THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

AND

THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY

COA-4 (2021-12)

Application for Colposcopy Service Centre Reaccreditation

Name of Applicant	
Position	
Qualification	
Corresponding Address	
E-mail Address	
Phone Number	

Institution/Clinic providing Colposcopy Service	

Colposcopists

	Name	Accreditation cycle (s) e.g. Jan 21 – Dec 23, Jan 24 – Dec 27
1	(Lead Clinician)	
2		
3		
4		
5		
6		

Sites of colposcopy clinic(s) in the colposcopy service

1	
2	
3	

Number clinic(s) in the colposcopy service

	Mon	Tue	Wed	Thur	Fri	Sat	Sun

Use the number to represent the clinic listed above, specify the nature (D=diagnostic; 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. Reaccreditation can be made by submitting this application form together with two audit reports of colposcopy services. The two audit reports should cover any 2 years within the 5-year audit cycle.
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 tables 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 by colposcopic examinations performed during the audit period.
   The numbers that are required for the reporting (A – D) can be found in Table 1.
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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1st 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	

Table 1 - Correlation between Colposcopy Assessment and Worst Histology

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

Sensitivity of colposcopy

Sensitivity for HSILor above $= \frac{\text{No. of HSIL+ by colposcopic examination, (A)}}{\text{Total number of HSIL, (B) – (C)}} \times 100\% =$ _____

Positive predictive value for HSIL or above $= \frac{\text{No. of HSIL+ by colposcopic examination, (A)}}{\text{Total number of colposcopic HSIL+, (D)}} \times 100\% =$ _____

Table 2 – 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)

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2nd 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	

Table 1 - Correlation between Colposcopy Assessment and Worst Histology

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

Sensitivity of colposcopy

Sensitivity for HSILor above $= \frac{\text{No. of HSIL+ by colposcopic examination, (A)}}{\text{Total number of HSIL, (B) – (C)}} \times 100\% =$ _____

Positive predictive value for HSIL or above $= \frac{\text{No. of HSIL+ by colposcopic examination, (A)}}{\text{Total number of colposcopic HSIL+, (D)}} \times 100\% =$ _____

Table 2 – 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 have 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)