The Cervical Screening Programme
Local & Laboratory Issues and Reminders

Helen Hoskins

Cervical Sample Takers Update
May 2011
Cervical screening programme
Local & Laboratory Issues

- Inadequate rates and sampling issues
- Reject policy
- Abnormal histories and failsafe
- Sample taker register and Audit
- Good Practice Guide
Inadequate Cervical Samples
Inadequate Rate (%) – Southmead Hospital, Bristol

% Inadequate

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>9.88</td>
<td>9.75</td>
<td>5.14</td>
<td>0.67</td>
<td>0.50</td>
<td>0.95</td>
<td>1.44</td>
<td>2.8</td>
<td>3.6</td>
<td>4.42</td>
</tr>
</tbody>
</table>

Graph showing the percentage of inadequate cases from 1999/0 to 2008/9.
Inadequate Rates South West

Laboratory Data Quarter One April – June 2010

Overall Inadequate Rate Percentage by Quarter

- Dermot Hospital: 7.5%
- Gloucestershire Hospital: 4.75%
- Great Western (Swindon): 8.5%
- Brighton Park (Tottenham): 3.9%
- Poole Hospital: 3.5%
- Royal Cornwall Hospital: 4.9%
- Royal Devon & Exeter: 5.45%
- Royal United Bath: 4.95%
- Southmead: 3.7%
- Torbay: 5.95%
<table>
<thead>
<tr>
<th>REASON</th>
<th>NUMBER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrophic</td>
<td>5</td>
<td>1.1</td>
</tr>
<tr>
<td>No endocervicals</td>
<td>7</td>
<td>1.5</td>
</tr>
<tr>
<td>Insufficient cells</td>
<td>382</td>
<td>81</td>
</tr>
<tr>
<td>Cx not vis./360 sweep not taken</td>
<td>18</td>
<td>3.9</td>
</tr>
<tr>
<td>Obscured by Polymorphs</td>
<td>32</td>
<td>4</td>
</tr>
<tr>
<td>Lubricant</td>
<td>19</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>463</strong></td>
<td></td>
</tr>
</tbody>
</table>
Ensure good technique

- Broom rotated 5 times clockwise around the os
- Firm, constant pressure for the full 5 turns
Fix sample IMMEDIATELY!

- If broom is not immediately 'mashed & bashed' 10 times in the pot the cells will fix to the broom and the sample will be inadequate
- Do not leave broom to sit in pot
Lubricants

“if lubricant is used it can interfere with the transfer of cells to the glass slide.”

- Cytyc

- Aquagel™ - “carbomers”

- Also Sutherland Lubricating Jelly™
Lubricants
Creams

- Canesten, Ovestin etc......
- Contain synthetic waxes
- Can affect staining
- Ask women if they have been using any creams / spermicide etc.
Inadequates - Blood+++
Mucus and discharge

- Large amounts of either can interfere with sample processing and cause an inadequate result
- One cause of increased inadequate rate
Request form:

Cervix seen / 360° sweep taken

- If ‘No’ ticked, or no boxes ticked the sample is screened
- If no abnormal cells seen will have to call inadequate

**This could send the inadequate rate even higher - please make colleagues aware**
Inadequate rate and reason by hospital:

- **Deerford Hospital**
- **Gloucestershire Hospitals**
- **Great Western (Swindon)**
- **Mugros Park (Taunton)**
- **Pole Hospital**
- **Royal Cornwall Hos**
- **Royal Devon & Exeter**
- **Royal United Bath**
- **Southmead**
- **Torbay**

**Legend:**
- Cytological Reasons
- Box 20
- Out of Date Vials
- Other
Endocervical brushes

- Should rarely be used in GP practices
  - F/up endocervical abnormalities
  - Stenosed os
- Always use in conjunction with Cervex broom otherwise will be inadequate sample
Endocervical brushes

- Insert into endocervical canal ensuring the lowest bristles are still visible

- Rotate 180° only!

