

Colposcopic Episodes of Care: Referral, Treatment, Follow-Up, and Exit Patterns of Care for Women With Abnormal Pap Smears

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Abstract

Objective: To define the patterns of care of women after they have been referred to a colposcopic service.

Methods: We carried out this population-based study by linking databases of health care provision for 2010. We defined "colposcopic episodes of care" as a series of colposcopic evaluations beginning at the time of referral for colposcopy because of a new cervical cytology abnormality and continuing until no colposcopy or cytology service had been performed for ≥ 365 days.

Results: Cytology reports indicating low-grade squamous intraepithelial lesions and atypical squamous cells of uncertain significance account for 88% of referrals of women for colposcopy. Women aged 20 to 29 had the highest rates of referral and treatments. Up to 87% of women referred for low-grade squamous intraepithelial lesions cytology did not require treatment after colposcopic evaluation, while 54% of women referred for high-grade squamous intraepithelial lesions cytology required treatment. The duration of colposcopic episodes of care in which treatment was carried out lasted up to 327 days, with a median three colposcopic evaluations per episode, whereas episodes of care in which no treatment was carried out lasted up to 190 days with a median of one or two colposcopic examinations per episode.

Conclusion: Young women aged 20 to 29 have the highest rates of colposcopic services. Women referred because of cytology showing high-grade squamous intraepithelial lesions in whom treatment is not carried out require more extensive follow-up to ensure that lesions are not missed. We recommend the incorporation of colposcopy services into centralized cervical cancer screening programs.

Résumé

Objectif : Définir les profils de soins qui sont offerts aux femmes à la suite de leur orientation vers un service de colposcopie.

Méthodes : Nous avons mené cette étude en population générale en liant des bases de données sur l'offre de soins de santé pour ce qui est de l'année 2010. Nous avons défini le terme « épisodes de soins colposcopiques » comme étant une série d'évaluations colposcopiques débutant au moment de l'orientation en colposcopie (en raison de la constatation d'une nouvelle anomalie cervicale révélée par cytologie) et se poursuivant jusqu'à ce que la dernière intervention de colposcopie ou de cytologie remonte à 365 jours ou plus.

Résultats : Les rapports de cytologie indiquant la présence de lésions malpighiennes intra-épithéliales de bas grade histologique et de cellules malpighiennes atypiques de signification indéterminée sont à l'origine de 88 % des orientations en colposcopie. Les femmes âgées de 20 à 29 ans comptaient les taux les plus élevés d'orientation et de traitement. Jusqu'à 87 % des femmes orientées en colposcopie en raison d'une cytologie indiquant la présence de lésions malpighiennes intra-épithéliales de bas grade histologique n'ont pas nécessité la mise en œuvre d'un traitement à la suite de l'évaluation colposcopique, tandis que 54 % des femmes orientées en colposcopie en raison d'une cytologie indiquant la présence de lésions malpighiennes intra-épithéliales de haut grade histologique ont nécessité un traitement. Les épisodes de soins colposcopiques dans le cadre desquels un traitement a été administré ont été d'une durée pouvant atteindre 327 jours (médiane : trois évaluations colposcopiques par épisode), tandis que les épisodes de soins colposcopiques dans le cadre desquels aucun traitement n'a été administré ont été d'une durée pouvant atteindre 190 jours (médiane : une ou deux évaluations colposcopiques par épisode).

Conclusion : Les jeunes femmes âgées de 20 à 29 ans comptaient les taux les plus élevés de services colposcopiques. Les femmes orientées en colposcopie en raison d'une cytologie indiquant la présence de lésions malpighiennes intra-épithéliales de haut grade histologique qui ne font pas ensuite l'objet d'un traitement nécessitent la mise en œuvre d'un suivi plus exhaustif, de façon à ce que l'on puisse s'assurer que des lésions ne passent pas inaperçues. Nous recommandons l'intégration des services de colposcopie aux programmes centralisés de dépistage du cancer du col utérin.

