IFCPC – IARC Colposcopy Training Course 2016

Challenges to colposcopy training, globally

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You are invited!

Save the date!

Orlando, Florida | April 2-7, 2017

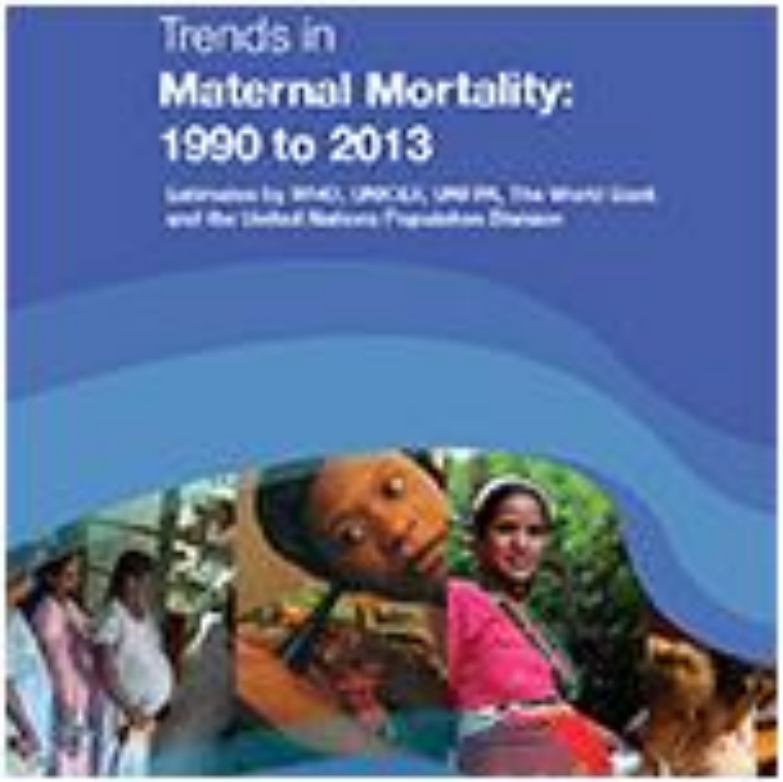
http://www.ifcpc2017.com/

Mortality in young women

Maternal Mortality

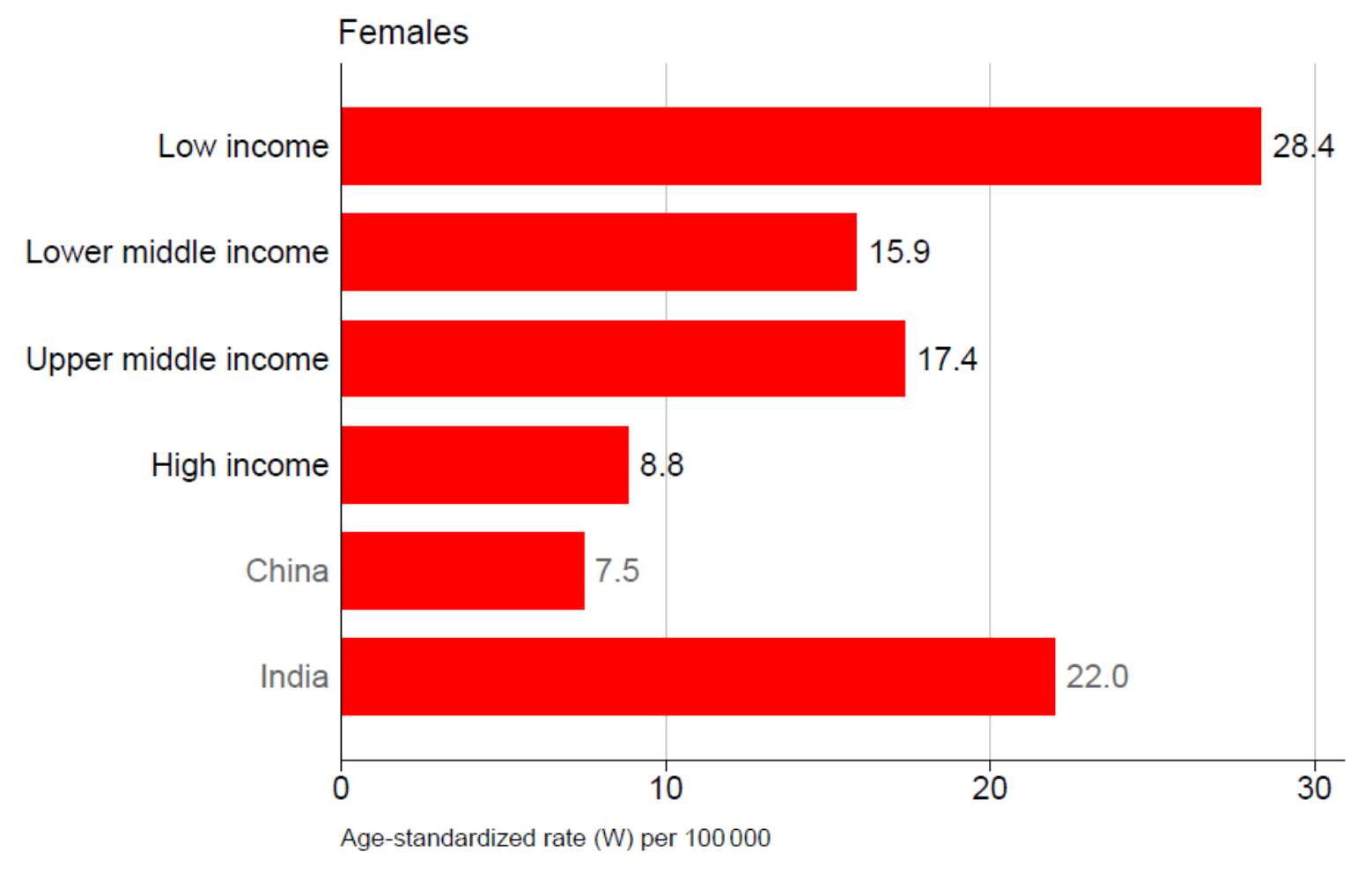
Cervical cancer

Maternal mortality has dropped by 40% over the last two decades



Incidence of Cervix Cancer (2012)

Incidence of Cervix Cancer



Burden of cervical cancer

	Incidence		Mortality		Prevalence
Population	**Number**	**ASR (W)**	**Number**	**ASR (W)**	**5-year**
World	527,624	14.0	265,653	6.8	1,547,161
More developed regions	83,078	9.9	35,495	3.3	288,967
Less developed regions	444,546	15.7	230,158	8.1	1,258,194

Ferlay et al., GLOBOCAN 2012 v1.0, IARC CancerBase No. 11 [internet], IARC; 2013. Available from: http://globocan.iarc.fr

Global burden of cervical cancer

World	2010 (ASR)	2030
Incidence	528 000 (14.0)	710 000
Mortality	266 000 (6.8)	383 000
Prevalence	1 547 000	-

Less developed regions	2010 (ASR)	2030
Incidence	445 000 (15.7)	648 000
Mortality	230 000 (8.3)	363 000
Prevalence	1 258 000	

Ferlay et al., GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon, France: International Agency for Research on Cancer; 2013. Available from: http://globocan.iarc.fr, accessed on 05/05/2015.

Cervical cancer in the World

- Fourth-most common cancer in women
- 528,000 new cases in 2012
- 266,000 deaths
- Around 85% of the global burden occurs in the less developed regions

Source: Ferlay et al., GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon, France: International Agency for Research on Cancer; 2013.
