NHS

West Yorkshire Cervical Screening Programme

CERVICAL SCREENING PROTOCOL

Summary Guidelines for Sample Takers

Sample taking

In summary:

- Ensure correct equipment and environment are available.
- Always ensure request form is completed at time of sample, checking details with the woman.
- Always use NHS Number where available.
- Always give relevant history of abnormal cytology and where appropriate any subsequent histology results.
- Always write your sample taker ID on the request form and do not allow other people to use your code.
- Label sample container then remove brush tip and place into LBC vial. Ensure lid is firmly screwed on, and place into specimen bag attached to the request form.
- Routine recall is 3 yearly for women aged 25-49 and 5 yearly for women aged 50-64.
- A direct referral to colposcopy system operates locally - always mention this to the woman when a sample is taken
- Check your performance on the cervical sample taker database quarterly.

Inadequate samples

The cervix MUST be fully visualised and a 5 x 360 degree sample taken. If you state that this has NOT been done/ possible, then the sample must be regarded as inadequate unless it shows abnormal cells.

A reason for an inadequate sample will always be given by the laboratory. This, as well as comments on sample adequacy, can assist in sample taker training.
A repeat should NOT be taken sooner than three months.

Symptoms

If there are any suspicious symptoms (e.g. PCB> 4 weeks in women over 40 years) or the cervix appears abnormal then URGENT referral for gynaecological examination is required rather than a sample.
A cervical sample is a screening test, not a diagnostic test and can give a false negative result particularly under these circumstances.

Commonly reported infective agents

Trichomonas
Confirm microbiologically before treatment.
ALOs (Actinomyces Like Organisms)
Usually associated with an IUCD. If symptomatic (e.g. PID, dyspareunia, discharge) obtain microbiological/ gynaecological opinion.

Wart virus (Human Papilloma Virus (HPV)
All borderline and low grade samples are triaged for HR-HPV and all post treatment samples are tested as test of cure (TOC). Morphologic evidence of HPV is no longer reported on the form, but samples with this are reported as low grade dyskaryosis.

Routine reports and action

Sample Result	Recall /Action
Negative	Routine recall (36 or 60 months, depending on age)
Inadequate	Repeat after 3 months. A reason will always be given by lab. Referral indicated on third consecutive occurrence. Infections should be treated before repeating the sample.
Low grade dyskaryosis or Borderline changes (Squamous or endocervical)	Samples will be triaged with HR-HPV test. If HR-HPV is detected patients are referred directly to colposcopy. If HR-HPV is not detected the patient will be returned to normal recall for their age group.
High grade dyskaryosis (Moderate) **High grade dyskaryosis (Severe)** **High grade dyskaryosis/ ?Invasive** **Query Glandular Neoplasia- Endocervical** **Query Glandular Neoplasia - Non-cervical**	Referral indicated on first occurrence. This will be undertaken by the Direct Referral System. Women will receive their letter for colposcopy direct from the relevant colposcopy unit. This may arrive before a result letter, so all women should be informed of this system at the time of sample taking.

Follow up after referral to colposcopy

Grade of CIN present	Follow up assuming all negative smears
No CIN (where referred on abnormal smear)	Follow advice in discharge letter.
CIN 1 Untreated	Repeat 12 months after colposcopy.
CIN1 treated CIN 2 CIN 3	Test of Cure at 6 months. If HR-HPV detected, direct referral to colposcopy. If HR-HPV is NOT detected next test will be recommended in 36 months.
CGIN/Adenocarcinoma	Test of cure at 12 & 24 months. If all negative then normal recall. Otherwise continue with smears for ten years.

Follow up after hysterectomy

Hysterectomy type/ Findings	Follow up (assuming all smears are negative)
Subtotal hysterectomy	Follow up determined by results of histology as shown above. If no CIN found then routine recall required. No vault samples required.
Total - **No** CIN, with 10 years negative history	Repeat at 6 and 18 months post hysterectomy then cease.
Total - **CIN** where excision is complete	Follow up as if cervix was still in place.
Total - **CIN**, excision incomplete or uncertain	

Follow up after cancer

Treatment type	Follow up
Lletz/Cone	Follow up decided by oncology clinic. This will be 10 years annual cytology at least.
Hysterectomy	Follow up as directed by oncology clinic. Cease from recall.
Radical Hysterectomy with Radiotherapy	No sampling indicated. Clinical follow up. Cease from recall.
Endometrial / Ovarian Cancer with total hysterectomy	No cervical samples indicated. Clinical follow up. Cease recall

Useful contacts for advice

WYCSA (Call/recall office): 0113 2952561
Cytology – Leeds: 01132066360/ 0113 2066758

Hospital Based Programme Coordinators

- **Leeds: 0113 2065348**
- **Calderdale: 01422 222603**
- **Airedale: 01535 292945**
- **Mid Yorks: 01924 512310**
- **Bradford: 01274 364542**

Colposcopy

- **Mid Yorks 07850627813**
- **Calderdale 01484 347146**
- **Leeds 07939518116**

Mentors -Leeds, Bradford Airedale 07903316685
Calderdale, Kirklees & Wakefield 07736008346
Quality Assurance: 0113 2466300
West Yorkshire Area Team: 0113 8252661

July 2015