

# Cervical Cancer Audit

Learning points from a few cancer audit cases

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Helen Burrell. Consultant BMS &  
Training Centre Director

North Bristol NHS Trust

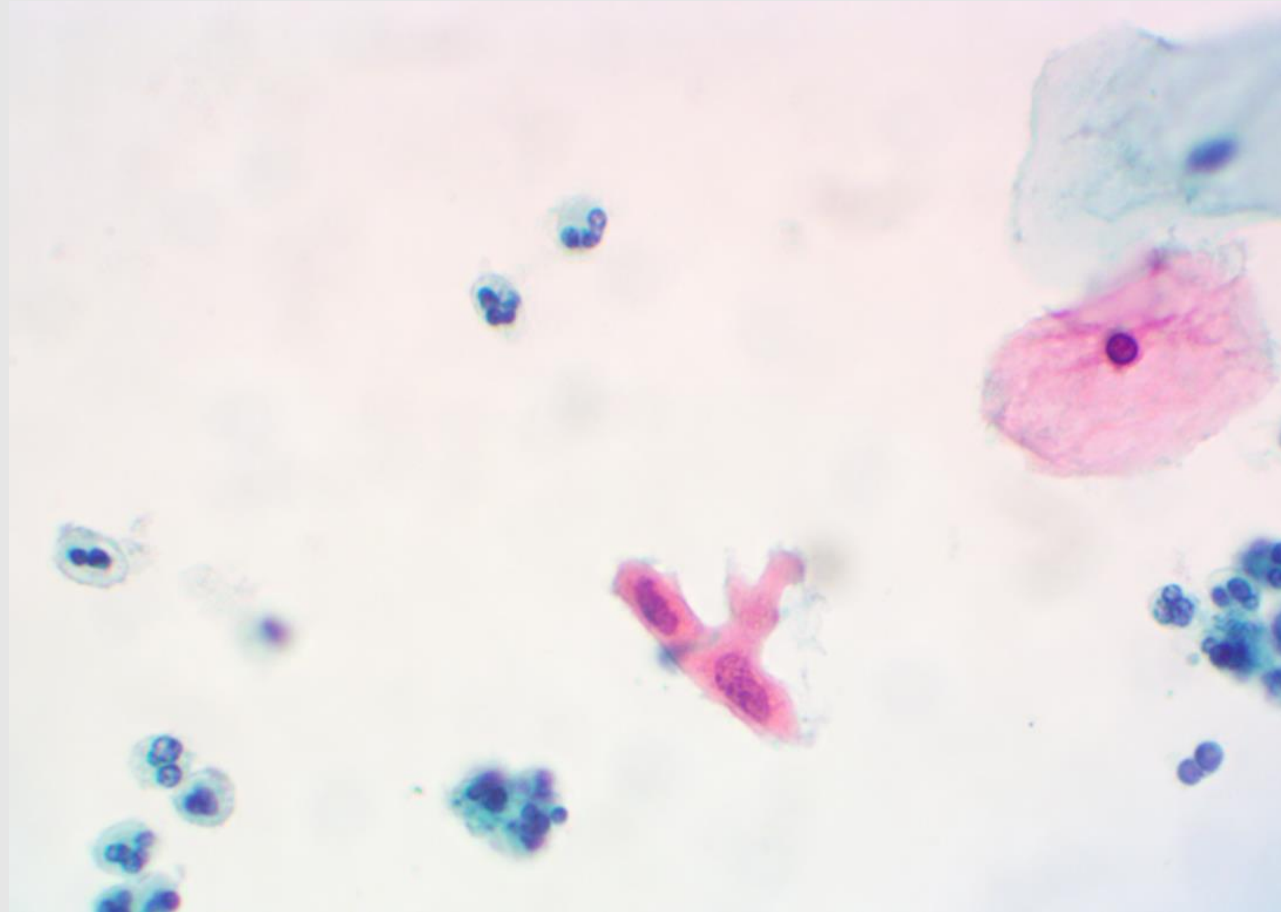
# Before we start: Remember!!

- Cervical screening is very effective
- Most abnormalities are picked up through screening
- Primary screening, checking and reporting can be very challenging
- Our screening, interpretation & decision making can be influenced by many factors other than what cells are on the slide...
- Nobody misses or misinterprets anything on purpose

