

Colposcopy in the U.S.- Standardized Training and Quality Assessment: Is it time?

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Disclosures

- No financial relationships or conflict of interest to disclose
- Photos :
 - John Wayne, David Niven: IMDb.com
 - Other photos are mine.

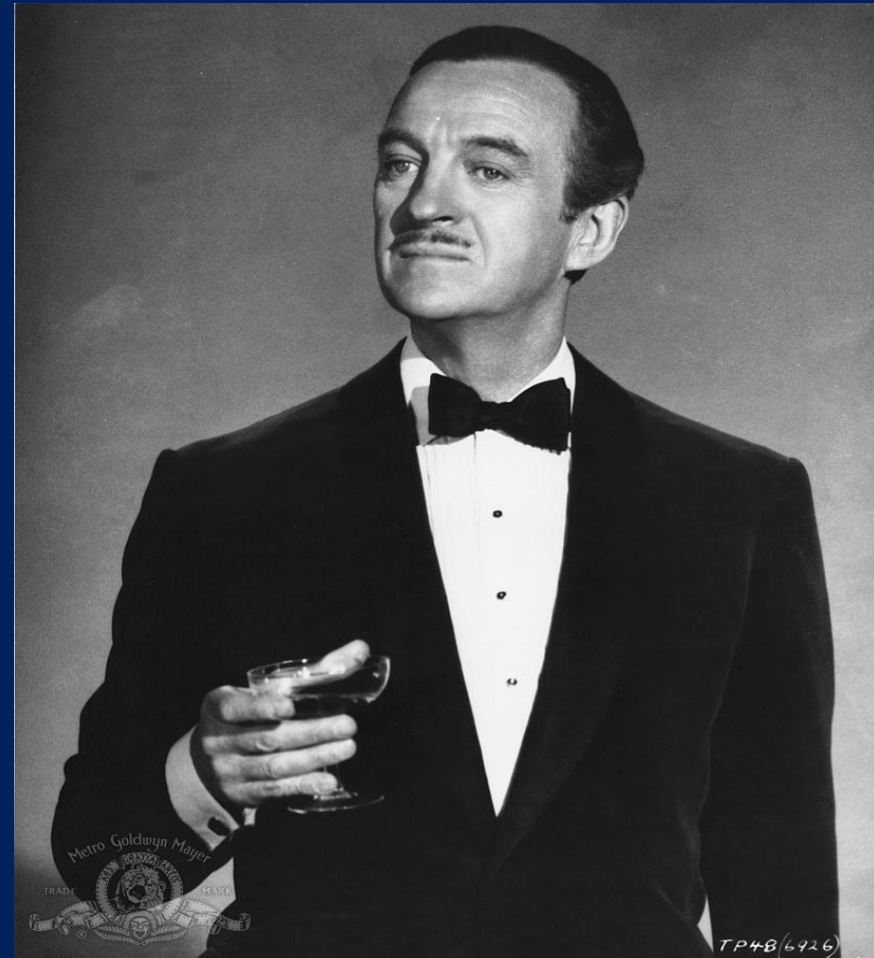


Objectives

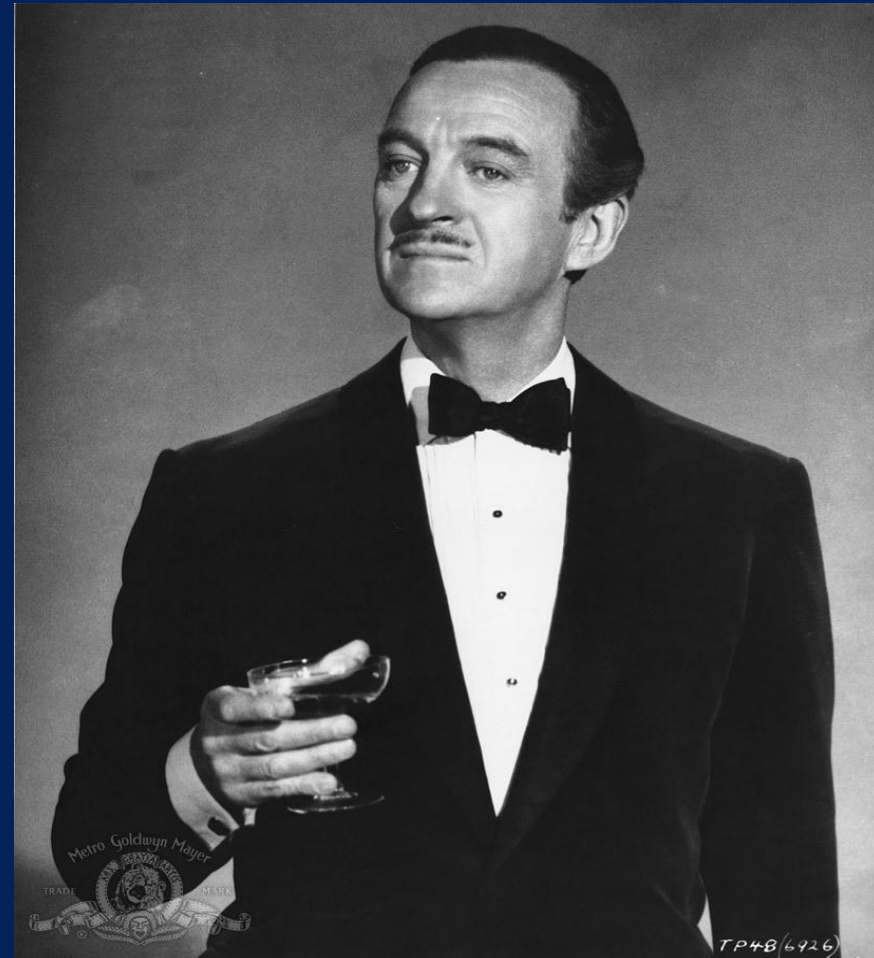
- Contrast colposcopy education and quality standards between the U.S. and U.K.
- Discuss colposcopy education in the U.S.
- Review factors leading to a need for more quality assurance in colposcopy in the U.S.
- List three elements of the ASCCP Colposcopy Standards that might meet that need.



