

# MANAGEMENT OF MODERATE DYSKARYOSIS REFLECTION OF VARIATION IN GUIDELINES

Miss Gulnaz Majeed

Guys and St Thomas NHS Foundation Trust

Background:

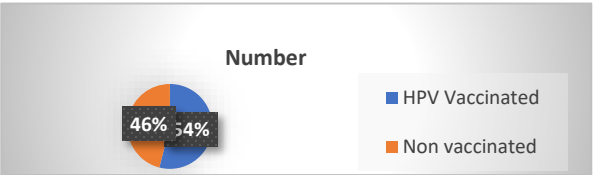
High-grade cervical screening tests (severe/moderate-dyskaryosis) corresponds to histological-grades (CINI-III-CINI). Moderate- dyskaryosis accounts for 0.6% of cervical screening samples nationally with PPV for cervical cancer 0.66%. However, moderate dyskaryosis is likely to have CINI so depending on age more conservative approach taken in young women below 30 years of age. If biopsy confirms CINI discussion in MDT is interpreted in different ways by available guidance Cervical Screening and Programme Management Guidance 2020 Updated in Sep2024, London CSL 2024 and Cervical Screening: histopathology handbook 2024.

Results:

No of moderate n=295 (10%) direct referrals 6.3% of all referrals.

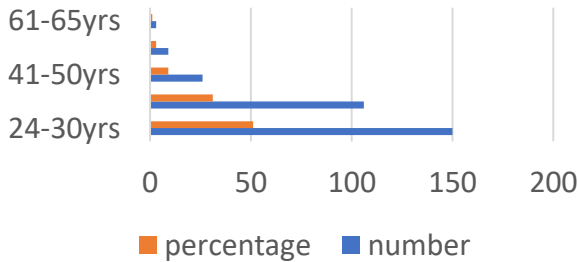
HPV Vaccination data

HPV-vaccinated n=81 (54%),  
HPV not-vaccinated n=69 (46%)  
Among vaccinated-patients histology >CINI n= 48, LLETZ n= 46  
Conservative n= 35



Age

24-30=150 (51%), 31-40=82, 41-50=25, 51-60= 9, 61-65=3



**Objective:** Management of women referred with moderate-dyskaryosis over 12 months period.

**Methodology:** All women referred to colposcopy with moderate dyskaryosis identified by Cyres, colposcopy database viewpoint and CSMS for immunisation/screening data. Time frame 1/4/22 to 31/3/23.

Colposcopy performance

Colposcopy impression HGGIN n=166  
LG/N/HPV/TZ3 n=129

Biopsies

Single-biopsy n= 61 (21%)  
Multiple-biopsy n= 188 (64%)  
See & treat n=2  
LLETZ n=215 73% repeat LLETZ n=7  
Conservative n=80

Sensitivity

|            |      |
|------------|------|
| Moderate   | 64 % |
| Colposcopy | 51 % |

MDT

n=150 not-discussed  
n= 143 discussed

|              |    |     |
|--------------|----|-----|
| Downgraded   | 13 | 9%  |
| Upgraded     | 9  | 6%  |
| Conservative | 32 | 11% |

Outcome

Discharged n=266 (90%)  
FU n= 29 (10%) and 21 are still being FU

TOC

n = 145 GP (49%)  
n= 55 GSTT (17%)  
abnormal n=29 (10%)

Appointments

Appointments n=1147 @cost £285 so £326,895  
out of which cancelled/DNA= 413 so £117,705

Conclusion:

- 46% of eligible women were not-vaccinated and 54% were vaccinated (HPV16-18).
- Histology confirmed 59% had >CINI and 57% had LLETZ treatment
- >CINI= 190 patients 64%.
- Colposcopy identified >CINI in 51%.
- LLETZ n=215 (73%) repeat LLETZ n=7, Conservative n=80 (27%)
- TOC in GSTT n=55 (19%)
- Follow-ups high. Average appointments 4.
- Cost £1140/patient.
- High number of DNA/cancellations which reduced capacity for the unit.

Recommendations:

- Improve sensitivity of colposcopy by Swede-score, image-capture review in MDT, Dysis and multiple biopsies.
- Improve MDT referrals especially in <30 years of age n=54 not discussed so as to?apply CINI policy <2 quadrants, small lesion, reduce obstetric comorbidity. Also review under/over call.
- MDT discussion may reduce follow-ups?6monthly or 12 monthly exit strategy
- Review National guidelines