



Video Workshop

Cervical cancer screening as a multidisciplinary process

Dr. Amanda Herbert

(Guy's & St Thomas NHS Foundation Trust, London)

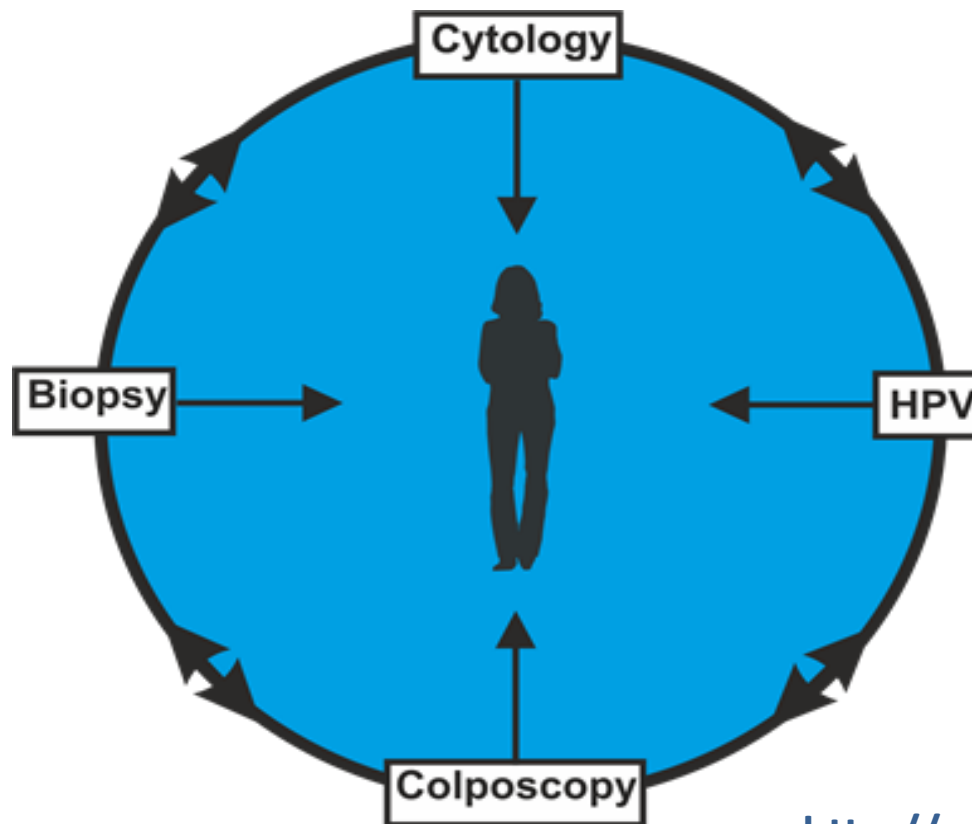
Professor Jaroslava Duskova

(Charles University, Prague, Czech Republic)

Importance of MDT meetings

- Cervical cancer screening is a multidisciplinary process involving invitations to and clinical interaction with patients, cytology screening and reporting, HPV testing, colposcopy, histopathology and follow up
- MDT discussion allows mutual understanding of each others' problems and when done before treatment may prevent mistakes happening in the first place
- Invasive cancer audit allows all aspect of the screening process to be reviewed to identify i) reasons why cancer was not detected or prevented and ii) areas where procedures could be improved

A multidisciplinary approach to cervical screening is the basis for the new gynaecological cytology chapters of the Eurocytology teaching programme



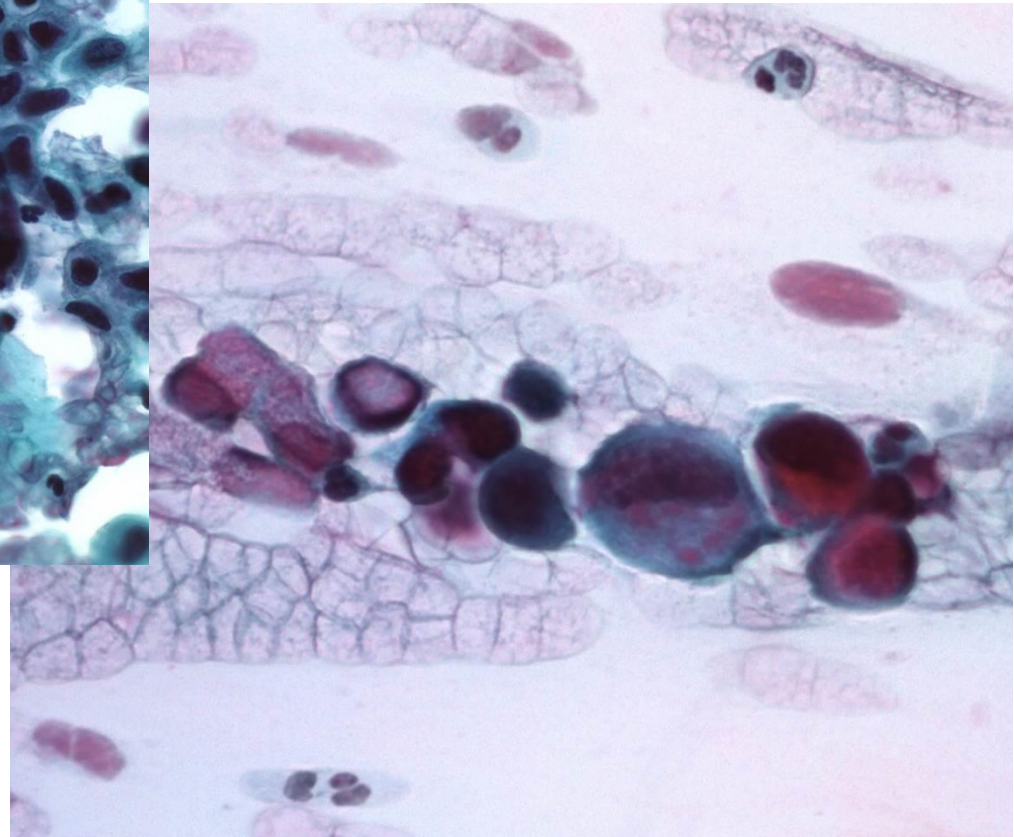
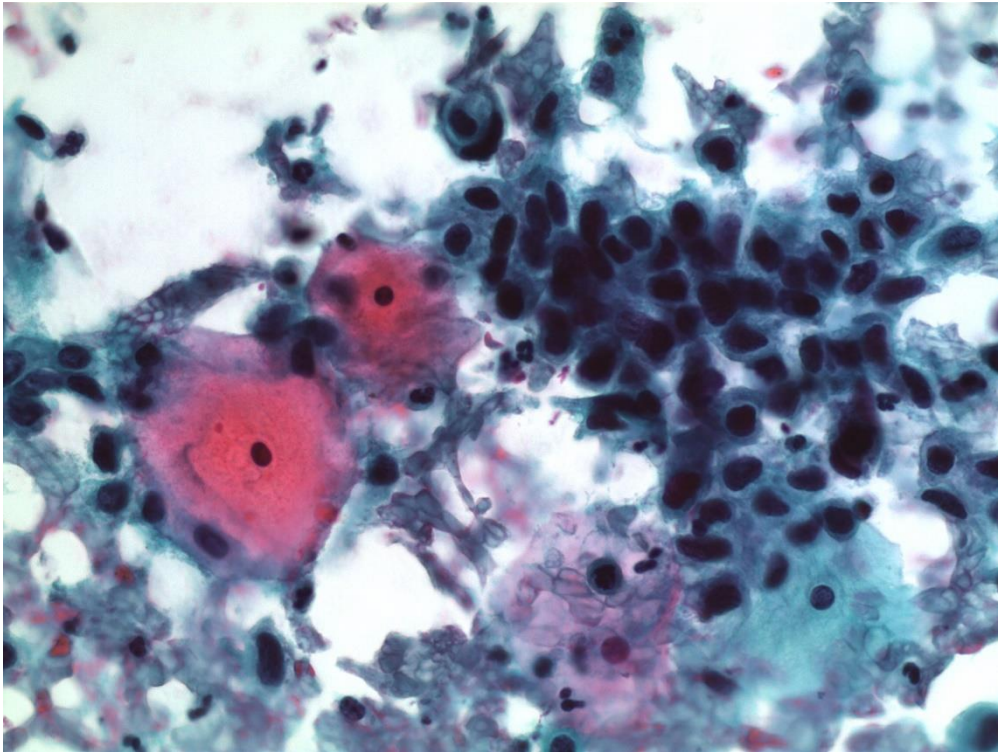
<http://www.eurocytology.eu/>

Case 1.

High grade lesion in a young patient (24)
without reproduction plans fulfilled.

- 10 years lasting disease of the cervix.
- ❖ 26 cytologies
- ❖ 8 biopsies
- ❖ 3 conisations
- ❖ 3 HPV tests

April 2006: referred from a district hospital after HSIL and conisation.
Exocervical margin was positive. Cytology and biopsy repeated on admission to
the Faculty gynaecological oncology register.