# Case1

- Age 36
- 3rd HPV positive
- Passed to checker as borderline in squamous cells

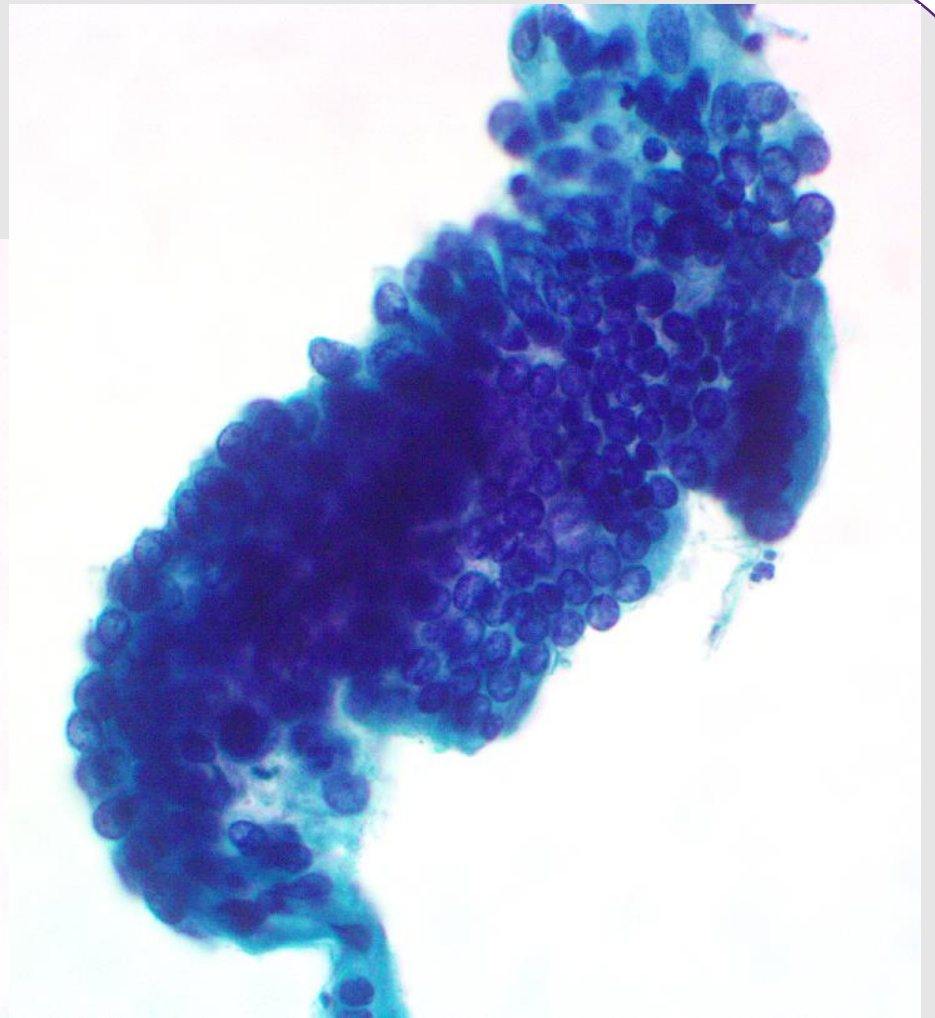
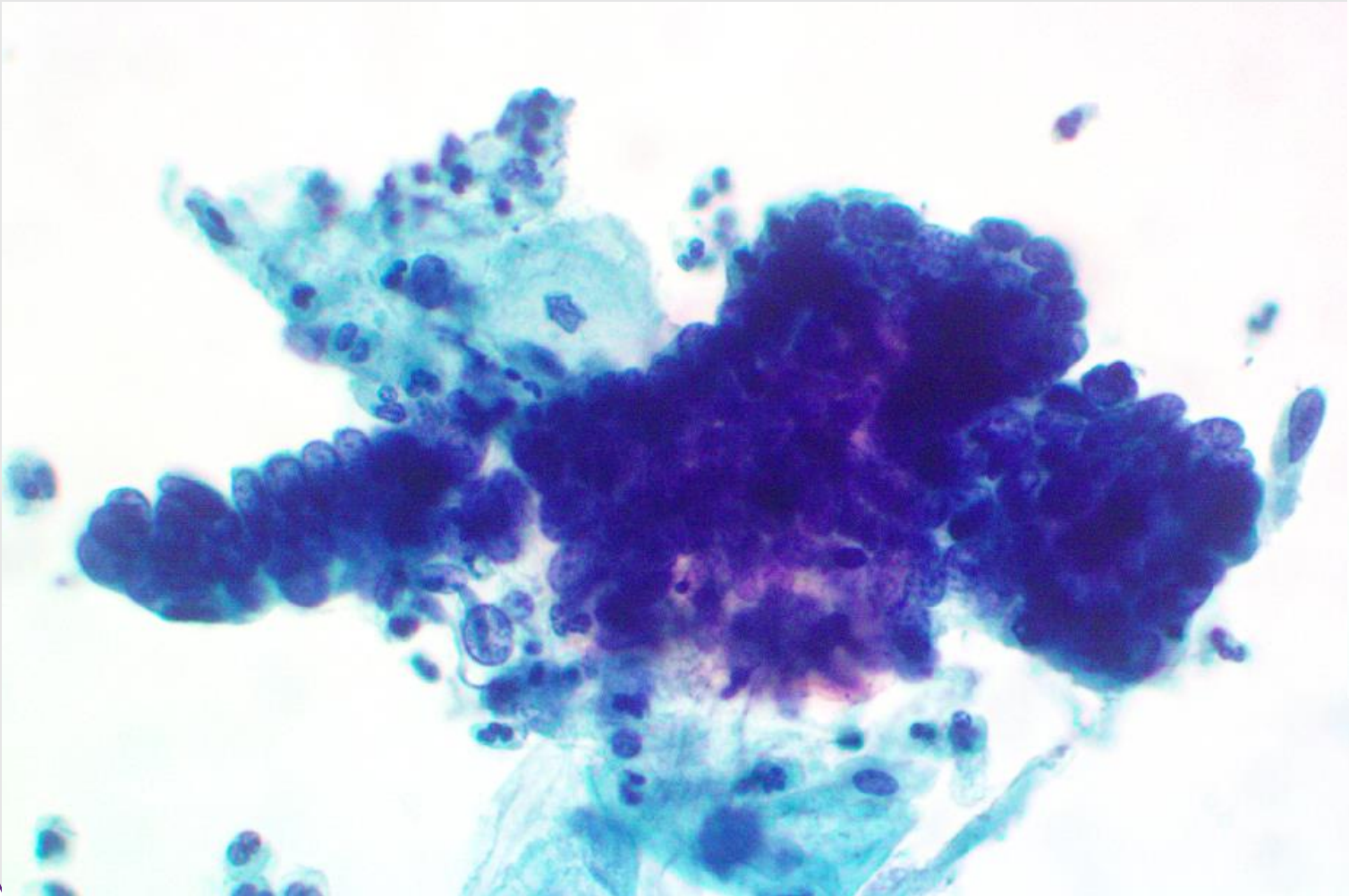
# Borderline changes in squamous cells?



