

Confronto interregionali sul Controllo di qualità in colposcopia



**SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA**

CdQ in Colposcopia

- Fornire una guida “morfologica” dell’esame colposcopico
- Limitare la soggettività dell’interpretazione dell’immagine
- Migliorare l’accuratezza e la riproducibilità della diagnostica colposcopica
- Training formativo

Criteri standardizzati

- la valutazione del quadro deve essere esclusivamente formulata tenendo conto dei *noti parametri diagnostici colposcopici* e **non avere come riferimento una possibile diagnosi istologica.**

CdQ in Colposcopia

Esperienze regionali

- Emilia Romagna
- Friuli
- Veneto

The Future Role for Colposcopy in Europe

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Journal of Lower Genital Tract Disease, Volume 00, Number 00, 2013, 00–00

■ **Abstract:** Improvements in the performance of cervical screening may be limited by the diagnostic performance of colposcopy. Nonetheless, colposcopy remains the best available tool to assess women considered at high risk for having or developing cervical cancer. The provision and role of colposcopy across Europe is variable. Introduction of vaccination against human papillomavirus (HPV) types 16 and 18 as well as the possible switch to HPV-based screening is likely to change the profiles of women presenting to colposcopy services and provide management difficulties for the colposcopist.

The standard of colposcopy in Europe can be maintained or improved despite a variable availability of screening. The prevalence of cervical intraepithelial neoplasia grade 3 may decrease for women having had HPV vaccination. The incidence of cervical intraepithelial neoplasia grade 3 and cervical cancer in second and subsequent rounds of HPV-based screening are likely to decrease compared to cytology-based screening. In HPV-based screening, the numbers of women with no detectable or minor abnormalities at colposcopy and with screen-detected glandular disease are likely to increase. We have considered how these issues will affect states that have varying implementation of organized cervical screening programs and varying degrees of implementation of HPV testing or vaccination.

The development of quality assurance across Europe accompanying these program changes is discussed. ■

prevention programs. We should not be deterred from providing high-quality training and standards of practice for colposcopists throughout Europe because whatever screening scenarios will be chosen, colposcopy will remain the tool to diagnose precancerous lesions after a positive screen. There is no better alternative to colposcopy, but there is no alternative for colposcopy than better and more sophisticated standardized quality assurance. This may then realize the greatest benefit from modified screening strategies translated into improved cervical cancer diagnosis and mortality.

Table 1. The Berlin 2011 Consensus Quality Indicators

1. Quality of colposcopic examination / identification of SCJ

Aim: Description/documentation of squamocolumnar junction and type of TZ (IFCPC classification)

Indicator:

- Proportion of documented colposcopies with description of SCJ and type of TZ of all documented colposcopies (100%).

2. Quality of colposcopic prediction

Aim: A high PPV of colposcopic findings classified as major changes for a histopathologic diagnosis of CIN 2+

Indicator:

- Colposcopic findings classified as major changes should correlate with a histologic diagnosis of CIN 2+ in most cases (>75%).

PPV = (colposcopic opinion CIN 2+) / total CIN 2+ cases seen by that colposcopist) × 100

3. Quality of indication for invasive therapy

Aim: Good selection of CIN 2+, avoidance of overtreatment

Indicators:

- Relation of CIN 2+ to ≤CIN 1 among all women who underwent invasive treatment (CIN 2+ should outnumber ≤CIN 1).
- High proportion of CIN 2+ of all treatment at first visit cases (>85%).

4. Preference of minimal invasive therapy

Aim: Avoidance of cold knife conizations and hysterectomies in the treatment of CIN

Indicator:

- Proportion of LLETZ or laser cone/ cold knife conization or hysterectomy in the treatment of CIN (>98%).

5. Colposcopic guidance of minimal invasive CIN therapy

Aim: Minimal invasive therapies should be done under colposcopic guidance

Indicator:

- Proportion of treatment procedures for CIN performed by a trained colposcopist under colposcopic guidance/total treatments for CIN (>95%).