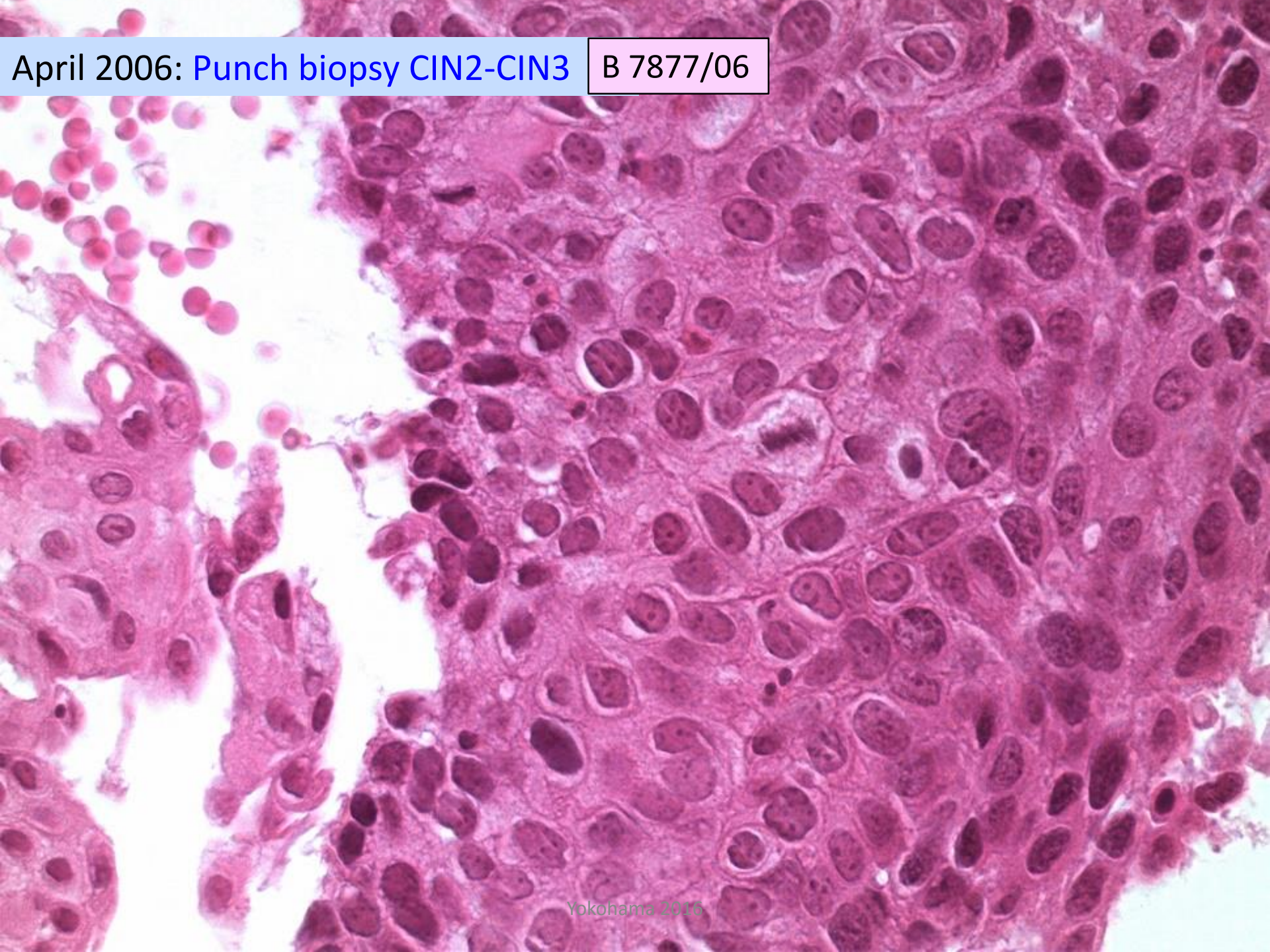


Cytology HSIL

G 2937/06

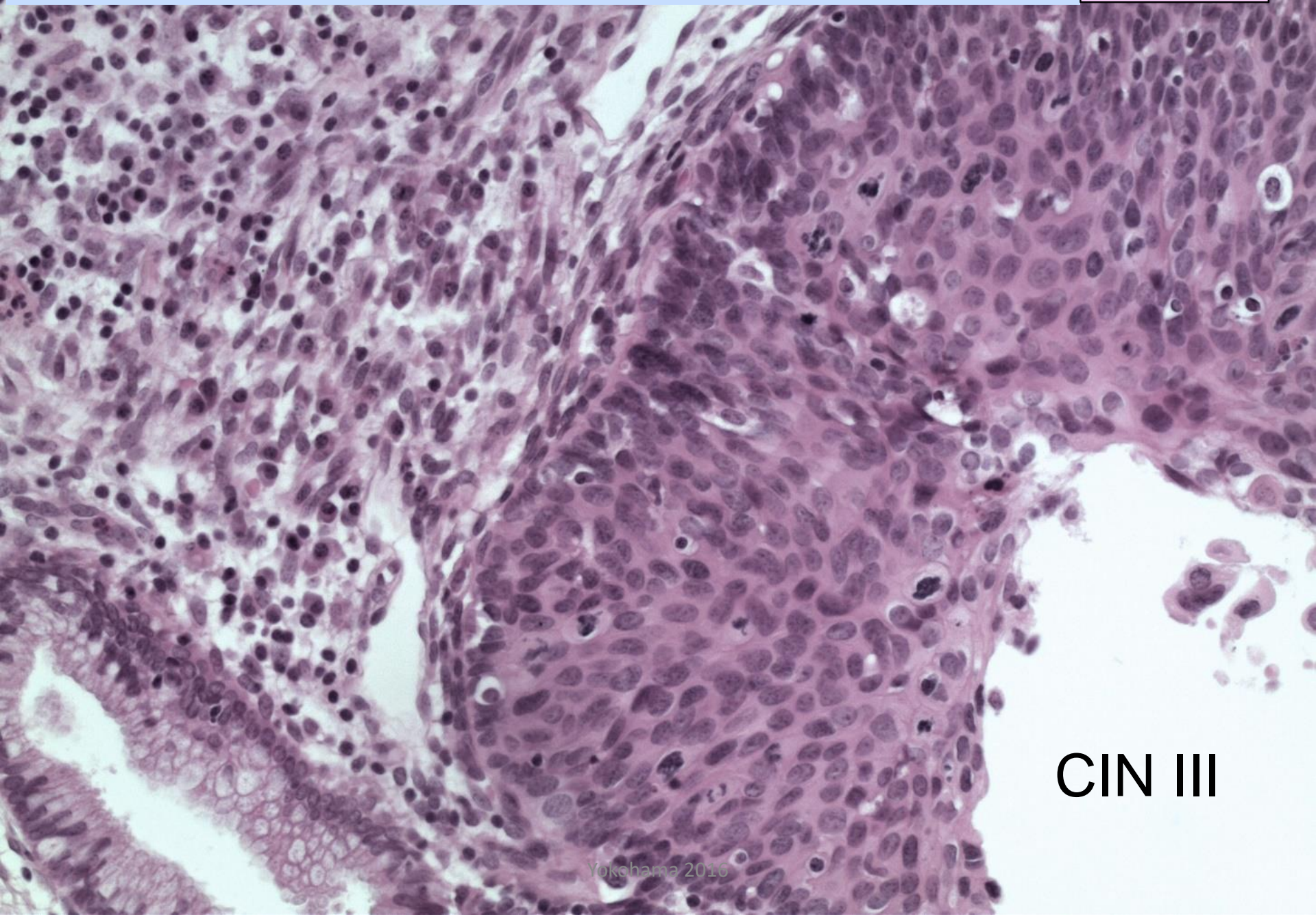
April 2006: Punch biopsy CIN2-CIN3

B 7877/06



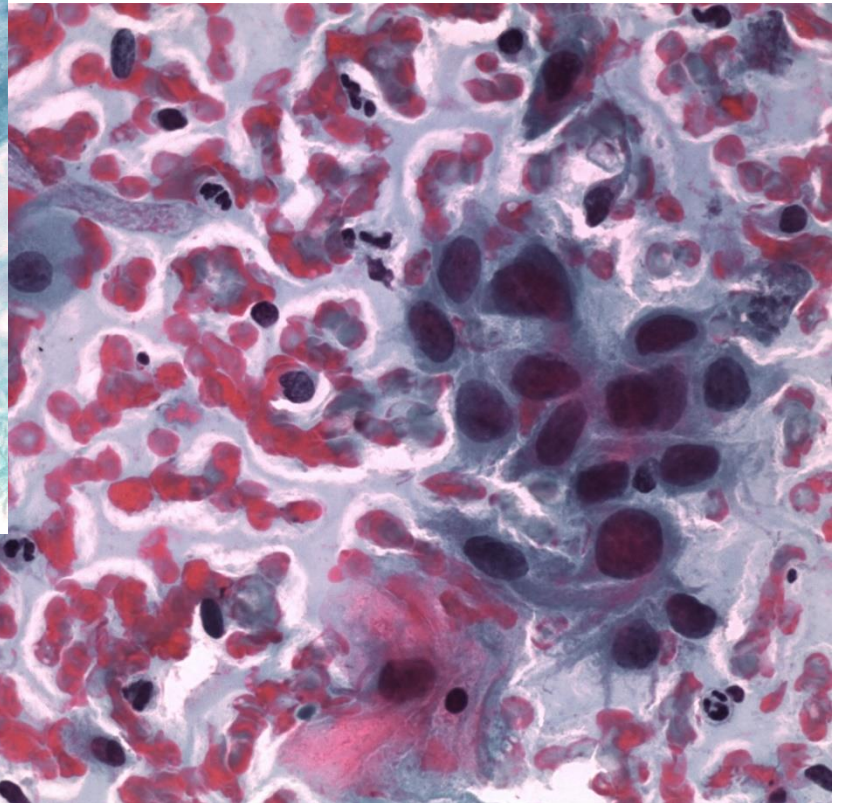
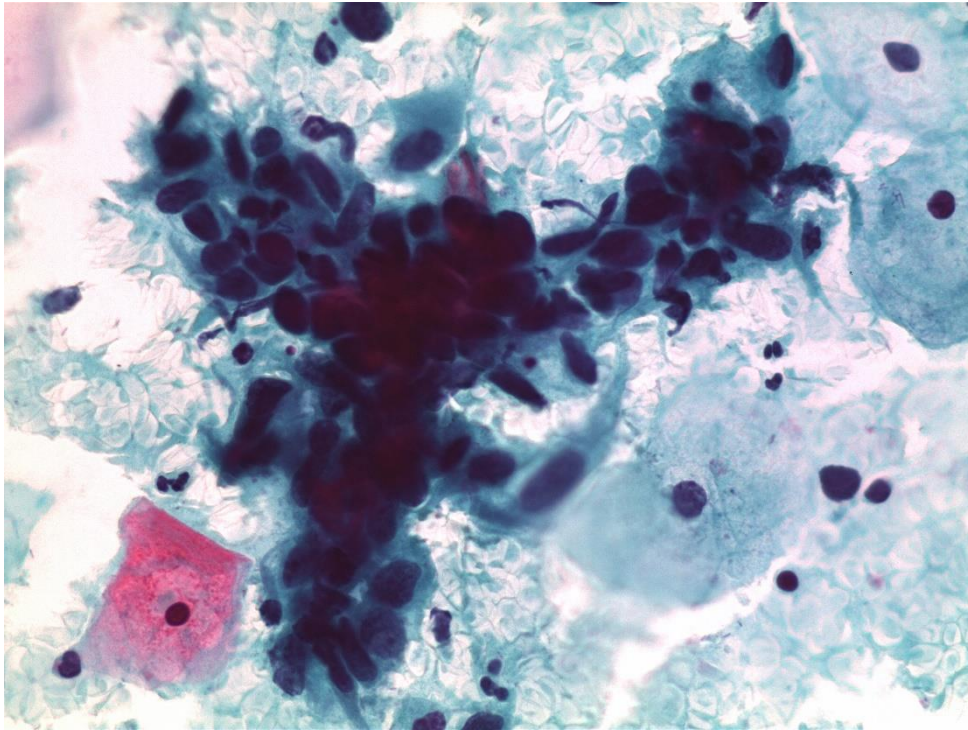
May 2006: second conisation. Exocervical margin was again positive !

B 9471/06



CIN III

July 2006: cytology ASC-H (HSIL in revision – repair features interfered in decision); biopsy or control cytology after 3 months recommended

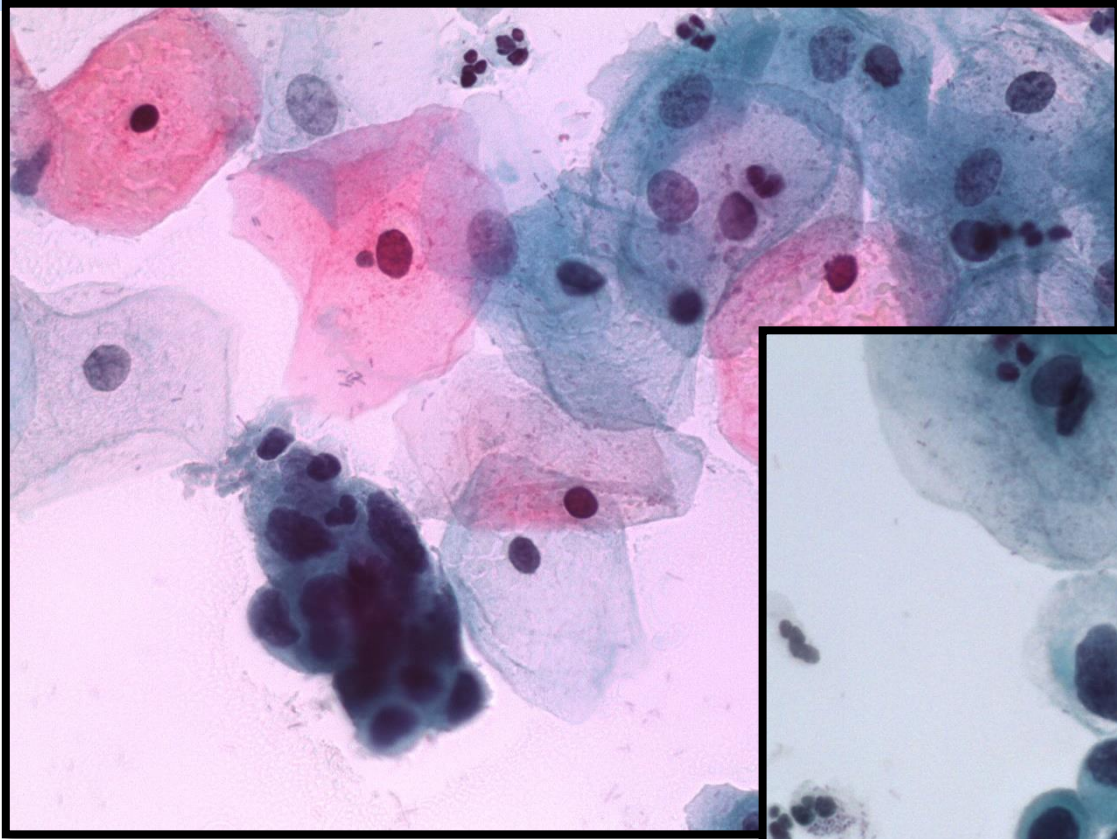


Cytology HSIL

G 4589/06

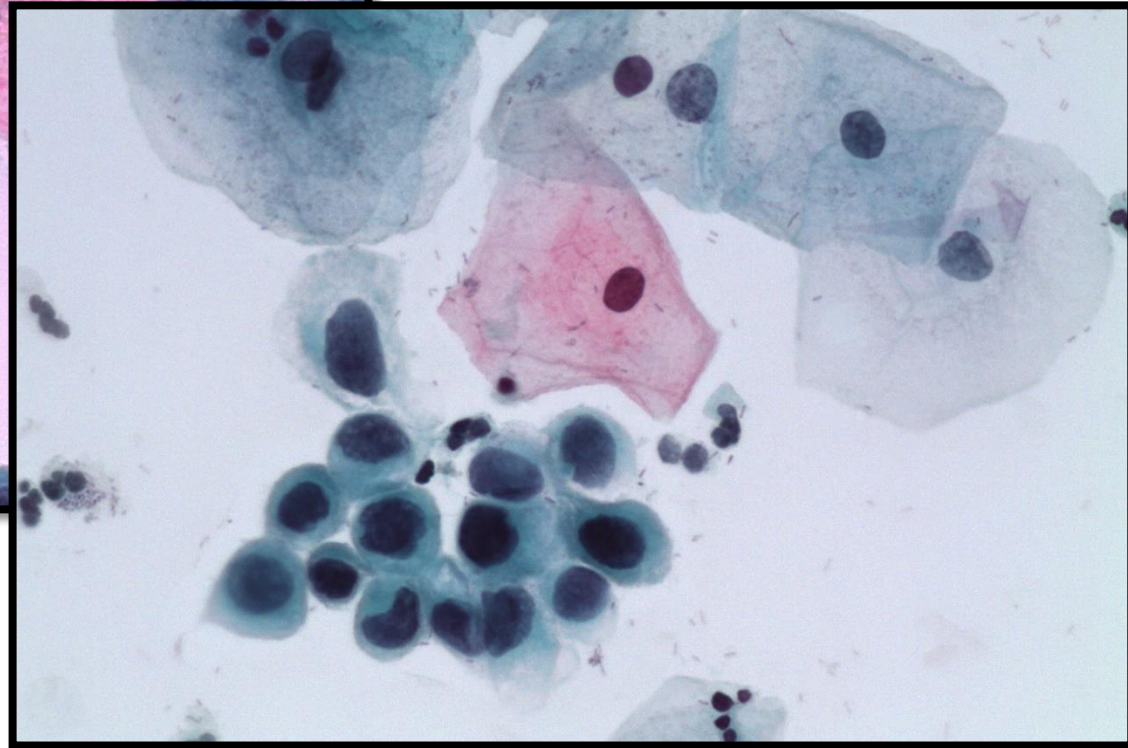
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September 2006: cytology and simultaneous biopsy. Cytology false negative, in revision HSIL (just a few inaparent but diagnostic groups).

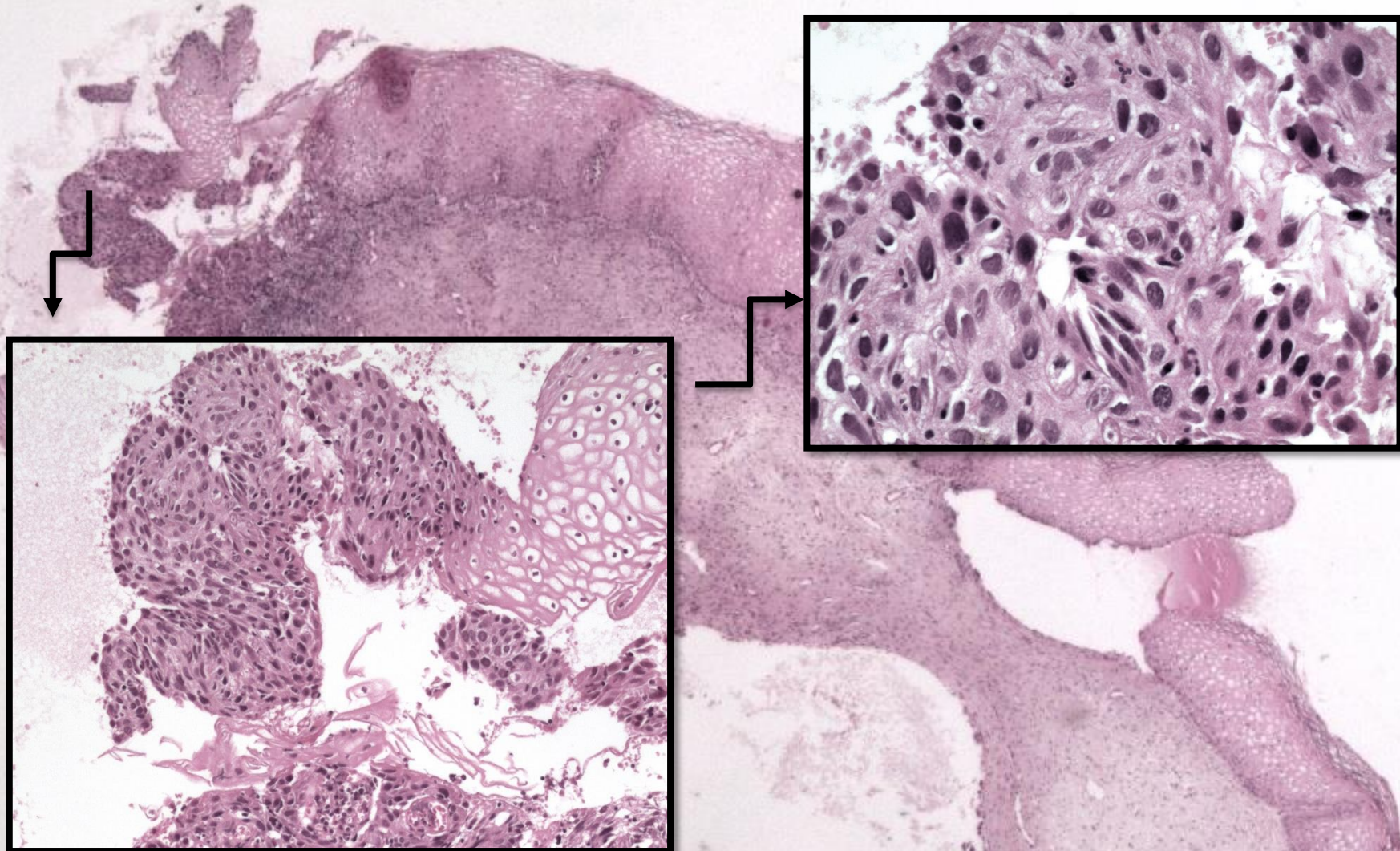


Cytology HSIL

G 5685/06



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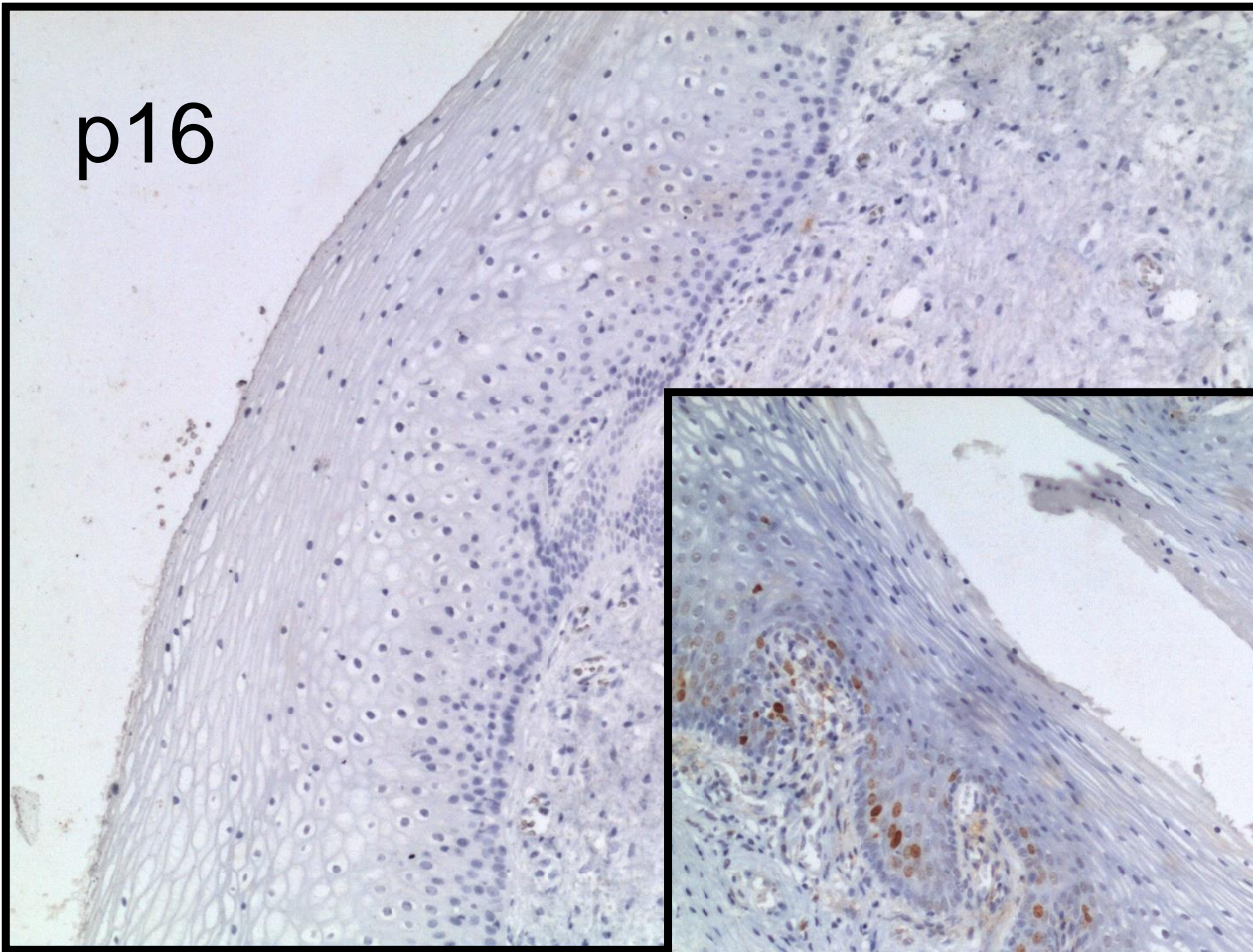