The U.S. and U.K. different approaches to colposcopy training and QA.



The U.S. and U.K. different approaches to colposcopy training and QA.



Colposcopy in the U.K.

- Standard education includes
 - Didactic course
 - Hands-on mentorship
 - Written certification examination and OSCE
- BS CCP certification required to practice in NHS
- Minimum new patients per year, required CME
- Required recertification every 3 years
- Structured standards for colposcopy practice
 - Rigorous quality standards for practice activities and structure as well as providers



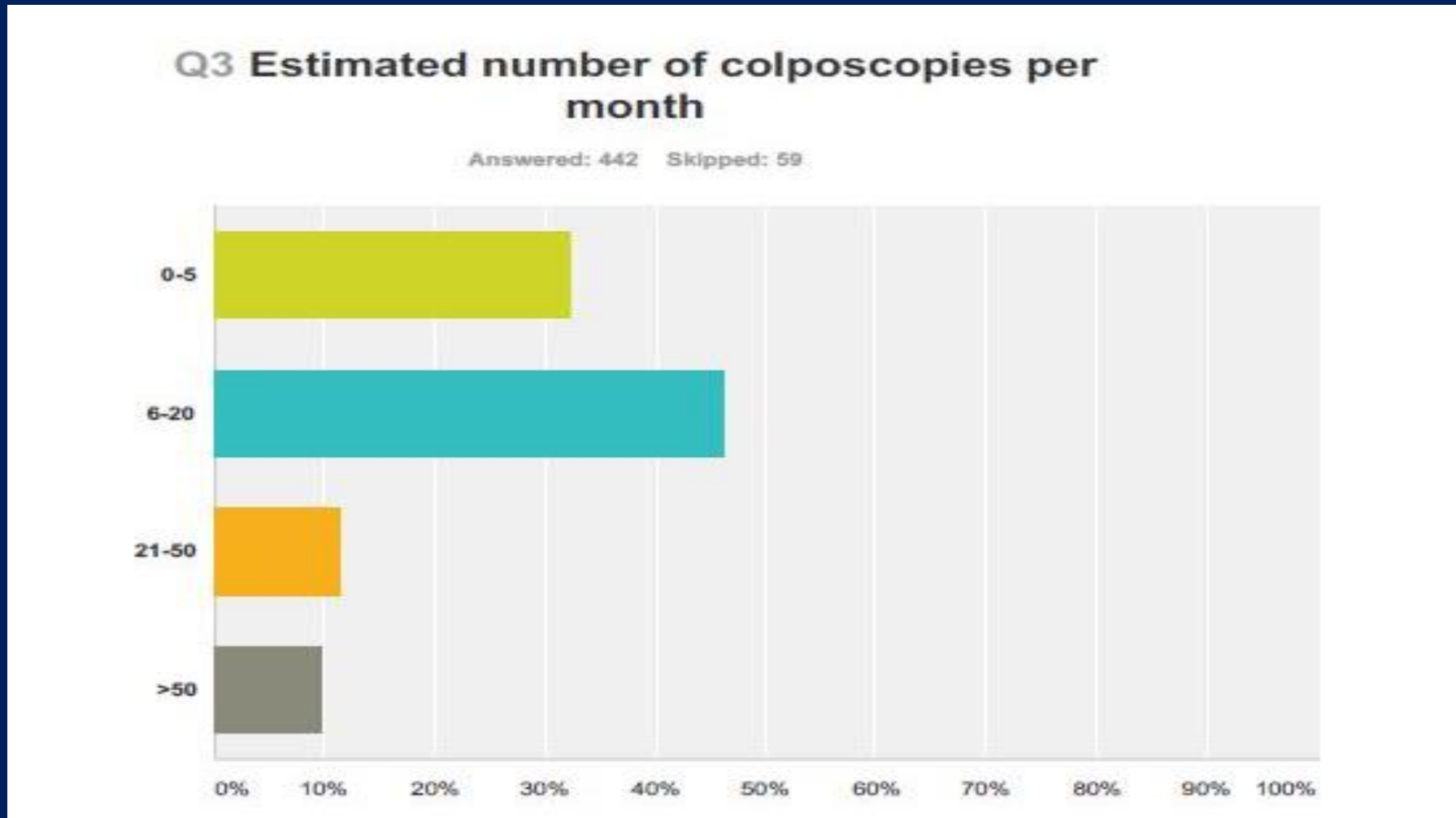
Colposcopy in the U.S.