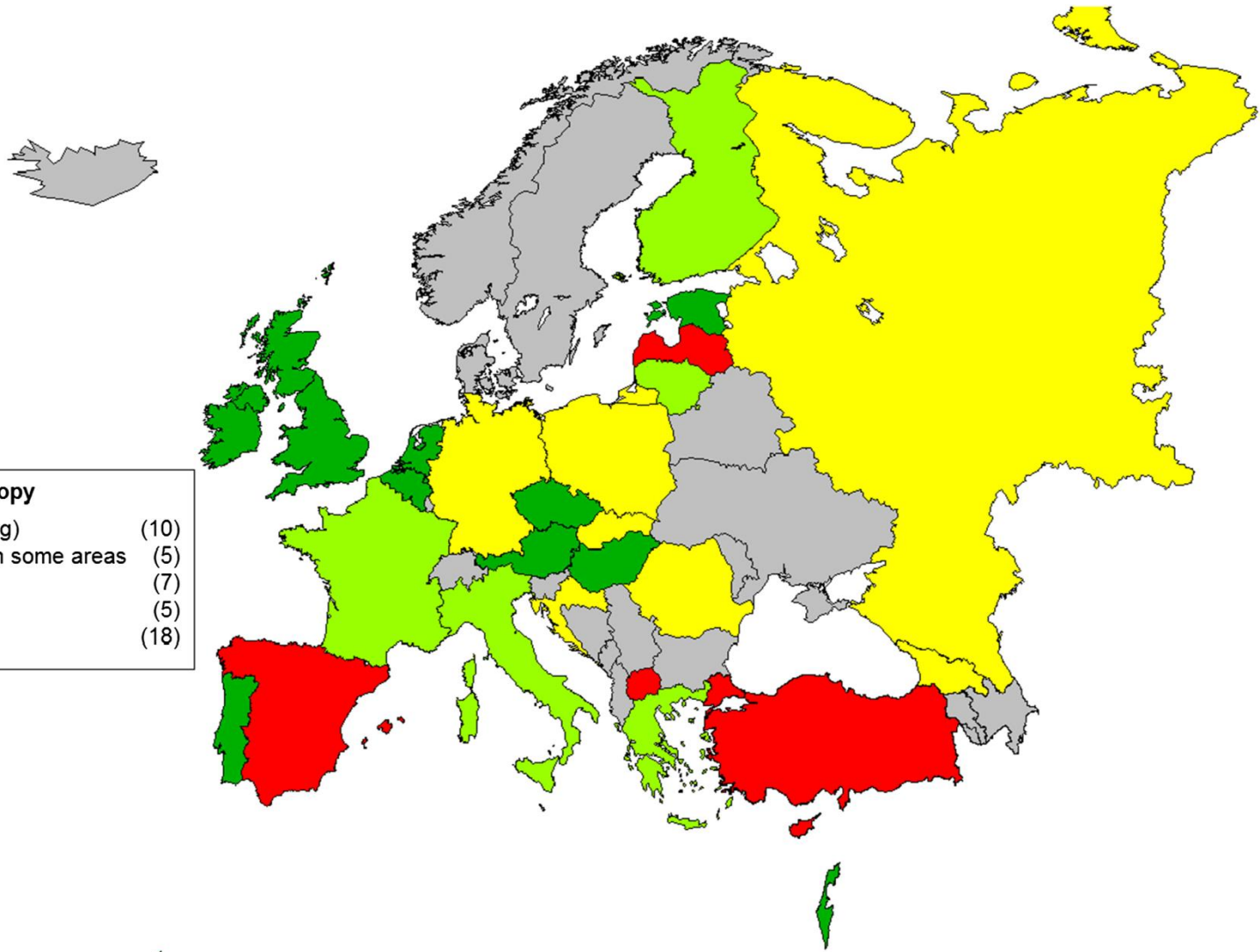
6. Proof of cure following invasive treatment of CIN

Aim: Assessment of the effectiveness of treatment

Indicator:

- Proportion of treated CIN 2+ cases with negative tests (HPV or cytology) 6–12 months after treatment (>85%).

SCJ, squamocolumnar junction; TZ, transformation zone; IFCPC, International Federation for Cervical Pathology and Colposcopy; PPV, positive predictive value; CIN, cervical intraepithelial neoplasia; LLETZ, large loop excision of the transformation zone.