September 2006: cytology and simultaneous biopsy. Biopsy CIN III-CIS

G 5685/06, B 16400/06

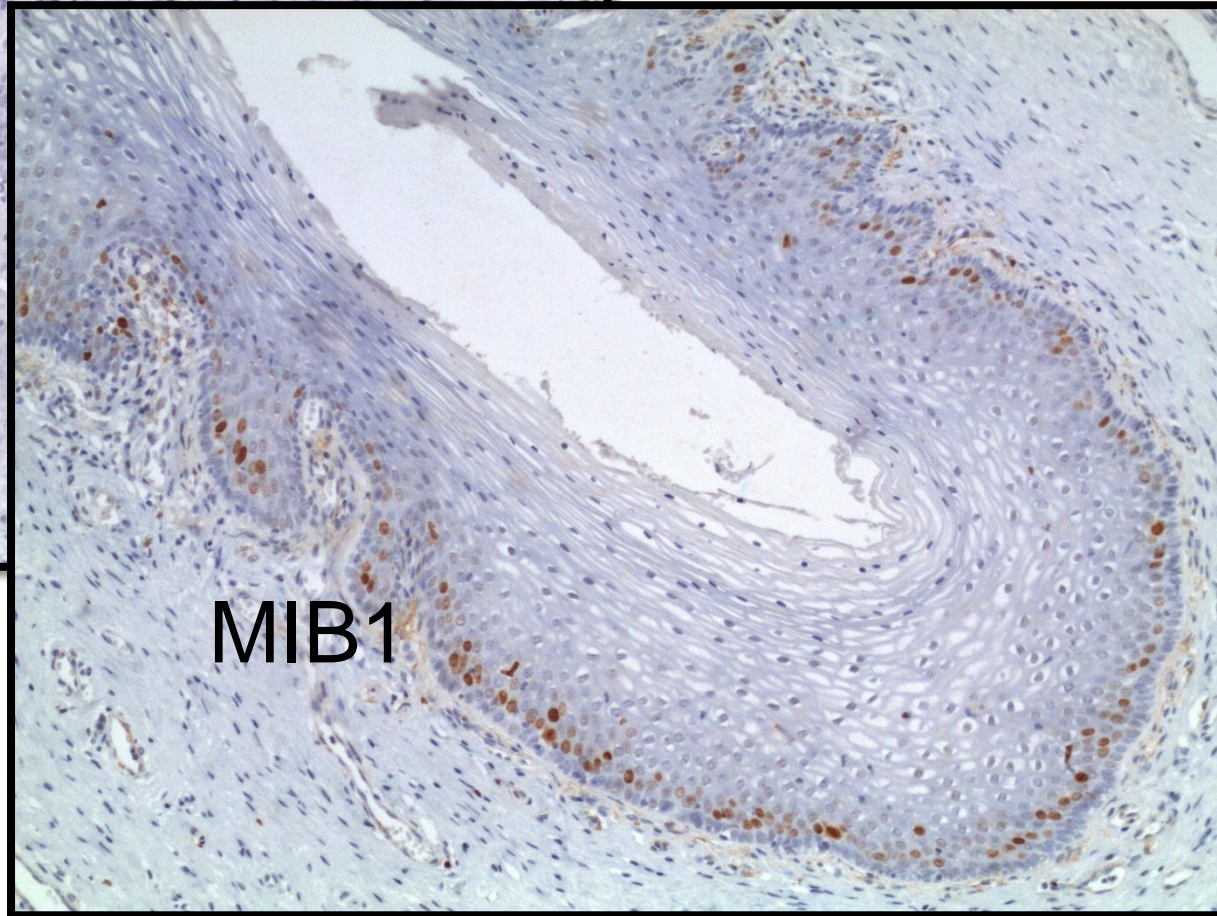
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p16



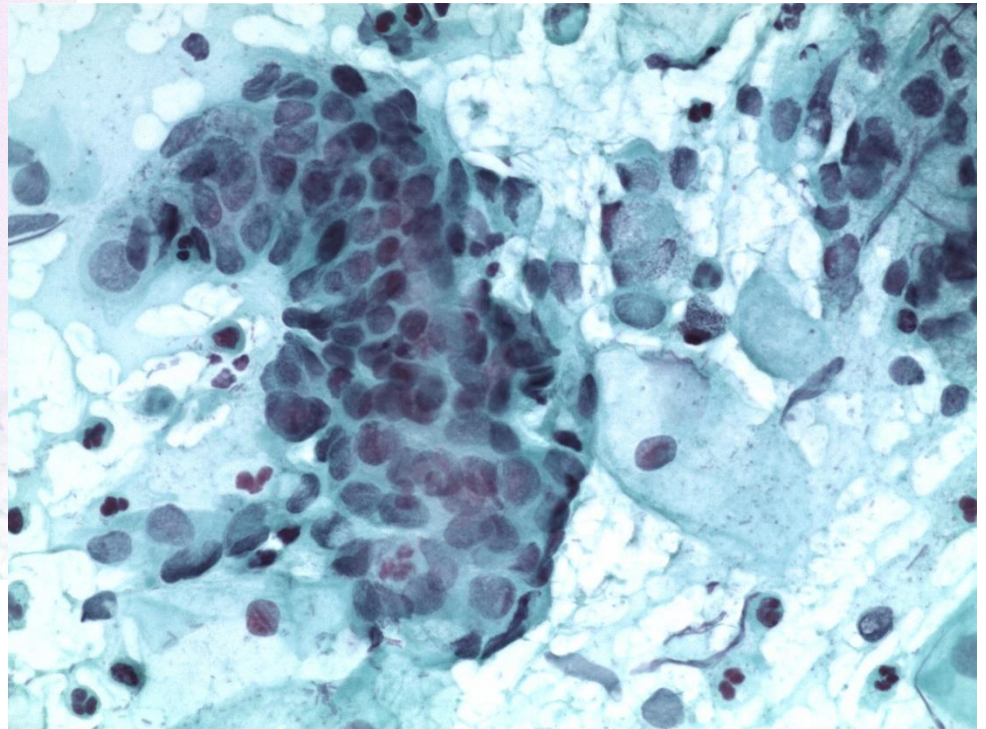
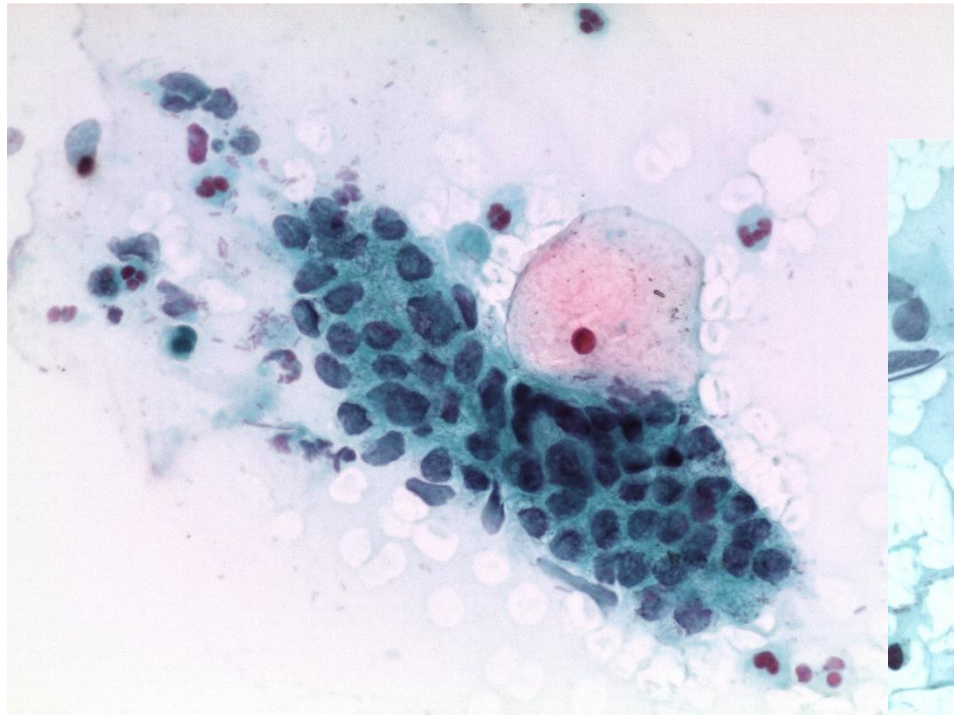
October 2006:
Biopsy - negative

MIB1



January 2007: cytology HSIL and glandular atypia – slide lost

February 2007: cytology H SIL and inflammation **three experts reading**



Cytology HSIL

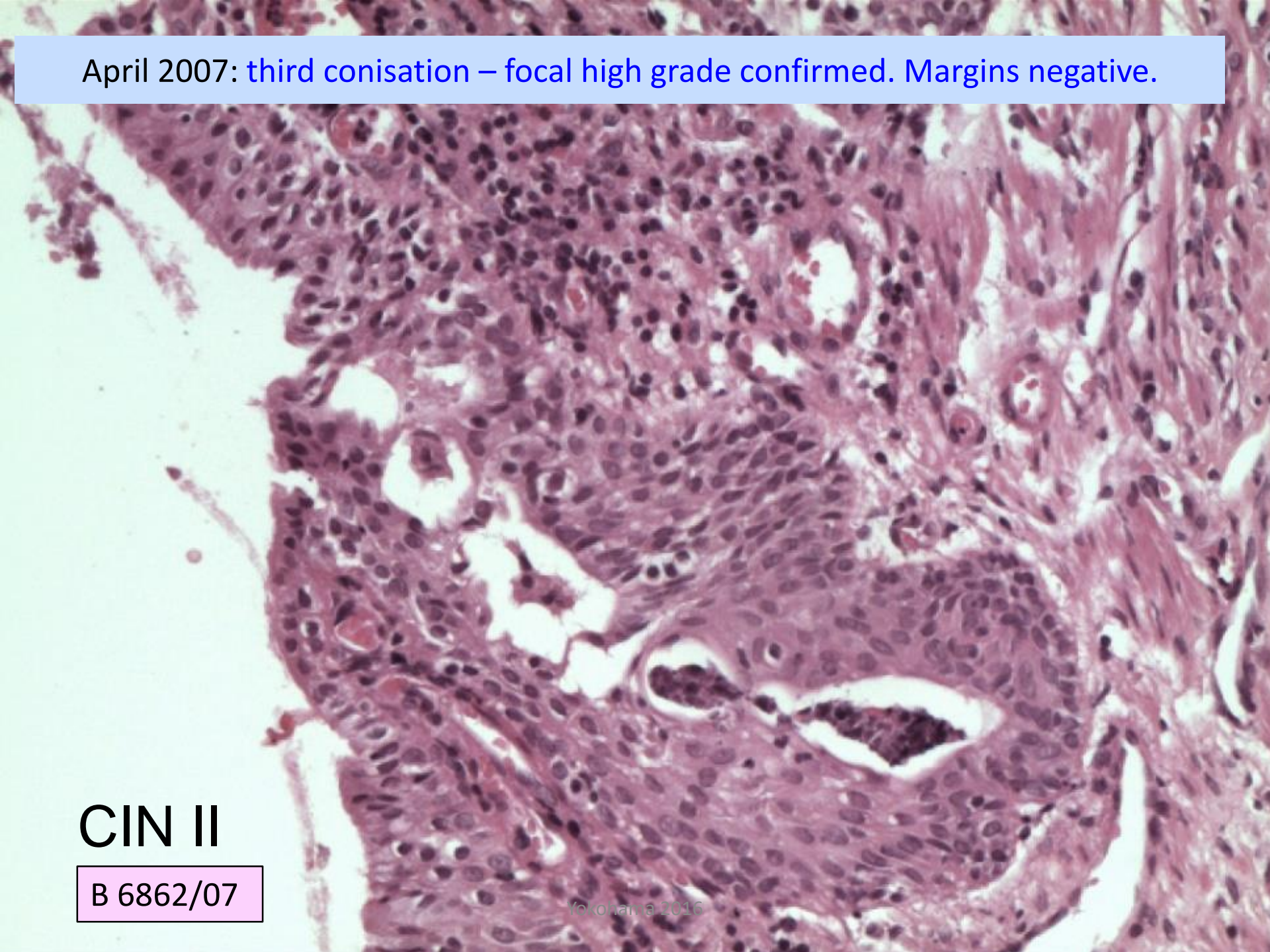
G 1314/07

April 2007: third conisation – focal high grade confirmed. Margins negative.

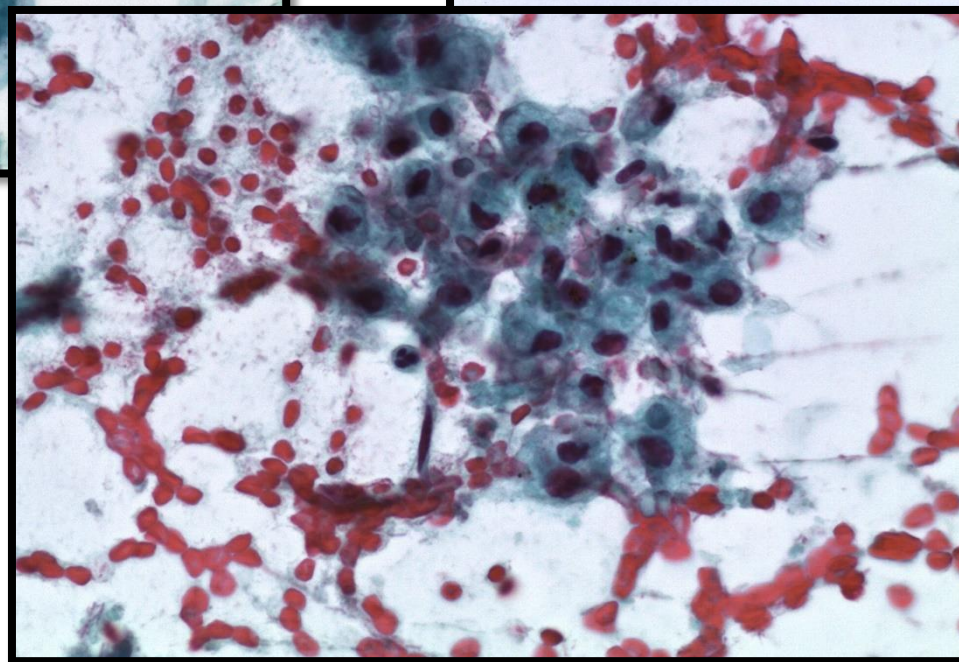
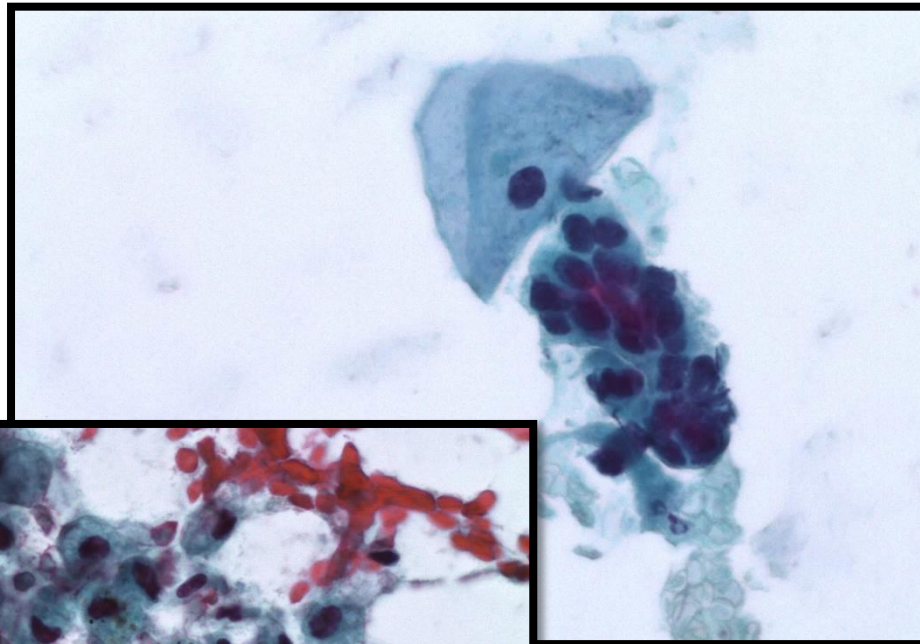
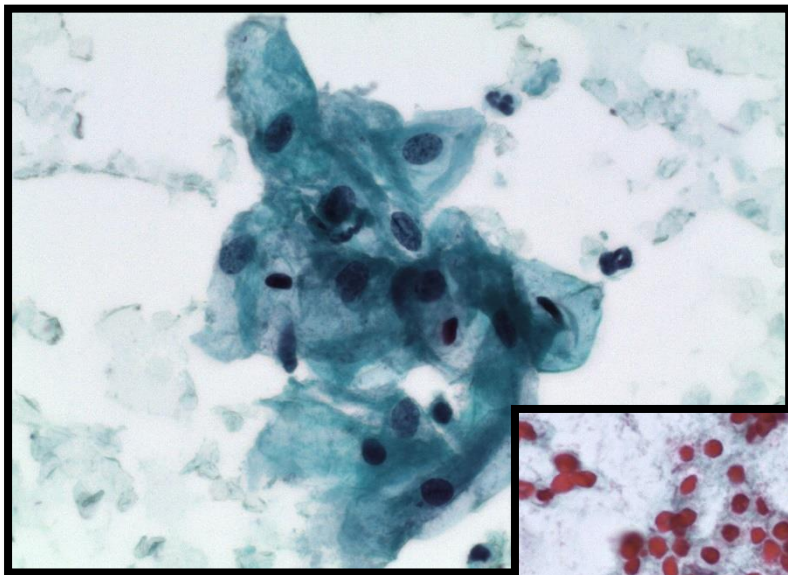
CIN II

