

# GP Referrals to Colposcopy; Appropriate or Inappropriate?

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## Background

- Cancer of the cervix is the **8th** most common cancer for women in Ireland.
- It is a cancer of young women, **50%** of all cases diagnosed in women aged  $\leq 46$  years and the mean age of death is **56 years**.
- In Ireland, there is an average of **180 new cases** of cervical cancer diagnosed and **73 deaths** reported each year.
- Cervical Check - The National Cervical Screening Programme is a quality assured, organised and population-based screening programme that is managed by the NCSS.
- Free smear tests will be provided every three years for women aged 25 to 44 and every five years for women aged 45 to 60 years and is operated in line with best international practice.

## Reason for Audit

- The NCSS has set strict guidelines for referral to colposcopy.
- It had been noted by staff in the Colposcopy unit in Kerry General Hospital that the referral of ASCUS by GPs, which has definite guidelines, were not being adhered to.
- We studied these GP referrals to colposcopy from June - August 2011 to see whether they were as per the NCSS guidelines.
- Intervention; GPs of the Southwest were informed in writing of the reasons for most inappropriate referrals and the following guidelines were attached.

## Cytology Terminology Translation Table



Office Use	Bethesda Terminology	BSCC Terminology 1986	Office Use	Management Recommendation	Rationale / Recommendation
P1	Unsatisfactory/Inadequate	Unsatisfactory/Inadequate	R6	3 month repeat	Repeat in 3 months
			R7	Refer to colposcopy	3 consecutive unsatisfactory/discretion of pathologist (gynaec referral optimal) First smear test following a treatment in colposcopy Any 3 smear test results that are not normal in the previous 10 years
P2	Negative/NAD (No Abnormality Detected)	Negative/NAD	R1	Exit programme	No further screening required
			R2	3 5 year recall	Routine recall
			R3	12 month repeat	Second and subsequent smear tests following a treatment for HSIL, ASC, AIS If HIV+/post organ transplant/DES exposed/renal dialysis
			R4	6 month repeat	Following a result/treatment for ASC-US or LSIL, following a result of AGC First smear test following a result/treatment for HSIL, ASC, AIS
			R7	Refer to colposcopy	Following hysterectomy or Cervical Intraepithelial Neoplasia (CIN) is completely excised Less than 10 years routine recall and no CIN at hysterectomy If suspicious cervix, a gynaecology referral is optimal
P3a	ASC-US (Atypical Squamous Cells of Undetermined Significance)	Borderline Nuclear Abnormalities (BNA) (Squamous)	R4	6 month repeat	First ASC-US or no more than 2 consecutive smear tests showing ASC-US
			R7	Refer to colposcopy	Third consecutive ASC-US smear test Previous LSIL (within 18 months) Any 3 smear test results that are not normal in the previous 10 years First smear test following a treatment for CIN
P3b	ASC-H (Cannot exclude High Grade)	BNA-H (Cannot exclude High Grade)	R7	Refer to colposcopy	Refer to colposcopy
P4	LSIL (Low Grade Squamous Intraepithelial Lesion)	Mild Dyskaryosis	R4	6 month repeat	First LSIL smear test
			R7	Refer to colposcopy	Second consecutive LSIL smear test If previously attended colposcopy and not yet returned to routine recall If HIV+/post organ transplant/DES exposed/renal dialysis Any 3 smear test results that are not normal in the previous 10 years
P5	HSIL (High Grade)	Moderate Dyskaryosis	R7	Refer to colposcopy	Refer to colposcopy
P6	HSIL (High Grade)	Severe Dyskaryosis	R7	Refer to colposcopy	Refer to colposcopy
P7	Query Squamous Cell Carcinoma	Query Squamous Cell Carcinoma	R7	Refer to colposcopy	Refer to colposcopy
P8a	AGC (Atypical Glandular Cells)	Borderline Nuclear Abnormalities (Glandular)	R7	Refer to colposcopy	Refer to colposcopy
P8b	AGC (Atypical Glandular Cells) Favour Neoplastic Process	Borderline Nuclear Abnormalities (Glandular)	R7	Refer to colposcopy	Refer to colposcopy
P9	Query Glandular Neoplasia /AIS/Adenocarcinoma	Query Glandular Neoplasia /AIS/Adenocarcinoma	R7	Refer to colposcopy	Refer to colposcopy
P10	Broken/Damaged/Expired Vial	Broken or Damaged Vial	R6	3 month repeat	Repeat in 3 months