Availability of expert colposcopy	
Country-wide (<1 hour driving)	(10)
In many places but lacking in some areas	(5)
Only in major urban areas	(7)
Only a few places	(5)
Unknown	(18)

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3. Mustafa RA, Santesso N, Khatib R, Mustafa AA, Wiercioch W, Kehar R, Gandhi S, Chen Y, Cheung A, Hopkins J, Ma B, Lloyd N, Wu D, Broutet N, Schünemann HJ.
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4. Karimi-Zarchi M, Zanbagh L, Shafii A, Taghipour-Zahir S, Teimoori S, Yazdian-Anari P.
Electron Physician. 2015 Nov 20;7(7):1542-8. doi: 10.19082/1542. eCollection 2015 Nov.

[Value of 4-quadrant biopsies under colposcopy for detecting precancerous lesions in cervical cancer screening].

[Article in Chinese]

Zhao Y¹, Song Y, Zhao F, Zhang W, Li L, Chen F, Chen W, Pan Q, Shen G, Qiao Y².

⊕ Author information

Abstract

OBJECTIVE: To evaluate the value of colposcopic 4-quadrant biopsies for detecting precancerous lesion in cervical cancer screening.

METHODS: We used the data of a cross-sectional screening study in 1999, in which 1,997 women received cervical cancer screening in Xiang Yuan County, Shanxi province. The sensitivity, specificity and accuracy of both 4-quadrant biopsy and colposcopy directed biopsy to detect high-grade or more severe squamous intraepithelial lesions (HSIL+) were calculated.

RESULTS: 1,784(89.3%) women who received 4-quadrant biopsies and endocervical curettage were negative. 127(6.4%) women were diagnosed as LSIL, 74(3.7%) women as HSIL and 12(0.6%) cases of squamous cell carcinoma. 1,478(74.0%) women who received biopsies in the sites of abnormal lesions were negative, 463(23.2%) cases of LSIL, 41(2.1%) cases of HSIL, 15(0.8%) cases of squamous cell carcinoma. The positive rate was 26.0%(519/1,997) for colposcopy, and the coincidence rate was 73.7% with pathological diagnosis. Sensitivity and specificity were 81.4% and 76.5% of colposcopy for HSIL+. In total of 519 women were found to be with any abnormal colposcopic appearance. The consistency rate between 4-quadrant biopsies and suspicious lesion-directed biopsies was 96.3%. By suspicious lesion-directed biopsy alone, 14.8% cervical lesions were miss-diagnosed, of which 8.6%(5/58) cases of total HSIL and 24.1%(14/58) cases of all LSIL.

CONCLUSIONS: 4-quadrant biopsy can detect more HSIL+ lesions and is more accurate than suspicious lesion biopsy alone. As an important triage technique to detect cervical precancerous lesions, it can improve the detection rate of HSIL+ lesions in cervical cancer screening.

A prospective randomized study on limits of colposcopy and histology: the skill of colposcopist and colposcopy-guided biopsy in diagnosis of cervical intraepithelial lesions.

Bifulco G¹, De Rosa N¹, Lavitola G¹, Piccoli R¹, Bertrando A¹, Natella V², Di Carlo C¹, Insabato L², Nappi C³.

⊕ Author information

Abstract

BACKGROUND: The main objective of our study was to evaluate the colposcopist ability to correctly identify the worst area of a cervical lesion where biopsy should be performed; the secondary objective was to investigate the influence of the colposcopist skill in grading cervical preneoplastic lesions.

METHODS: 296 patients referred for colposcopy were enrolled in a prospective study. All patients were randomized in two groups: in the first group, "senior group", the colposcopy was performed by an experienced colposcopist; in the second group, "junior group", the colposcopy was performed by a less experienced colposcopist. A detailed colposcopic description, including a grading of the lesion, was completed for each case. During the colposcopic exam patients underwent two direct biopsies; each biopsy was labeled with letter A (suspicious area with most severe grade) or B (suspicious area with less severe grade) according to the judgment of the colposcopist. An experienced pathologist reanalyzed the histological slides, after routine diagnosis.