Requirements

- State license to practice medicine / nursing
- Colposcope



U.S. Colposcopists have a wide range of practice volume

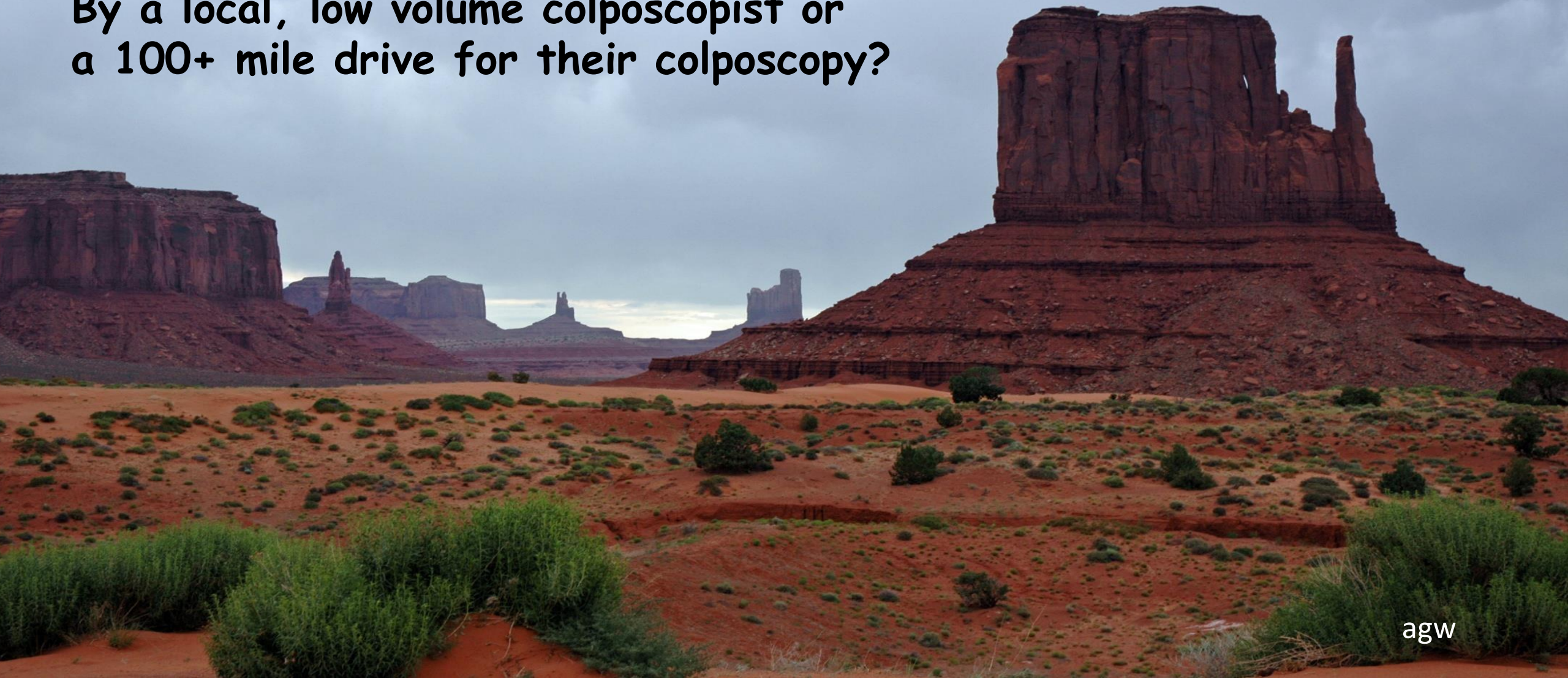


32% of ASCCP Colposcopists responding to a practice survey perform 0-5 exams per month. 20% perform over 20 per month.

