The British Association of Gynaecological Pathologists

bsccp | The British Society for Colposcopy and Cervical Pathology

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Basic Cervical Histopathology Course

- Introduction to screening and relevance of pathology
- Tony Williams
- Birmingham Womens and Childrens NHSFT
- Wednesday 26th February 2025

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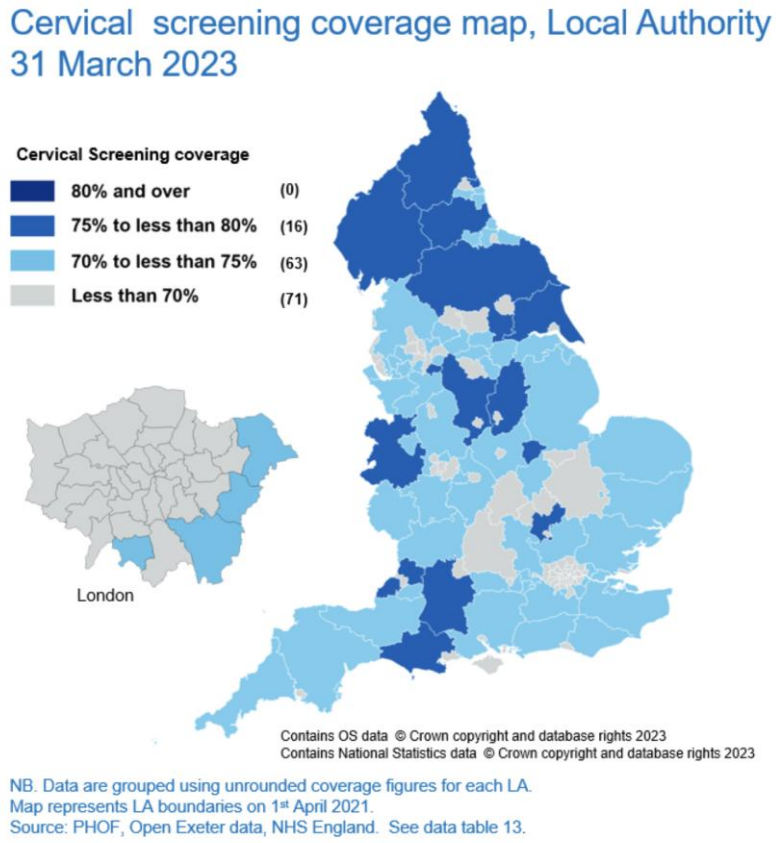
Speaker disclosures

- ❑ I have no financial conflicts of interest to disclose

Histopathology in Cervical Screening

- women and people with a cervix aged 25 to 64 in England.
- all eligible people who are registered with a GP automatically receive an invitation by mail
- first invitation is sent to eligible people at the age of 24.5 years
- aged 25 to 49 receive invitations every 3 years.
- aged 50 to 64 receive invitations every 5 years



New NHS Cervical Screening Management System

The new NHS Cervical Screening Management System (CSMS) replaces the National Cervical Screening call/recall system NHAIS which was accessed via Open Exeter.