# Final report

- Checked as negative but referral to colposcopy as 3rd HPV positive
- Colposcopy NAD
- Discharged back to GP for smear in 12 months

Follow up in 12 months



# Follow up in 12 months

- Screened, checked and reported as CGIN
- LLETZ showed cervical adenocarcinoma
- Previous 3 negatives reviewed for cancer audit

# Cancer audit review

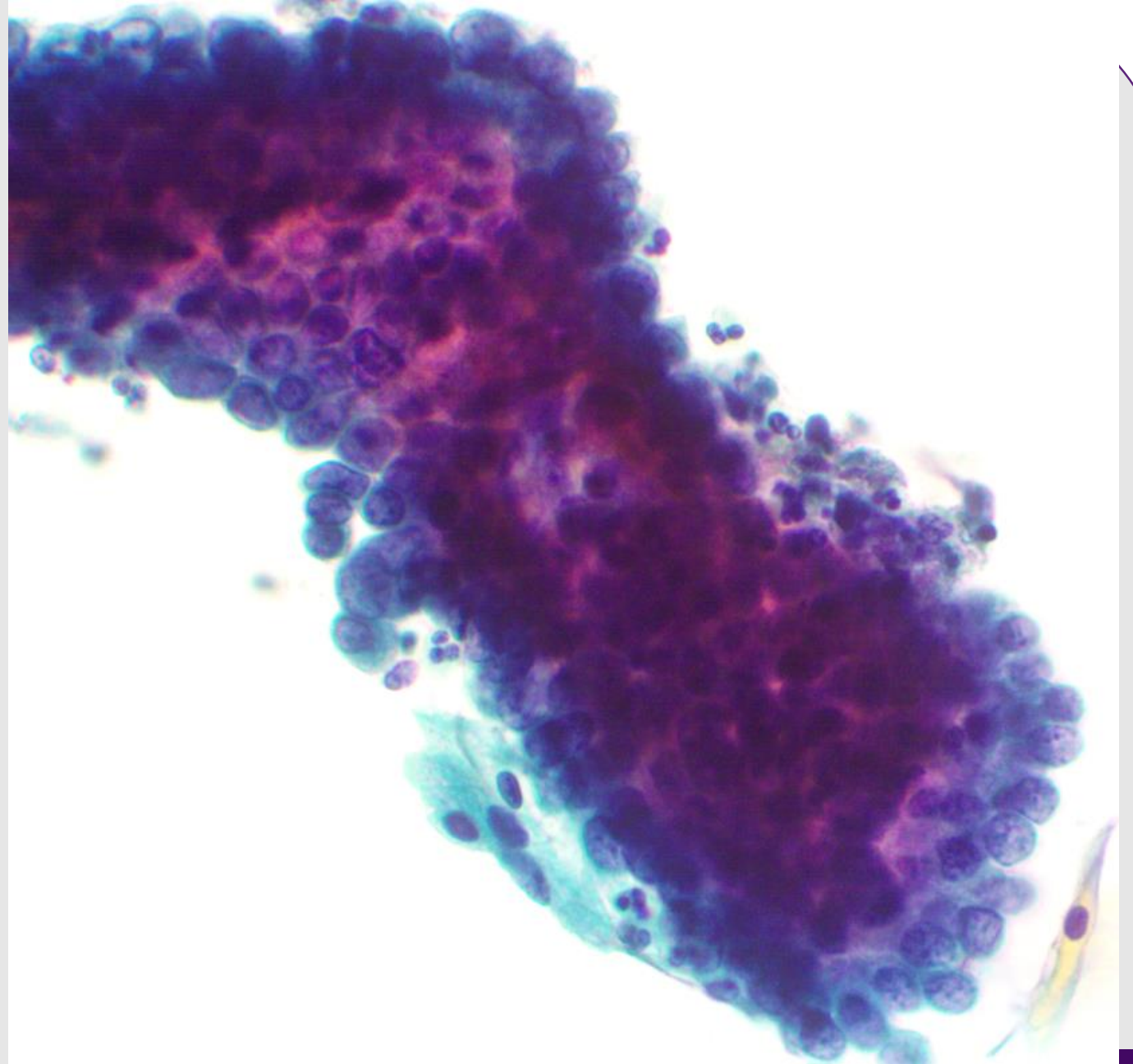
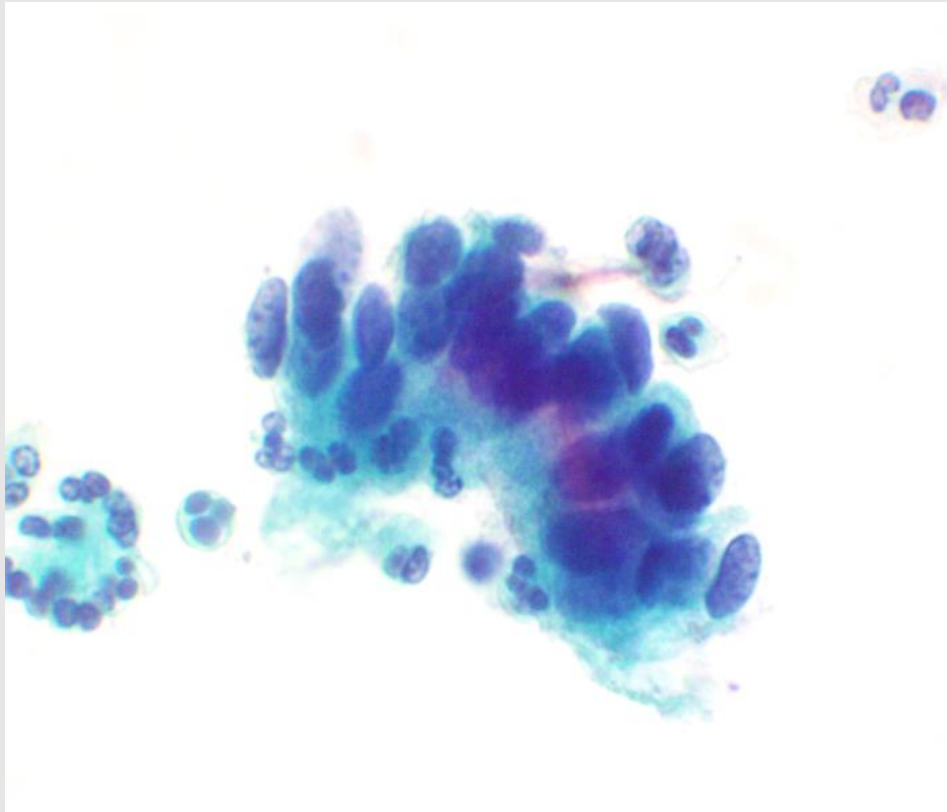
## 1st HPV positive