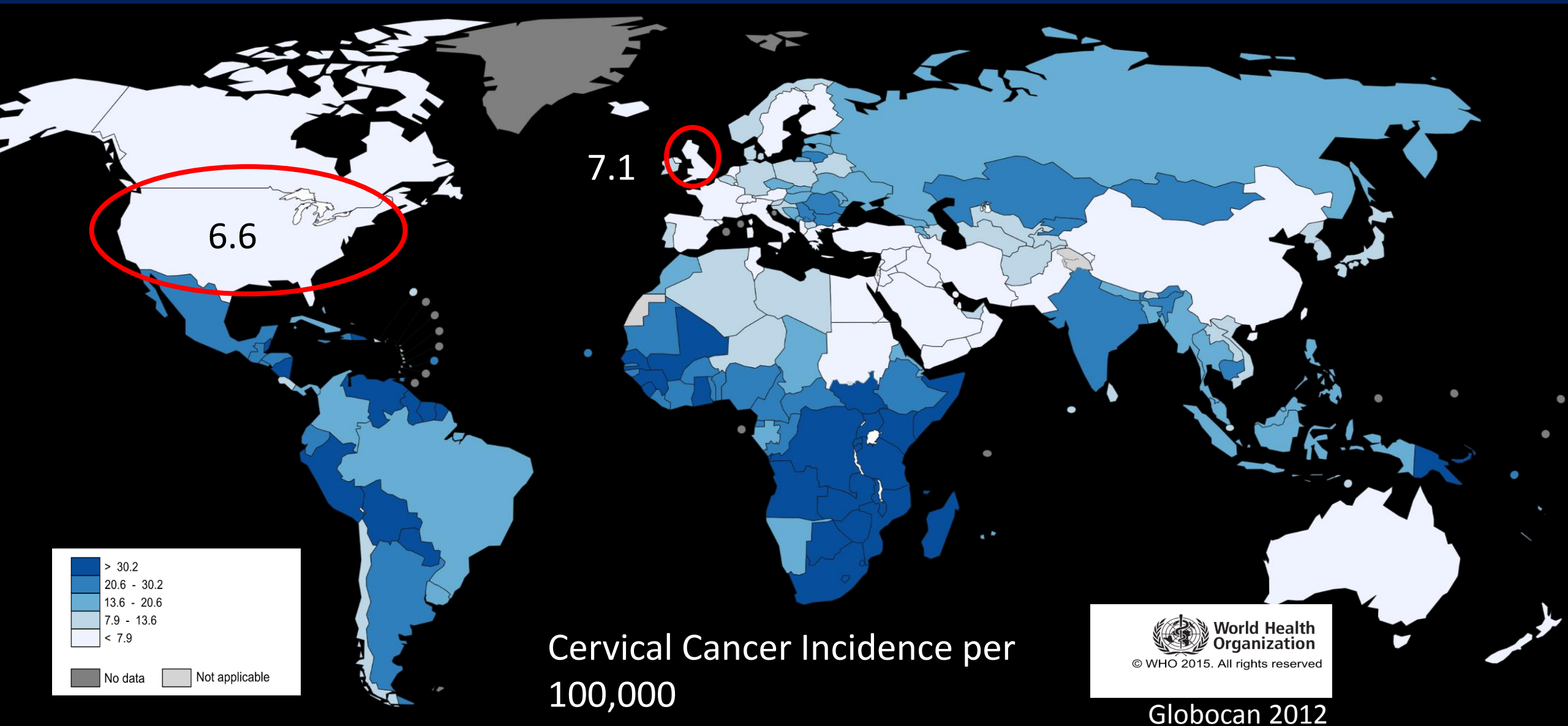
Is this disparity in training and volume
acceptable?



The U.S. is a large country with a lot of remote places far from a high-volume colposcopy practice.
Are women living here better served
By a local, low volume colposcopist or
a 100+ mile drive for their colposcopy?



The U.S. and U.K. approaches are different. Does it matter?



Colposcopy Education in the U.S. – Most U.S. colposcopists are ob/gyns and learn colposcopy in residency

CREOG monitors many procedures learned in ob/gyn residency.

- Colposcopy is not one of them
- Adequacy of colposcopy training is assumed
 - As for all outpatient procedures



In the U.S. healthcare providers generally learn colposcopy via one of two broad formats.