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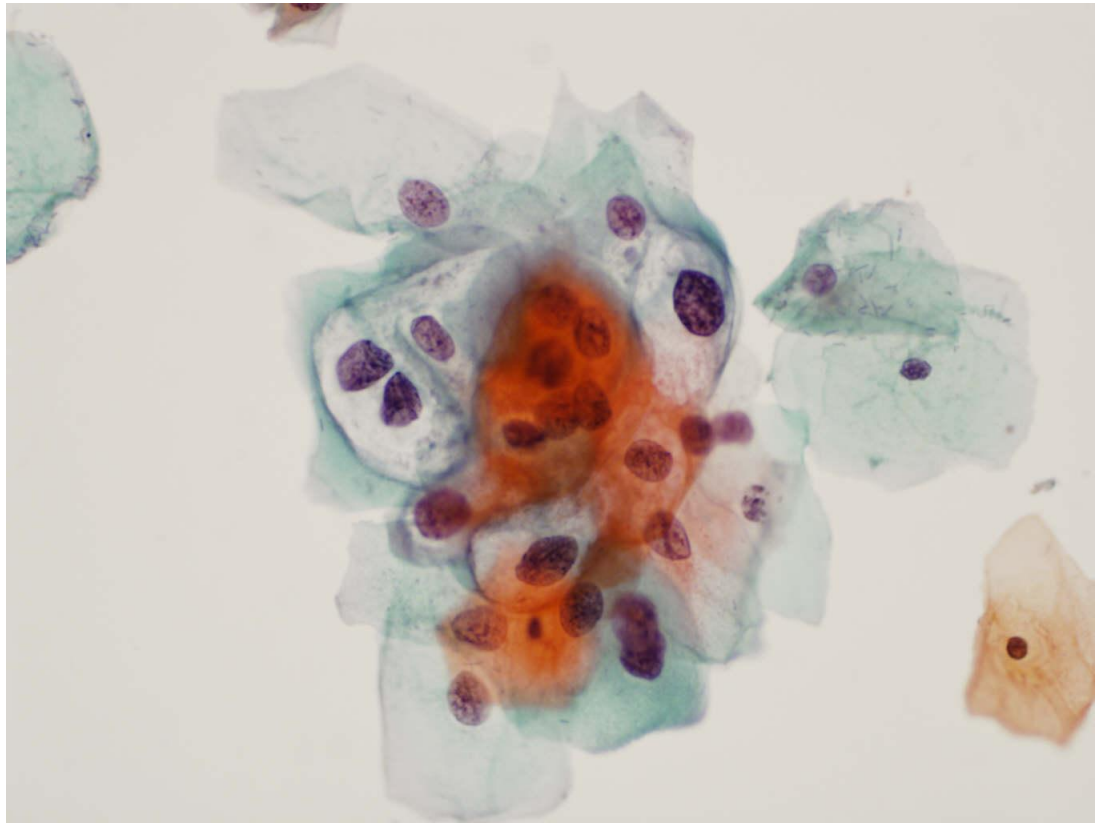
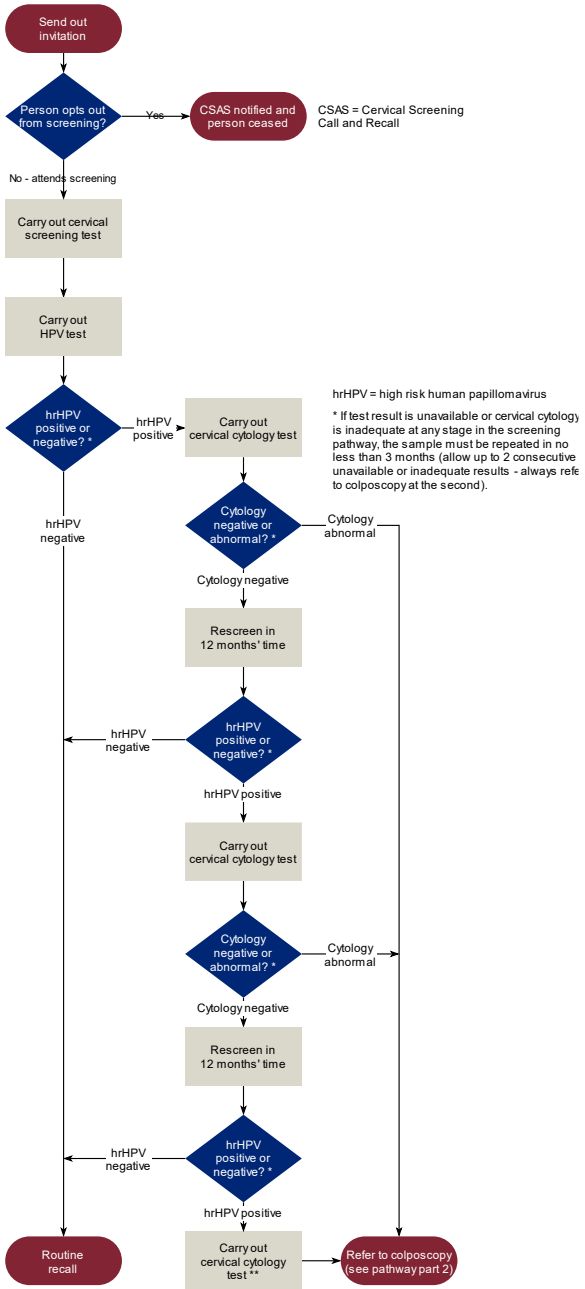
Sign up

