

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

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6 December 2006

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Submission from the Auckland Regional Public Health Service on the Proposed New Guidelines for the Management of Women with Abnormal Cervical Smears

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Proposed New Guidelines for the Management of Women with Abnormal Cervical Smears.
2. This submission represents the views of the Auckland Regional Public Health Service (ARPHS). ARPHS provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for ARPHS resting with Auckland District Health Board. This submission represents the views of ARPHS and does not necessarily represent the views of the three District Health Boards.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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Key Points

5. ARPHS is supportive of the Proposed new Guidelines for the Management of Women with Abnormal Cervical Smears.
6. ARPHS believes that the new guidelines would be improved if the consultation results in removing some of the ambiguity in the current document.
7. The new guidelines need to be widely disseminated to those involved in the care and monitoring of women participating in the National Cervical Screening Programme. Any future changes to the guidelines resulting from changing best practice or as issues arise should also be rapidly and effectively disseminated to those parties involved in any aspect of the screening programme.

Introduction

8. ARPHS is a regional public health service provider and works towards improving, promoting and protecting the health of people in the Auckland Region. ARPHS has an active commitment to working with central and local government, other health service providers, iwi and local communities to develop effective strategies to promote and protect the health of the people of the Auckland Region.
9. ARPHS takes a whole of population approach but targets resources to those locations and people who will benefit the most. ARPHS operates in an outcomes based framework which reflects the reality that it cannot create public health by itself, but must work with a range of partners in a whole of community approach to achieve the public health ends sought. ARPHS has identified six vital few outcomes to be the focus of its efforts, namely:
 - Reduction in the incidence and impact of infectious disease.
 - Reduction in the incidence and impact of obesity, diabetes and cardiovascular disease.
 - Reduction in the incidence and impact of tobacco and alcohol related harm.
 - Reduction in the incidence and impact of cancer.
 - Reduction in the incidence and impact of environmental inequalities.
 - Reduction in the adverse effects of environmental hazards.
10. ARPHS is contracted to the Ministry of Health to operate the National Cervical Screening Programme Register (NCSP-R) for the Auckland and Northland regions. As part of its contractual obligations ARPHS also operates the NCSP central colposcopy data processing database.
11. As the operator of the NCSP-R for the Auckland and Northland regions ARPHS provides services for approximately 36% of the New Zealand population and has experience covering both urban and rural residents.

General Feedback

- 12. ARPHS is generally supportive of the Proposed New Guidelines for the Management of Women with Abnormal Cervical Smears (new guidelines) and believes that they will lead to improvements in the care of women.
- 13. ARPHS believes that the new guidelines are an important stage in improving the care and management of women with abnormal cervical smears. The new guidelines, however, by themselves are not enough.
- 14. The care and monitoring of women with abnormal cervical smears requires that a number of differing parties, including; the NSCP-R, smear takers, primary care providers, laboratories and specialists are able to communicate clearly and effectively about individual women. ARPHS believes that the new guidelines are an important step in improving this communication and will limit the opportunities for an individual woman’s care to be less than optimal as information flows and decisions are made by differing parties involved in her care.
- 15. ARPHS believes that the new guidelines need to be disseminated widely to the parties providing care and oversight around cervical screening and that the guidelines need to be supplemented and updated as issues arise, be they changes in best practice or to resolve confusion caused by ambiguity. This will require that appropriate information management techniques are developed and imposed to support this aim.

Specific Feedback

- 16. ARPHS believes that there are still some ambiguities contained in the proposed guidelines and it recommends that consideration be given to resolving them. For example it is confusing and concerning for women if they receive a letter from the NCSP-R advising that colposcopy is recommended and their smear taker has only considered making such a referral. The comments set out below are areas where ARPHS believes that the guidelines should be improved.

Proposed Guidelines	Comments
4.2 Management of women with unsatisfactory cervical smears. (Page 6)	<p>Unsatisfactory</p> <p>The current wording “Referral for coloscopy should be considered...” should be changed to improve clarity to read “Referral for colposcopy should be made...”</p> <p>Re-wording will avoid ambiguity and err on the side of improved care.</p>

Proposed Guidelines	Comments
<p>4.3 Management of women with low-grade squamous abnormalities (Page 7)</p>	<p>Index smear report of LSIL / ASC-US in woman aged 30 years and over</p> <p>Smear takers / Laboratories require more specific, clear guidelines as to which option to take regarding women aged 30 years and over.</p> <p>The choice of immediate colposcopy or a repeat smear within 6 months allows for two very differing courses of review and / or treatment to happen for a single individual. The ambiguity should be avoided and the guidelines err on the side of improved care.</p>
<p>4.5 Management of women with histologically confirmed LSIL (Page 9)</p>	<p>Histologically confirmed low grade squamous abnormalities</p> <p>The two options suggested for ASC-US / LSIL can lead to differing clinical outcomes. It is suggested that clear guidelines are required as to when the woman should be referred back to colposcopy or to continue having annual smears.</p> <p>A further issue arises with option 2. Are the two negative smears to be consecutive?</p>
<p>4.7 Management of women with histologically confirmed high grade squamous intraepithelial lesions (HSIL) (Page 11)</p>	<p>HSIL in women aged under 20 years</p> <p>Smear takers require more specific, clear guidelines as to the circumstances where high grade lesions that have been histologically confirmed (CIN2) can be observed for a short term (6 – 12 months).</p> <p>ARPHS has sought and received clarification from Dr Hazel Lewis the Clinical Leader, NCSP regarding screening for women aged under 20 years.</p> <p>ARPHS suggests Dr Lewis' advice relating to screening under 20s is included in the guidelines. ARPHS further suggests these guidelines be included in the quality standards which are available to all smear takers.</p>

Proposed Guidelines	Comments
4.11 Management of women in special clinical circumstances (Page 15 - 16)	<p>Women with previous total hysterectomy</p> <p>ARPHS has sought and received clarification from Dr Hazel Lewis the Clinical Leader, NCSP around issues for women with previous total hysterectomy.</p> <p>ARPHS suggests Dr Lewis' advice regarding women with histological evidence of HPV / atypia is included in the guidelines.</p>

Conclusion

17. The current proposed new guidelines represent a substantial improvement on pre-existing practices and should lead to improved care and monitoring for women with abnormal smears. ARPHS has concerns that the guidelines could still lead to differing management occurring for women with similar abnormalities. This risk can be mitigated by removing some of the ambiguities noted in ARPHS submission.

Yours sincerely

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Service