- Screened as negative
- Reviewed as negative
- No endocervical cells present

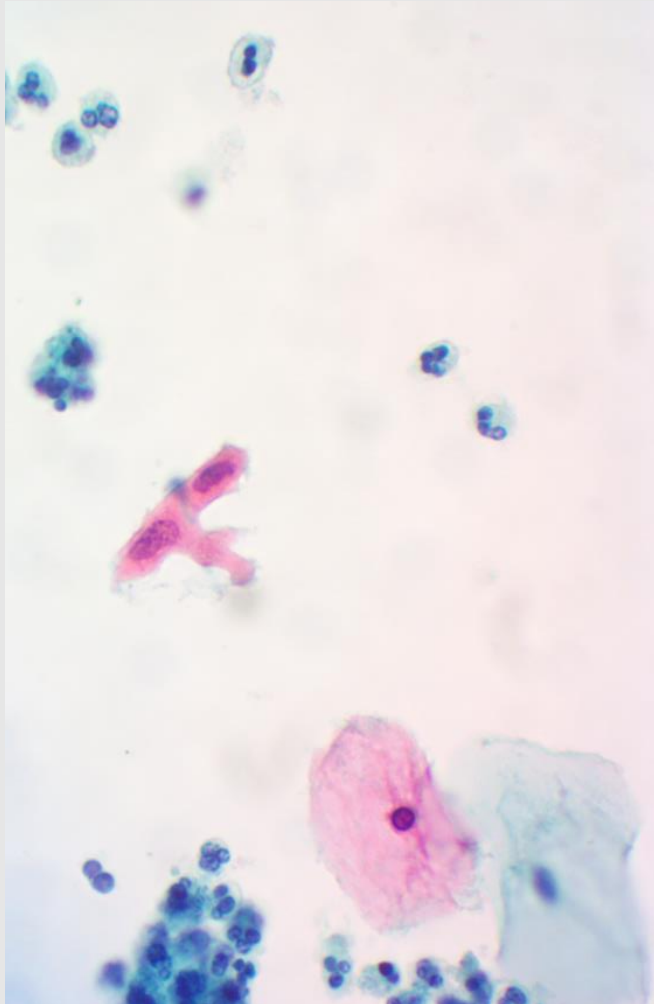


# 2nd HPV positive

- Screened as negative