The NHS Cervical Screening Management System is live and accessed via an NHS Smartcard or via Microsoft Authenticator. It has replaced the previous call/recall IT system, Open Exeter, which is no longer accessible for the purposes of delivering NHS Cervical Screening Programme services.

https://digital.nhs.uk/services/screening-services/national-cervical-screening/new-cervical-screening-management-system





https://www.gov.uk/government/publications/cervical-screening-pathway-requirements-specification

CSP Histopathology request

Trends in Pathology Services

- Few cytology laboratories
- Centralization of histopathology laboratories
- Scanned slides remote reported
- External providers
- Multiple reviews

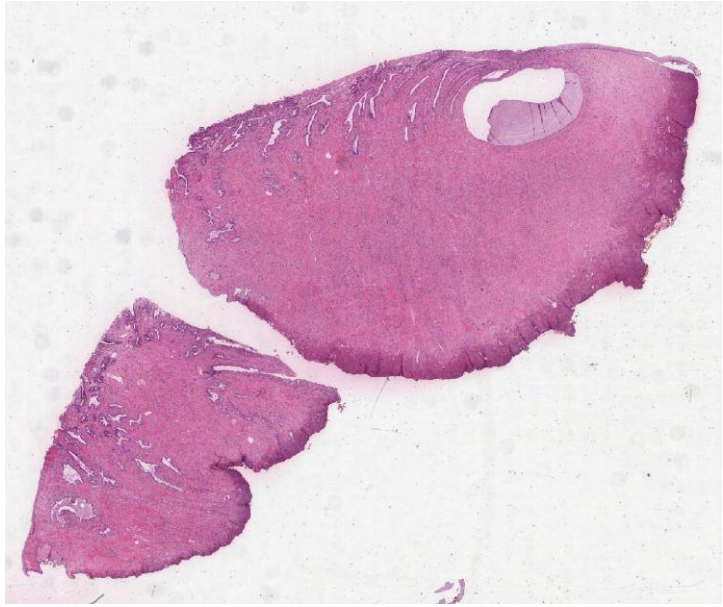
Information With Request

- Patient identifiers
- Identified as CSP case
- Cytology result
- History if follow up
- Impression at colposcopy with a view to the grade of lesion

