



THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
AND
THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY



CO-1

Colposcopy Service Provision and Standard

- (1) All colposcopy should be performed by colposcopists or trainees under supervision.
- (2) Colposcopists must have undergone training in colposcopy recognized by the HKCOG.
- (3) The service should record the waiting times for both new patients and treatments.
 - for patients with cytology showing invasive lesion, patient should be offered an appointment to be seen within two week.
 - for patients with cytology showing high grade SIL, patient should be offered an appointment to be seen within 6 weeks
 - for patients with cytology showing ASCUS where high grade lesion cannot be excluded or AGUS favors neoplastic or two consecutive ASCUS/AGUS not otherwise specified or low grade SIL, patient should be seen within 12 weeks
- (4) The service should adhere to local written protocols that should reflect published Guidelines in Hong Kong.
- (5) The service should ensure adequate data collection for quality assurance at annual reviews.
 - At least 60% correlation between colposcopic diagnosis and histological diagnosis of high grade lesion is expected ie. sensitivity. Data on the positive predictive value of colposcopic diagnosis should be provided as well.
$$\text{sensitivity} = \frac{\text{No. of high grade CIN picked up by colposcopic examination}}{\text{total number of histological high grade CIN}}$$

$$\text{positive predictive value} = \frac{\text{No. of high grade CIN picked up by colposcopic examination}}{\text{total number of colposcopic high grade CIN}}$$
 - Sensitivity of diagnosing invasive carcinoma should be reported and lesions not detected by colposcopic examination should be reviewed.
- (6) The service should have a designated lead clinician.
- (7) The service should aim at minimizing intervention in women who do not have significant cervical intraepithelial neoplasia (CIN).
 - 90% of patient treated is expected to have CIN lesion on histological examination
- (8) There should be adequate facilities in the clinic to provide privacy and a safe working environment.
- (9) 80% of treatment of CIN is expected to be performed under LA
- (10) Referring agencies should receive written communication of results.
- (11) Participation in audit is mandatory.