- Reviewed as **CGIN**



## 3<sup>rd</sup> HPV positive

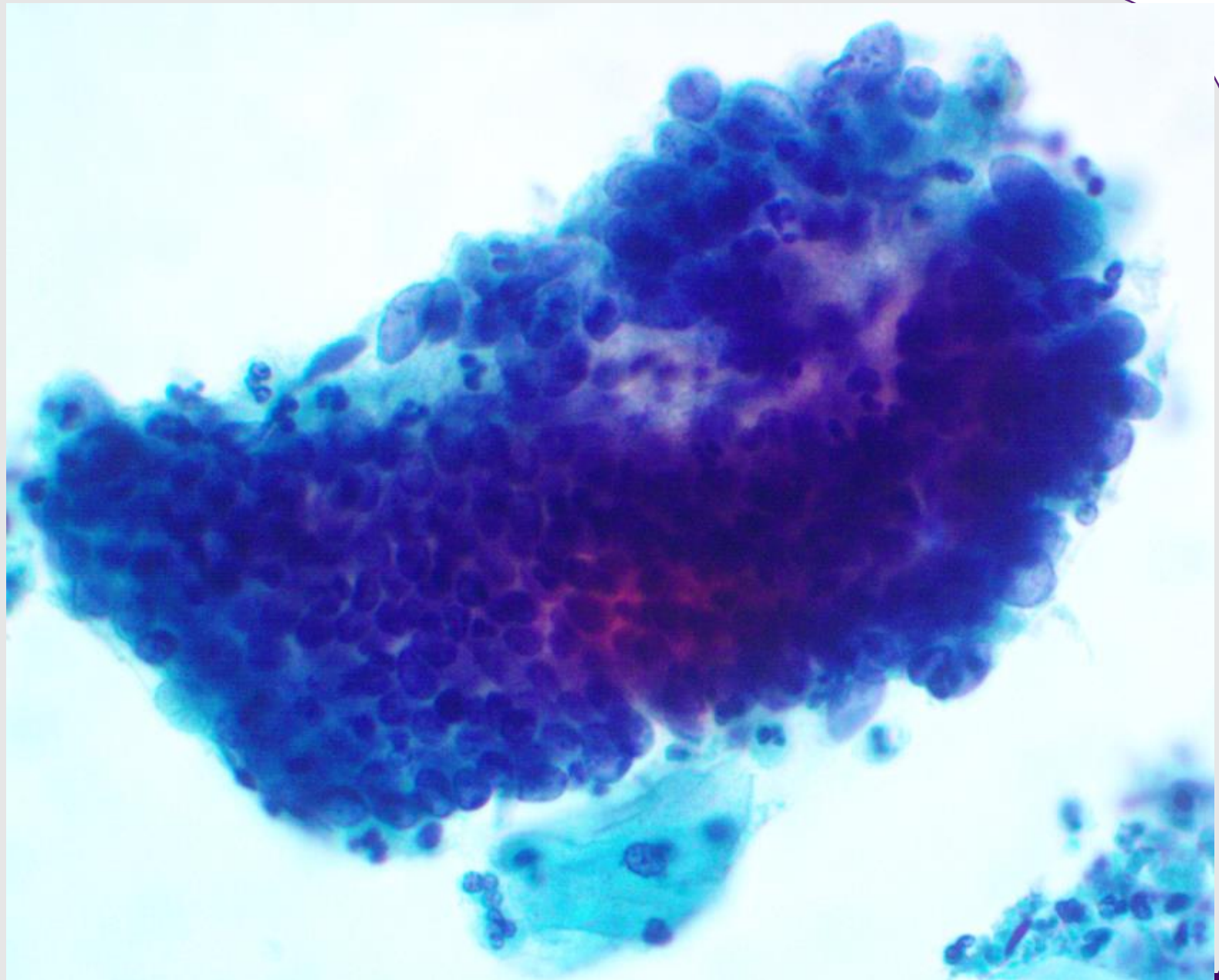
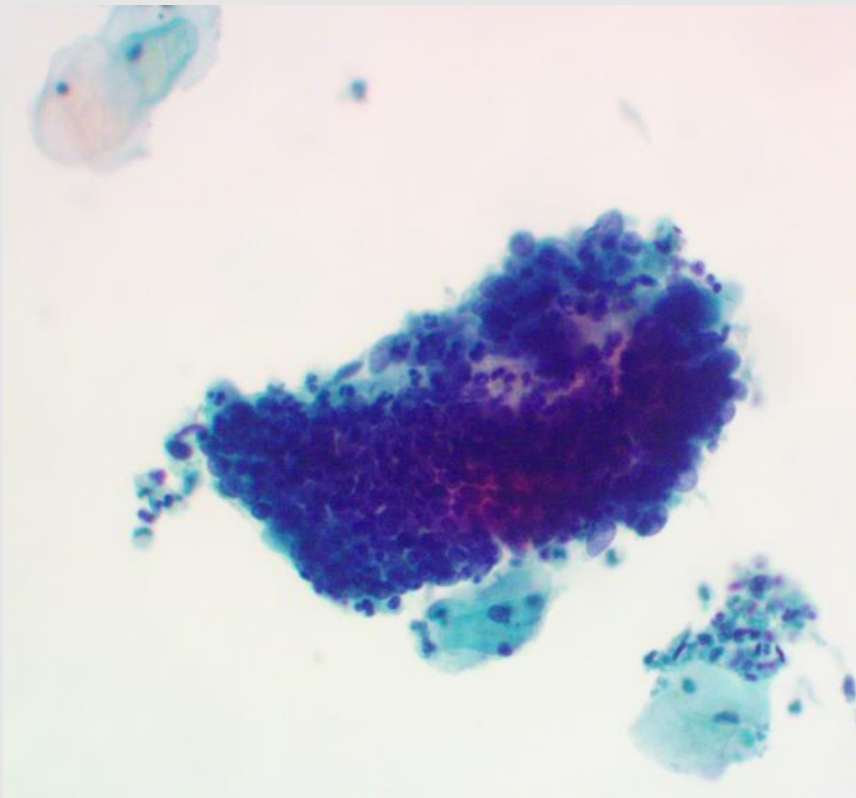