B 6862/07

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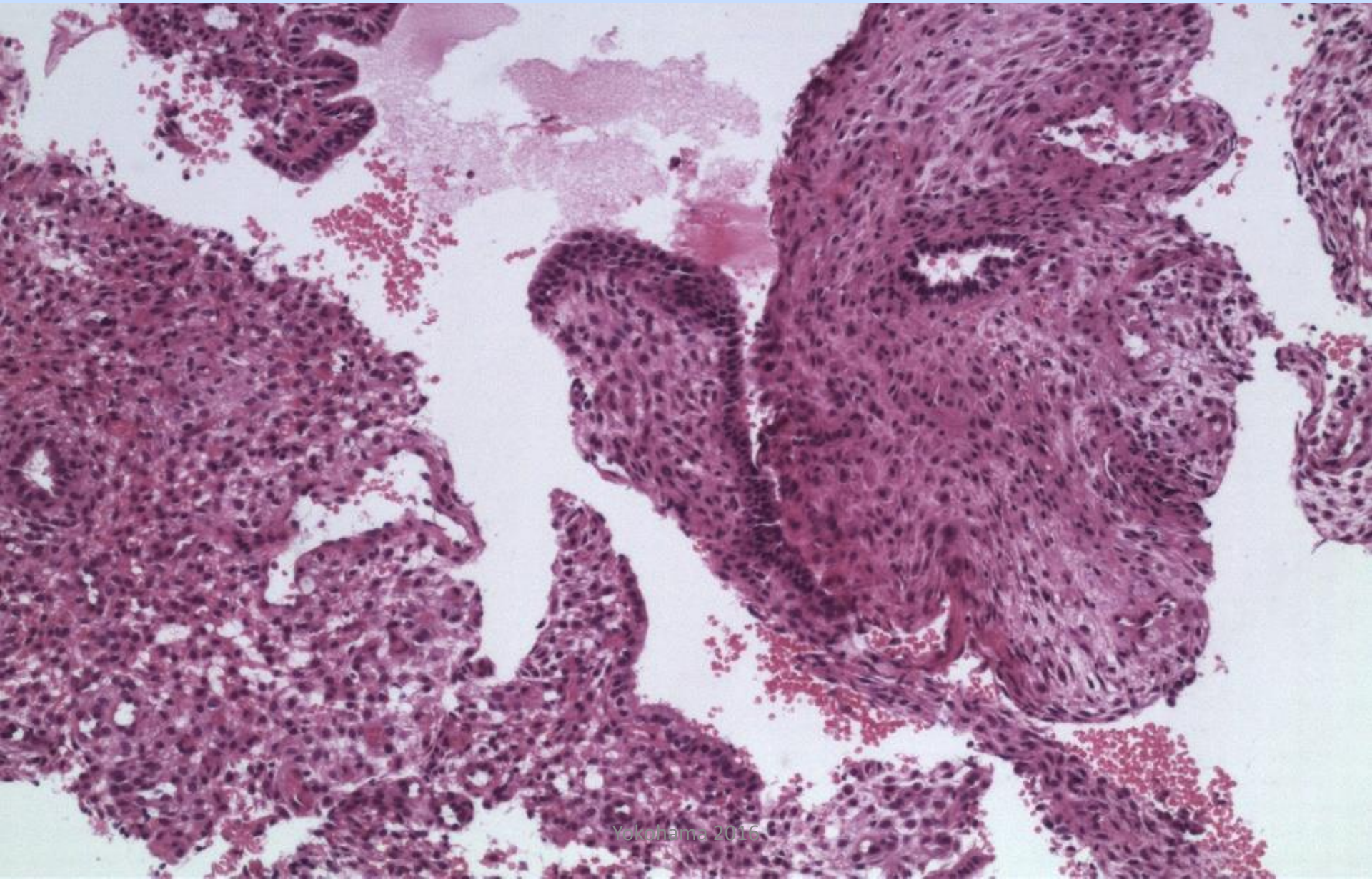


September 2007: cytology – benign cellular changes
December 2007: cytology – unsatisfactory - obscured with blood
February 2008: cytology – benign cellular changes

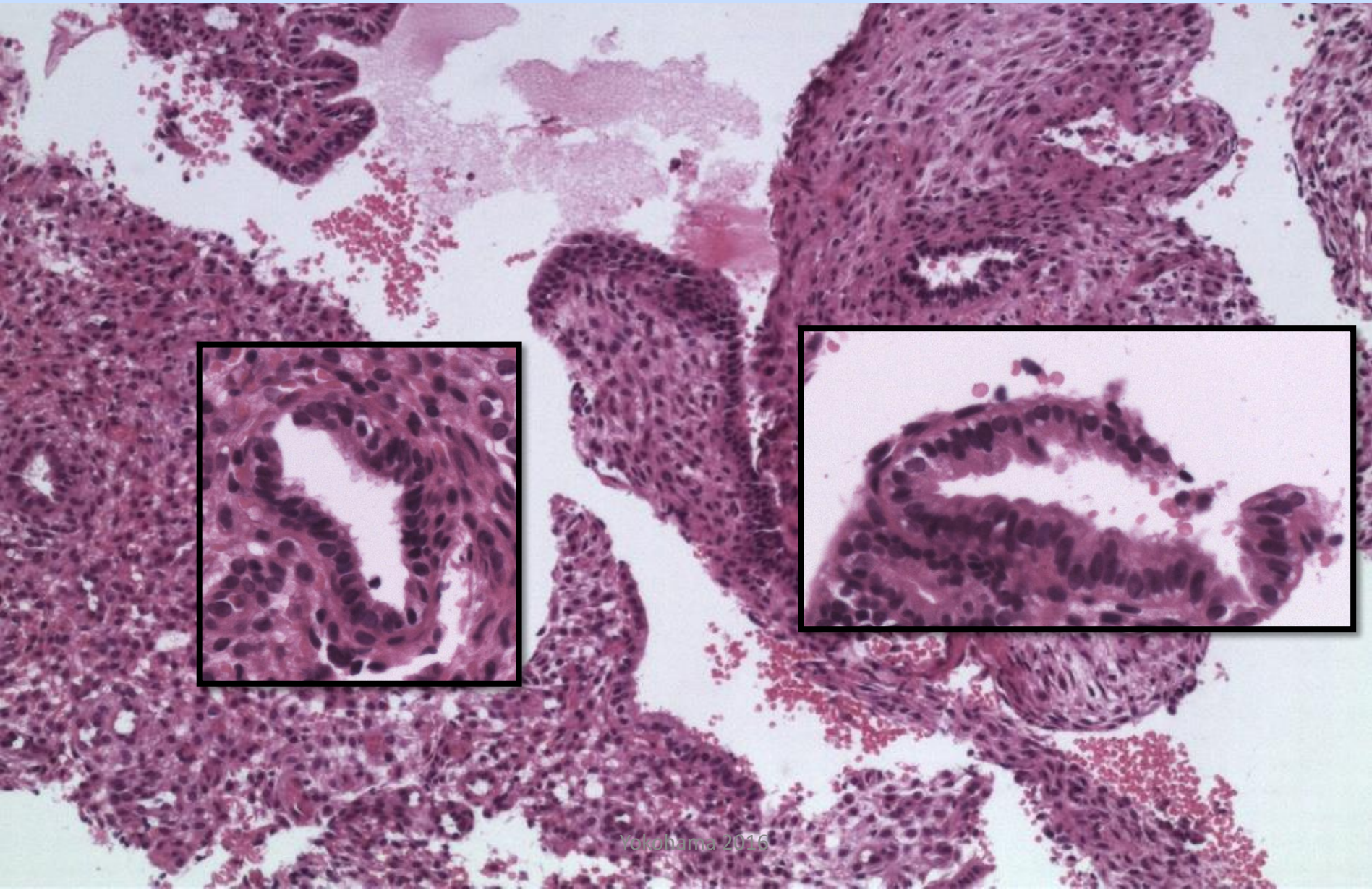


*Generally,
poorly
evaluable
slides...*

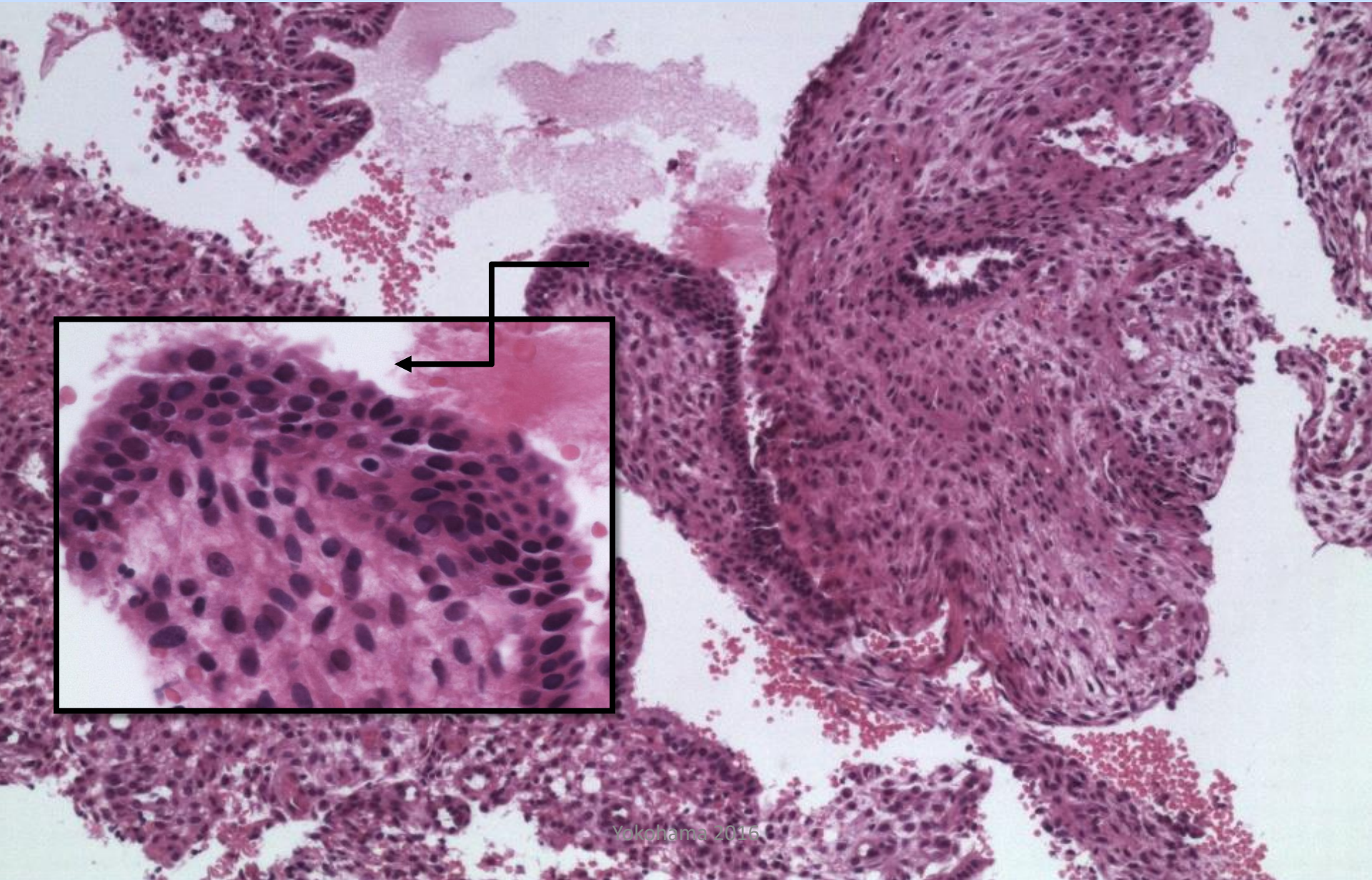
September 2008: cytology ASC-H, AGC-NOS – lost slide
Simultaneous biopsy – endocervical hyperplastic polyp

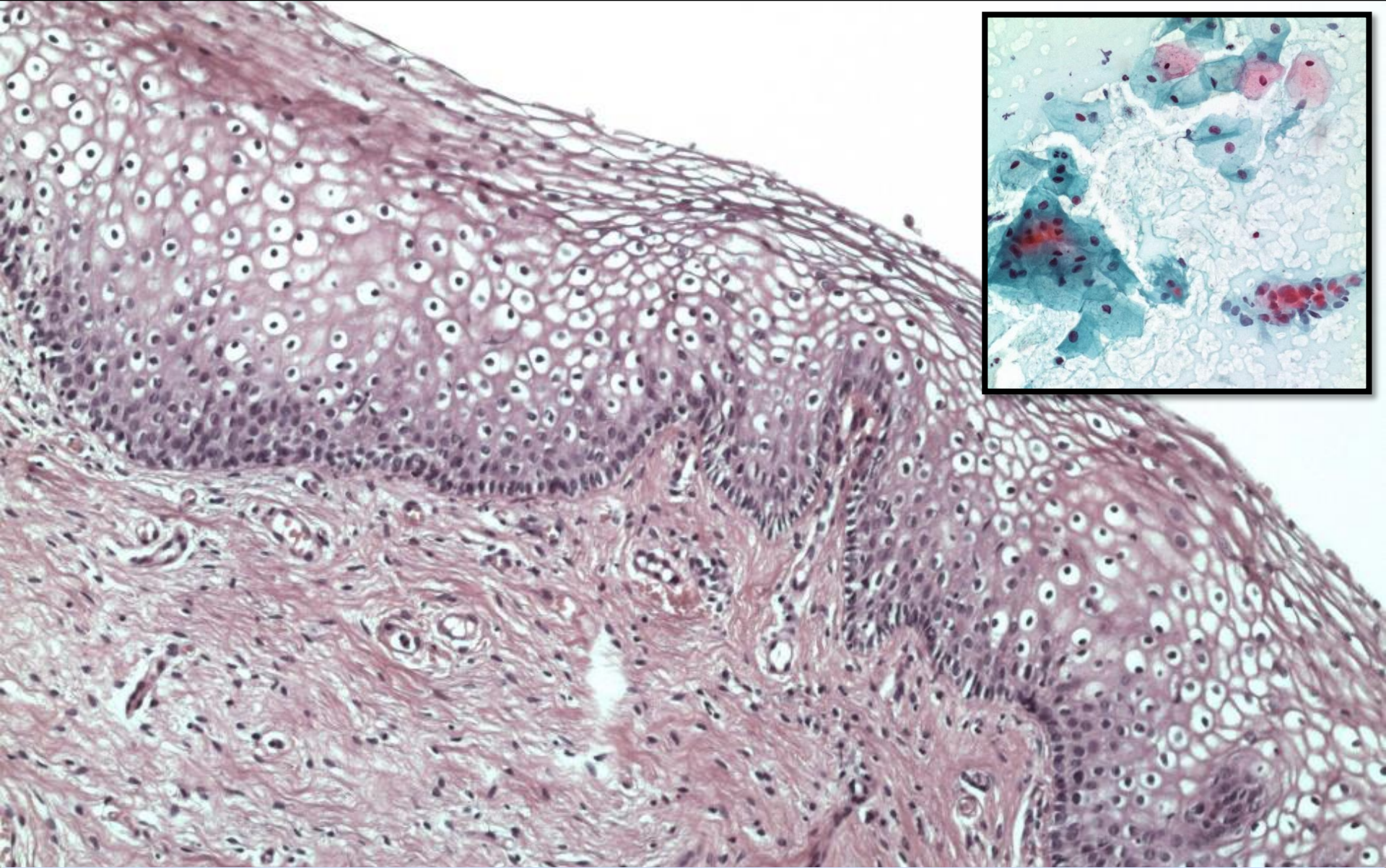


September 2008: cytology ASC-H, AGC-NOS – *lost slide*
Simultaneous biopsy – endocervical hyperplastic polyp – glandular structures

