Colposcopy Service in Hong Kong

the present and the future

Dr May Chan

November 21, 2002
Why is this topic raised now?

Population screening would be started in 2003
Why need colposcopy?

• Colposcopy is a diagnostic tool used in conjunction with cytology
• It can be used to aid local treatment of abnormal cervical lesion
Do we have enough expertise for the expected increase in workload?
Impact of population screening

- New cases
- Treatment
- Follow-up visits
- Manpower planning in O&G
How many women would be screened?
No. of females between 25 to 64 = 1987834 in 2001
Workload associated with 100,000 women screened

No. of abnormal smears 5% = 5,000

No. with HG lesions 2% = 2,000 needing treatment

No. of FU after treatment 3 x = 15,000 or observation
Current situation

Private sector

Public sector
Private sector

Individual clinic

Outpatient clinic in Private Hospitals

In-patient in Private Hospitals
Colposcopy service in the Public sector

Available in all HA hospitals with gynaecological services

Current workload
Estimated workload in HA(2001)

Estimated no. of new colposcopy: 7000
Estimated doctor-hours: 2500
Estimated doctor-hours per week: 50

Not counting treatment (LEEP) or repeated colposcopy for recurrence etc

Estimated from the Annual reports available
<table>
<thead>
<tr>
<th>Organization</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>104983</td>
</tr>
<tr>
<td>Family Planning Association</td>
<td>100266</td>
</tr>
<tr>
<td>Hospital Authority</td>
<td>56000</td>
</tr>
<tr>
<td>Private</td>
<td>100000-150000</td>
</tr>
<tr>
<td>total</td>
<td>360000-400000</td>
</tr>
</tbody>
</table>

Reference: Presentation at COC O&G by Dr TH Cheung
Additional workload

• General gynaecological check up
  COLPOSCOPY
• Counselling on treatment plan
  • treatment visit for HG lesions
  • FU visits (Pap smear) after treatment (at least 3 consecutive smears)
• FU visits (Pap smear) for observation of LG lesions
• repeated treatment or colposcopy for persistent disease
Impact of population screening

- Workload
- New cases
- Treatment
- Follow-up visits
- Manpower planning in O&G
HKCOG & HKSCCP

• Basic estimation of manpower currently available
• Accreditation
  – Specialist colposcopist
  – Trainer
  – Training program
  – Training centre (in progress)
• Reaccreditation (under refinement)
• Audit
Why is ‘Accreditation’ needed?

Practitioner’s point of view
Patient’s point of view
College’s point of view
Practitioner’s point of view

• Why am I not trusted?
  Hurt ?
  Angry ?
  Query ?
Why is ‘Accreditation’ needed?
Practitioner’s point of view
Patient’s point of view
College’s point of view

Viewpoint
If the World Were a Village

A Book about the World’s People

Written by David J. Smith
Illustrated by Shelagh Armstrong
If the World Were a Village
A Book about the World’s People

written by David J. Smith
illustrated by Shelagh Armstrong

At this moment, there are more than 6 billion people on the planet! It’s hard to picture so many people at one time — but what if we imagine the whole world as a village of just 100 people?

In this village:
22 people speak a Chinese dialect
20 earn less than a dollar a day
17 cannot read or write
60 are always hungry
24 have a television in their homes
Patient’s (Consumer’s) Point of view

How do I know that I go to the right doctor with the right expertise who give the right treatment for me?
HKCOG and HKSCCP’s view

Protect both the patients and our members

• To help the patients to find the right doctor with the right expertise
• To help the members to acquire and maintain the standard and skills
• To ensure the practice is maintained to certain standards
To keep a list of accredited colposcopists
But there is no such entity as accredited colposcopists now...

Accreditation exercise of
– currently practising colposcopists
– trainee colposcopists under supervision
Accreditation of practising specialist colposcopist

Criteria

– Currently practising colposcopy
– 50 colposcopies for abnormal smears (in line with the HKCOG guideline for management of abnormal smears) in 12 months
– 2 CME points related
Accreditation of practising specialist colposcopist

Procedure

– Application forms available on Web of HKCOG and HKSCCP soon
– submit evidence of colposcopic examination on 50 patients in 12 months period before the closing date
– A fee of HKD 500
Accreditation of specialist colposcopist

Concerns

– Previous practising but not now?
– Currently practising but inadequate workload

– remedial programme for the deficiency
HKCOG and HKSCCP’s view

• Protect both the patients and our members
• To help the patients to find the right doctor with the right expertise
• To help the members to acquire and maintain the standard and skills
• To ensure the practice is maintained to certain standards
Time table