PHYSICIANS

- Ob/Gyn
- Family Practice

**Advance Practice
Clinicians**

- NP
- CNM
- PA-C



PHYSICIANS

- Ob/Gyn
- Family Practice



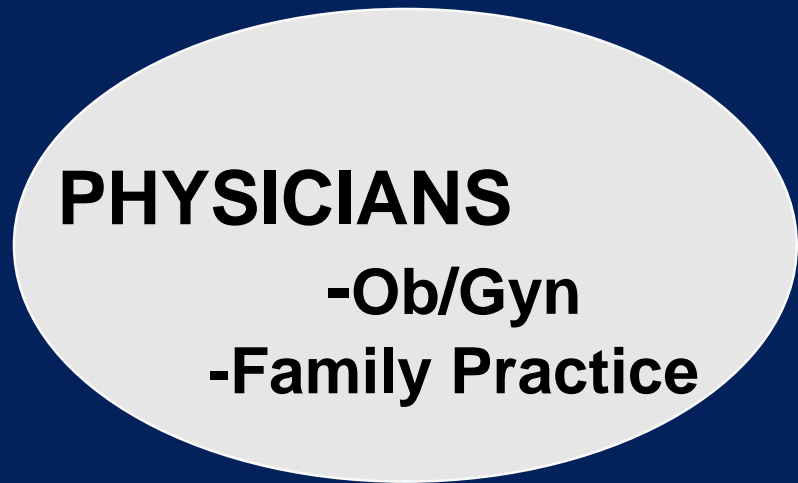
Residency

(3-4 year specialty training that includes
colposcopy)



Colposcopy
“Competence”





↓
Residency

↓
Colposcopy
“Competence”



← State
Licensure

← Specialty
Societies and
Boards



**Advance Practice
Clinicians**

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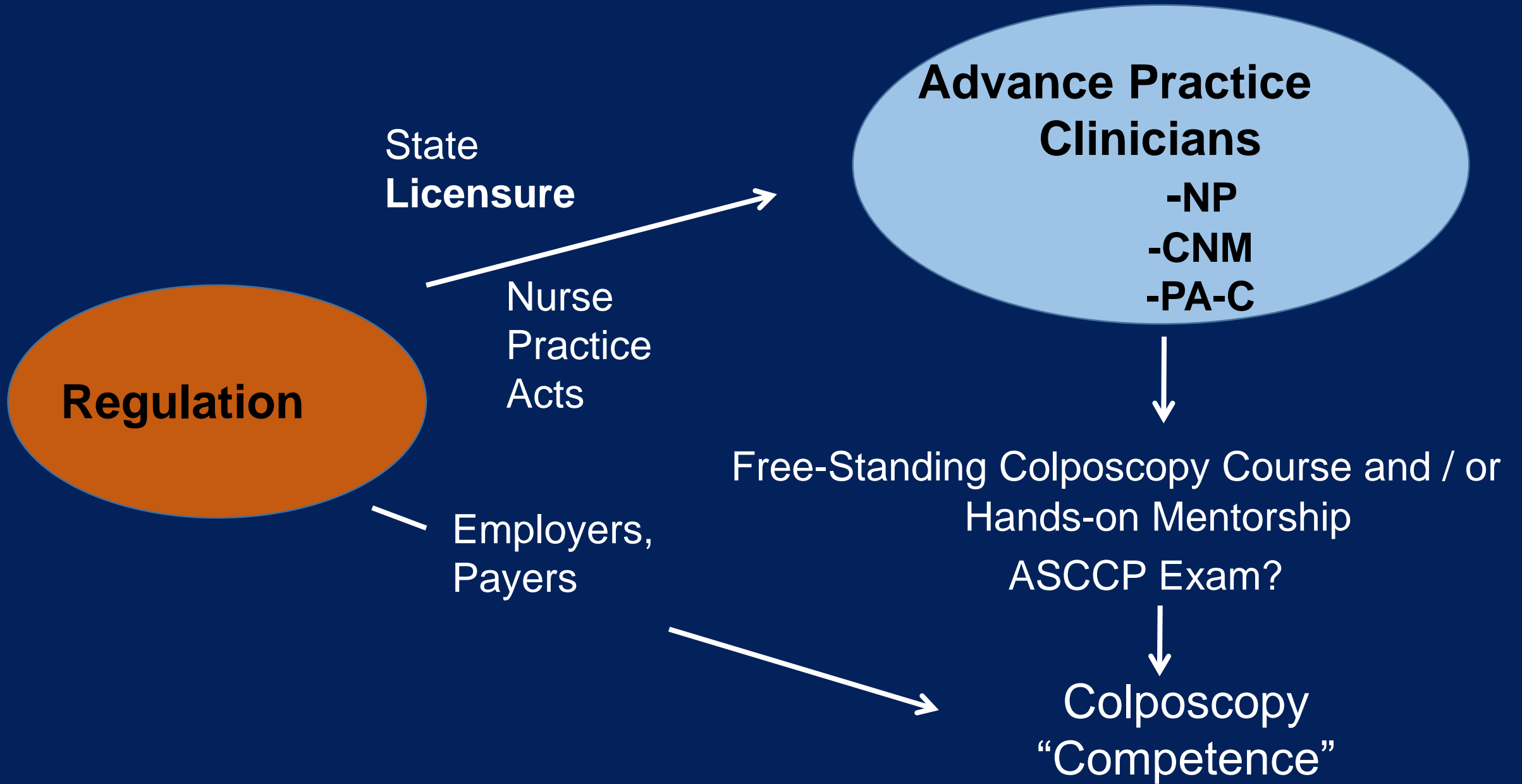


Free-Standing Colposcopy Course and / or
Hands-on Mentorship
ASCCP Exam?