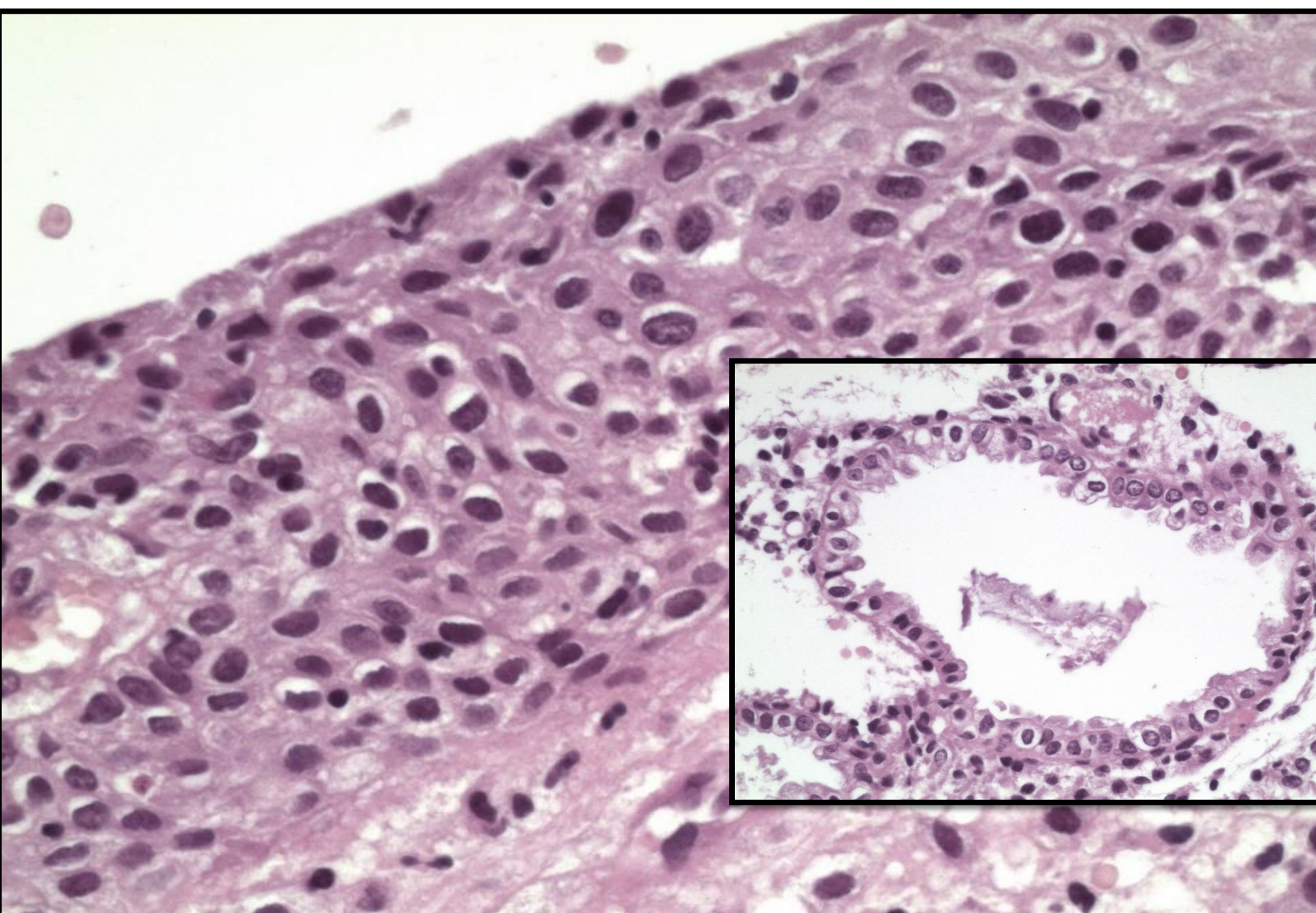


September 2008: cytology ASC-H, AGC-NOS – *(lost slide)*
Simultaneous biopsy – endocervical hyperplastic polyp – immature metaplasia





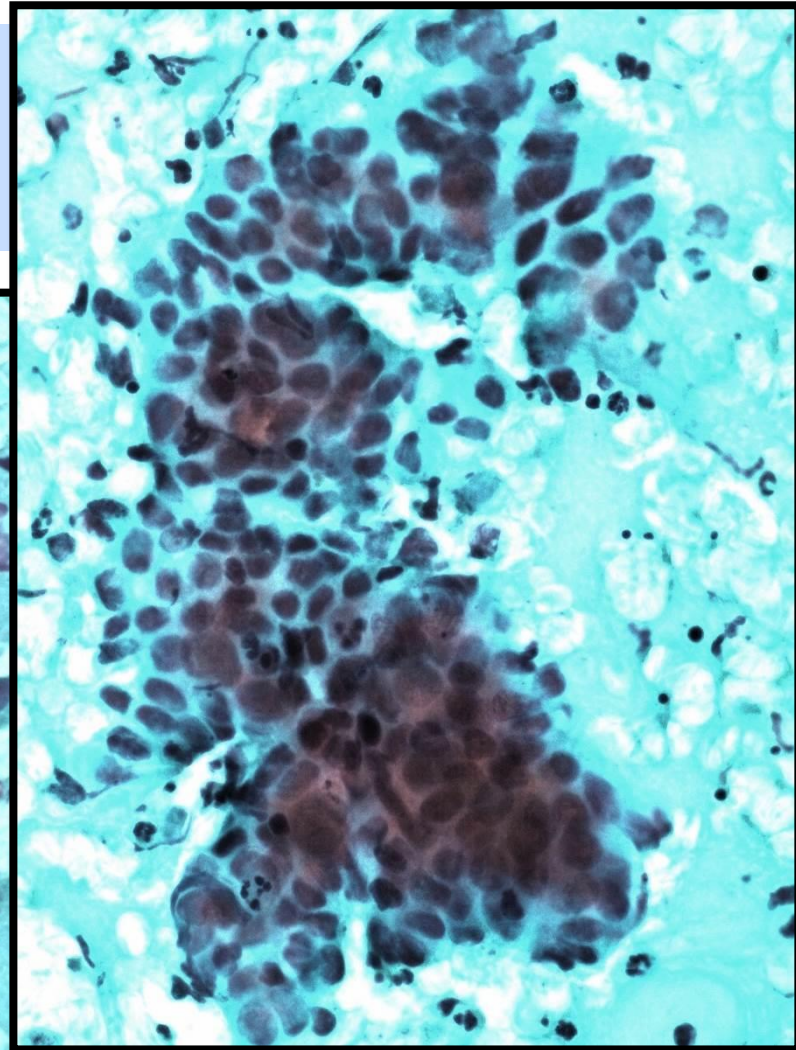
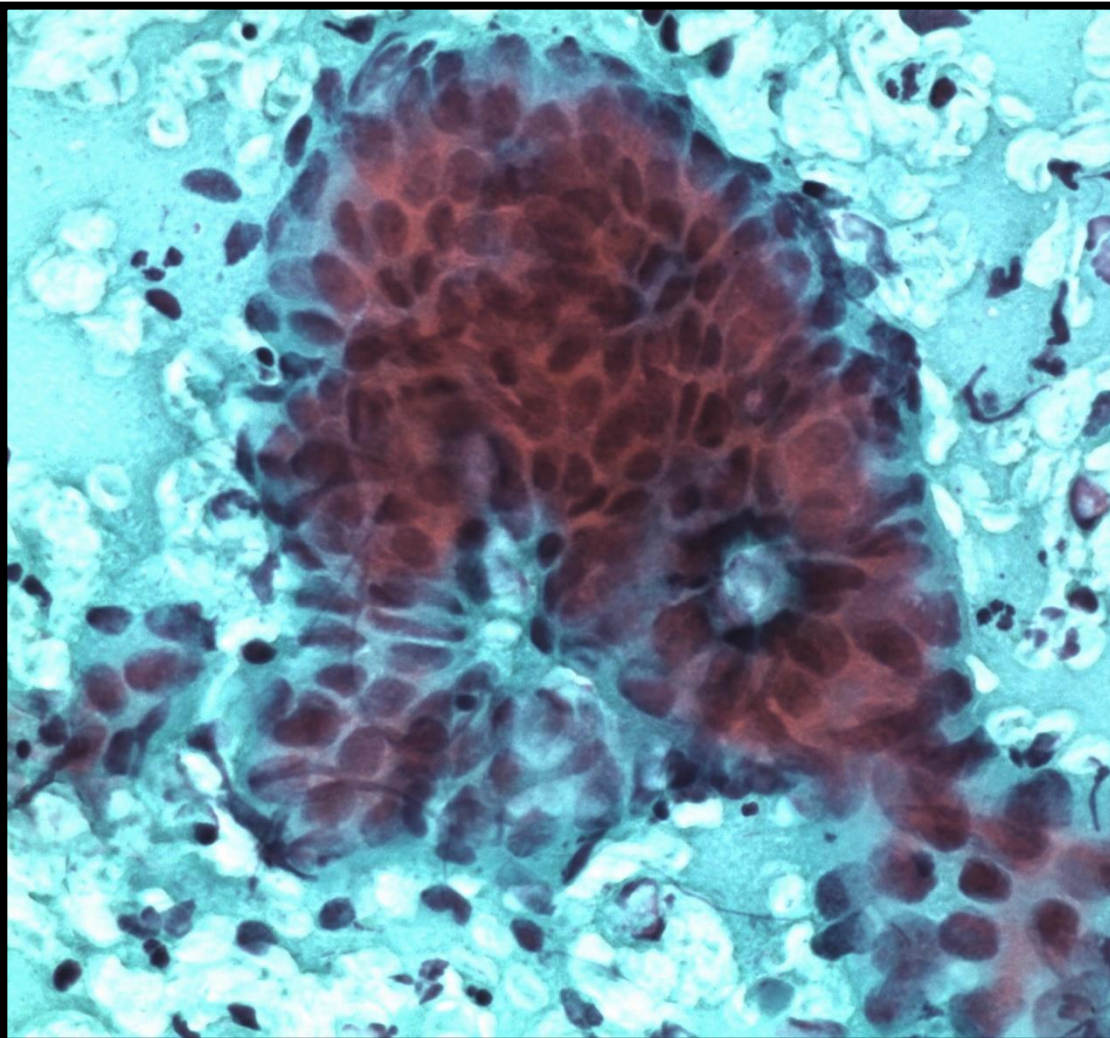
November 2008: biopsy – questionable CIN1, koilocytes (?).
Simultaneous cytology benign cellular changes. 1st HPV test 16, 18 - negative



June 2009: biopsy –CIN1, koilocytes. Salpingeal metaplasia.

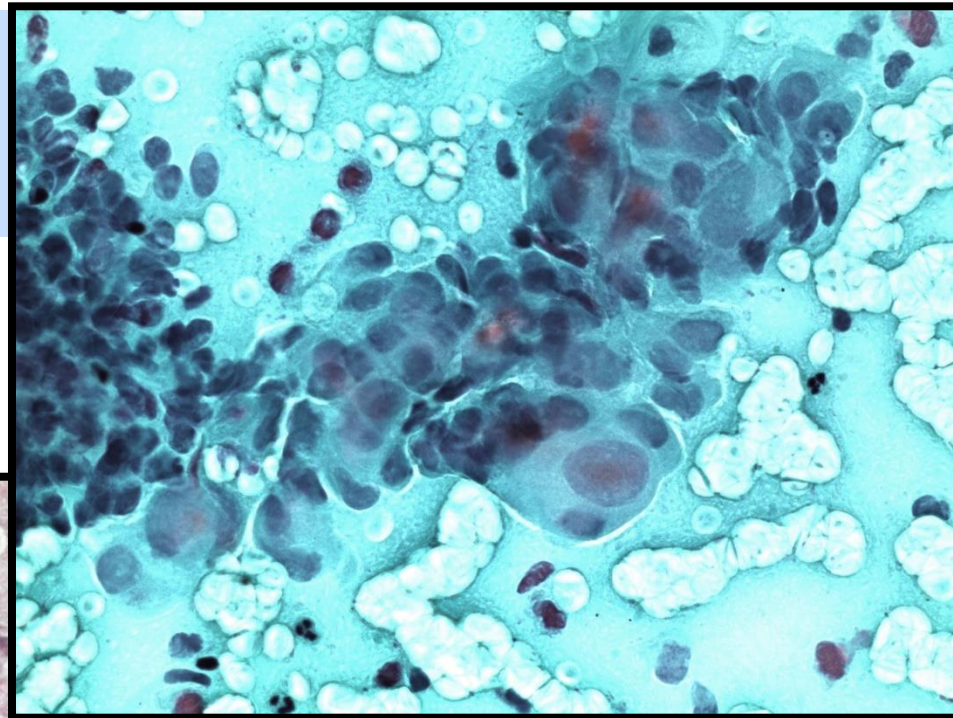
B 11532/09

November 2009: cytology – ASC-US, AGUS



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slides...*

June 2010: cytology – LSIL
December 2010: cytology – ASC-US

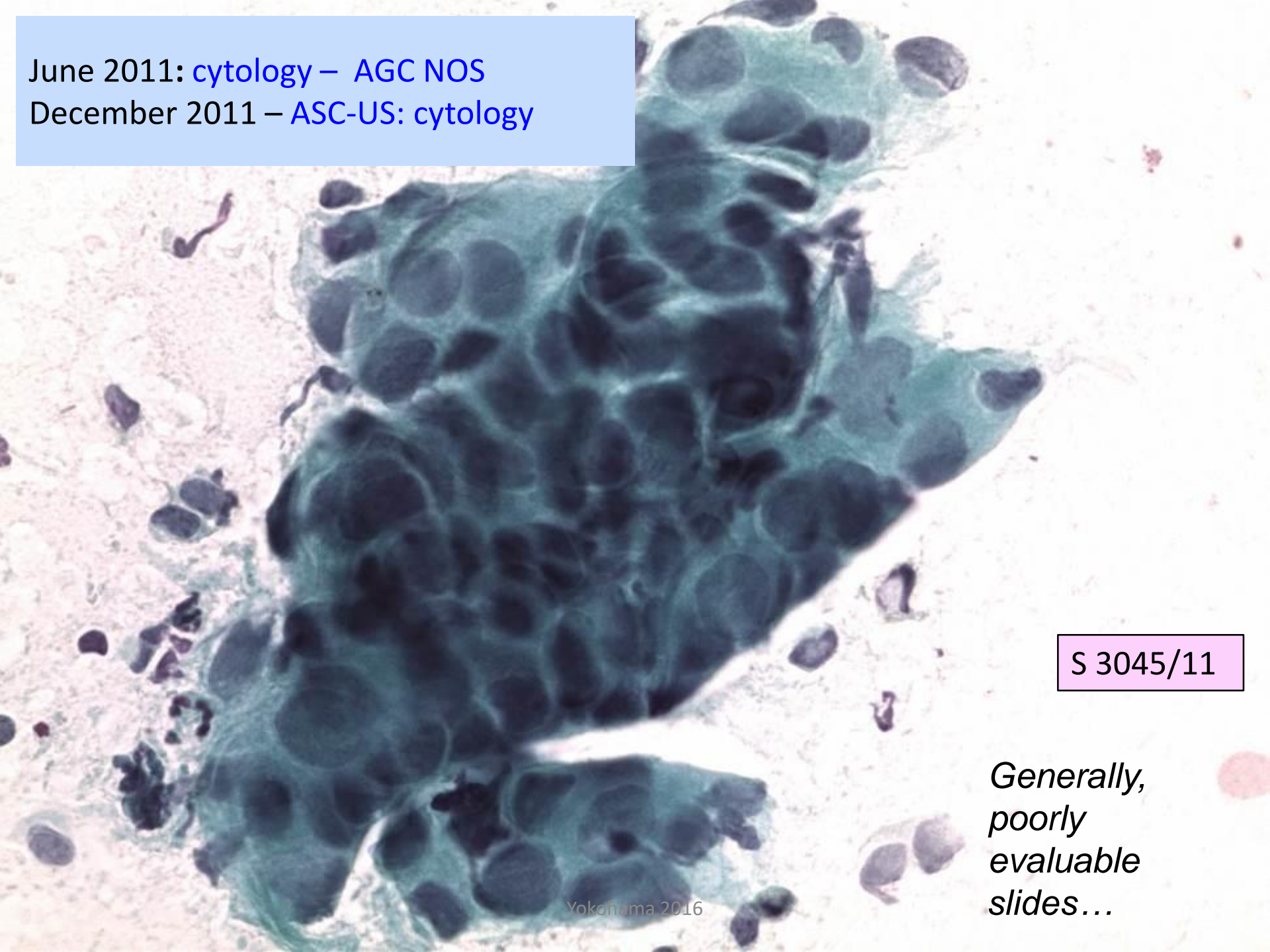


2nd HPV test 16,18 –
negative.