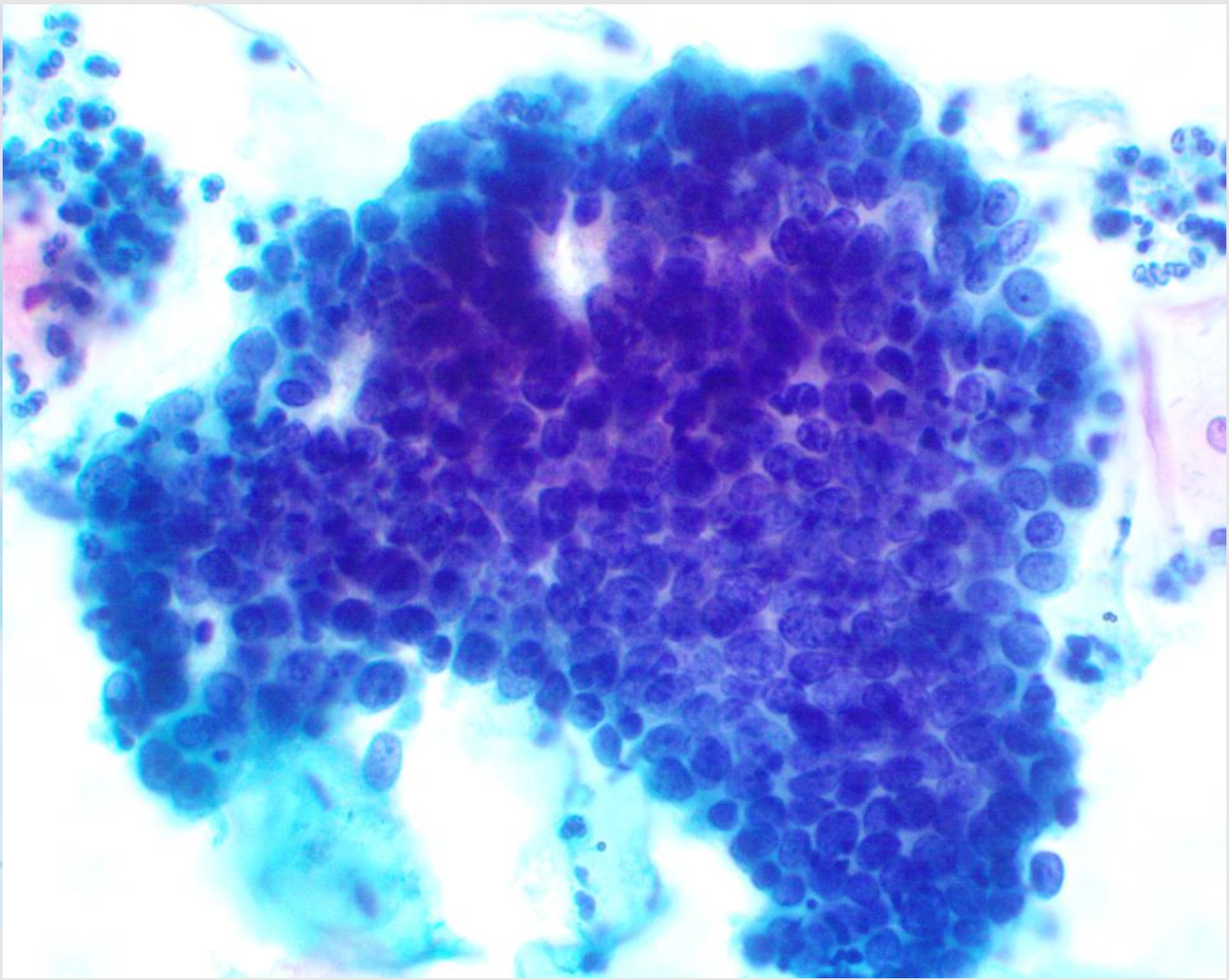
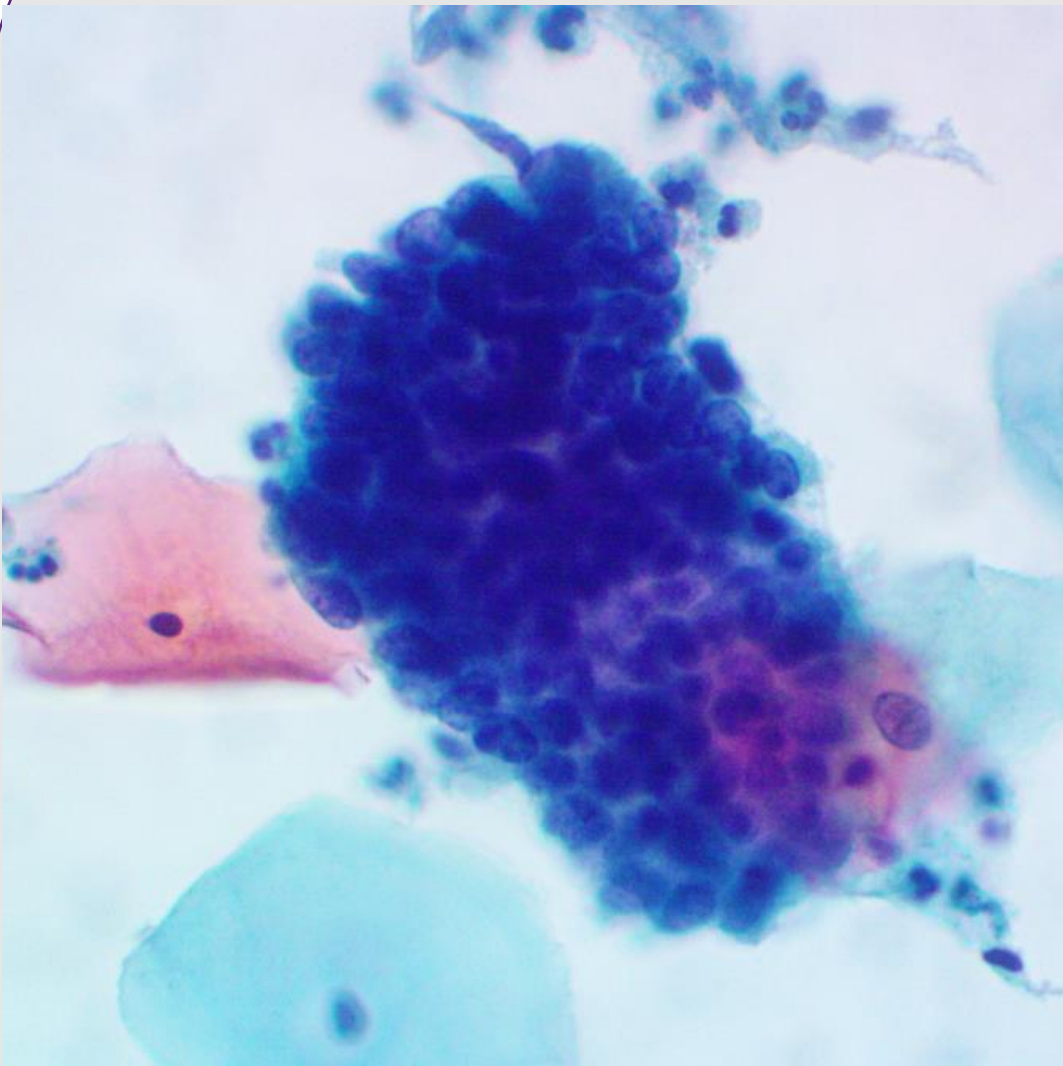
- Screened as borderline changes (BC) – only one dot
- Checked as negative, refer
- BC or inflammation? These squamous cells look very degenerate and binucleate but important to check carefully for other cells. No other atypical squamous cells seen. Topic for another day!