Available from: http://globocan.iarc.fr,.

SOURCE: Forman et al., (2013) Cancer Incidence in Five Continents, Vol. X (electronic version) Lyon, IARC. http://ci5.iarc.fr last accessed on 18/02/2014.

HPV positivity rates

- Perhaps 6 to 7% of all women in Northern India over 35

but

- 22% of all women in Madagascar over 35

Screening in emerging regions

- Recent and widespread
- Often by VIA, maybe by HPV
- Will generate large numbers of screen positives
- Can colposcopy services cope?
- Is see, screen and treat the answer?

Different training needs?

- Colposcopist in London
- Office gynaecologist in Buenos Aires
- Colposcopist in Rural setting in a low or middle income region

- The see and treat screener in LMICs!??

Need for colposcopy
Size of Transformation Zone

- **World Health Organization guidelines: use of cryotherapy for cervical intraepithelial neoplasia.**

"Among women with CIN lesions covering more than 75% of the ectocervix, or with lesions extending beyond the cryo tip being used, the expert panel suggests performing or referring for excisional therapy"

Need for colposcopy
Endocervical lesions

World Health Organization guidelines: use of cryotherapy for cervical intraepithelial neoplasia.

"In settings where LLETZ is available and accessible, and women present with CIN lesions extending into the cervical canal, the expert panel suggests treatment with LLETZ over cryotherapy"

Need for colposcopy

- To recognize HSIL in presence of a positive screening test

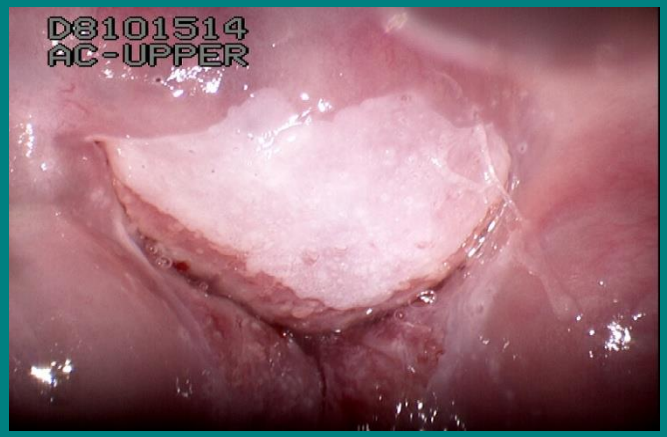
But also

- To determine the type and size of the TZ
- To rule out or recognise cancer
- To recognise normality
- To facilitate appropriate treatment