*Generally,
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slides...*

S 3713/10; S6584/13

June 2011: cytology – AGC NOS
December 2011 – ASC-US: cytology



S 3045/11

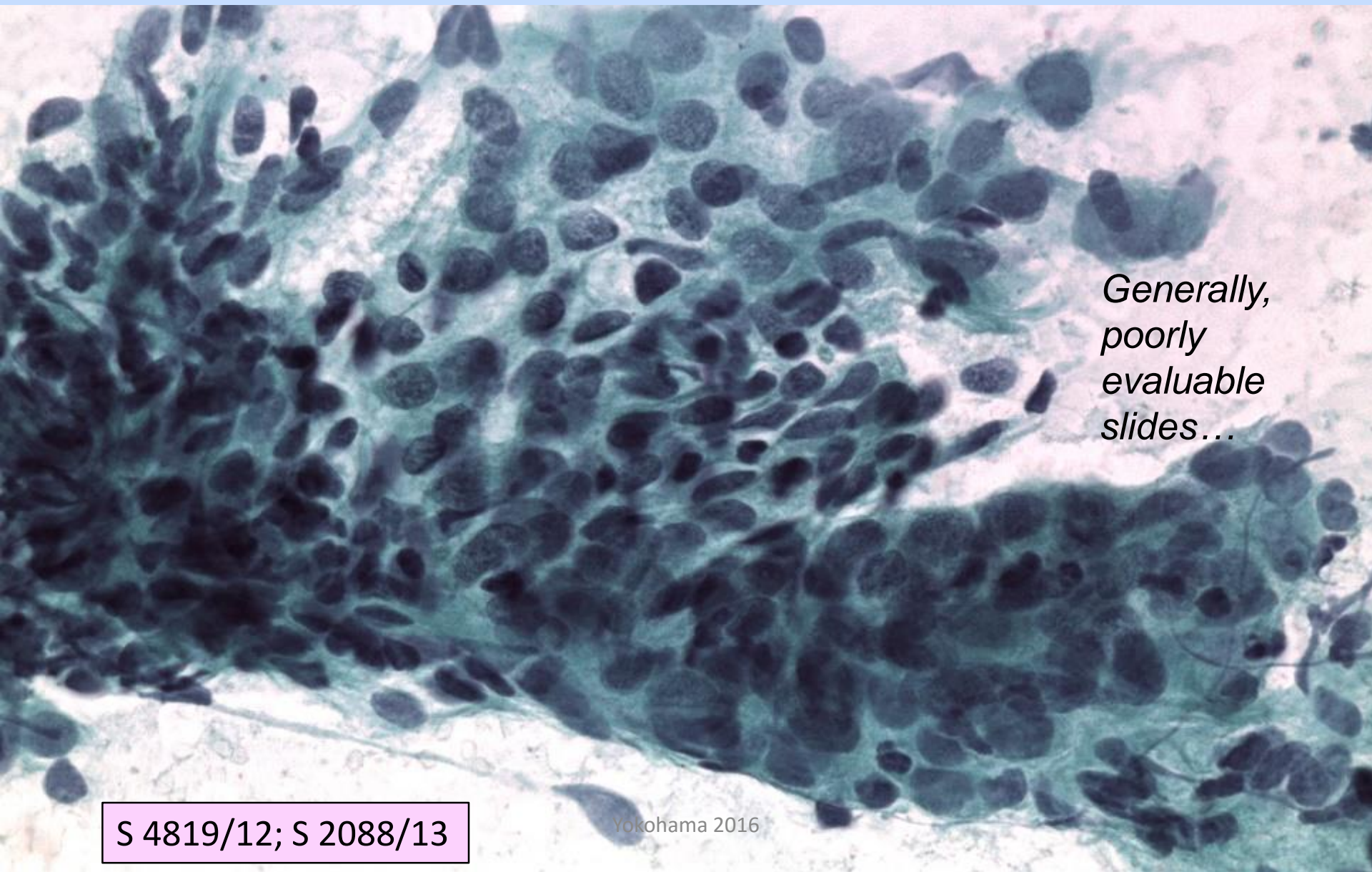
*Generally,
poorly
evaluable
slides...*

April 2012: cytology – AGC-NOS

October 2012: cytology – NILM

May 2013: cytology AGC-NOS

3rd HPV test 16,18 – negative.



*Generally,
poorly
evaluable
slides...*

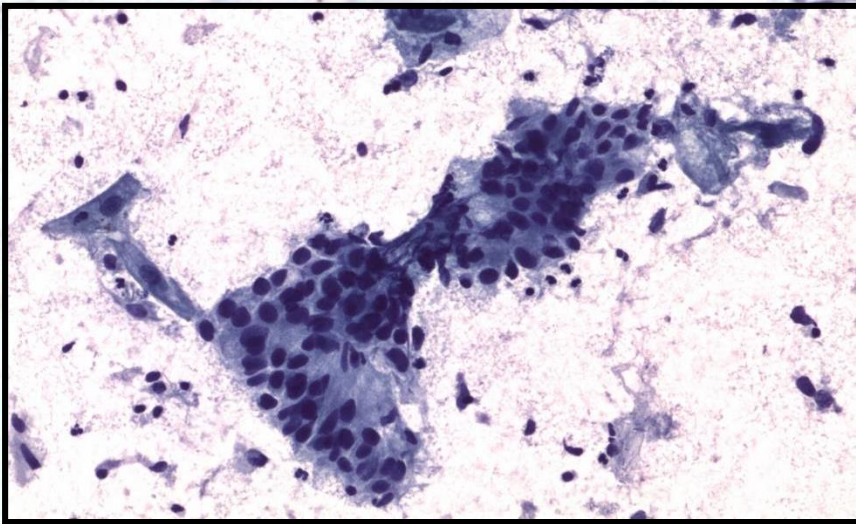
S 4819/12; S 2088/13

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April 2014: cytology – AGC-NOS

November 2014: cytology – NILM

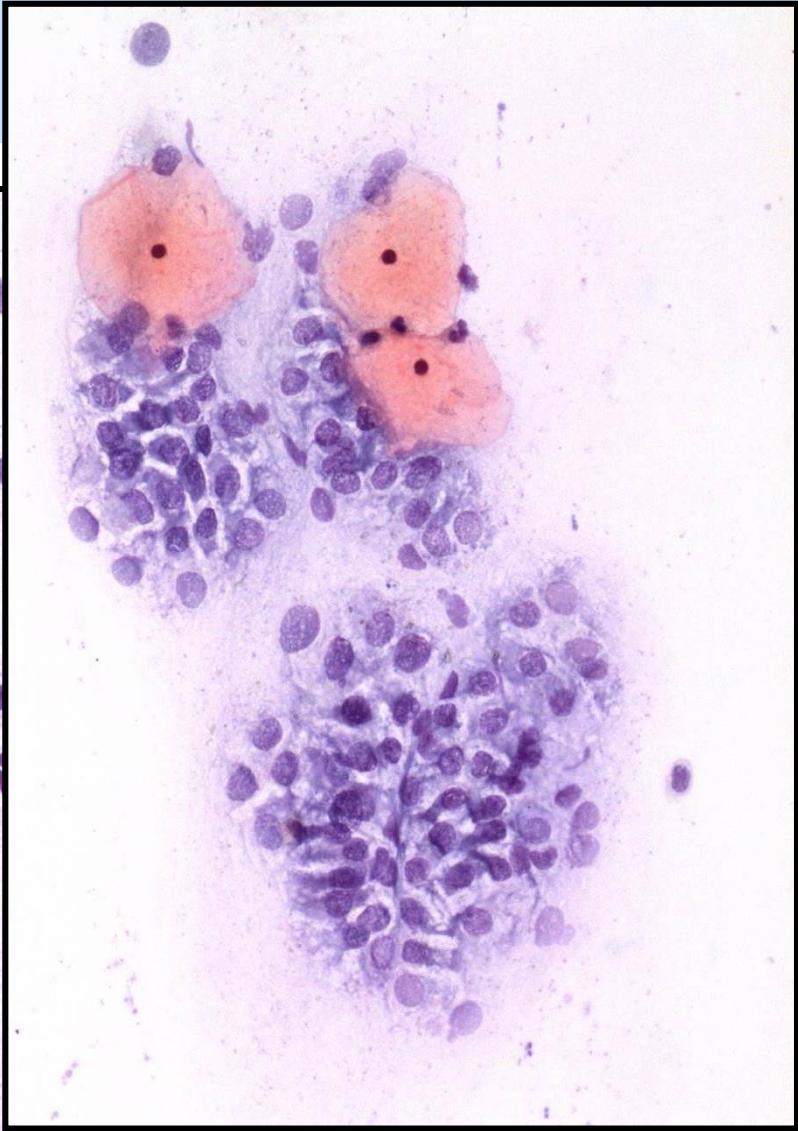
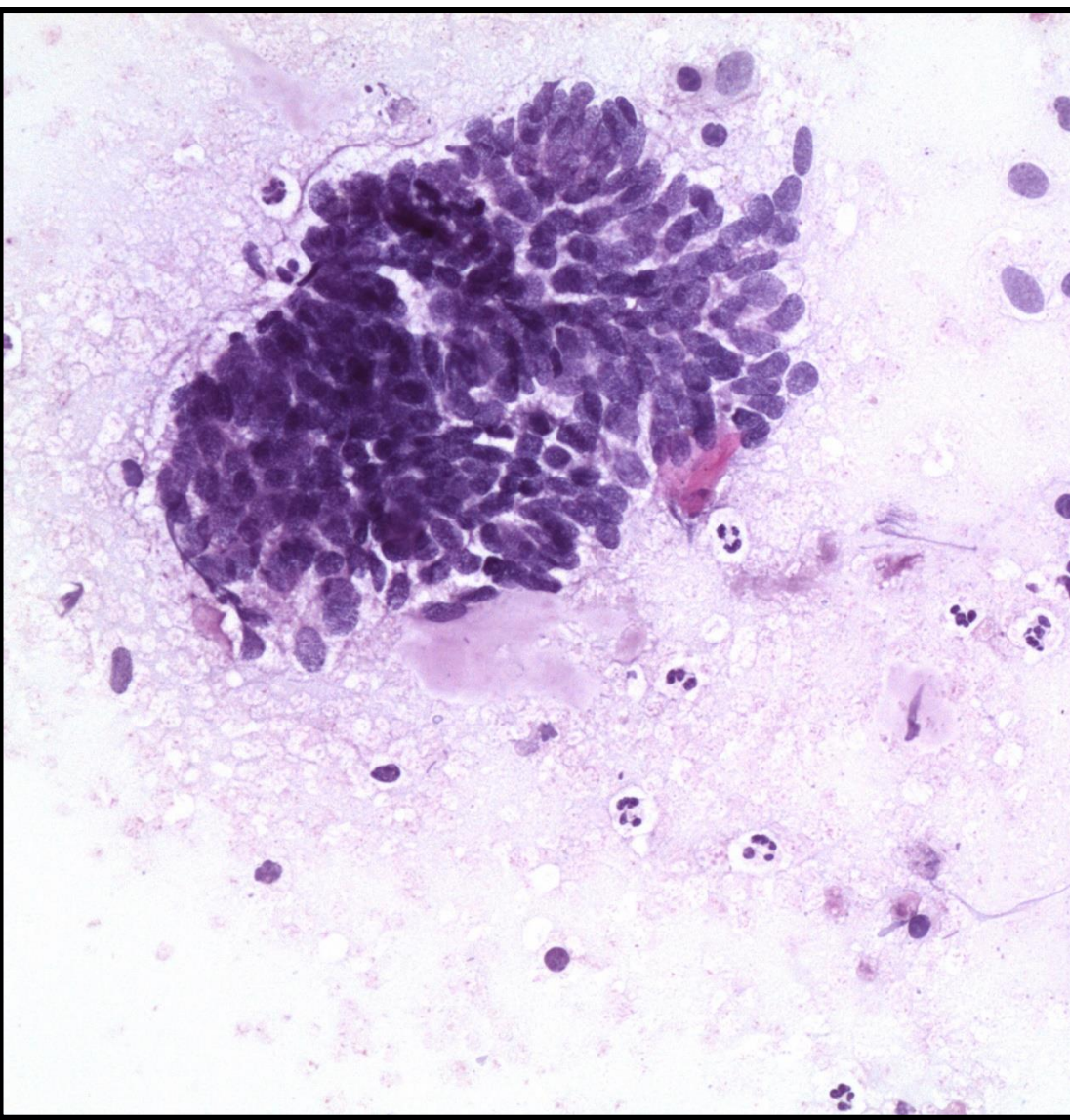
*Generally,
poorly
evaluable
slides...*



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ND 301/14; AB352/14

June 2015: cytology – ASC-US
November 2015: cytology – NILM



AB 318/15; AB 500/15

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*Readability
of slides
improves
with time...*

Case 1 - Summary

High grade lesion in a young patient (24) without reproduction plans fulfilled :

- ❖ 10 years lasting disease of the cervix.
- ❖ 26 cytologies positive- uncertain- normal
- ❖ 8 biopsies – positive & negative -reactive
- ❖ 3 conisations – positive - twice including positive margins
- ❖ 3 HPV tests (of cure) – all three negative

The patient, now 34 years old, has (theoretically) her fertility preserved.

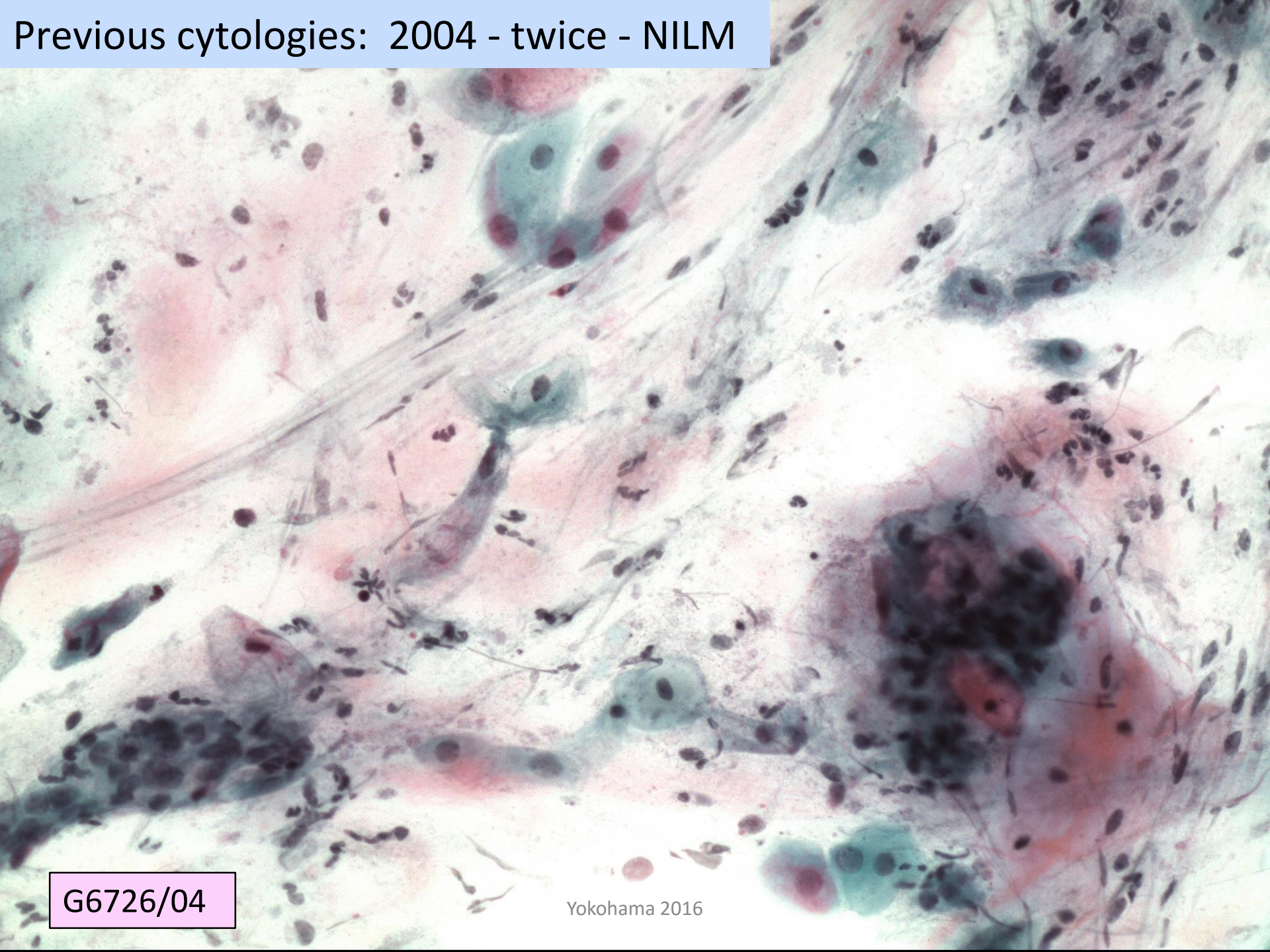
Recently, she is on contraceptive drugs (Vreya).