RESULTS: The senior group identify the worst area of the cervical lesion in statistical significant higher rates than junior group. Specimen A resulted representative of the higher-grade lesion (A > B) in 73.7 % (N = 28) in senior group and in 48.4 % (N = 15) in junior group; while in 26.3 % (N = 10) the higher-grade lesion corresponded to specimen B (A < B) in senior group and in 51.6 % (N = 16) in junior group (p < .05).

CONCLUSION: The ability of a colposcopist in grading cervical lesion depends on his experience.

KEYWORDS: Cervical intraepithelial lesions; Colposcopic accuracy; Colposcopic grade; Multiple biopsies

The organization of colposcopy services in Ontario: recommended framework.

Murphy J¹, Varela NP², Elit L³, Lytwyn A⁴, Yudin M⁵, Shier M⁶, Wu V⁷, El-Khatib S⁸.

Author information

Abstract

OBJECTIVE: The purpose of this guideline is to help ensure the provision of high-quality colposcopy practices in the province of Ontario, including those conducted as diagnostic procedures in follow-up to an abnormal cervical screening test.

METHODS: This document updates the recommendations published in the 2008 colposcopy guideline from Cancer Care Ontario, The Optimum Organization for the Delivery of Colposcopy Service in Ontario. A systematic review of guidelines was conducted to evaluate the existing evidence and recommendations concerning these key aspects of colposcopy: □ Training, qualification, accreditation, and maintenance of competence □ Practice setting requirements □ Operational practice □ Quality indicators and outcomes.

RESULTS: This guideline provides recommendations on training and maintenance of competence for colposcopists in the practice settings in which colposcopic evaluation and treatments are conducted. It also provides recommendations on operational issues and quality indicators for colposcopy.

CONCLUSIONS: This updated guideline is intended to support quality improvement for colposcopy for all indications, including the follow-up of an abnormal cervical screening test and work-up for lower genital tract lesions that are not clearly malignant. The recommendations contained in this document are intended for clinicians and institutions performing colposcopy in Ontario, and for policymakers and program planners involved in the delivery of colposcopy services.

KEYWORDS: Cancer Care Ontario; cervical cancer screening; colposcopy; frameworks; guideline recommendations

[Biomed Res Int](#), 2015;2015:614035. doi: 10.1155/2015/614035. Epub 2015 Jun 9.

Accuracy of Colposcopically Directed Biopsy: Results from an Online Quality Assurance Programme for Colposcopy in a Population-Based Cervical Screening Setting in Italy.

[Sideri M](#)¹, [Garutti P](#)², [Costa S](#)³, [Cristiani P](#)⁴, [Schincaqgia P](#)⁵, [Sassoli de Bianchi P](#)⁶, [Naldoni C](#)⁶, [Bucchi L](#)⁷.

Author information

Abstract

PURPOSE: To report the accuracy of colposcopically directed biopsy in an internet-based colposcopy quality assurance programme in northern Italy.

METHODS: A web application was made accessible on the website of the regional Administration. Fifty-nine colposcopists out of the registered 65 logged in, viewed a posted set of 50 digital colpophotographs, classified them for colposcopic impression and need for biopsy, and indicated the most appropriate site for biopsy with a left-button mouse click on the image.

RESULTS: Total biopsy failure rate, comprising both nonbiopsy and incorrect selection of biopsy site, was 0.20 in CIN1, 0.11 in CIN2, 0.09 in CIN3, and 0.02 in carcinoma. Errors in the selection of biopsy site were stable between 0.08 and 0.09 in the three grades of CIN while decreasing to 0.01 in carcinoma. In multivariate analysis, the risk of incorrect selection of biopsy site was 1.97 for CIN2, 2.52 for CIN3, and 0.29 for carcinoma versus CIN1.

CONCLUSIONS: Although total biopsy failure rate decreased regularly with increasing severity of histological diagnosis, the rate of incorrect selection of biopsy site was stable up to CIN3. In multivariate analysis, CIN2 and CIN3 had an independently increased risk of incorrect selection of biopsy site.

European Federation of Colposcopy quality standards Delphi consultation.

Moss EL¹, Arbyn M, Dollery E, Leeson S, Petry KU, Nieminen P, Redman CW.