GLOSSARY Atypical Squamous Cells of Undetermined Significance (ASC-US) Atypical Squamous Cells, Favour Neoplastic Process (ASC-H) Atypical Glandular Cells (AGC) Atypical Glandular Cells, Favour Neoplastic Process (AGC-H) Borderline Nuclear Abnormalities High Grade (BNA-H)

## Guidelines/ Criteria Measured

The current guidelines for referral of ASCUS as per NCSS were used:

1<sup>st</sup> ASCUS: **repeat in 6 months**

3 consecutive ASCUS: **refer Colposcopy**

1<sup>st</sup> ASCUS after having treatment for CIN: **refer Colposcopy**

Any 3 ASCUS in 10 years: **refer Colposcopy**

ASCUS within 3 smears of LSIL (low grade Squamous intra-epithelial lesion): **refer Colposcopy**

## Methods and Materials

Patient Information retrieved from Compshare System in Cill Íde Colposcopy Unit.

A number of search criteria entered including:

Patient Chart Number

Examination Date (01/06/11 – 31/08/11)

Examination Number 1 (denotes 1<sup>st</sup> ASCUS)

### Exclusion Criteria

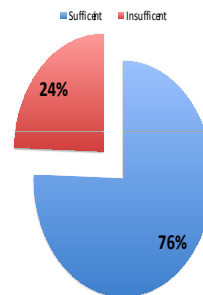
- 3<sup>rd</sup> or more ASCUS
- 1<sup>st</sup> ASCUS post previous treatment for CIN
- 1<sup>st</sup> ASCUS within 3 smears of LSIL (Low Grade Squamous Intraepithelial lesion)

### Inclusion Criteria

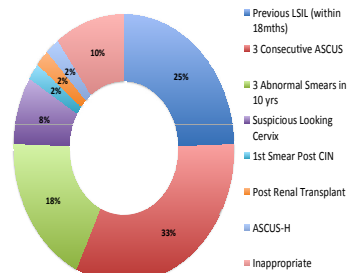
- 2<sup>nd</sup> or less ASCUS

## Initial Results

Details of Smear History on Referral



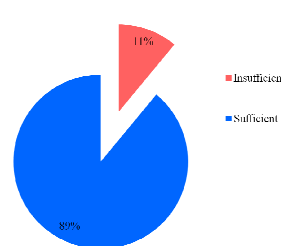
Reason for Referral for Colposcopy



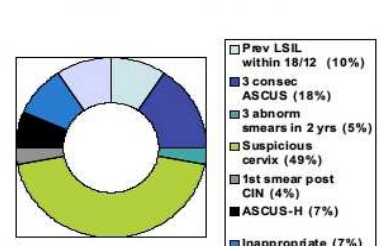
**90% of these referrals were appropriate**

## Follow-up results

Details of smear history on referral



Reason for referral



**93% of these referrals were appropriate**

## Conclusions

- Our initial impression from communicating with colposcopy staff was that there were a high number of inappropriate ASCUS referrals.
- The results of the first cycle proved to the contrary - *just 10% of all ASCUS referrals by GPs were inappropriate.*
- 24% of appropriate referrals did not contain sufficient information on the GP letter e.g. smear history.
- The results of the second cycle showed a reduction from 10% to 7% of inappropriate referrals to the unit and more significantly a reduction of 24% to 11% of referrals with insufficient information.
- Overall GPs proved to be performing particularly well regarding utilization of colposcopy services.