Case presentation No. 4 (JD)

Invasive carcinoma in a menopausal patient (55) discovered by the colposcopist three years after two negative cytologies.

- ❖ Born 1952.
- ❖ Referred 2007 by the local gynecologist to the university centre because of abnormal colposcopy finding.
- ❖ Cervix – labium posterius – ulceration 10 mm in diameter.
- ❖ Previous cytologies-twice-2004 – **NILM**.

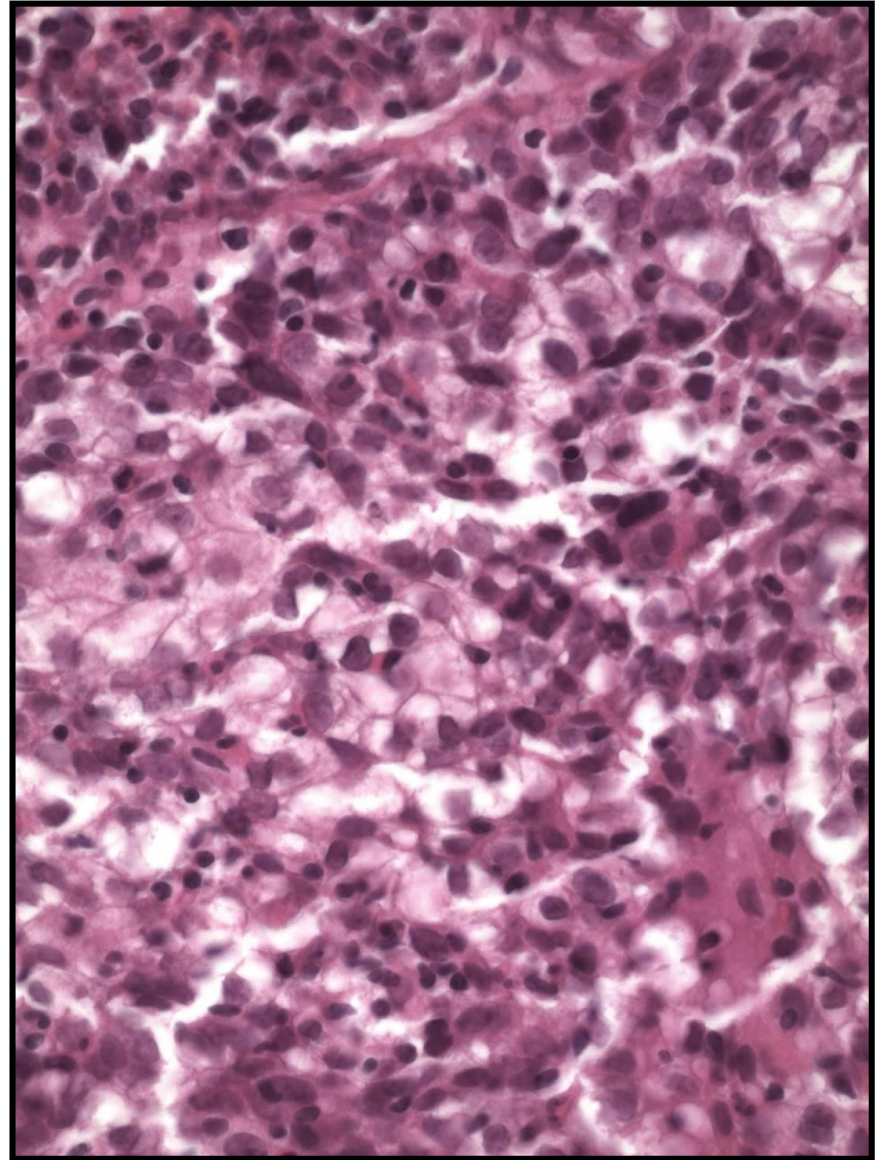
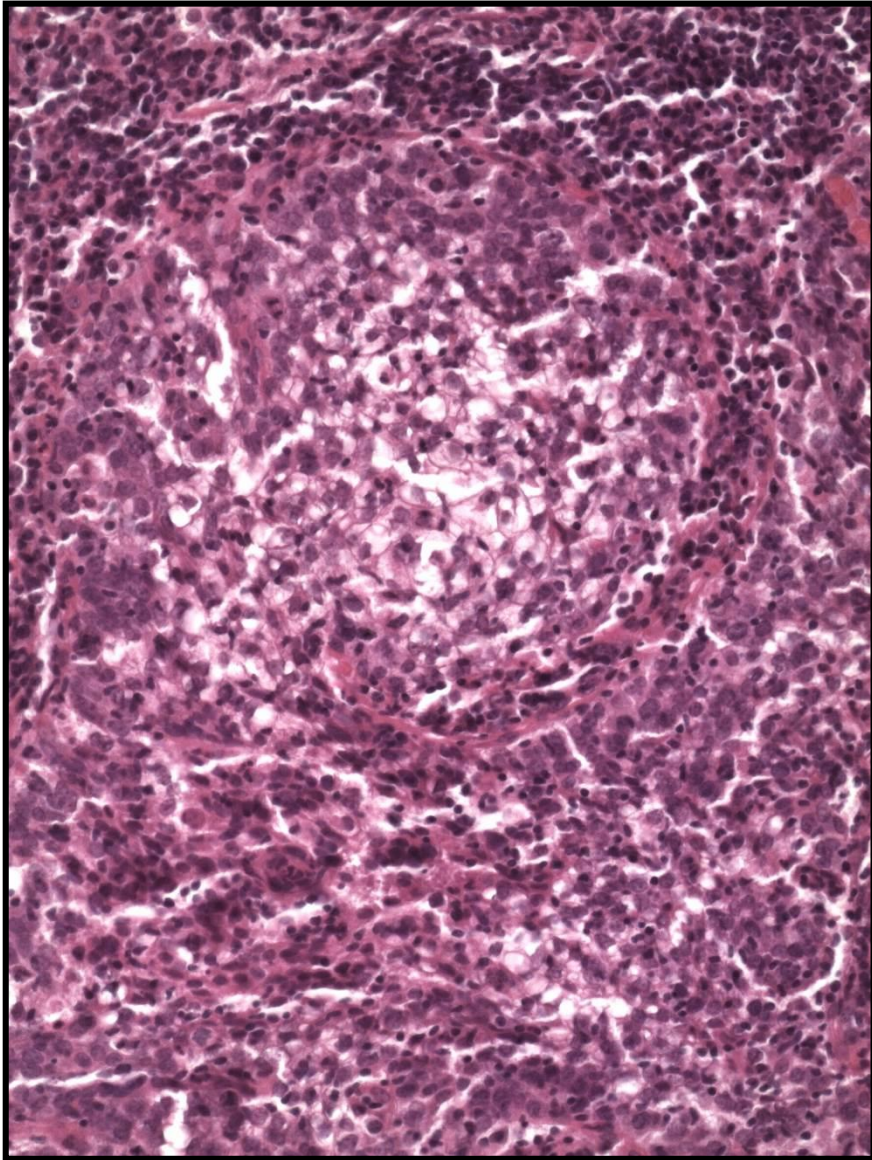
Previous cytologies: 2004 - twice - NILM



G6726/04

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Punch biopsy 2007 – squamous carcinoma with clear cell component



B3280/07

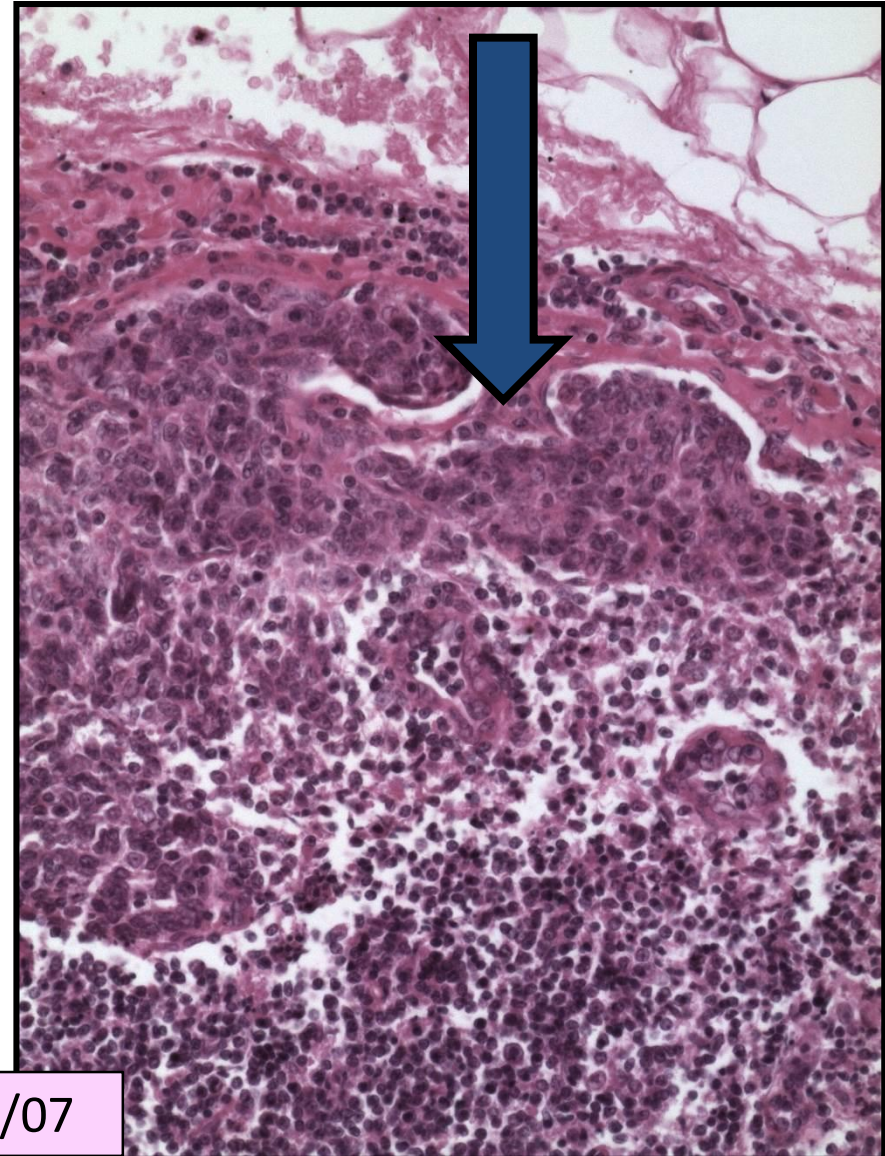
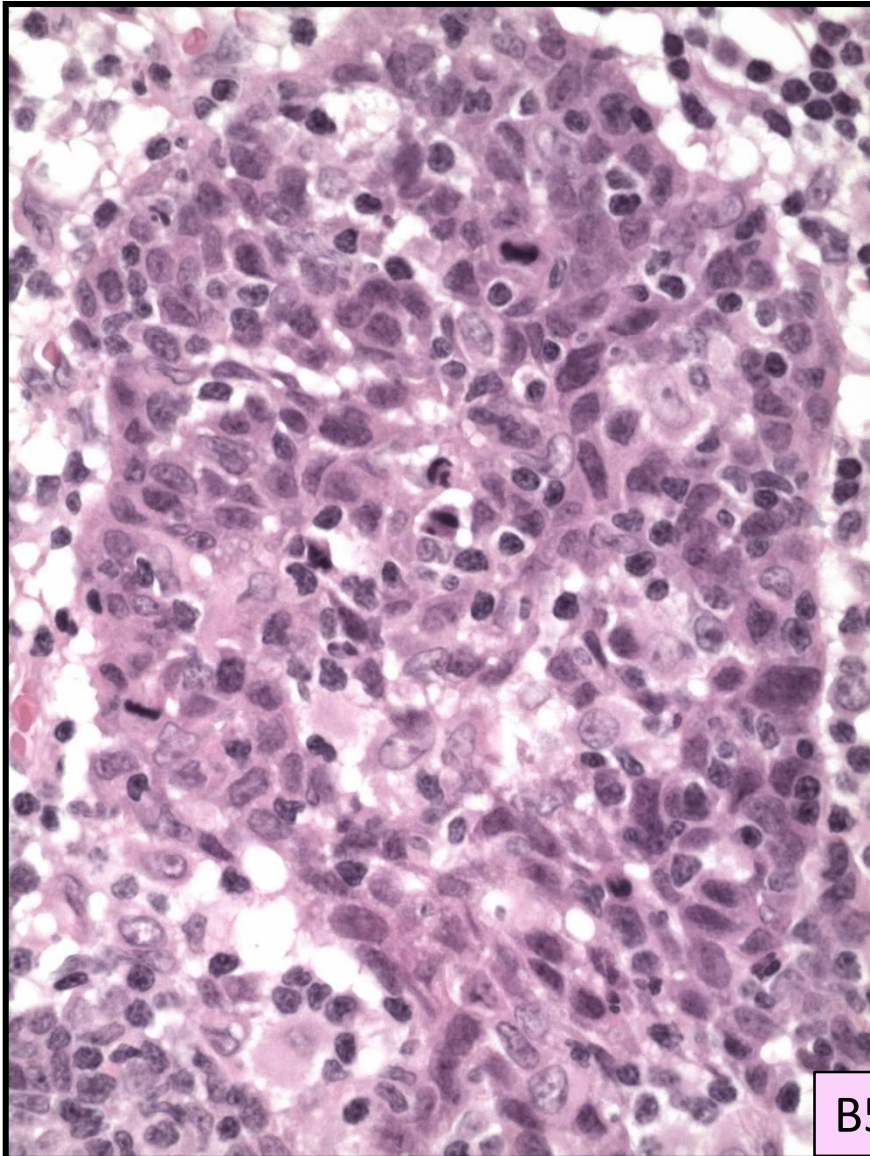
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Therapy - 1/2

❖ Surgery

- complete hysterectomy: squamous carcinoma with clear cell component; G3, pT1b1, N1
- sentinel lymph node – intraoperatively NEGATIVE
- subsequently semiseris according to the SLN protocol – NEGATIVE
- etage lymphadenectomy – 1 (other than SLN) out of 45 lymph nodes positive

Hysterectomy 2007 – squamous carcinoma with clear cell component; G3, pT1b1, N1; micrometastasis in one out of 45 lymph nodes investigated.