Author information

Abstract

OBJECTIVE: Optimization of colposcopy practice requires a program of quality assurance including the monitoring of performance indicators. The European Federation of Colposcopy (EFC) aimed to identify a list of quality indicators for colposcopic practice, which are relevant, reproducible and practical across all of the member countries.

STUDY DESIGN: A five-round Delphi consultation was conducted in 30 full, 5 associate and 4 potential member countries in order to determine a core list of quality indicators including optimal target ranges.

RESULTS: Six indicators were selected from a list of 37 proposed standards. Two further rounds of consultation were conducted to determine expert opinion on the target level for each of the standards. The six indicators identified and corresponding targets were: documentation of whether or not the squamocolumnar junction has been seen (100%); colposcopy prior to treatment for abnormal cervical cytology (100%); percentage of excisional treatments/conizations to contain cervical intra-epithelial neoplasia grade two or worse ($\geq 85\%$); percentage of excised lesions/conizations with clear margins ($\geq 80\%$); and two indicators concerned the number of cases to be colposcoped per year: ≥ 50 low-grade/minor and ≥ 50 high-grade/major cytological abnormalities.

CONCLUSIONS: A Delphi consultation identified six EFC quality indicators. These are a first step in an international attempt to optimize colposcopy practice throughout Europe. The current targets are based on expert opinion and may need adaptation in the future. Data are needed from European colposcopy settings to determine whether the indicators are achievable practice-based benchmarks and will help in improving and fine tuning the list of performance indicators and targets.

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KEYWORDS: Colposcopy; Delphi consultation; European; Quality standards

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

Luyten A¹, Hagemann J², Scherbring S³, Boehmer G⁴, Giesecking F⁵, Woelber L⁵, Glasenapp F⁶, Hampl M⁷, Kuehler-Obbarius C⁸, van den Bergh M⁹, Leeson S¹⁰, Redman C¹¹, Petry KU¹²; Studiengruppe Kolposkopie eV (SGK) and G-CONE (German Colposcopy Network).

Author information

Abstract

OBJECTIVES: The accuracy of colposcopy as the gold standard to manage abnormal screening tests depends on qualification and well defined standards. A recent survey of the European Federation for Colposcopy (EFC) found strong heterogeneity in the practice of colposcopy across Europe. EFC defined four quality indicators (QIs) to enable quality assessment in colposcopy as one tool to harmonize colposcopy standards. We undertook a pilot project to estimate the utility of these QIs for an independent external quality assessment in daily routine colposcopy.

STUDY DESIGN: Participating colposcopy clinics used newly developed software for data collection. Data were automatically anonymized, encrypted and stored in a secure relational database located within the clinics' network and allowed for an independent external benchmarking comparing the performance of participating clinics according to EFC QIs.

RESULTS: 10,869 patients referred for routine colposcopy were included. On average none of the four EFC QIs was fulfilled. One target was almost met with 83.3% instead of 85% excisional treatments/conizations containing CIN2+ and for another QI the difference of 94.4% instead of 100% cases having a colposcopic examination prior to treatment for abnormal cervical cytology was mainly explained by wrong documentation. For a third QI, visibility of the squamocolumnar junction (SCJ) was only reported in 90.9% instead of 100% but reporting improved to 94.7% after a consensus meeting. The last QI, >80% clear margins in excised lesions/conizations were not considered as useful by some clinics and therefore not documented.

DISCUSSION AND CONCLUSIONS: At least 3 out of 4 QIs seemed to be useful for quality assessment in colposcopy but will need rewording and readjustment. All tools for an independent electronic quality assessment with the use of EFC-QI are available and could be used to achieve a high quality standard in colposcopy across Europe.

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17/09/2015

Dr. C.....

Date du résultat : 17/09/2015

Patient HPRIM: F.... T..... - Né(e) le 02/08/1990

Compte rendu du 12/10/2015: CYTOLOGIE GYNÉCOLOGIQUE

Technique : frottis cervical en milieu liquide.

Étalement monocouche Thinprep.

Coloration Papanicolaou.