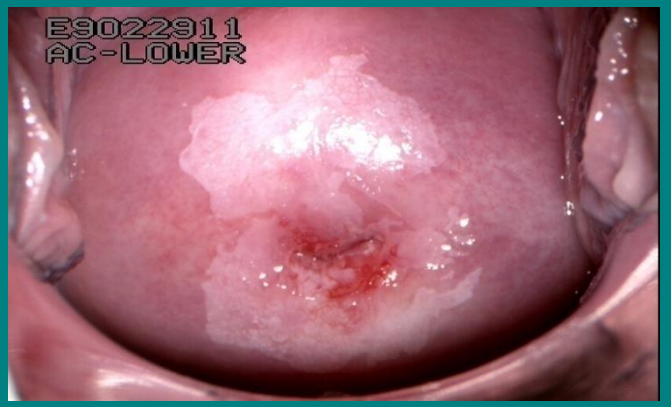
Diagnostic Colposcopy : The Swede score

	0	1	2	Score
ACETO UPTAKE	Zero or transparent	Shady, Milky (not transparent not opaque)	Distinct, opaque white	
MARGINS/ SURFACE	Diffuse	Sharp but irregular, jagged, "geographical" Satellites	Sharp and even, difference in surface level incl "cuffing"	
VESSELS	Fine, regular	Absent	Coarse or atypical	
LESION SIZE	<5mm	5-15mm or 2 quadrants	>15mm or 3-4 quadrants or endocervically undefined	
IODINE STAINING	Brown	Faintly or patchy yellow	Distinct yellow	
			Total score	MAX10

