

**A BRITISH SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY
(BSCCP) STUDY**

**THE RESULTS OF A SURVEY OF THE CURRENT VIEWS AND
PRACTICES IN THE MANAGEMENT OF LOW-GRADE CERVICAL
ABNORMALITIES**

In view of the diversity of clinical management being received by women referred to colposcopy with low-grade cytology (borderline nuclear abnormality/mild dyskaryosis) an email survey was performed in order to investigate the current views and practice of colposcopists in such cases.

A questionnaire was successfully emailed to 1292 BSCCP members, of whom 470 responded giving a 36% response rate.

Job description	Number of respondents
Obstetrician/gynaecologist	280 (59.6%)
Nurse colposcopist	73 (15.5%)
Gynaecological oncologist	57 (12.1%)
Community gynaecologist	15 (3.2%)
General practitioner	11 (2.3%)
Other	30 (6.4%)
Not stated	4 (0.9%)

For analysis community gynaecologists and general practitioners were grouped together and termed community colposcopists. Twenty-five percent of respondents were lead colposcopists.

Place of work	Number of respondents
Cancer unit	158 (33.6%)
Cancer centre	101 (21.5%)
Community hospital	60 (12.8%)
Primary care	12 (2.6%)
GU clinic	6 (1.3%)
Other	129 (27.4%)
Not stated	4 (0.9%)

The majority of respondents reported multidisciplinary meetings with the pathologist and cytopathologist on a monthly basis.

Frequency of meetings	Percentage of respondents
Never	5.7%
Less than once a month	28.7%
Once a month	40.6%
More than once a month	23.6%
Unknown	1.3%

Three hundred and forty one (72.6%) of the colposcopists reported having a formal departmental policy for the management of low-grade cervical abnormalities and 113 (24.0%) reporting that they did not.

Only a small percentage of respondents reported routinely using HPV testing for the management of patients with low-grade cytology.

The use of HPV testing	Percentage of respondents
Yes routinely	2.3%
Yes selectively	10.9%
Yes clinical trial	3.4%
No	82.3%
Unknown	1.1%

Colposcopists were questioned on their management of a woman referred with a single low-grade cytology test (mild dyskaryosis/borderline nuclear abnormality) and low-grade changes suggestive of CIN 1 on colposcopy.

- Eighty-one percent of responders said that they would routinely perform a punch biopsy to confirm the diagnosis, whereas only 3% of responders reported that they would never perform a punch biopsy.

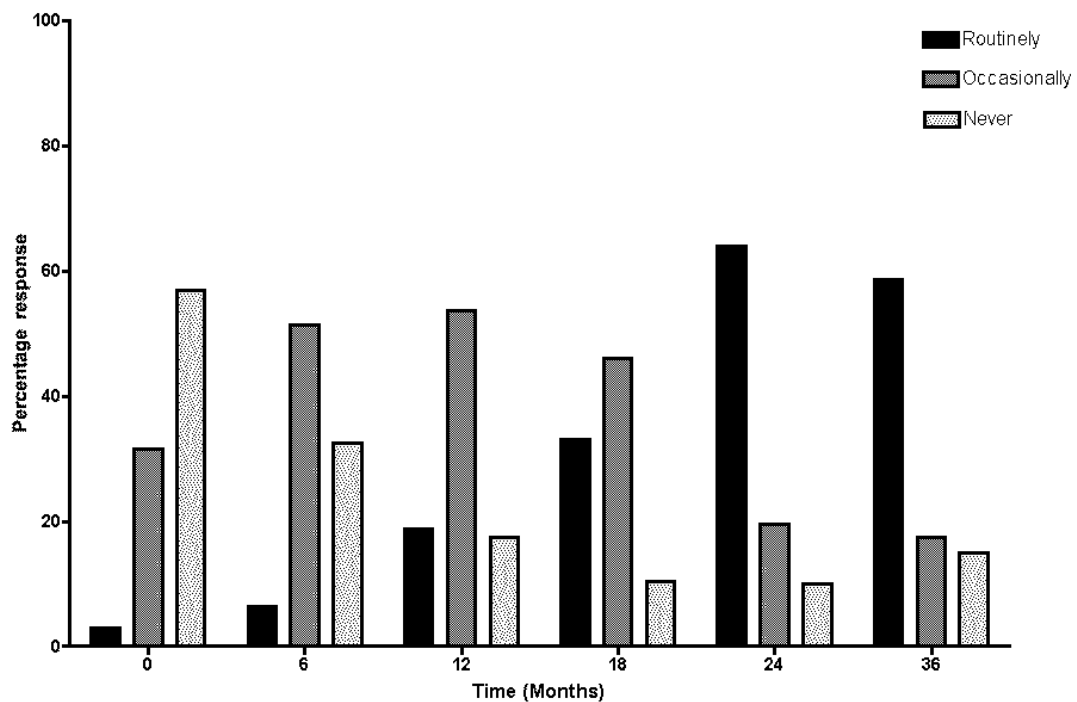
- Very few colposcopists reported routinely offering an excisional biopsy in such a case; 2% compared with 35% reporting occasionally and 55% never. Eight percent of respondents would routinely and 42% would occasionally offer ablative treatment if a punch biopsy confirmed low-grade disease, however, very few would consider such a treatment without histological confirmation; 90% gave the answer ‘never’.