• Accreditation of colposcopists
• Accreditation of trainers
• Accreditation of training centres
• Recruitment of trainees and structured training programme
Criteria for specialist colposcopy trainer: HKCOG/HKSCCP

- FHKAM (O&G)
- has completed at least basic colposcopy training course for application after 2005
- has performed at least 200 colposcopy examinations for abnormal cytology and has treated at least 20 CIN lesions under local anaesthesia in the past 4 years.
Criteria for specialist colposcopy trainer: HKCOG/HKSCCP

- Should work in a colposcopy clinic with standard set-up, a complete programme including good record keeping, cyto-histology support and protocol for management of abnormal cytology, system to trace defaulter and audit*.

* Audit report must be submitted within 2 years after application.
Time table

• Accreditation of colposcopists
• Accreditation of trainers
• Accreditation of training centres
• Recruitment of trainees and structured training programme
Colposcopy Service Provision and Standard

• All colposcopy should be performed by colposcopists or trainees under supervision.
• The service should record the waiting times for both new patients and treatments.

Similar to the British Society of Cytology and Cervical Pathology.
Waiting time

- patients with cytology showing invasive lesion, appointment < 2 weeks
- patients with cytology showing HSIL, ASC-H or AGC favors neoplastic, appointment < 6 weeks
- patients with cytology showing two consecutive ASC-US/AGC-NOS or low grade SIL, appointment < 12 weeks
Colposcopy Service Provision and Standard

• adhere to local written protocols that should reflect published Guidelines in Hong Kong.

• Documentation - adequate data collection for quality assurance at annual reviews.
Audit

• At least 60% correlation between colposcopic diagnosis and histological diagnosis of high grade lesion is expected i.e. sensitivity.

• Data on the positive predictive value of colposcopic diagnosis should be provided as well.
Audit

• **sensitivity =**
  
  \[
  \frac{\text{No. of high grade CIN picked up by colposcopic examination}}{\text{total number of histological high grade CIN}}
  \]

• **positive predictive value =**
  
  \[
  \frac{\text{No. of high grade CIN picked up by colposcopic examination}}{\text{total number of colposcopic high grade CIN}}
  \]
Audit

• Sensitivity of diagnosing invasive carcinoma should be reported and lesions not detected by colposcopic examination should be reviewed
Colposcopy Service Provision and Standard

- designated lead clinician.
- should aim at minimizing intervention in women who do not have significant cervical intraepithelial neoplasia (CIN).
- 90% of patient treated is expected to have CIN lesion on histological examination
Natural History of Cervical Cancer: Current Understanding

- **Normal Cervix**
  - About 60% regress within 2-3 yrs

- **HPV-related Changes**
  - **Low-Grade SIL (Atypia, CIN I)**
    - About 15% progress within 3-4 yrs
  - **High-Grade SIL (CIN II, III/CIS)**
    - 30% - 70% progress within 10 yrs

- **Invasive Cancer**

- **HPV Infection**

- **Cofactors**
  - High-Risk HPV (Types 16, 18, etc.)

*Source: PATH 1997.*
Colposcopy Service Provision and Standard

- designated lead clinician.
- should aim at minimizing intervention in women who do not have significant cervical intraepithelial neoplasia (CIN).
- 90% of patient treated is expected to have CIN lesion on histological examination.
Colposcopy Service Provision and Standard

• There should be adequate facilities in the clinic to provide privacy and a safe working environment.
• 80% of treatment of CIN is expected to be performed under LA
• Referring agencies should receive written communication of results.
• Participation in audit is mandatory.
Time table

- Accreditation of colposcopists
- Accreditation of trainers
- Accreditation of training centres
- Recruitment of trainees and structured training programme
Training Programme for Colposcopists
Entry requirement

• Fellow or Member or registered trainee of the Hong Kong College of Obstetricians & Gynaecologists
What a colposcopist need to know? (European Society CCP)

• Basic skills - history, speculum exam and taking smears etc

• colposcopic skills - use of colposcope, re-cognition of normal and abnormal features

• describe and quantify the neoplastic changes after acetic acid application
What a colposcopist need to know? *(European Society CCP)* - 2

- Recognize the non-neoplastic changes
- practical procedures of biopsy/haemostasis etc
- treatment - options and indications
- documentation
- communication skills - patients, colleagues
Training programme
HKCOG/HKSCCP

The training programme is a trainer-led competency based structured theoretical and practical programme :-

1. 50 new cases under direct supervision with at least 15 with high grade neoplasia and 5 non-cervical lesions

2. 100 new cases under indirect supervision with at least 30 with high grade neoplasia and 10 non-cervical lesions

3. Treat at least 20 cervical neoplasia under supervision
Training programme
HKCOG/HKSCCP

4. completion of the log book composing of all patients seen during the training period in consecutive sequence
5. presentation of 10 clinical commentaries including one on non-cervical lesion
6. at least 4 histopathological and cytopathological sessions

The maximum duration of training is 36 months.
Assessment
HKCOG/HKSCCP

Logbook:
all colposcopic examination has to be logged in the logbook and verified by a trainer and assessed by an assessor.

