New Frontiers in Colposcopy

1. The HPV-screening challenge
2. Transition from individual art to SOPs, management algorithms and colposcopy networks

K. Ulrich Petry, Wolfsburg, Germany
HPV Screening increases the risk of colposcopy failures (missed CIN3+)

N= 667 women transferred, 171 with CIN3+
6 years follow-up

Petry KU et al; Gyn Oncol 2013; 128:282
Colposcopy – old style

gynaecologist

normal

colpo

abnormal

Cone biopsie
Colposcopy as a central management tool in cervical cancer prevention

**HPV Test**
- **HPV -** → **Routine Screening** → **Colposcopy**
- **HPV + & 16/18-** → **Cytology**
  - **Normal/ PAPI**
  - **ASCUS /PAPII**
  - **LSIL /PAPIII**
- **HPV + & 16/18+** → **Colposcopy**
  - **Retest with cytology**
  - **Retest with HPV**
  - **Retest with HPV reflex cytology**
  - **CINtec PLUS**
    - **Screening at __ interval**
  - **Colposcopy**
  - **Screening at __ interval**
  - **Colposcopy**
  - **Colposcopy**
European Federation for Colposcopy and Cervical Pathology

EFC membership 2014
- Full member
- Associate member
- No member
3 steps that will determine the quality of colposcopy services – EFC phase 1

- **Education**
  - Basic course must include EFC core competencies
  - Advanced course (definition still pending)

- **Training**
  - EFC minimum case load and minimum training time
  - Exit assessment

- **Practice**
  - EFC minimum case load per year
Phase 2
EFC Quality indicators for colposcopy

<table>
<thead>
<tr>
<th>Proposed standards</th>
<th>ECF members</th>
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</thead>
<tbody>
<tr>
<td>Percentage of excisional treatments/conizations containing CIN2+</td>
<td>85%</td>
</tr>
<tr>
<td>Percentage of cases having a colposcopic examination prior to treatment for abnormal cervical cytology</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of excised lesions/conizations with clear margins</td>
<td>80%</td>
</tr>
<tr>
<td>Documentation of whether the squamocolumnar junction has been seen or not</td>
<td>100%</td>
</tr>
<tr>
<td>Number of colposcopies personally performed each year for a low-grade/minor abnormality on cervical cytology</td>
<td>≥50</td>
</tr>
<tr>
<td>Number of colposcopies personally performed each year for a high-grade/major abnormality on cervical cytology</td>
<td>≥50</td>
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3 steps to certify a reliable quality in colposcopy

1. **Numbers**
   - Competition between different concepts of national societies to control case loads of individual colposcopists
   - 2014-2016

2. **Quality parameters**
   - Competition of concepts to assess and optimize the EFC quality indicators
   - 2014-2019

3. **Standardized reliable QA**
   - Based on redefined caseload and redefined quality indicators
   - Rome 2019
Independant electronic QA within colposcopy networks

Documentation of whether the squamocolumnar junction has been seen or not

Percentage of cases having a colposcopic examination prior to treatment for abnormal cervical cytology

Percentage of excisional treatments/conizations containing CIN2+

Percentage of excised lesions/conizations with clear margins
Future outlook

- Patients in need should have access to a standardized, high quality colposcopy all over Europe
- Colposcopy network with independent external quality assessment will guide best practice by competition between participating colposcopy clinics
- Colposcopy will be the core management tool of abnormal screening results for another 3 decades before HPV vaccination will result in complete protection of humankind from cervical cancer