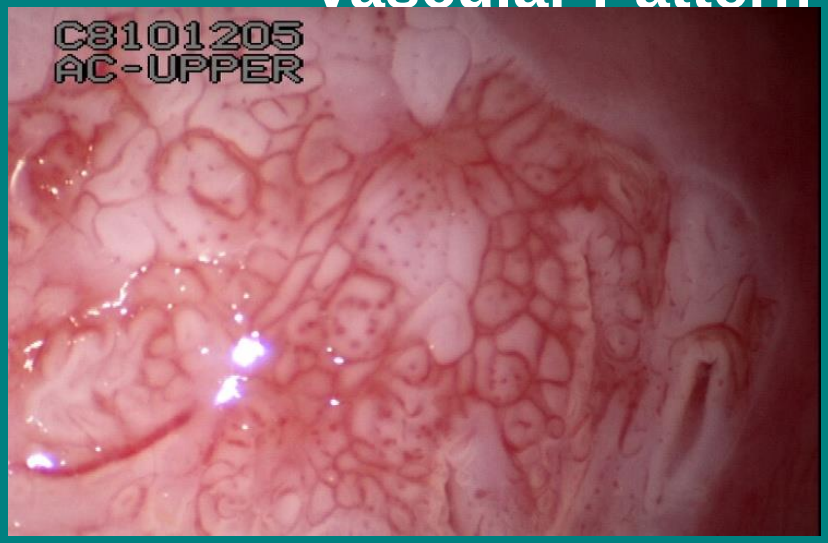
Aceto-white colour



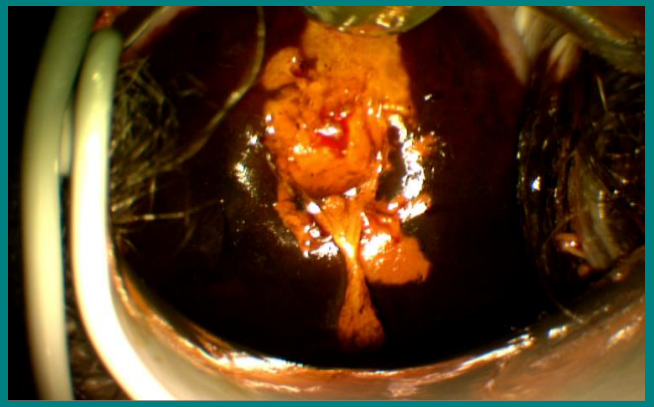
Peripheral Margins



Vascular Pattern

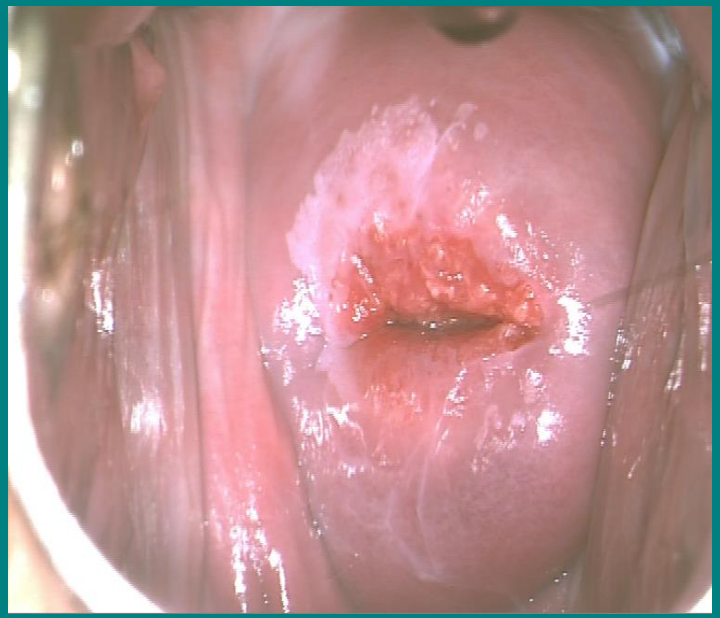


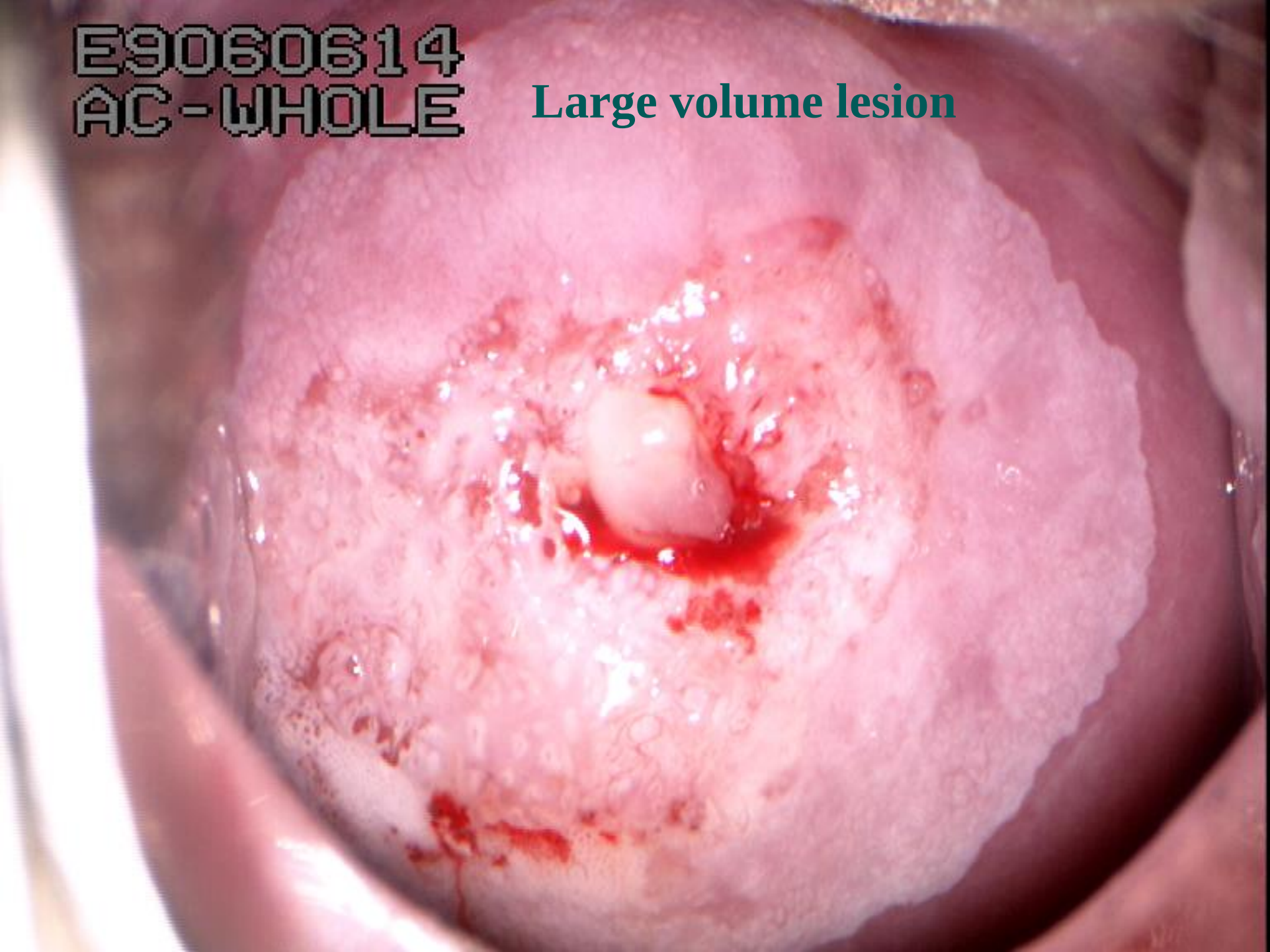
Iodine staining



Mild abnormallity low grade lesion LSIL

- Small TZ
- Occupying < 1/2 of TZ
- Indistinct borders
- Satellite lesions
- Mild vascular change

