

Audit of Management of High Grade (Moderate) Smears in Hampshire Hospitals Foundation Trust (HHFT)

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Objective:

- To audit the trust’s adherence to management standards as set out in the NHSCSP (NHS Cervical screening programme) Document 20 for the management of HG (moderate) smears
- Appropriateness of referrals to the multi-disciplinary team (MDT)
- Adherence to criteria for conservative management of cervical intraepithelial neoplasia (CIN) 2
- Adherence to criteria for repeat excisional management of high grade (HG) CIN extending to the margins

Sample Size

108 patients

Design

Clinical audit

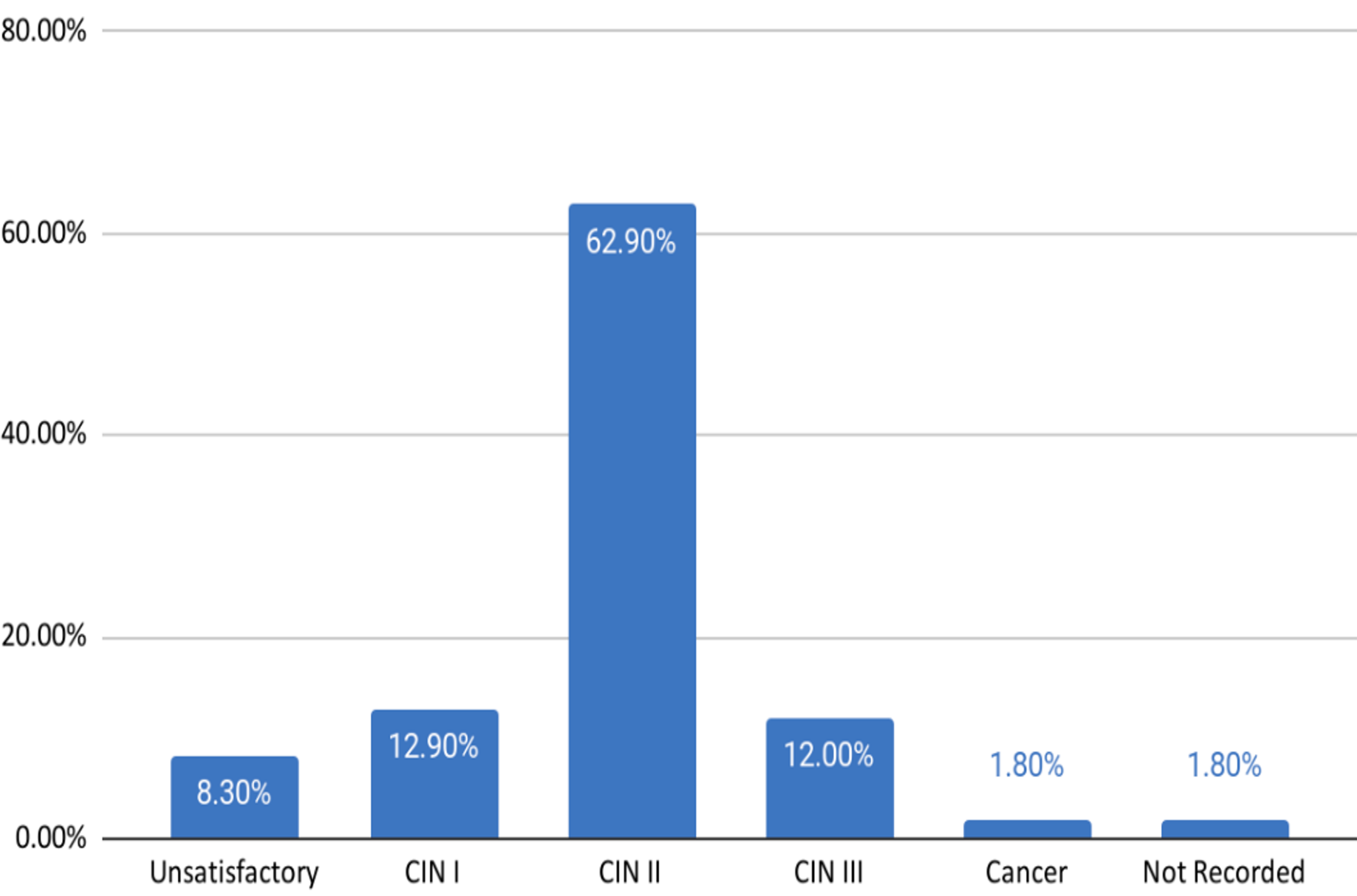
Method

Retrospective analysis

Rationale

Recent shift in management of CIN 2

Colposcopy Impression of High Grade Moderate Smears



Results:

- 99.1% of the women had a colposcopically directed biopsy or an excisional biopsy against a target of 100%
- 75.9% of those who had “No CIN or LG CIN” on biopsy were discussed at MDT against a target of 100% (This includes conservatively managed CIN 2)
- Criteria for conservative management of CIN 2 did not include – “CIN 2 being confined to no more than 2 quadrants” as disease extent was not quantified in terms of quadrants. Rest of the criteria were adhered to when decision to manage CIN 2 conservatively were considered
- In 2/6, the decision for repeat LLETZ (Large loop excision of transformation zone) was not justified as per Doc 20 criteria, although all decisions were based on MDT recommendation

Conclusion/Recommendations:

- Discuss all HG cytology - LG (low grade) colposcopy and/or histology mismatch cases in MDT
- Confirm and document extent of disease in terms of quadrants at colposcopic assessment particularly when managing CIN 2 conservatively
- Review trust policy and practice on indications for repeat LLETZ and consider re-education to comply with Doc 20 guidance