Colposcopy
“Competence”





ASCCP Mentorship Program

Three tiered learning program

- Comprehensive Colposcopy Course



Curriculum: ASCCP Comp Courses

- Epidemiology of cervical cancer / Natural history of HPV infections
- Cytology and histology of the cervix
- Colposcopy technique, equipment, set-up
- Colposcopy of normal cervix / squamous metaplasia
- Colposcopy of abnormal cervix
- ASCCP Management guidelines
- Where to biopsy
- HPV vaccines
- Colposcopy of vulva and vagina
- Benign vulvar disease
- AIS / Adenocarcinoma
- Treatment with LEEP / Cryo
- Colposcopy in pregnancy

Breakout sessions that include cases, and simulations of colposcopy, LEEP and cryo



ASCCP Mentorship Program

Three tiered learning program

- Comprehensive Colposcopy Course
- Hands-on mentorship with volunteer mentor
 - Experienced colposcopist
 - At least 25 directly supervised colposcopies including
 - 5 HSIL, 12 biopsies, 4 ECCs
 - Mentor approves student for independent practice
- Passing score on interactive on-line exam

Leads to document of completion, not certification.



Residency training in colposcopy is variable

Colposcopy is a part of the curriculum of a four year obstetrics and gynecology residency

There is no standard curriculum residencies are required to follow

- Very variable in terms of didactics and number of cases seen



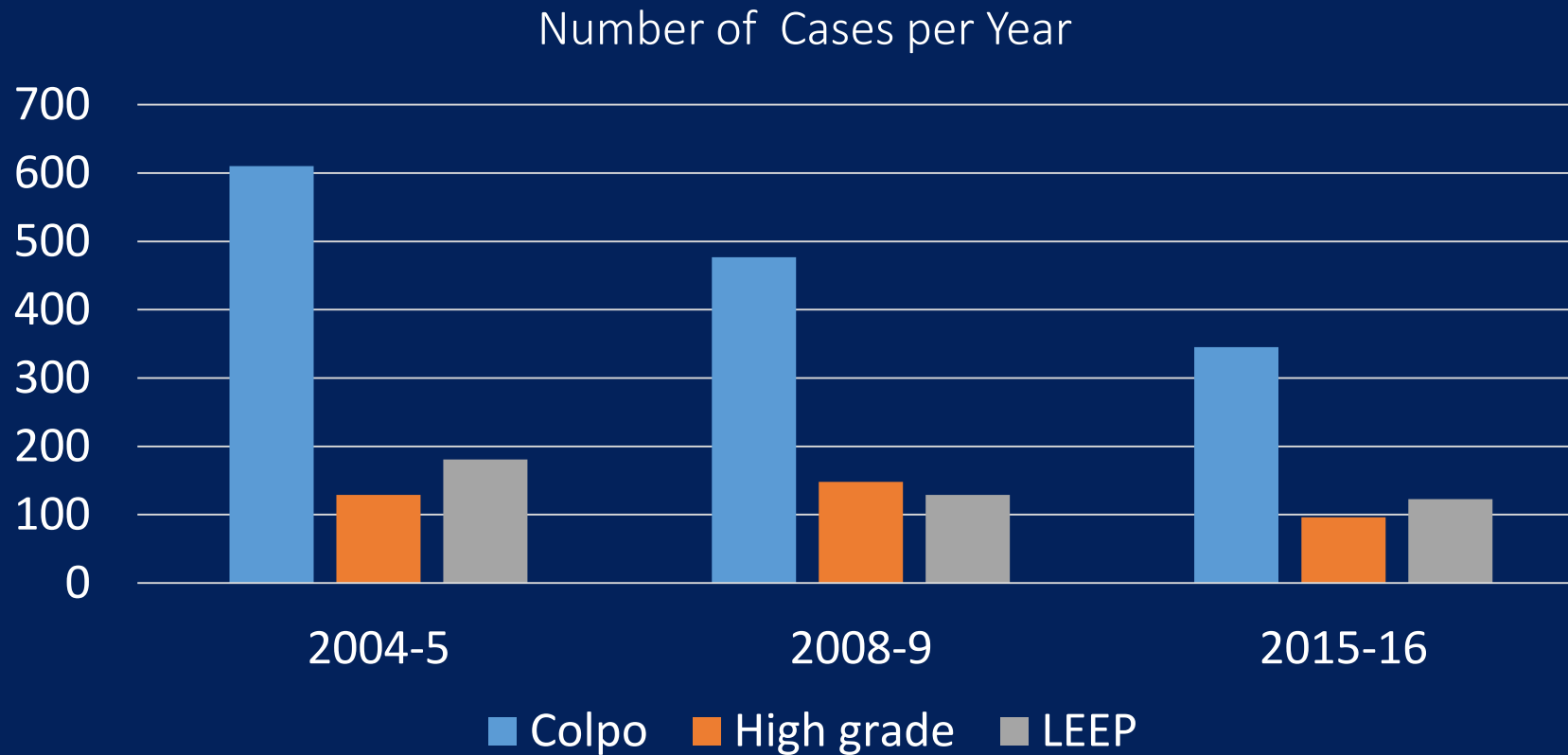
Residency training in colposcopy is variable

