

Referrals to a Colposcopy Clinic at a tertiary hospital on the Gold Coast with HPV 'Other' following the introduction of the Cervical Screening Test (CST) on 1 December 2017.

Gold Coast Health



Ellie McKay¹, Nino Abuladze¹, Dayle Rundle-Thiele¹,
Christopher Arthur¹, Graeme Walker¹.
¹Gold Coast University Hospital,
Queensland.

Author Contact Email:
Ellie.Mckay@health.qld.gov.au

Introduction

We have noticed a significant increase in colposcopy referrals to the Gold Coast University Hospital since the introduction of the Cervical Screening Test (CST) on 1 December 2017. A large proportion of these are for HPV 'Other' (non-16/18).

Objectives

To determine the reason and appropriateness of referral with HPV 'Other' under the new guidelines.

Methods

A retrospective audit of all new colposcopy referrals to Gold Coast University Hospital based on a positive CST for HPV 'Other' between 1 December 2017 and 28 February 2018. Data were obtained from the GP referral letter and pathology request forms. Cases were excluded if they were symptomatic or concurrently had HPV 16 or 18 on the CST.

Results

There were a total of 51 women referred with HPV 'Other,' which constituted 36.7% of all new colposcopy referrals based on a positive CST. Of these 50 (98.0%) had normal or pLSIL/LSIL on liquid based cytology (LBC).

Table 1: Reflex LBC results of patients referred with HPV 'Other' in CST

Reflex Liquid Based Cytology (N=51)	n (%)
Normal Cytology	31 (60.78%)
pLSIL	10 (19.60%)
LSIL	9 (17.60%)
pHSIL / HSIL	0
Abnormal endocervical cells	1 (1.96%)

Table 2: Reason for referral if normal, pLSIL or LSIL on LBC

Reason for referral (N=50)	N (%)
Previous abnormal pap smear or treatment	31 (62%)
Immune suppressed	2 (4.0%)
HPV 'Other' detected on CST > 12 months ago	2 (4.0%)
Recommendation by reporting pathologist	4 (8.0%)
No identifiable reason	11 (22.0%)

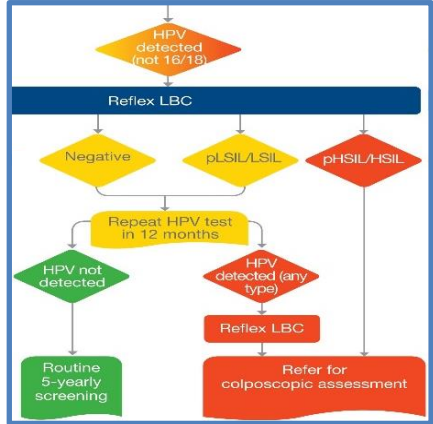


Figure 1: Cancer Council Australia National Cervical Screening program: Cervical Screening Clinical Pathway for HPV (not 16/18) ¹.

Conclusion

The majority (62.0%) of patients with normal cytology or pLSIL/LSIL were referred because of a previous abnormal pap smear or treatment. This is a large cohort of new referrals. The impact may have been underappreciated by model predictions. There were 15 (30.0%) inappropriate referrals.

References

¹Cancer Council Australia Cervical Cancer Screening Working Party. Clinical Pathway; Cervical screening pathway. *National Cervical Screening Program: Guidelines for the management of screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding.* CCA 2016.