A sample of at least 10% of individual submissions will be referred to a second and independent assessor in order to facilitate an audit of quality.
Assessment
HKCOG/HKSCCP

Presentation of 10 clinical commentaries:
1. approximately 500-1000 words each which will detail the assessment and management of cases undertaken by the trainee.
2. demonstrating a knowledge of the cytological, colposcopic and histologic principles which direct management, and other issues (gynaecological, social, etc) which influence this process.
3. Appropriate references
Assessment
HKCOG/HKSCCP

Histopathological and cytopathological sessions:

1. essential requirement (4 sessions at least during training).

2. practical problems of how specimens are processed and the day to day workings of the laboratory.

visit to a laboratory is mandatory.
Objectives of Colposcopy Training for Specialist Colposcopist, Hong Kong

At the end of training, a trainee should:
1. understand the pathophysiology of the female lower genital tract;
2. understand the indications for colposcopy;
3. understand the patho-physiology of the human papillomavirus (HPV) infection as it relates to lower genital tract neoplasia;
Objectives of Colposcopy Training for Specialist Colposcopist

4. be able to identify the most atypical area of the transformation zone on the cervix as well as of the vagina and vulva;
5. be able to perform colposcopy and directed biopsies at the worst areas;
6. be able to manage peri-procedural issues including patient preparation, instrument handling, and complications of the procedure;
Objectives of Colposcopy Training for Specialist Colposcopist

7. be able to manage and treat abnormal pre-invasive lower genital tract pathology and associated gynaecological diseases
8. be able to provide follow-up advice;
9. demonstrate compassionate and informative patient education and counseling skills
Certificate of training
HKCOG/HKSCCP

- will be issued jointly by the HKSCCP and the HKCOG
- upon satisfactory completion of the training and attaining the status of FHKAM(O&G).
HKCOG and HKSCCP’s view

- Protect both the patients and our members
- To help the patients to find the right doctor with the right expertise
- To help the members to acquire and maintain the standard and skills
- To ensure the practice is maintained to certain standards
Conclusion

• Colposcopist training programme is necessary to ensure standard
• With the appointment of trainer, hopefully a training programme could be started early next year
• Continuous medical education and practice are necessary to upkeep the quality monitored by auditing
Summary

• A new guideline modified according to the new Bethesda system is needed for Hong Kong
• Quality assurance is important
• A basic data set is needed for auditing
Thank you
BSCCP

- The Diagnostic training programme is a trainer-led competency based structured theoretical and practical programme that involves:
  1. direct supervision of 50 colposcopy cases (of which at least 20 must be new cases)
  2. indirect supervision of 100 cases (of which at least 30 must be new cases)
  3. completion of the log book
  4. presentation of 10 clinical commentaries
  5. histopathological and cytopathological sessions

The average duration of training is 18 months.
The trainee must provide 10 commentaries of approximately 500 words each which will detail the assessment and management of cases undertaken by the trainee.

As well as demonstrating a knowledge of the cytological, colposcopic and histologic principles which direct management, the commentary should mention other issues (gynaecological, social, etc) which influence this process.
It is recommended that this exercise be a continuous process begun at the outset of training. In this way it is hoped that it will not become an administrative chore completed in haste towards the end of the training period. Whilst all submitted case commentaries will be reviewed, a sample of at least 10% of individual submissions will be referred to a second and independent scrutineer in order to facilitate an audit of quality. Presentation will be taken into consideration.
BSCCP

- Histopathological/Cytopathological sessions
- These are an essential requirement for completion of training (2 sessions in each laboratory for medical staff and 6 sessions for nursing staff).
- The trainee should be aware of the practical problems of how specimens are processed and the day to day workings of the laboratory.
- This may be learnt by visiting a laboratory (best organised at the onset of training as it can be difficult to arrange).
- attending a recognised Cytology Training School Course.
BSCCP

- Entry Requirements
  1. membership of the British Society for Colposcopy & Cervical Pathology
  2. recognised nursing or medical qualification
  3. attendance at a BSCCP accredited Basic Colposcopy Course