- Place in same pot as the broom sample - roll around edges of pot
Endocervical brushes

Williams Medical

http://www.wms.co.uk/Gynaecology/Samplers_and_Sampling/PAP_Axibrush_Endocervical_Cell_Sampler_x100

X100 in 10 packs of 10 samples
Specimen Transport Bags

- Cytology specific transport bags now available
  - Place order on normal cytology order form for vials and brooms

- National shortage of Hologic stock
Reject Policy
Unscheduled tests - interval samples

- Laboratory will accept a sample 3 months in advance of it being due but no sooner
- Symptoms do NOT warrant earlier repeat

- Vaginal Bleeding
- Vaginal Discharge
- Contraception/HRT
- Pregnancy or postnatal services
- Genital warts
- Multiple sexual partners
- Smokers
- Family history of cervical cancer

These do NOT warrant taking a cervical sample if it is not due
HIV

Annual cervical screening

Will get an invitation letter from the PCSA
Prior Notification Lists

- Please sign up for Open Exeter access
- Electronic PNL’s
- Electronic non-responder cards
- Viewing patient histories

#www.avon.nhs.uk/PCS A
Prior Notification Lists

Let PCSA know if screening no longer required
- No cervix
- Age
- Radiotherapy to cervix
- Patients informed choice (disclaimer form)
Labelling

- Please ensure pots are correctly labelled
- Pre-printed labels a danger!
- Samples are being received with no label / wrong label
  - Completely different patients / similar names / male names!!!
- Regional policy implemented
  - Samples will be disposed of and new sample requested
- Recorded as a clinical incident
Request Forms

- Please use pre-printed forms wherever possible
- Please use the correct form!
- Problems with duplicate pre-printed forms
  - Duplicate forms have been used in error for wrong patients
  - Would have been spotted if patient I.D. correctly checked with patient
Request Forms

- Please ensure forms are filled in correctly
- If not pre-printed please indicate date of previous sample if possible
- GP practice stamp

- Cervix visualised / 360 degree sweep must be ticked yes or no
Checking the Details
The Risks!

- Anxiety for patient.
- Breach in confidentiality.
- **Wrong treatment/delayed treatment.**
- **Wrong recall.**

Several cases each month of wrong patient identity!
14 Day Turnaround
Please do not batch specimens
Please send same day

Condition/Contraception : IUCD fitted
Appearance of cervix : Normal

Cervix present, visualised and 360 degree sweep performed.
Previous glandular smear. Previous PB=CN1. Last smear U/S.

** Cytology sample received by laboratory 11 days after collection **

CYTOLOGY REPORT

NEGATIVE SAMPLE (2) Laboratory Code : NEG
ROUTINE RECALL

Sample quality : 11
Turnaround Times by PCT

- BANES - 99.5%
- Bristol - 99.4%
- North Somerset - 99.4%
- South Gloucestershire - 99.6%
ICE Requesting

- Being developed for all Cellular Pathology (Cytology and Histology) requesting and viewing of authorised reports
- Virtually the same fields as on current paper request form
- Reduce transcription errors
- Hope to be trialled in some sites by the end of this year
Abnormal Histories and Treatment
Abnormal smear histories

- Please ensure any abnormal smear history is written on the form
- Lab staff can only see Avon history
- Lab staff can look up out of area samples, but not done routinely any more
- Need to be prompted by you to do so
Abnormal smear histories

- We need:
  - Details of treatment received and results of treatment should be given if and when available
    - E.g. LLETZ - CIN 3
    - Colposcopy 04/06 - no treatment
  - If new patient / no notes, please write this on the form
Vaginal Vault Samples

- Women without a cervix are no longer part of the cervical screening programme

- Rarely required to take a vault sample unless specifically requested by a Gynaecologist
Failsafe

- Women who are referred are monitored from the laboratory database
- Enquiry letter sent to GP 6 months after referral sample was taken
- If no new information after 9 months after referral sample, Lab staff telephone the GP
- Final follow-up letter sent to GP advising responsibility for follow-up will revert to the GP
- Patient returned to call / recall system
Failsafe

- Please respond to failsafe letters
- If patient cannot be contacted, that is all we need to know
- Private treatment?
- Very few women completely lost to follow-up
Cancer Audit