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INTRODUCTION

Colposcopy is a definitive step in the management of women with abnormal cervical cytology. If colposcopic interventions are performed appropriately, the risk of cervical cancer in women at high risk is greatly reduced. The Society of Obstetricians and Gynaecologists of Canada and the American Society of Colposcopy and Cervical Pathology have published guidelines on the colposcopic management of cervical dysplasia.^{1,2} Their intention is to maximize the effectiveness of colposcopy and related treatment. Evaluation of the use of colposcopy with or without related treatment is necessary to identify components of the process that can be improved, in order to maximize effectiveness. In this study, we have evaluated the delivery of colposcopy services and treatment for cervical dysplasia among women with a new cytologic diagnosis of cervical dysplasia during 2010 in the province of Ontario.

METHODS

This study was conducted at the Institute for Clinical Evaluative Sciences in Toronto. This institute holds databases of health services use and disease registries that cover the entire population of permanent residents of Ontario.

We identified all women age ≥ 14 years during 2010 from the Registered Persons Database, a roster of the beneficiaries of the single universal public insurer for health services. Each person has an encrypted version of her health insurance number, which is also attached to all individual electronic records of service delivery and other health databases.

Among these women, we identified those with cytological reports of atypical squamous cells of uncertain significance, low-grade squamous intraepithelial lesions, or high-grade squamous intraepithelial lesions in the province-wide database of cervical samples collected in community settings (Cytobase) in 2010.

ABBREVIATIONS

ASCCP	American Society of Colposcopy and Cervical Pathology
ASCUS	abnormal squamous cells of uncertain significance
CIHI	Canadian Institute for Health Information
CIN	cervical intraepithelial neoplasia
HSIL	high-grade squamous intraepithelial lesion
IQR	interquartile range
LSIL	low-grade squamous intraepithelial lesion
OHIP	Ontario Health Insurance Plan
SD	standard deviation

From the Ontario Health Insurance Plan physician billings database, we identified women with one or more colposcopy billing claims in the six months following the date of the cytology sample collection. We extracted further Cytobase reports, colposcopy billing claims, and billing claims for ablative and excisional cervical treatments from OHIP and from the Canadian Institute for Health Information databases on procedures conducted on hospital premises.

We defined a colposcopic episode of care for a new cytologic diagnosis of cervical dysplasia (without an abnormality in the preceding 12 months) as beginning with the date of collection of the sample showing abnormal cytology and ending on the date of any cytology report, colposcopy billing claim, or cervical treatment procedure that was followed by an interval of ≥ 365 days without further cytology report, colposcopy claim or treatment. If a colposcopic episode of care included the woman undergoing hysterectomy, she was excluded from the analysis. Women were also excluded for prior hysterectomy (Canadian Institute for Health Information or OHIP) and/or prior diagnosis of cervical or uterine cancer in the Ontario Cancer Registry.

We calculated the counts and rates of colposcopy and colposcopic episodes of care per 100 000 eligible women as well as the mean $\pm$ standard deviation (SD) and median (IQR) number of colposcopic examinations per overall episode, and among episodes stratified as including or excluding cervical treatment. Colposcopic episodes of care were stratified by age and by the ASCUS, LSIL, or HSIL cytologic diagnosis prompting the colposcopy.

Ethics approval for the study was provided by the Research Ethics Board of Sunnybrook Health Sciences Centre.

RESULTS

We identified 20 367 women aged ≥ 14 years who began a new colposcopic episode of care in 2010 with a cytologic diagnosis of HSIL, LSIL, or ASCUS; 2638 (12.8%) had HSIL, 9129 (44.8%) had LSIL, and 8600 (42%) had ASCUS. Women aged 20 to 29 accounted for 41% of the study population. HSIL cytology was less common in the 14 to 24 age category and more frequent in the 30 to 39 year category. LSIL was the most common cytologic diagnosis in the 14 to 29 age group, while ASCUS was more common in the ≥ 40 age group (Table 1).

Among all 20 367 subjects, 4214 (20.7%) underwent one or more treatments during the colposcopic episode of care, with follow-up to December 31, 2012. Of those with HSIL cytology, 53.5% underwent treatment, while 16.3% of

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