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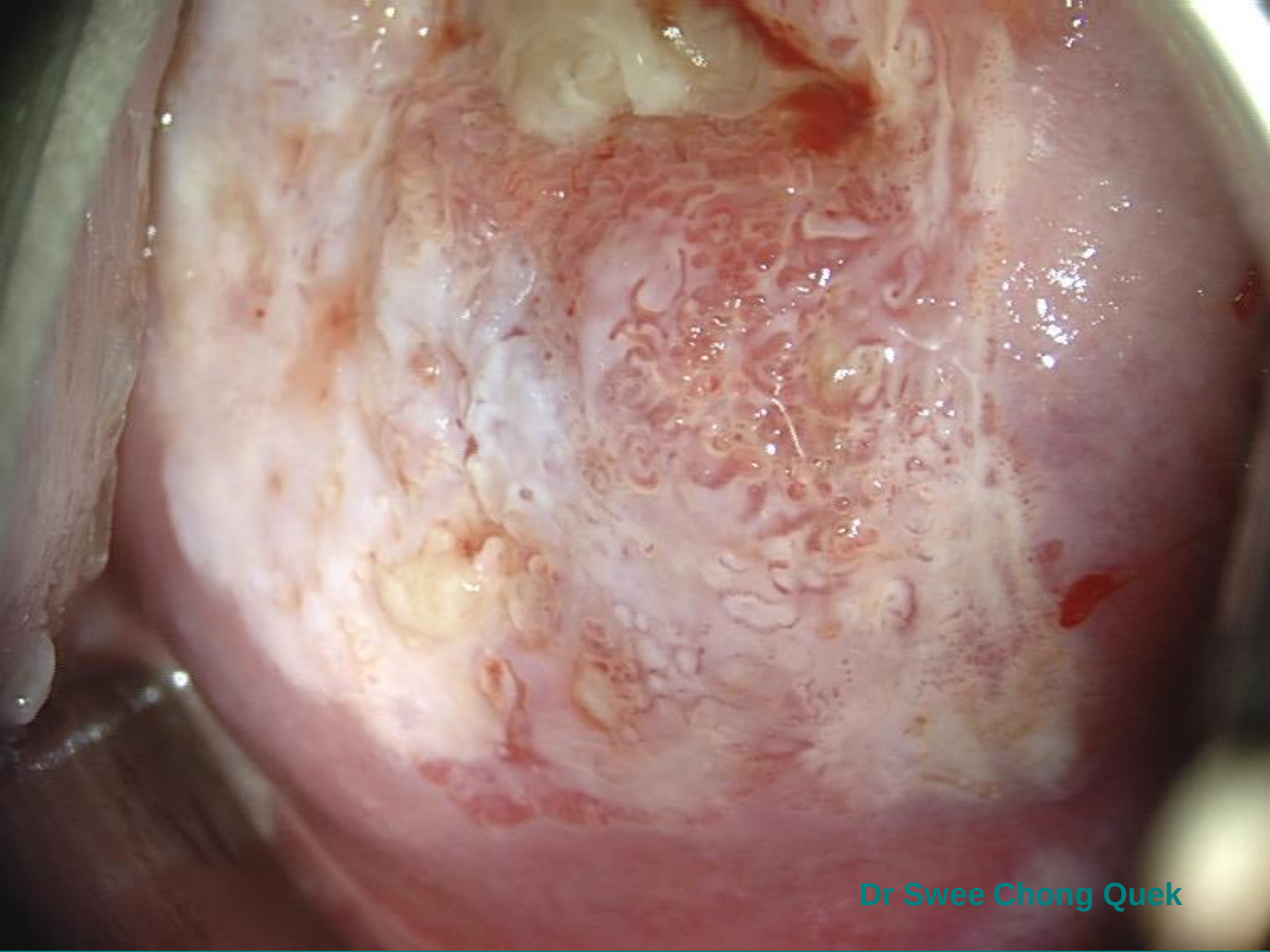