At the University of New Mexico curriculum has three components

- Didactic education with cases and simulations
- Education conferences centered on patient cases, pathology and journal clubs
- Clinical experience supervised by faculty (mentorship)
 - Half day colposcopy on gynecology service 1st and 3rd year
 - Half day LEEP clinic 1st year



Colposcopy volume is declining in residency clinics- UNM



Colposcopy volume is declining in residency clinics- UAB

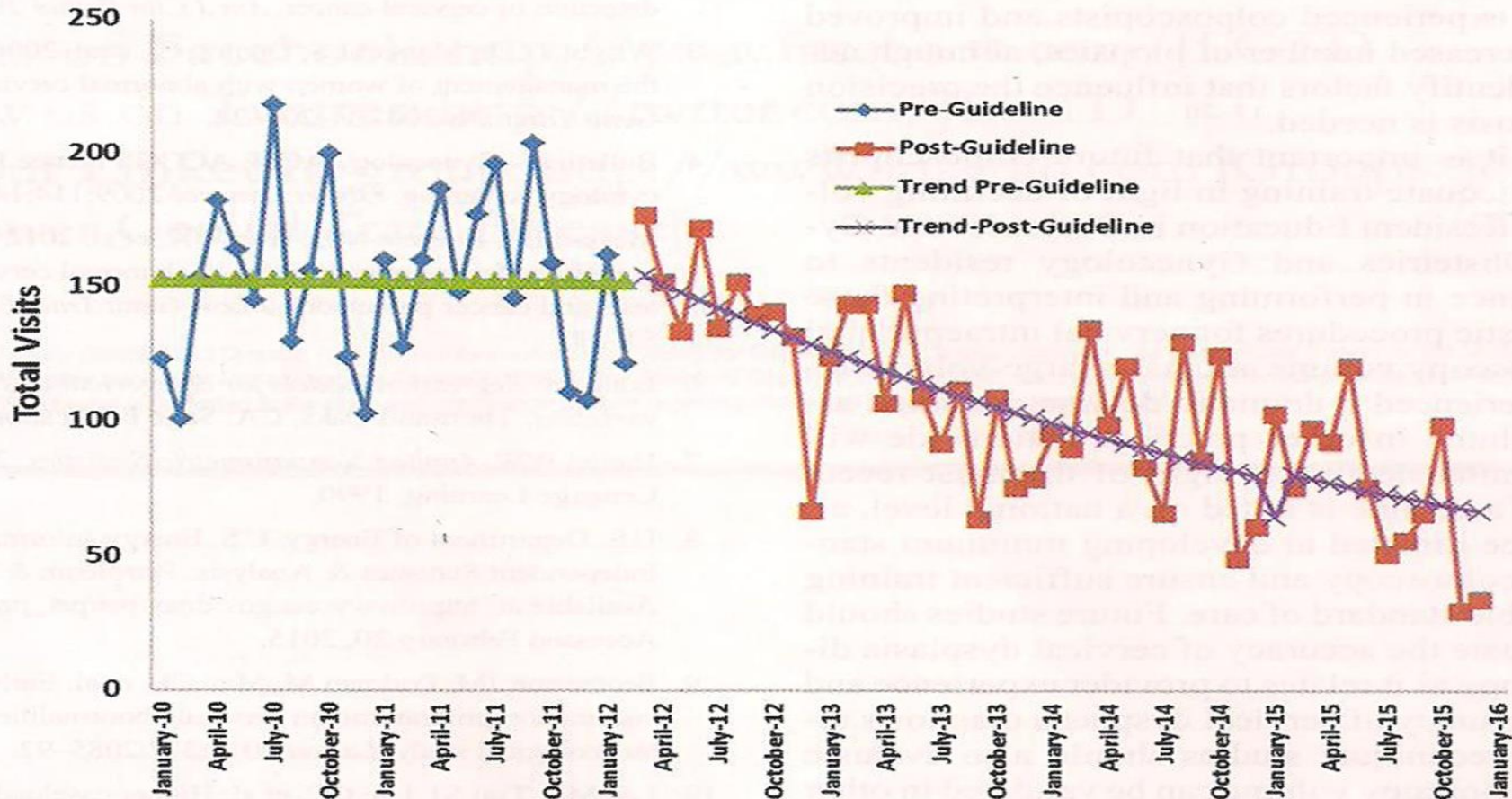


FIGURE 2. Monthly colposcopy clinic volume and trend, 2010 to 2015. Negative binomial regression trend line demonstrates observed decline in monthly volume before and after 2012 guideline implementation.



