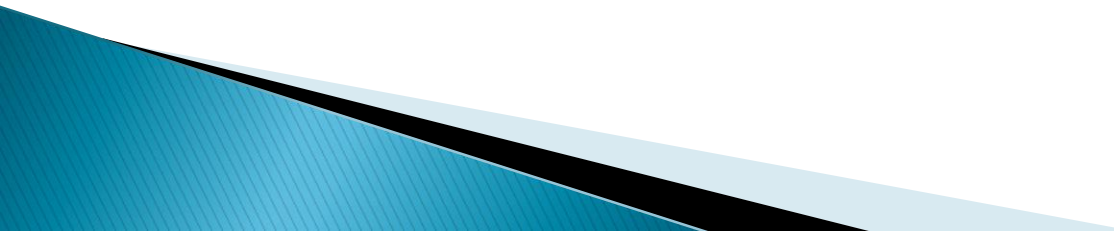
Process cont.

- ▶ Chair opens meeting with confidentiality reminder on screen
- ▶ Electronic platform, slides and images can be shown by sharing screen

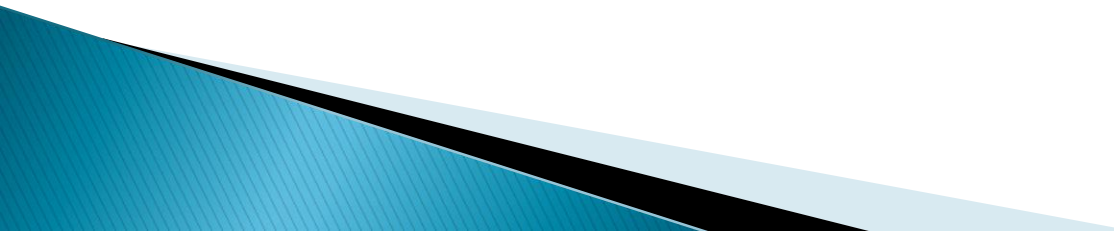
Cases to discuss

- ▶ Discrepancy – e.g. high grade cytology with low grade colposcopy and biopsy
 - ▶ Management dilemma – e.g. persistent disease after treatment in a young person
 - ▶ Glandular disease and SMILE with involved margins
- 

Cytology

- ▶ Where there is a discrepancy between Cytology and either/both colposcopic impression and histopathology, slides should be reviewed
 - ▶ Concordance – illustration of findings is not required
 - ▶ Review of previous cytology is not required, unless of academic interest.
- 


Histology

- ▶ Reporting – standardisation of reporting across all laboratories
 - ▶ What to show – not all cases need to be shown
 - ▶ Histopathologist should select
 - uncertain findings
 - unusual cases
 - academic interest (learning)
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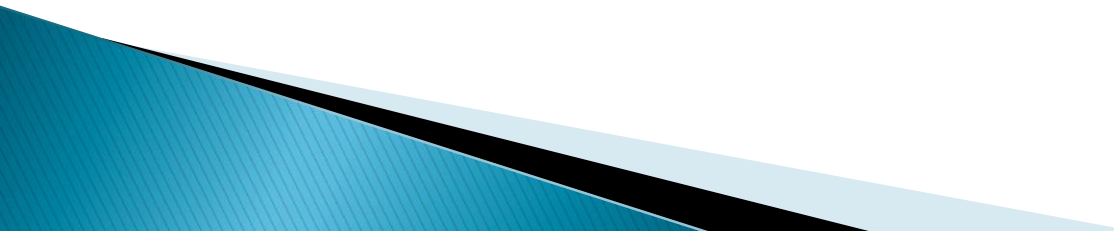
Colposcopy MDT not required

- ▶ Senior Colposcopist is happy to make plan of care, e.g. complete excision of CGIN or conservative management of CIN2
(QA guidelines 2021)

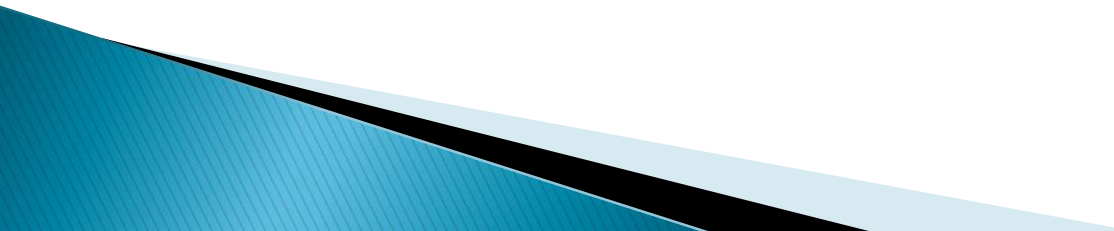
Records

- ▶ Date of meeting
 - ▶ List of cases discussed
 - ▶ List of attendees
 - ▶ Copy of decisions made and added to clinical records
 - ▶ MDT meeting record to be kept on file and made available for CervicalCheck QA inspection
 - ▶ An annual meeting to review the functioning of the MDT meetings should be held
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Challenges

- ▶ Resources – preparation is very time consuming on colposcopy coordinator and laboratory teams
 - ▶ Attendance – It is important that all members of the MDT attend as often as possible. Persistent poor attendance should be addressed by MDT Chairperson.
 - ▶ IT platforms differ
 - ▶ Time difference with USA
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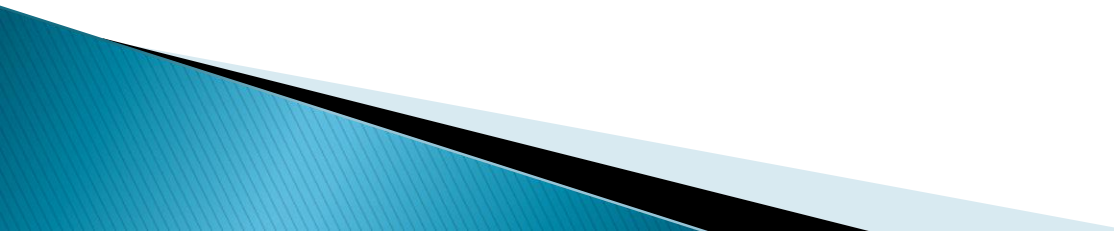
Questions

- ▶ Should every person be informed of MDT results?
 - ▶ If yes should this include?
 - changes to cytology
 - Changes to colposcopy impression
 - ▶ Could cytology lab issue a report if there is a change to the result on review – mark previous report as superseded?
- 



Invasive Lesion >>

MDT – Cancers

- ▶ **Colposcopy MDT** – discuss to confirm diagnosis and ensure management plan/onward referral.
 - ▶ **Oncology MDT** – discuss to formulate management plan including review of histology, investigations, treatment.
 - ▶ Outcomes of MDT meetings should be shared with patients
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Review of Cancers

- ▶ **Review of Cytology** – this should not be routinely reviewed at Colposcopy MDT as this issue will be dealt with separately with consent and disclosure arrangements in place
- ▶ **Review of colposcopy** – it may be appropriate for colposcopy history to be reviewed. This should be performed in conjunction with local risk management policies and outcome shared with CervicalCheck