Frottis essentiellement constitué de cellules de type superficiel, éosinophiles à noyau pycnotique, étalées et non plicaturées. L'index ostrogénique est de 60 %.

On observe quelques cellules endocervicales, isolées ou en petits amas, à noyau régulier possédant une chromatine finement structurée.

Le fond, peu abondant, est constitué de quelques voiles muco-leucocytaires.

Présence de rares cellules malpighiennes superficielles ou intermédiaires à noyau tantôt rétracté hyperchromatique, tantôt légèrement augmenté de volume ou homogénéisé.

CONCLUSION selon Bethesda 2001

Frottis de qualité satisfaisante pour interprétation.

Aspect cytologique de C.I.N. II (HSIL: high-grade squamous intraepithelial lesion).

Nécessite d'un contrôle biopsique sous colposcopie.

C150058540A: FCGX0D20P

Docteur Al.....

15/09/2015

Dr. Ca.....

Histoire de la maladie Interrogatoire

Cs pour FCV ASCUS en Italie mais pas d'HPV test.

FCV de contrôle avec HPV test

28/01/2016

Dr. C.....

Histoire de la maladie Interrogatoire

Colpo pour CIN II

Examen Clinique:

Colpo difficile

Zone de jonction difficile à identifier.

Pas de zone franchement hyperacidophile

Lugol negatif.

4 biopsies aux points cardinaux du col

15/01/2015

Dr. A.....

02/02/2016

Dr. C.....

Date du résultat : 29/01/2016

Patient HPRIM: - Né(e)le 02/08/1990

Compte rendu du 01/02/2016:

BIOPSIES CERVICALES.

Renseignements cliniques:

Aspect cytologique de CIN II + HPV sur frottis n° C15/58540.

Colposcopie peu contributive.

Site prélèvements : 4 points cardinaux

Matériel: 4 fragments de 2 a 4 mm de grand axe.-

Examen sur plans de coupes sériés.

Microscopie:

Muqueuse : entièrement endocervicale sur un fragment, et jonctiennelle sur les 3 autres

Lésions : endocervicite catarrhale sur un fragment associée sur les 3 autres a des phénomènes de métaplasie malpighienne remaniée par des lésions d'infection virale à HPV avec parakératose et importante koïlocytose se poursuivant dans plusieurs récessus glandulaires sous-jacents et sous-tendues par une relative dédifférenciation par hyperplasie des couches basales avec anisocaryose et présence d'images de mitose sur les 2/3 inférieurs de l'épithélium de type CIN II, sans aucune image d'effraction basale associée.

Immuno-histochimie Réf : H16/7335:

P16: + fort et diffus sur les 2/3 inférieurs de l'épithélium lésionnel

KI67 : index de prolifération évalué à 80 à 90 % avec marquage de noyaux par endroits jusqu'en surface

CONCLUSION

PRESENCE, SUR 3 FRAGMENTS, D'IMPORTANTES LÉSIONS D'INFECTION VIRALE A HPV AVEC CIN II ET MARQUAGE P16+.

H160007068A: PHGEE5C2C

Docteur Is.....

Terminologia:

controllo di qualità vs. *quality assurance*

controllo di qualità

**valutazione
monitoraggio
sorveglianza
audit
controllo di gestione
etc. etc.....**

quality assurance

+ azioni conseguenti

Terminologia:

controllo di qualità vs. *quality assurance*

controllo di qualità

descrivere

quality assurance

intervenire

Colposcopy: A Global Perspective

Introduction of the New IFCPC Colposcopy

Terminology

Silvio Tatti, MD, MSc, PhD^a, Jacob Bornstein, MD, MPA^b,
Walter Prendiville, FRCOG^{c,*}

Obstet Gynecol Clin N Am 40 (2013) 235–250

Mario Sideri illustrò l'applicazione web e il programma diQA della RER al **Nomenclature Committee della IFCPC**, di cui faceva parte e che sviluppò la nuova classificazione colposcopica del 2011

Si pensava ad uno **studio europeo di riproducibilità** della nuova classificazione IFCPC del 2011, che si sarebbe servito dell'applicazione web della RER

Azioni Future

- **Nuovo test**
- **Confronto Nazionale**
- **Confronto internazionale**
-