B5883/07

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Therapy – 2/2

❖ External radiotherapy 46Gy

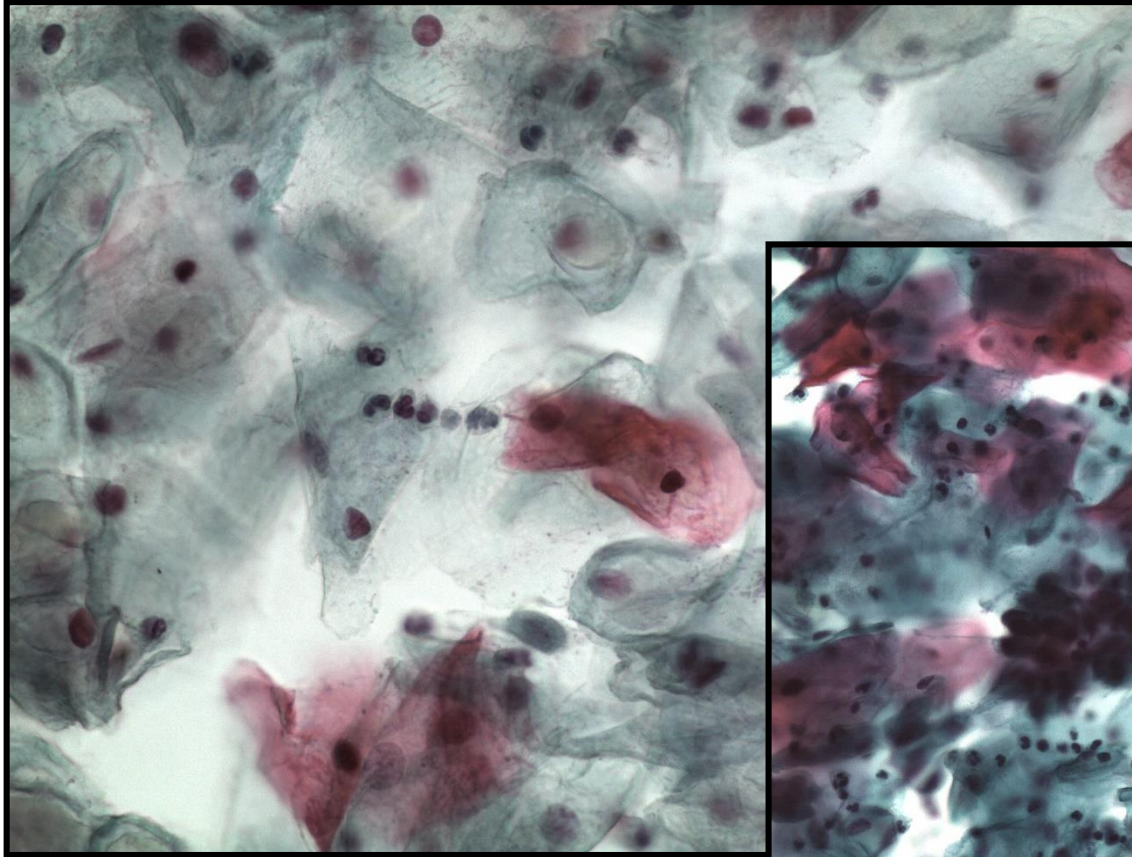
- complications:
 - perforation of the intestine
 - peritonitis
- appendectomy

CURED

Cytology follow-up twice a year

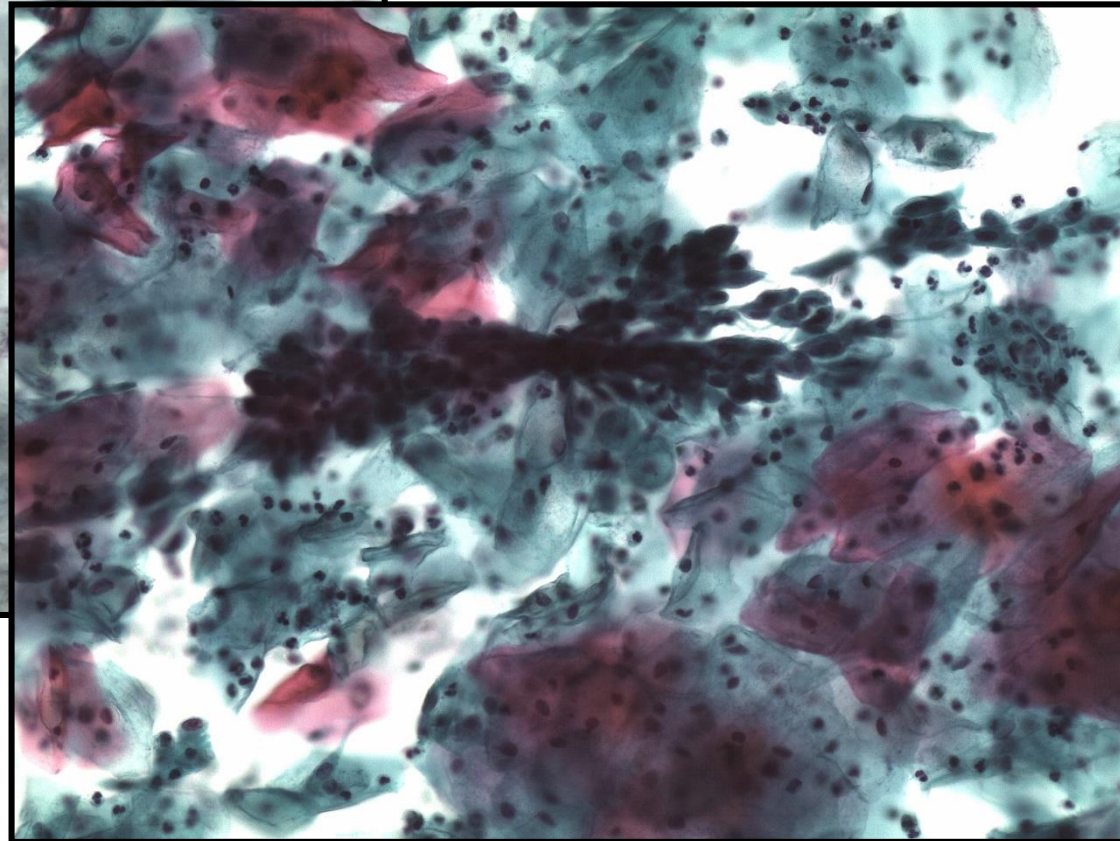
March 2008: cytology – vaginal fornix - NILM

September 2008: cytology – vaginal fornix – reactive changes



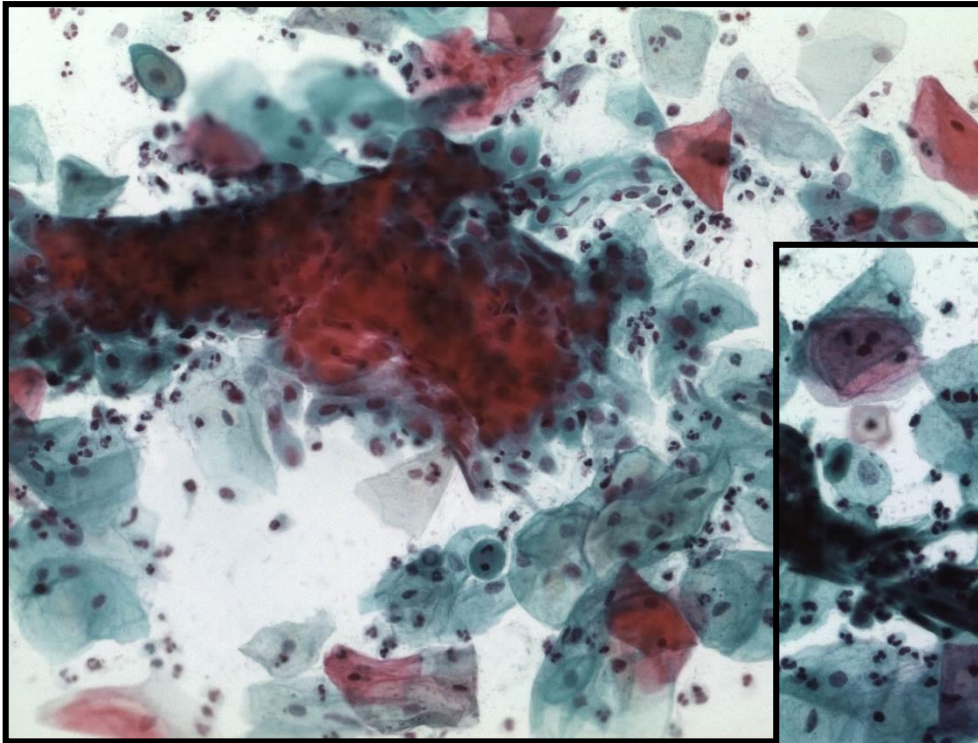
G4405/08

S 2766/07



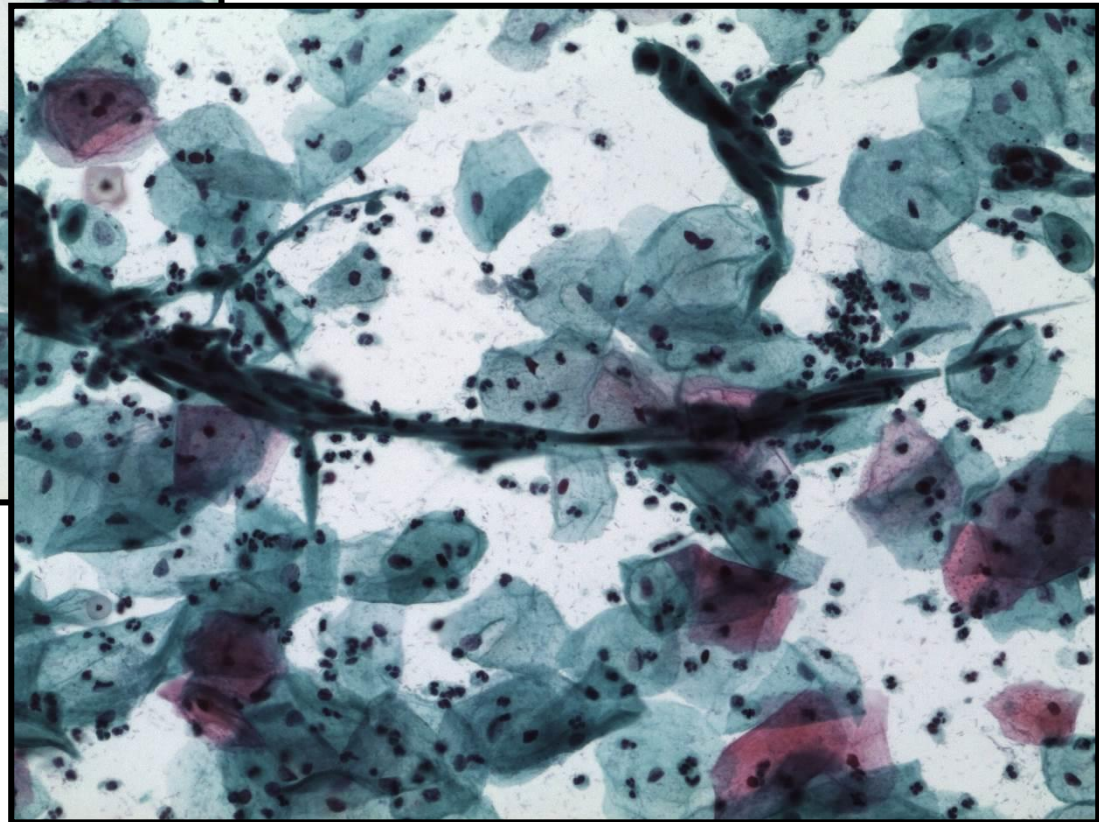
March 2009: cytology – vaginal fornix – ASC-US
September 2009: cytology – vaginal fornix - ASC-US

reactive - jd

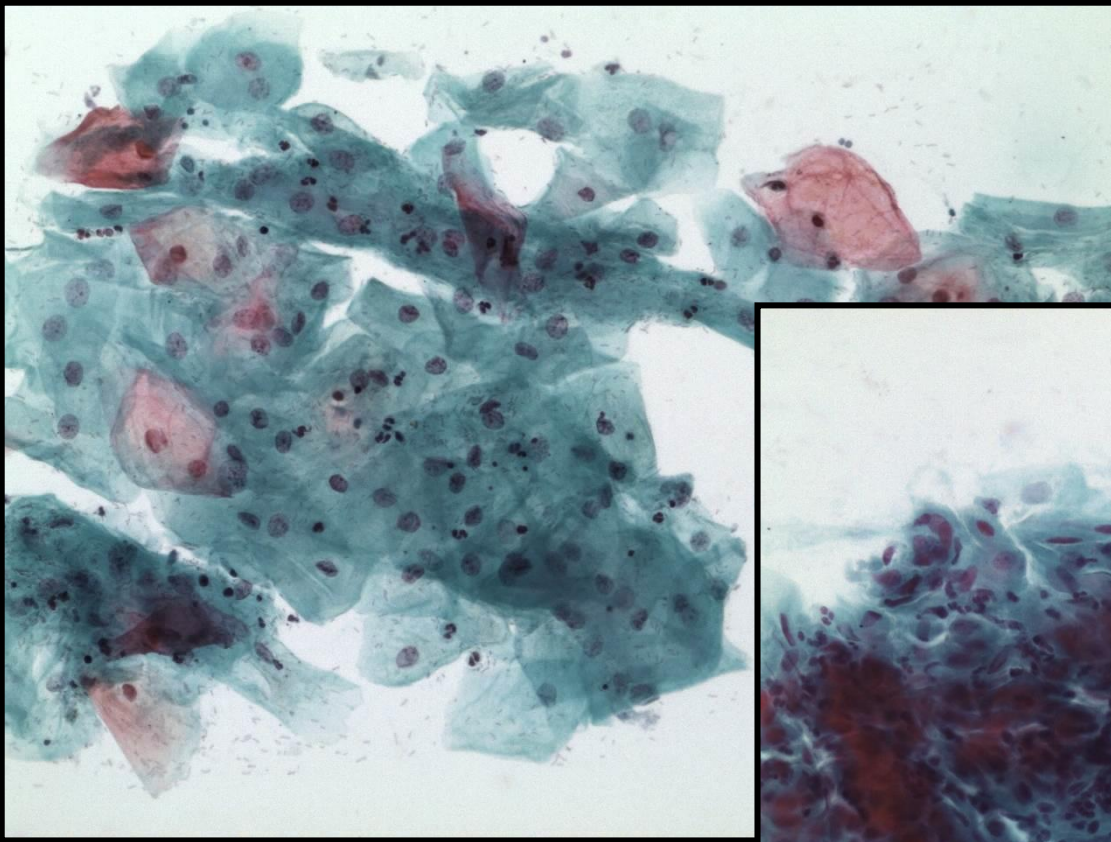


G 2644/09

G975/09



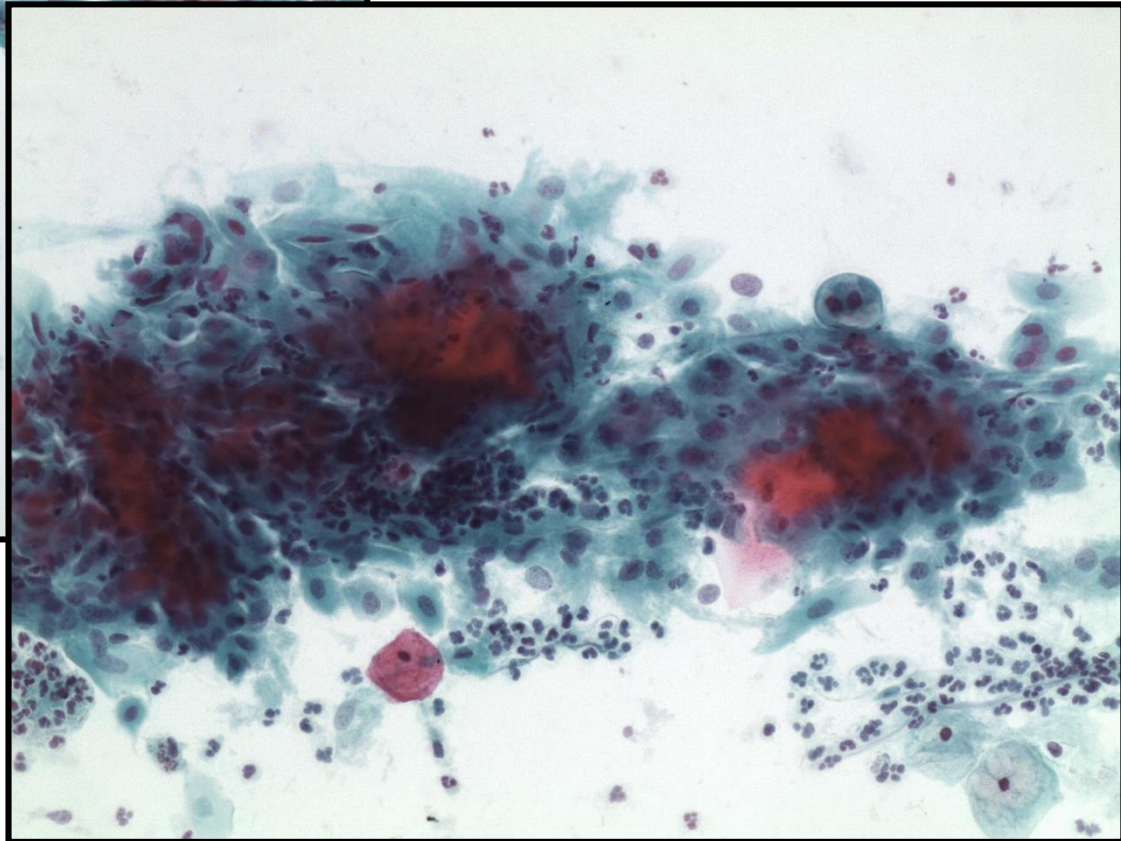
March 2010: cytology – vaginal fornix - NILM
October 2010: cytology - vaginal fornix - NILM



inflamm. repair - jd

S 5079/10

S 1686/10



Recent status

- ❖ lymphoedemas treated
- ❖ vaginal findings stabilized
- ❖ dismissed to the local gynecologist care

Case 4 - Summary

Invasive carcinoma in a menopausal patient (55) discovered by the colposcopist three years after two negative cytologies

- ❖ Born 1952
- ❖ Referred 2007 by the local gynecologist to the university centre because of abnormal colposcopy finding.
- ❖ Cervix – labium posterius – ulceration 10 mm in diameter.
- ❖ Previous cytologies-twice-2004 – NILM.
- ❖ Squamous cell carcinoma diagnosed with punch biopsy
- ❖ Treated with surgery and external irradiation
- Older women frequently cease to visit gynecologist
- Any abnormal finding deserves to be clarified irrespective of the cytology result(s).
- Postoperative plus post-irradiation changes can make the evaluation of follow up cytologies difficult.



28 May - 01 June, 2016
PACIFICO YOKOHAMA, Japan



<http://www.cytologyjapan2016.com/>

Video Workshop

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Thank you for your attention!