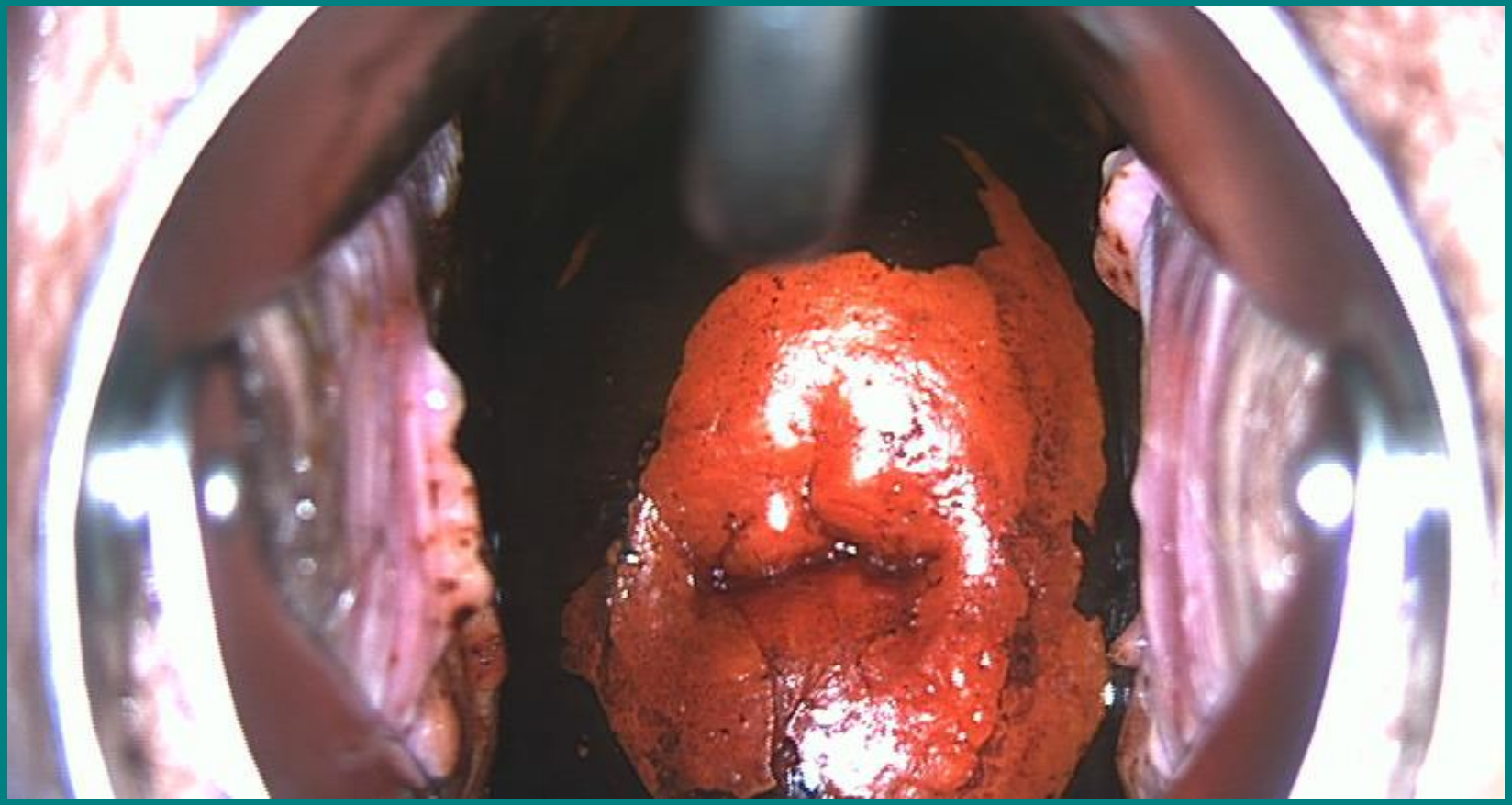
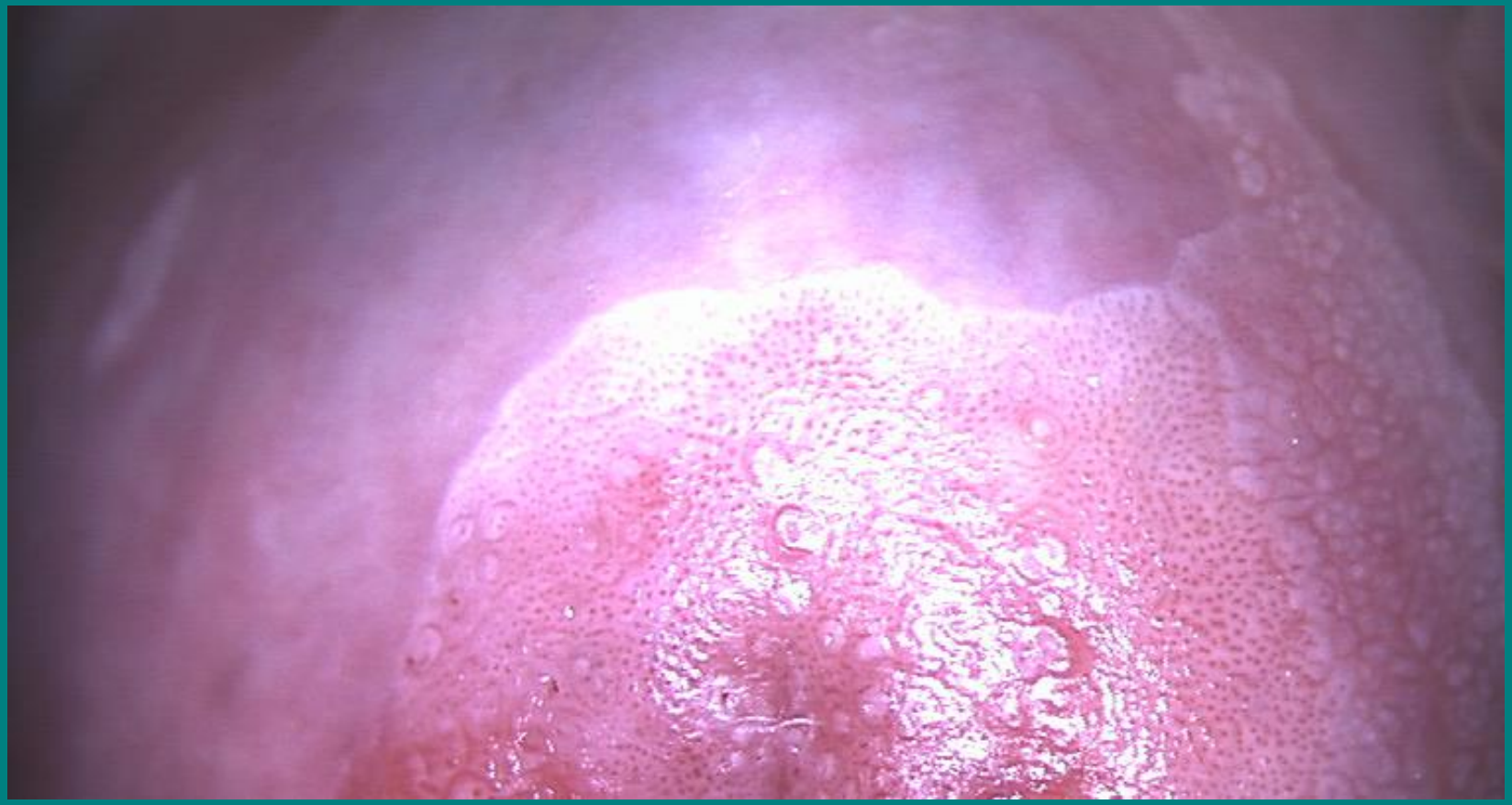
AC-WHOLE
Large volume lesion