Categorisation 2008/09

- Screen Detected: 31%
- Cancer over 70 years of age: 11%
- Lapsed Attender: 27%
- Interval Cancer: 14%
- Never Invited: 2%
- Lost to follow up: 1%
- Never Attended: 9%
- Other: 5%
Sample Taker Registers
Sample taker register

http://nww.avon.nhs.uk/phnet/cervical.htm

- Follow register link
- Number issued on enrolling
- Identify training/update needs i.e. don't need to have been on an update before enrolling
- Monitor quality
- Allows up to date / targeted dissemination of information
Sample Taker Register

- Once your details have been registered you will be sent a unique sample taker code.
- Use this code instead of your initials on the request form.
- If you haven’t received a code within 2 weeks please e-mail.
- Please inform the register of any changes, i.e. name / workplace / retirement.

register@nbt.nhs.uk
Sample taker numbers - To be written on request form instead of initials

1st 2 letters relate to sample taker initials
2nd 2 letters = First 2 letters of PCT
Final numbers generated sequentially

E.g. Helen Hoskins = HHBR01
    Helen Hughes = HHBR02

Hopefully easy to remember!
# Avon Cervical Screening Programme

## Patient Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>NHS Number</td>
<td></td>
</tr>
<tr>
<td>Previous Surname</td>
<td></td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

## GP Name & Address

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

## Name & Address of Sender if Not GP

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

## LBC Sample Type

- Cervical sample
- Vault / Vaginal sample

## Source of Sample

- GP
- Community Clinic
- GUM / Sexual Health Clinic
- NHS Hospital
- NHS Hospital (C/O Cosecopic)
- Private
- Other (Specify below)

## Reason for Test

<table>
<thead>
<tr>
<th>Reason</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Test</td>
<td></td>
</tr>
<tr>
<td>Routine Recall</td>
<td></td>
</tr>
<tr>
<td>Previous ABNORMAL Test</td>
<td></td>
</tr>
<tr>
<td>Previous INADEQUATE Test</td>
<td></td>
</tr>
<tr>
<td>Opportunistic</td>
<td></td>
</tr>
<tr>
<td>Follow up after Treatment</td>
<td></td>
</tr>
</tbody>
</table>

## Condition / Contraception

- Pregnant
- Post-Natal (<12 weeks)
- IUCD Fitted
- Post-Labour Loop / Canal LLETZ
- HRT / Tamoxifen
- Using Contraception

## Any Other Relevant Clinical Information

(Include previous diagnosis and treatment)

## Appearances of Cervix

- Normal
- Physiological Ectropion
- Polyp(s)
- T Malignant

## Essential Clinical Information

- Cervix Present: Yes ☐ No ☐
- Cervix Visualised: Yes ☐ No ☐
- 360° Sweep: Yes ☐ No ☐
Update training

Sample takers should access a minimum of one half day’s update training once every three years

(NHSCSP Publication 23)
Sample taker updates

- Welcome increase in attendance on cervical screening updates
Sample taker codes

- Please remember to use once you have been issued with a code

- Bath have their own codes / register

- Do NOT let anyone else use your code

- Please DO NOT make up your own code - you must register and code will be issued
Monitor quality in Future in Bristol

Sample taker profiles:
- No. of samples taken
- Test Results
- No. of inadequates
- Transformation zone sampling rate
# Sample Taker Statistics

## Sample Taker Analysis

Analysis of samples collected over the period
01/04/2009 - 31/03/2010

### Samples collected during the period
Sorted by age range and cytology result

<table>
<thead>
<tr>
<th>Category</th>
<th>&lt;25</th>
<th>25-50</th>
<th>50+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>3</td>
<td>142</td>
<td>33</td>
<td>178</td>
</tr>
<tr>
<td>Negative</td>
<td>18</td>
<td>799</td>
<td>102</td>
<td>917</td>
</tr>
<tr>
<td>Borderline changes</td>
<td>13</td>
<td>254</td>
<td>17</td>
<td>284</td>
</tr>
<tr>
<td>Mild dyskaryosis</td>
<td>10</td>
<td>105</td>
<td>9</td>
<td>124</td>
</tr>
<tr>
<td>Moderate dyskaryosis</td>
<td>0</td>
<td>55</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td>Severe dyskaryosis</td>
<td>5</td>
<td>51</td>
<td>0</td>
<td>52</td>
</tr>
<tr>
<td>Severe dys? invasive</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Glandular neoplasia</td>
<td>1</td>
<td>11</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>1,421</td>
<td>103</td>
<td>1,637</td>
</tr>
</tbody>
</table>