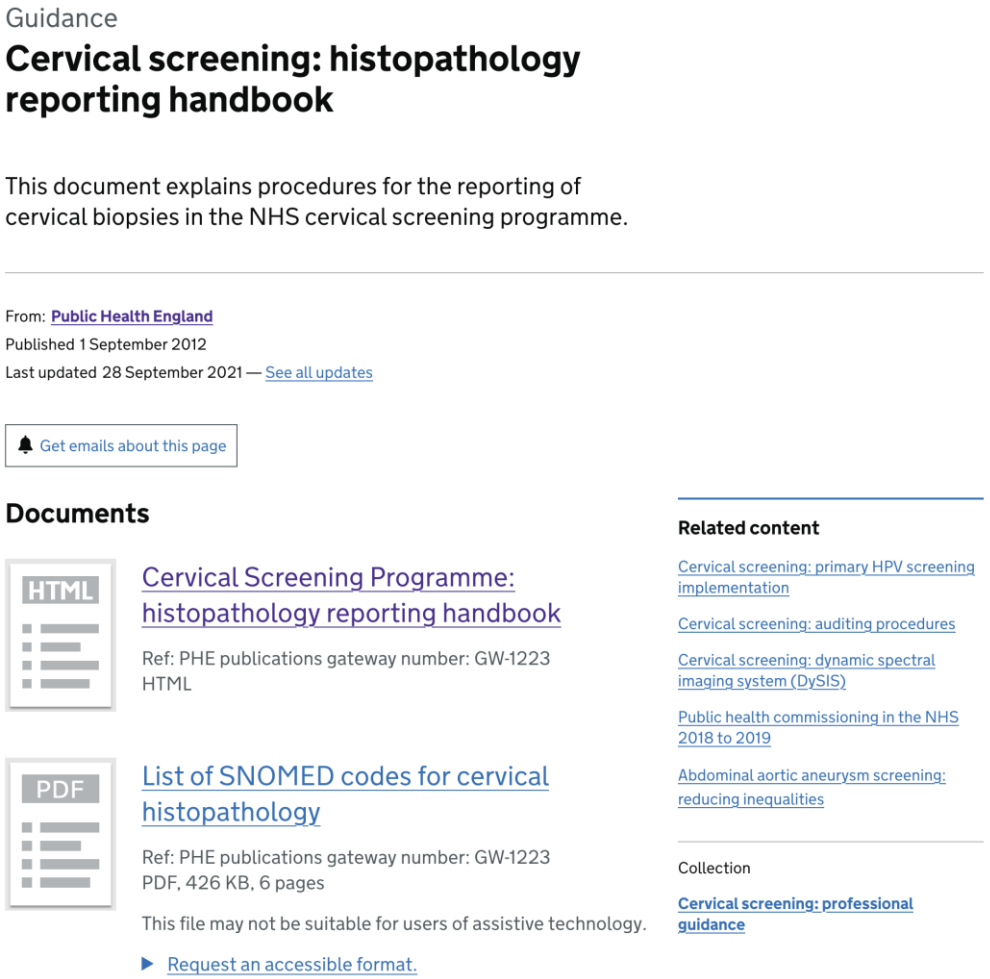
CSP histopathology

- Biopsies and LLETZ
- Diagnosis / confirmation of lesion
- Grading
- Identifying invasive cancer
- Guiding treatment decisions
- Assessing surgical margins
- Quality control in cytology and colposcopy
- Report as medical record





Histopathology reporting handbook



Guidance

Cervical screening: histopathology reporting handbook

This document explains procedures for the reporting of cervical biopsies in the NHS cervical screening programme.

From: Public Health England
Published 1 September 2012
Last updated 28 September 2021 — See all updates

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Documents

HTML

Cervical Screening Programme: histopathology reporting handbook

Ref: PHE publications gateway number: GW-1223
HTML

PDF

List of SNOMED codes for cervical histopathology

Ref: PHE publications gateway number: GW-1223
PDF, 426 KB, 6 pages

This file may not be suitable for users of assistive technology.

Request an accessible format.

Related content

Cervical screening: primary HPV screening implementation

Cervical screening: auditing procedures

Cervical screening: dynamic spectral imaging system (DySIS)

Public health commissioning in the NHS 2018 to 2019

Abdominal aortic aneurysm screening: reducing inequalities

Collection

Cervical screening: professional guidance

https://www.gov.uk/government/publications/cervical-screening-histopathology-reporting-handbook

- 27 September 2024 In the details, changed 'originally published by Public Health England' to 'previously published by Public Health England'.
- 26 September 2024 Added clarification that publication was originally published by Public Health England.
- 25 September 2024 In line with the modification to the colposcopy guidance, clarified that the discussion of moderate referrals with CIN1 at the MDT was discretionary and do not count as a 2-grade discrepancy.
- 25 September 2024 Clarified the required maintenance of clinical skill for all pathologists reporting cervical screening programme histopathology

Cervical Screening Programme Standards

Laboratory Quality Standards

- Accreditation /registration with UKAS to ISO15189
- Compliant with recommendations in lab service guide and programme specific operating model for quality assurance
- Relevant EQA schemes
- Follow management of safety incidents processes

Maintenance of clinical skill

- 150 specimens / year
- 3 MDT meetings / year
- Relevant update training / as part of this every 2 years – BAGP cervical e-learning

E-learning in Cervical Histopathology



- Maintenance of clinical skills for histopathologists reporting cervical histology specimens from the CSP
- 5 chapters of reading material and scanned slides
- Up to 5 CPD credits

https://www.thebagp.org/course/e-learning-in-cervical-histopathology/

Minimum dataset and standardization of reporting

Data set items to be included	In loop excision reports	In cervical biopsy reports
	Macro	**Macro**
Specimen type	Yes	Yes
Number of pieces	Yes	Yes
Dimensions of pieces in 3 planes	Yes	Yes (1 dimension only)
Presence and completeness of cervical os	Yes	-
Description of any lesion, if seen, naked eye	Yes	-
Method of trimming/inking, for example serially sliced in blocks	Yes	-