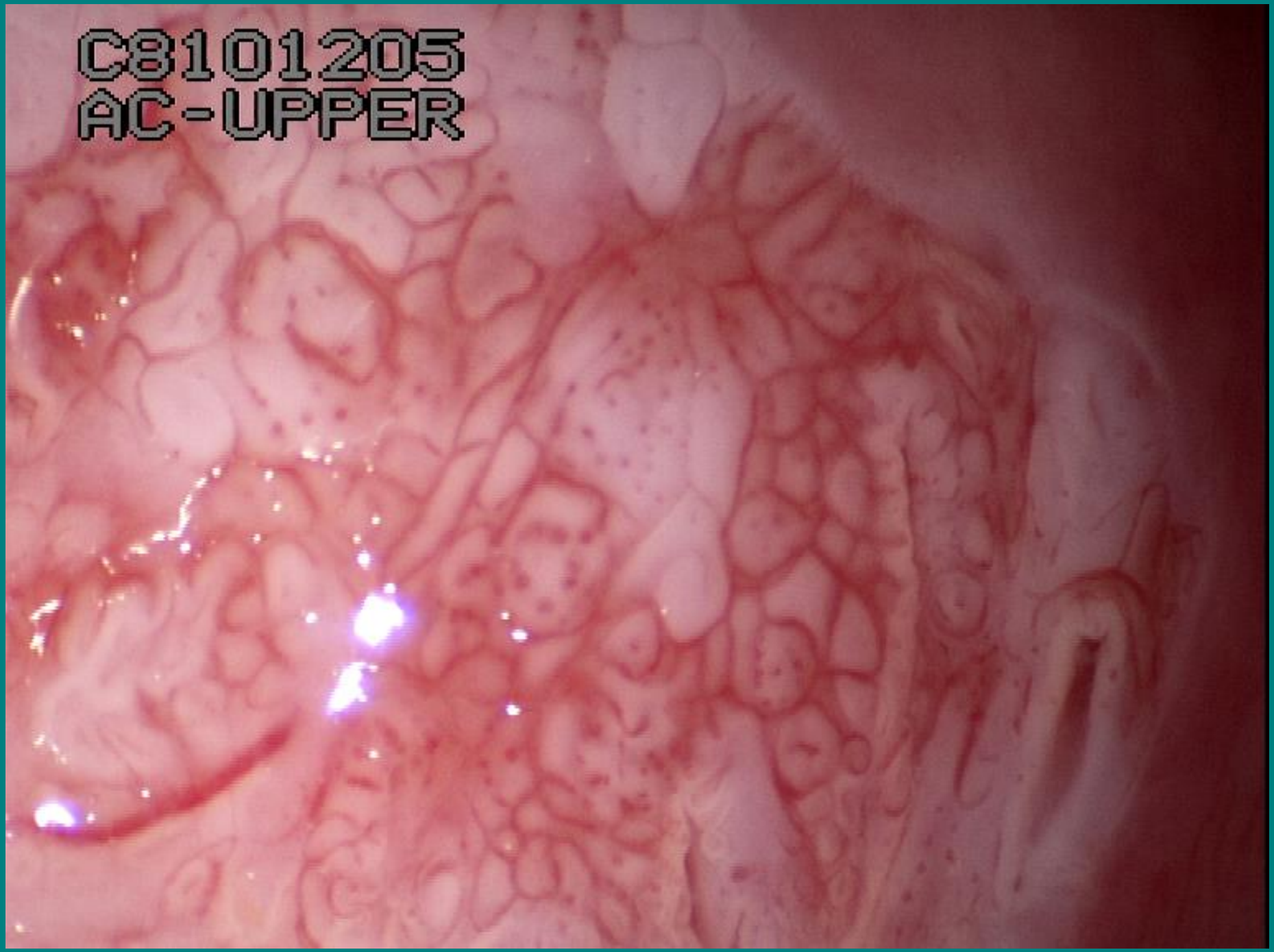

Dr Swee Chong Quek

A typical case of HSIL



A typical case of HSIL

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Need for colposcopy
To recognise normality

- A normal colposcopy examination is associated with very high negative predictive values in the presence of mild or borderline smears, even in the presence of oncogenic HPV ……*when performed by properly trained, accredited and quality assured colposcopists*