- The majority of respondents reported routinely following up such a case in colposcopy clinic.

Question	Percentage of respondents answering ‘routinely’
Arrange a repeat colposcopic assessment in 6 months time	60.9%
Arrange a repeat colposcopic assessment in 12 months time	10.0%
Arrange a repeat smear in the colposcopy clinic in 6 months time	47.9%
Advise her to attend her GP in 6 months for a repeat smear	9.1%

When questioning the timing of an excisional biopsy in a woman with low-grade cytology and low-grade colposcopic findings there was a trend towards delayed

treatment with the majority of respondents reporting that they would only routinely offer treatment after 24 months for a persistent abnormality.



Time from first presentation to advising treatment for women with a low-grade cytological abnormality and low-grade colposcopic findings suggestive of CIN1, as reported by BSCCP accredited colposcopists.

Respondents reported that their decision to perform an excisional biopsy earlier than 24 months was influenced by several factors.

	Never	Occasionally	Routinely
Unlikely to comply with follow-up	4.9%	41.5%	51.1%
Immunosuppression	15.3%	45.7%	36.0%
Over 40 years old	17.0%	50.4%	30.4%
Completed family	26.4%	52.8%	18.3%

Colposcopists working in different specialties held differing views of the influence of these factors.

Table shows the percentage of respondents answering ‘routinely’. * denotes statistically significant result.

	Obstetrician/ gynaecologist	Nurse colposcopist	Gynaecological oncologist	Community colposcopist
Unlikely to comply with follow-up*	58.5%	33.8%	47.3%	62.5%
Immunosuppression*	44.5%	21.4%	21.4%	34.6%
Over 40 years old	35.0%	27.8%	28.6%	23.1%
Completed family	21.2%	14.1%	16.1%	15.4%

Analysing the results by profession, a clear difference was seen in the management of patients by gynaecological oncologists compared to colposcopists in the three other groups

- Gynaecological oncologists were significantly less likely to report routinely performing a punch biopsy to confirm the diagnosis of low-grade disease
- Gynaecological oncologists were significantly less likely to respond ‘never’ to offering a woman an excisional biopsy at first visit

The place of ablative treatment for low-grade cervical abnormalities following histological confirmation also differed significantly between specialties.

	Obstetrician/ gynaecologist	Nurse colposcopist	Gynaecological oncologist	Community colposcopist
Routinely offer ablative treatment*	7.3%	4.5%	7.5%	20.0%

In conclusion, the need for conservative management in low-grade cervical abnormalities and the accurate diagnosis of disease progression appears to be well understood by BSCCP accredited colposcopists. The reported management does appear to follow the NHSCSP guidelines, however, there is diversity in practice, notably between colposcopists working in different medical specialties.

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