

Sustaining access to diagnostic colposcopy during the pandemic: colposcopy quality-assurance in a non-hospital setting

Nicholas Comninos¹, Lynne Wray¹, Karthiga Thanujan¹, Clea Anagnostopoulou¹, Deborah Bateson^{1,2}.

¹Family Planning New South Wales, New South Wales, Australia. ²University of Sydney, Sydney, New South Wales, Australia

Background: Longer colposcopy referral wait-times may cause anxiety and delayed diagnosis. We assessed referrals/attendances, targets/standards and a 'priority-triage' initiative at an Australian diagnostic colposcopy service for asymptomatic patients during the Covid-19 pandemic.

Methods: Retrospective audit of Family Planning NSW ('FPNSW') colposcopy attendances (1/2/2020-28/2/2022) following referral cytology with possible/confirmed High-Grade Squamous Intraepithelial Lesion (pHSIL/HSIL)/abnormal endocervical-glandular cells of uncertain-significance (AEGCUS). Targets were aligned with National guidelines: punch biopsy following HSIL cytology and transformation zone visualised ('biopsy-rate'-target >90%); colposcopies with biopsy suitable for histology (target>90%); referral to colposcopy wait-time <31 days (target>90%). Where >1 biopsy occurred, 'histology' described highest-grade abnormality. Z-tests compared wait-time targets before and after a formalised 'priority-triage' initiative (twice-weekly referral triage, continued within-the-month bookings for pHSIL/HSIL referral cytology, updated referral resources, staff education/in-service) introduced 1/10/2020 to enhance access amid pandemic-related appointment reductions.

Results: 71 attendances were analysed (median age 33-years (range 21-61), 73% medicare-eligible, 37% internally referred (cervical screening at FPNSW), 61% Australian-born, 21% smokers, 3% immune-deficiency, 0% pregnancy). Attendances following pHSIL/HSIL/AEGCUS cytology averaged 2.3/month and 3.1/month before and after 'priority-triage', respectively. Total attendances (following any cytology) averaged 22.8/month and 16.8/month, respectively. Referral cytology was pHSIL, HSIL, AEGCUS in 63%, 34%, 3%, respectively. 31% had HPV-16/18; of these, 41%, 55%, 4% had pHSIL, HSIL, AEGCUS referral cytology, respectively. 69% had HPV non-16/non-18 without HPV-16/18; of these, 67%, 31%, 2% had pHSIL, HSIL, AEGCUS referral cytology, respectively. Biopsy-rate was 20/22 (91%); 10%, 15%, 75% returned SIL-negative, low-grade-SIL, HSIL, respectively (0% invasive-cancer, 0% glandular-abnormalities). 53/55 (96%) had histology-suitable biopsies. 71% met wait-time targets. Median wait-times before and after priority-triage introduction were 25 days (IQR=16-36) and 21 days (IQR=15-35); 10/18 (55%) and 37/53 (70%) met wait-time targets, respectively (p=0.135).

Conclusion: Following 'priority-triage', wait-times did not increase for higher-risk referrals. This audit provides a template for colposcopy quality-assurance activities in Australian non-hospital settings.

Disclosure Of Interest Statement: The authors declare no conflicts of interest