- *Kelly R, Walker P, Kitchener H, Moss S. Incidence of cervical intraepithelial neoplasia grade 2 or worse in colposcopy-negative/ human papillomavirus-positive women with low-grade cytological abnormalities. BJOG 2012;119:20–25.*

Why is there such a difference in colposcopic reward

ALTS 11.5% CIN 2+ after a normal smear
72.3% of CIN2+ found at original colposcopy

UK NHS study 5.3% CIN2+ after a normal smear
94.6% of CIN2+ found at original colposcopy

UK NHS CSP
Clinical Guidelines Document (#20)

TREATMENT OF CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN)

8.1 Treatment

All women needing treatment must have had a colposcopic assessment (100%)

Global pre-cancer services

- Very few oncology or pre-cancer services
- Distance from health services is a real problem
- Training opportunities very limited
- Standard of colposcopy very variable

Training is necessary

- Obvious
- Different skills required
  - Knowledge / theory
  - Image recognition
  - Technical skills
  - Communication skills
  - Management
  - Logistics / service provision / admin

Colposcopy practice and training

- Hugely variable
- Structured training becoming the norm in Europe, Australia, Canada and, perhaps soon, the USA
- If colposcopy is to be employed it should be quality assured and performed by trained personnel

IFCPC-IARC Colposcopy and Cervical Cancer prevention programme

- Structured, progressive, comprehensive and accessible
- Includes theory, image recognition, case management and clinic modules
- Assessed continuously during the course and by OSCE exam at the end
- Certificate of completion of course and of passing the exam

Training need	Common practice	Possible means of delivery in LMICs
Theoretical knowledge	2 or 3 day course of lectures	25 lectures delivered online with mandatory questions and answers after each lecture
Image recognition skills	Attained in a clinic over time	50 still images with specific colposcopic characteristics in each one disseminated on line : these should develop image recognition skills
Case management skills	Attained in a clinic over time	100 video cases, each with online questions and answers, again delivered on line: these will develop case management skills
Colposcopy cases seen under supervision	50 cases in a colposcopy clinic with half of these high grade.	Direct management under supervision of 50 cases in a colposcopy clinic with half of these high grade.
Colposcopy cases seen without direct supervision	Submission of 100 colposcopy case details to trainer	Submission of 100 colposcopy case details to nominated trainer for review
Exit Assessment on completion of training	OSCE	OSCE

Theoretical module of IFCPC-IARC Training Programme

- 30 lectures and supportive reference material on the web delivered on a fortnightly basis over 6/12
- Web based question and answer following each lecture
- 24 video/still image colposcopy clinical cases

Can HPV Testing be the Sole Primary Screening Modality ?

Jack Cuzick, PhD

Wolfson Institute of Preve[illegible]e

Queen Mary University

London, UK

Barts and The London
Queen Mary's School of Medicine and Dentistry

CANCER RESEARCH UK

Practical / Clinic part of Course

- To manage 50 cases under supervision will take 1 to 2 months depending on patient numbers in the clinic (half new, 15 HSIL)
- 50 unsupervised cases may be logged at trainees' own centre and assessed by trainer
- OSCE exam at end of the course
- Review of programme continuously

Prerequisites for participation in the course

- Work in a unit where some form of screening is provided such that pre-cancer patients need colposcopy and management
- Have the support of the unit where the delegate is working
- Have the necessary colposcopic equipment
- Have regular access to the internet

Evolution of training programme since 2014

- Liaison with EFC, LAFC, IARC, ISCCP, AORTIC, BSCCP French and Chinese Societies
- Development of still image and video case library
- Pilot programme in Brazil in July 15

Principles

- A graduate of an IFCPC course should be competent independent of region
- Colposcopy clinic experience is core
- 50 Supervised cases is minimum needed
- 100 unsupervised cases follow
- Examination is mandatory
- Accreditation is desirable

Training and Assessment

- ***'Training the Trainers'*** seminar
  - Establish agreed principles of training and practice
  - Define methods and tools of training and assessment
  - Agree amount and character of training
  - Agree numbers of patients trainee needs to manage
  - Recognize significant time commitment

2017 planned courses

- Brazilian pilot course completed (Portuguese)
- 2 in Africa (French and English)
- One in Spanish Latin America (Spanish)
- One in Eastern Europe (Russian and English)
- One in India (English)
- ? China in 2016 / 2017

Challenges

- Identifying busy clinics
- Identifying devoted trainers
- Cost of faculty to attend TTS
- Cost of faculty and trainees to attend OSCE
- Expense to trainees to attend busy training clinic for 50 cases, half high grade

Accreditation/Certification

- What ambitions should the course have for trainees?
- How '*standard'* should IFCPC accreditation be (is cytology relevant everywhere?)
- How realistic is a valid, global accreditation system?

Summary

- We have a responsibility to train
- It is not easy
- It is possible
- It needs agreed protocols
- It needs commitment of regional experts
- It needs collaboration with Regional Societies and or Federations

Thank you for your attention

You are invited!

Save the date!

Orlando, Florida | April 2-7, 2017

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