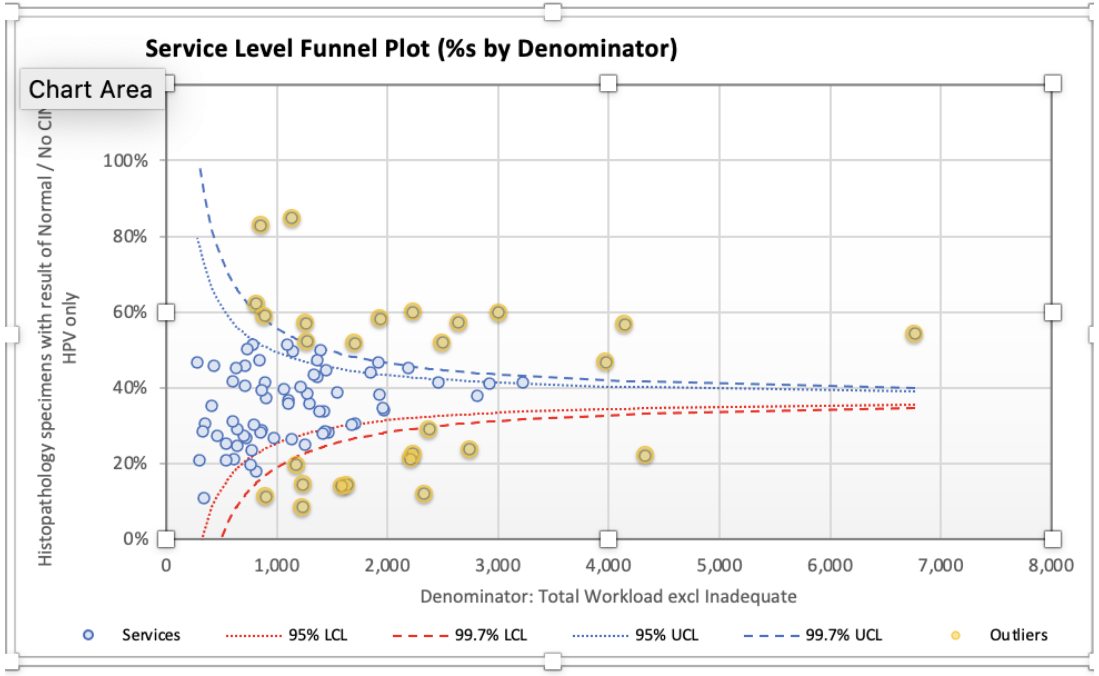
	Micro	**Micro**
Number of slices examined	Yes	Number of additional levels examined
Presence or absence of TZ	Yes	Yes
Presence or absence of HPV-related changes	Yes	Yes
Presence or absence of CIN	Yes	Yes
Grades of CIN when present	Yes	Yes
Presence or absence of crypt involvement by CIN	Yes	Yes
Presence or absence of CGIN / SMILE	Yes	Yes
Completeness of excision at ectocervical, endocervical and deep lateral margins	Yes	-
Presence or absence of invasion	RCPath data set if present	Yes
Results of p16 or other immuno performed	Yes	Yes
Other histological features if present, for example tuboendometrioid metaplasia, endometriosis, microglandular hyperplasia	Yes	Yes
Correlation with cytology (less than 1 grade difference)	Yes	Yes
Comment if case should be discussed at MDT	Yes	Yes
Diagnosis	Yes	Yes
SNOMED CT/SNOMED code	Yes	Yes

Performance monitoring:
Data items for everyone reporting CSP histology

- overall number of cervical histopathology samples from a cervical screening programme referral
- specimen type (biopsy and or LLETZ) and numbers reported by type
- time from cervical histology sample taken to report authorisation: NHS CSP standards are:
  - cervical histology specimens reported within 7 days of being taken ≥ 80%
  - cervical histology specimens reported within 10 days of being taken ≥ 90%
- classification or grade of abnormality as numbers and percentages of total cases reported
- SQAS analyses 12 months of data (collected quarterly) and determines what standards to apply and identify any outliers.
- Analysis by department and by individual (? random distribution of workload to facilitate interpretation)

Quarterly Histology Report

- Classification / grade
  - Normal/No CIN/ HPV only
  - CIN1
  - CIN2
  - CIN3
  - CGIN
  - Cervical cancer
  - Inadequate



Audit: Annual cross specialty audit programme

- **Histopathology reports** against the minimum data set items to check for compliance (cases at random, no percent recommended)
- **Colposcopy standards**
  - Use the content of histopathology loop excision reports to monitor colposcopic standards for excisional treatment of cervical lesions.
  - The specimen should be removed as a single sample in at least 80% of cases. Measure and record the depth of excision in line with programme guidance.
- **Invasive cervical cancer (national audit process)**
- **Maintaining professional performance through audit review of practice / monitor and improve quality**
  - eg inadequate biopsies, use of p16 immunochemistry, specimen transport times, inclusion of cases in MDT meetings,