Why is volume declining in U.S. academic colposcopy clinics?

- New Guidelines: No longer screen before age 21
- New Guidelines: Extended screening intervals
- New Guidelines: No longer colpo 21-24 y.o. with ASC-US or LSIL



Perhaps it's time to introduce colposcopy quality standards in the U.S.

- Over the past 5 decades, once common large “prevalent” lesions have given way to frequent smaller harder to diagnose “incident” lesions.
- New guidelines mean fewer colposcopy cases seen
- Immunization means fewer high-grade lesions
 - Lower positive predictive value of screening tests
 - Fewer high grades mean more false positives
 - Colposcopists will have less experience
- The future: 11-12 year old cohort immunized in 2006 are now entering the screening pool!



Quality Assurance of Colposcopy in the U.S.



Cytology laboratories are already centrally monitored.

- Laboratories including cytology and histopathology labs are monitored by the federal government through the College of American Pathologists
- Colposcopy education and quality are not controlled by any central agency
- ASCCP plays a central role in education
- With today's ASCCP Colposcopy Standards, ASCCP will also significantly influence the practice, terminology, and quality assurance of colposcopy.



New 2017 Quality Indicators for Colposcopy

- Document that squamocolumnar junction visualized
- Document if any acetowhite lesion is present
- Documentation of colposcopic impression
- Documentation of cervix visibility
- Documentation of Extent of Lesion Visualized
- Documentation of Location of Lesion(s)
- Take multiple biopsies
 - All acetowhite areas, metaplasia or higher abnormalities
 - At least two and up to four biopsies



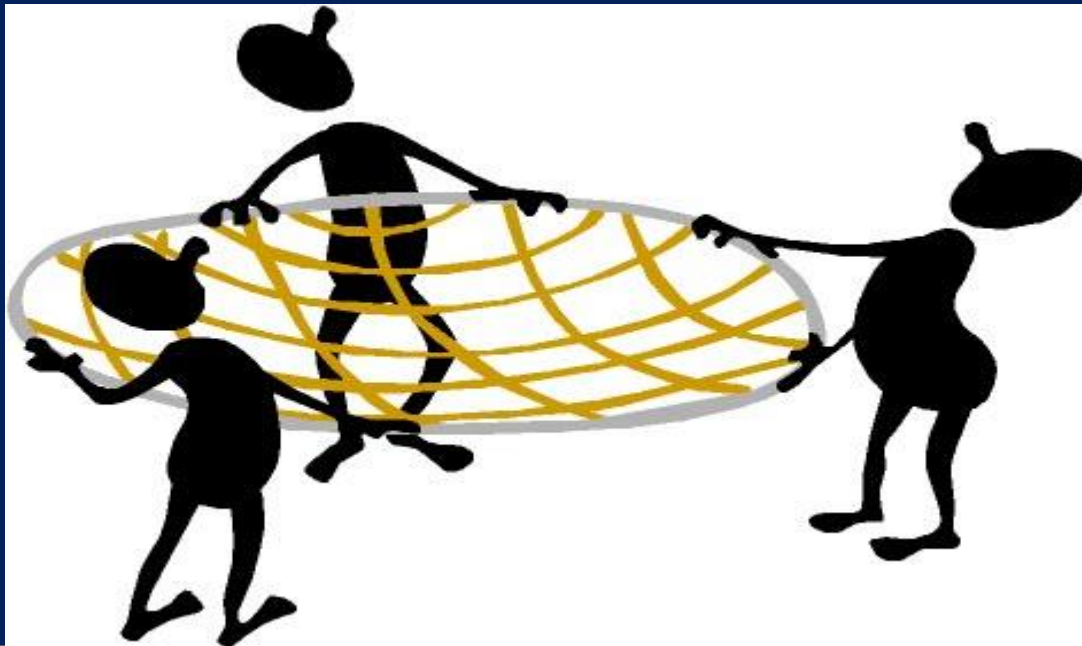
New 2017 Quality Indicators for Colposcopy

- Attempt to contact any patient with suspected invasive disease within 2 weeks of receipt of report or referral
- See patients with suspected invasive disease within 2 weeks of contact.
- Attempt to contact a patient with high grade Pap results within 4 weeks of receipt of report or referral.
- See patients with high grade Pap results within 4 weeks of contact.



The ASCCP approach includes multiple safety features to assure diagnoses will not be missed.

- Risk-based colposcopy
- Emphasis on taking 2-4 biopsies
- ASCCP Guidelines recommend close post-colposcopy follow-up



Massad et al J Lower Gen Tract Dis. 2013;17:S1-27



This new ASCCP system of colposcopy standards has no teeth. It will be voluntary. It's unlikely that any U.S. regulatory agency will require its use. But U.S. colposcopists want the best for their patients and we hope, in that spirit, they will adopt these standards as the new "best practice" of colposcopy



Thank you.

