6. THE QUALITY GUIDELINE FOR COLPOSCOPY

The quality requirements proposed by the professional group were drawn up by the European Federation of Colposcopy (EFC) as minimal requirements for performing and billing a colposcopic examination:

- Mandatory digitisation: To ensure quality follow-up and enable cooperation between hospitals, interpretable digital images of each colposcopic examination are stored in the electronic medical record.

- Standardised minimal report according to the EFC's minimal requirements for describing the colposcopic examination. The report should include the following information:
  ° patient's medical history, indicating the presence or absence of risk factors for cervical dysplasia (nicotine abuse, previous HPV vaccination, completeness of previous screening)
  ° desire to become pregnant.
  ° reason for referral for colposcopic examination.
  ° adequacy of examination (interference due to menstruation, cervicitis, etc.).
  ° type of transformation zone (1-2-3).
  ° description of existing lesions, including:
    - aceto-white staining, degree and rate of staining.
    - presence or absence of abnormal vascular patterns.
    - localisation of the lesion.
    - size of the lesion.
    - presence or absence of other high-grade signs according to IFCPC nomenclature.

- Additional training:
  An assistant in training in gynaecology in Flanders and Brussels (Dutch-speaking) is required to participate in a colposcopy course organised by the VVOG (Flemish Society for Obstetrics and Gynaecology) to be recognised as a specialist. Furthermore, a minimum number of independently performed colposcopy examinations is required for graduation. The possibility of expert accreditation is being explored. This could complement the existing colposcopy course.
  In Wallonia and Brussels (French-speaking), an interuniversity course is being organised for gynaecologists and gynaecologists in training leading to a ‘certificat interuniversitaire de colposcopie et de pathologies cervicovaginales et vulvaires.’ The intention is to integrate this course into gynaecologist training.

The digital images, the standardised minimal report and the certificate of participation in an accredited colposcopy course must be submitted to the RIZIV control services upon request.

A second reading of the colposcopy image does not contribute significantly to improving the quality of the examination and is therefore not retained as a quality criterion.

STANDARDISED MINIMAL REPORT FOR COLPOSCOPY (template)

1. **Relevant Medical History**
   - Nicotine use (past/present):
   - History of Cervical Dysplasia:
   - HPV Vaccination Status (vaccin type/number of doses/year of first vaccination):
   - Current Method of Contraception:
   - Future Pregnancy Desire/Childwish:
   - History of Cervical Screening:
   - History of immunosuppression :

2. **Reason for Colposcopic Referral**

3. **Colposcopic Findings**
   1. Adequacy of Examination:
      - Interpretable
      - Not interpretable
      - (Reasons for not interpretable: No visualization of the Cervix, Menstruation/blood loss, Cervicitis, Atrophy, Other)

   2. Type of Transformation Zone:
      - Type 1: Squamo Columnar Junction (SCJ) completely visible (completely ectocervical)
      - Type 2: SCJ has endocervical component, but is completely visible
      - Type 3: SCJ not completely visible, with endocervical component

   3. Description of Cervical Lesions:
      - Number of Lesions
      - Number of Quadrants Involved
      - Surface of the cervix involved:
        - ◊ 0-25 %
        - ◊ 25-50 %
        - ◊ 50-75 %
        - ◊ 75-100
      - Description of Each Lesion:
        - ◊ Clock Position of the lesion:
        - ◊ Acetowhite Staining:
          - Thickness: Thin / dense
          - Transparancy: limpid/Opaque
          - Rapid & persistent appearance of acetowhitening: yes/no
          - surface: regular/irregular
          - Geographic border: Straight/irregular
          - Abnormal Vascular Patterns:
            - Punctuation: (Absent/Fine/Coarse)
            - Mosaicism: (Absent/Fine/Coarse)
          - Other major changes (other signs of major transformation):
          - cuffed crypt (gland) openings
          - inner border sign
          - ridge sign

- ◊ Lugol iodine:
  - ▪ Lugol zone negative
  - ▪ Lugal zone heterogeneous
- ◊ Suspicion for invasion
  - ▪ Fragile vessels,
  - ▪ irregular surface
  - ▪ exophytic lesion
  - ▪ necrosis
  - ▪ ulceration
- ◊ Biopsies taken (localization):
- ◊ Endocervical sampling taken:

4. Vaginal examination: normal/abnormal (description)/not indicated

5. Vulvar examination: normal/abnormal (description)/not indicated

6. Colposcopic impression:
   - ◊ Normal
   - ◊ Minor changes
   - ◊ Major changes
   - ◊ Others

7. Recommendations (Follow-up/management plan):

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ANNEX 1

INTEGRATED ADVICE – 25-29 AND 30-64 YEAR OLDS

Age range: 25-29 years					
Result cytological examination	**Result reflex hrHPV test**	**(Integrated) advice**	**Result 2nd triage (in 12 months)**	**Result reflex hrHPV test**	**(integrated) advice**
NILM	NA	Regular screening interval (in 3 calendar years)			
ASC-US		**Result of reflex HPV test, with recommendation, will follow**			
	--> hrHPV negative	**Regular screening interval (in 3 calendar years)**			
	--> hrHPV positive	**Repeat cytology in 12 months**	--> NILM	NA	Regular screening interval (in 3 calendar years)
			--> ASC-US		**Result of reflex HPV test, with recommendation, will follow**
				--> hrHPV negative	**Regular screening interval (in 3 calendar years)**
				--> hrHPV positive	**Immediate referral for colposcopic examination**
			--> ≥ LSIL		Immediate referral for colposcopic examination
LSIL	NA	Repeat cytology in 12 months	--> NILM	NA	Regular screening interval (in 3 calendar years)
			--> ASC-US		**Result of reflex HPV test, with recommendation, will follow**
				--> hrHPV negative	**Regular screening interval (in 3 calendar years)**
				--> hrHPV positive	**Immediate referral for colposcopic examination**
			--> ≥ LSIL		Immediate referral for colposcopic examination
≥ ASC-H/AGC	NA	Immediate referral for colposcopic examination		NA	
INSU	NA	New sampling after 6 weeks at the earliest		NA	

Age range: 30-64 years					
Result hrHPV test	**Result reflex cytology**	**(Integrated) advice**	**Result 2nd triage (in 12 months)**	**(Result reflex cytology)**	**Advice**
hrHPV negative	NA	Regular screening interval (in 5 calendar years)			
hrHPV non-16/18 positive		**Result of reflex cytology, with recommendation, will follow**			
	--> ≥ ASC-US	**Immediate referral for colposcopic examination**			
	--> NILM	**Repeat hrHPV testing in 12 months**	--> hrHPV negative		Regular screening interval (in 5 calendar years)
			--> hrHPV positive	(cytology, not as triage)	Immediate referral for colposcopic examination
					Result of reflex cytology will follow
HPV 16/18 positive	(cytology, not as triage)	Immediate referral for colposcopic examination			
		Result of reflex cytology will follow			
HPVi		New sampling after 6 weeks at the earliest			

≥ASC-H/AGC = ASC-H or a more severe abnormality (HSIL, SCC, AIS, AC) or AGC

INSU: insufficient cytology, not representative sample (lack of epithelial cells/insufficient cellular material, cell lysis, abundant blood, ..)

HPVi: inconclusive HPV test result

NB: Immediate referral for colposcopic examination is understood within 3 months or faster, according to the severity of the screen-positive result (cfr. 5.3.1)

*Cave: If on cytological examination **normal** endometrial cells are found in an entitled person > 45 years, additional advice is given: 'Correlation with clinic is indicated to exclude endometrial pathology in post-menopausal women'.*

*Cave: If on cytological examination **abnormal** endometrial cells are found at any age, additional advice is given: 'Exploration to exclude endometrial pathology'.*

In bold: the actual integrated advice, after samples were send for reflex testing.

ANNEX 2

ADVICE: ≥65y, in case of no reimbursed screening in the last 10 years

Age range: ≥ 65 year, in case of no screening in the last 10 years			
Result hrHPV test and cytology within cotesting	**Advice**	**Result repeat HPV testing (in 12 months)**	**Advice**
HPV 16/18 positive, independant of cytology result	Immediate referral for colposcopic examination		
hrHPV non-16/18 positive	Result of co-test cytology with recommendation will follow		
--> cytology ≥ ASC-US	Immediate referral for colposcopic examination		
--> cytology NILM	Repeat hrHPV testing in 12 months	-> hrHPV negative	No further follow-up
		-> hrHPV positive	Immediate referral for colposcopic examination Result of reflex cytology will follow
hrHPV negative	Result of co-test cytology with recommendation will follow		
-> cytology ≥LSIL	Immediate referral for colposcopic examination		
-> cytology ASC-US	Repeat hrHPV testing in 12 months	-> hrHPV negative	No further folow-up
		-> hrHPV positive	Immediate referral for colposcopic examination Result of reflex cytology will follow
-> cytology NILM	No further follow-up		
HPVi	New sampling after 6 weeks at the earliest		

HPVi: inconclusive HPV test result