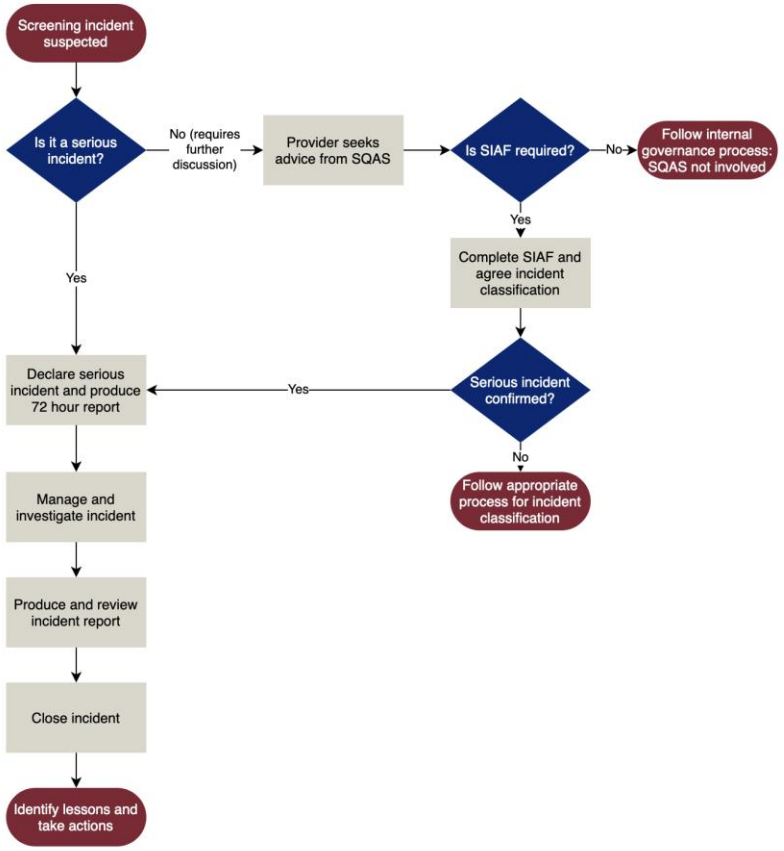
Patient Safety Incident Response Framework

What is a screening incident?

• ***Any unintended or unexpected incident(s) that could have or did lead to harm to one or more persons who are eligible for NHS screening; or to staff working in the screening programme***

Characteristics are:

- they occur at a particular point of the screening pathway, at the interfaces between parts of the pathway or between screening and the next stage of care
- they can affect **populations as well as individuals**. Although the level of risk to an individual may be low, because of the large numbers of people offered screening, this may equate to a high population risk
- **the root cause can be an individual error or a failure of a system(s), or equipment or IT**
- there is a systematic **failure to comply with national guidelines or local screening protocols** that has an adverse impact on screening quality or outcome
- due to the **public interest in screening**, the likelihood of public concern is potentially high even if no harm occurs (examples include breach of patient confidentiality or data security)



https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes

If you suspect an incident

Discuss with the discipline lead / cervical screening provider lead promptly

Screening Incident Assessment Form (SIAF)

Timescales for completion:

- Provider 3 days
- SQAS 1 day
- Commissioners 2 days
- Total **5 days** for completed form to go back to provider with advice

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Screening Quality Assurance Service

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Screening Quality Assurance Service

The Screening Quality Assurance Service which is part of the Vaccinations and Screening Division of NHS England provides expert advice on the quality and safety of local screening programmes. We monitor compliance with standards, support services with improving quality and undertake quality assurance activities including visits.

- NHS Breast Cancer Screening Programme: screening quality assurance visit reports
- NHS Bowel Cancer Screening Programme: screening quality assurance visit reports
- NHS Cervical Screening Programme: screening quality assurance visit reports
- NHS Diabetic Eye Screening Programme: screening quality assurance visit reports

Summary reports for quality assurance visits completed before 2020 are available on GOV.UK

https://www.england.nhs.uk/screening-quality-assurance-service/