### Samples collected during the period
Sorted by age range and TZ sampling

<table>
<thead>
<tr>
<th>Category</th>
<th>&lt;25</th>
<th>25-50</th>
<th>50+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No evidence of TZ sampling</td>
<td>6</td>
<td>342</td>
<td>75</td>
<td>423</td>
</tr>
<tr>
<td>NOT FOUND</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>TZ sampling present</td>
<td>40</td>
<td>1,078</td>
<td>94</td>
<td>1,212</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>1,421</td>
<td>103</td>
<td>1,637</td>
</tr>
</tbody>
</table>

Avon Cervical Screening Programme
Individual Feedback for Sample Taker
Report printed 30/11/2010
Audit

Sample takers should conduct continuous self-evaluation to ensure continuing competence.
Audit - Inadequate rate

- You should be having very few inadequate samples each
  + LBC processing can make a ‘scanty’ sample look good
ThinPrep Filtration

Dispersion  Cell Collection  Cell Transfer
Remember

- Sampling and transfer more important than ever
- **TZ sampling** is a better reflection of quality than inadequate rate

Endocervical cells

Metaplastic cells
Audit - TZ sampling

80% of samples from women aged 25-50 should contain evidence of transformation zone sampling.

Should be auditing 20 consecutive samples you have taken from women in this age group as part of your update.
To
DR J VICTORY
HEADSTAGE SURGERY
ABBOTSWELL WALK
BRENTFORD
BRISTOL

Date of Birth
30/12/1962
NHS No.
MNV-30444444
Hospital No.
S-664444
Address
1 GLOD TOWER, GLACIER WAY
BRISTOL BS10 5NB

Requestor & Location
DR J VICTORY
HEADSTAGE SURGERY

Registered GP
DR G H WINIBOLD
BACK LANE 2 FR

Case ID
8009-303030

Sample details
LBC sample, cervix
Sample taken by
BH99CR3
LMP (1st day)
05/11/09
Date of test
28/11/09
Date of last test
14/03/04
Reason for test
Previous ABNORMAL & Opportunistic
Condition/Contraception
EVCD fitted
Appearance of cervix
Normal

Cervix present, visualised and 360 degree sweep performed.

Cytology report
Numerous cells show evidence of severe dyskaryosis.

This patient will now be referred to SOUTHHEAD colposcopy clinic.
Appointment to be prioritised as SOON (within 4 weeks).

Severe Dyskaryosis (4)
Laboratory Code: SEVC

Sample quality: 11

Reported by RSC Denton
Report authorised on 01/12/09

Copy sent to SOUTHHEAD COLPOSCOPY - CCSMO
This report has a copy sent to: WINIBOLD G H

Date Printed: 01/12/09
Time Printed: 15:07
Read by Clinician [ ]
Page 1 of 1
Royal United Hospital Bath – Cytology Department Tel 01225 824721

Surname : MANE
Forename : JANE
Date of Birth : 10 June 1960
Hospital No : 
NHS No : 
Address : 12 ROCK LANE WESTBURY

CERVICAL CYTOLOGY REPORT

Lab No. ................: G06-305
Patient Alias ........:
Specimen type .........: LBC Cervical Sample
Reason for Smear ......: Routine call
Smear quality ..........: Adequate cellular content. TZ cells present.
Result ................: This cervical smear shows severe squamous
                        dykaryosis consistent with CIN 3.
Action ................: Referral for colposcopy and cervical biopsy is
                      advised.
Reporting Pathologist : Dr Simon Rose
Date Reported ........: 11/08/06
Copy sent to - COLPO
Good Practice Guide
Good Practice Guide

- South West version is now available in electronic format on the Avon website (being updated)

- nww.avon.nhs.uk/phnet/cervical.htm
Cytology Training Centre
Website

www.cytology-training.co.uk