

THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS AND



THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY

(2)

						CC	OA-3 (202
	C	olposcopy	y Service (Centre A	pplication	Form	
Name of Appl	icant						
Position							
Qualification							
Corresponding		SS					
E-mail Addres							
Phone Numbe	r						
Institution/Cli Colposcopy S		iding					
Colposcopists		N.T.		Т	A	dia-ai	-1- (-)
	Name					reditation cyc – Dec 23, Jan	` '
1	(Lead Clinician)						
2							
3							
4							
5							
6							
ites of colpose 1 2 3	copy clir	nic(s) in the	colposcopy	service			
Number clinic(T			
	Mon	Tue	Wed	Thur	Fri	Sat	Sun
			-				
			-				
		1 11		• •	<u> </u>	 (D=diagnost	<u> </u>

T=treatment, B=both) and duration or the session

Example: 2, D, 2-5pm



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Colposcopy Services

Leading Clinician:		Signature:	
		_	
Period of audit:	from	to	

Notes on using this Form

- 1. New application can be made by submitting this application form together with an audit report of colposcopy services. The audit report should cover a 12-month period that falls within the 18 months prior to the date of application.
- 2. Applying centers can use the annual audit report downloaded from CMS, or use the audit form attached to this form, for reporting of the statistics.
- 3. At least 50 cases per year are required to apply as Colposcopy Service Centre (COA-08). Therefore, the table on the correlation between colposcopy diagnosis and the worst histology should contain at least 50% of the total number of colposcopy examination submitted, and should have at least 50 cases in total.
- 4. Applying centers need to fill in the sensitivity and positive predictive value for HSIL, and sensitivity of invasive lesions, by colposcopic examinations performed during the audit period.
 - The numbers that are required for the reporting (A D) can be found in Table 2.
- 5. At least 60% correlation between colposcopic diagnosis and histological diagnosis of high-grade lesion is expected i.e. sensitivity.
- 6. 90% of patient treated is expected to have CIN lesion on histological examination.
- 7. 80% of treatment of CIN is expected to be performed under LA.



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Audit Report - Reporting year to	
(This form can be replaced by the audit report generated from the CMS in HA	units)
Number of colposcopy examinations for patients with new indications	
Number of colposcopy examinations for patients for follow-up	
Number of Referrals with Cytological Abnormalities	
ASCH	
AGCNOS	
AGC-neoplasia	
HSIL	
AIS	
SCC	
Adenocarcinoma	
Waiting Time (weeks)	
Suspected carcinoma	
High grade cytological abnormalities	
Low grade cytological abnormalities	

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Table 1 - Correlation between Colposcopy Assessment and Histology of Biopsy

	Histology of Biopsy								
Colposcopy Diagnosis		NORMAL	LG / HPV	HG	MICROIN	INVAS	NO_BX	UNSAT	TOTAL
	NORMAL								
	LG								
	HG								
	MICROIN								
	INVAS								
	UNSAT								
	TOTAL								



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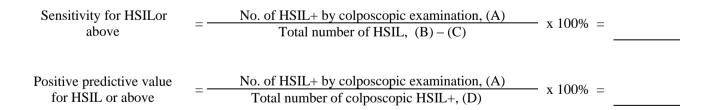


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Table 2 - Correlation between Colposcopy Assessment and Worst Histology

	Worst Histology								
		NORMAL	LG / HPV	HG	MICROIN	INVAS	NO_BX	UNSAT	TOTAL
Colposcopy Diagnosis	NORMAL								
	LG								
	HG			(A)					(D)
	MICROIN			(A)					(D)
Colpo	INVAS			(A)					(D)
	UNSAT			(C)					
	TOTAL			(B)					

Sensitivity of colposcopy





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Table 3 – Treatments and complications

	No.	Percentage (%)
Total number of treatment for CIN		NA
Total number of loop excision performed (T)		NA
Number of treatment by LEEP for CIN performed under LA		Out of (T)
Number of other procedures performed for CIN (please specific type of treatment and anaesthesia)		NA
Number of LEEP with histological evidence of CIN		Out of (T)
Number of complications after loop excision:		
Primary haemorrhage		Out of (T)
Secondary haemorrhage		Out of (T)
Infection		Out of (T)
Hospital admission related to procedure		Out of (T)
Others		Out of (T)
Number of loop excision with histological confirmation of CIN		Out of (T)