But...

- Slide reviewed as CGIN on the following groups...

3<sup>rd</sup> HPV positive





# Learning points

- The abnormal glandular groups were not picked up at initial primary screen or checking as none dotted
- Don't get tunnel vision for a squamous abnormality or vice versa
- Look on high power at all glandular groups
  - Crowding
  - Elongated nuclei
  - Speckled chromatin
- 3<sup>rd</sup> HPV positives – they're going to colp anyway – is it possible we might have a more blasé attitude?? Remember...
  - Colposcopy may not see anything abnormal with CGIN
  - Cancer diagnosis was delayed

# Case 2

- Age 47
- Test of cure (TOC) sample after CIN3
- HPV positive
  - Sample was screened as negative
  - Referred back to colp

# Colposcopy

- Colposcopy – appearances of HPV
- Biopsies taken
- HPV only, no CIN
  
- Discharged to repeat in 36 months

# Three year follow up

- Reported as CGIN
- LLETZ showed CIN3 into crypts, CGIN and adenocarcinoma
- Previous failed TOC reviewed for cancer audit

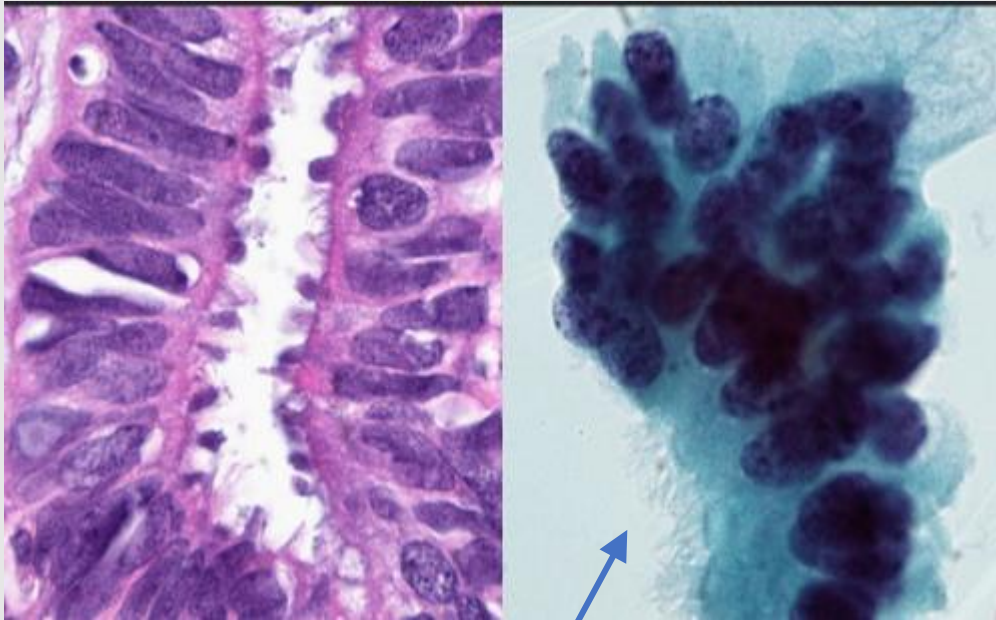


# Test of cure samples

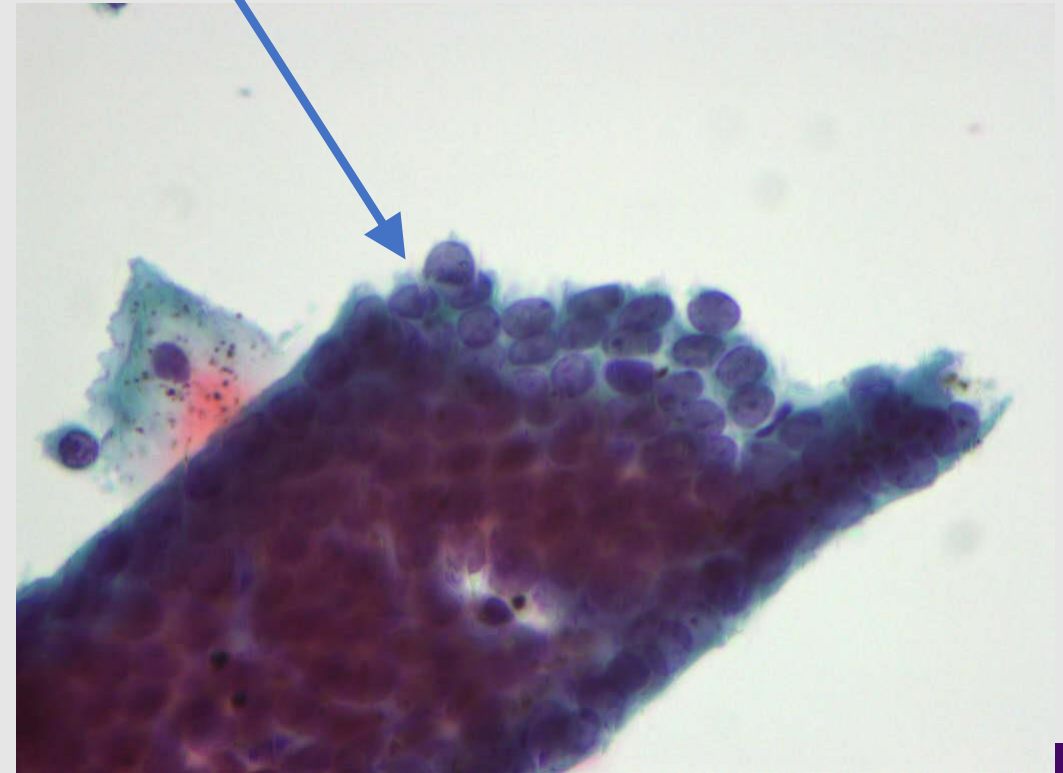
- What do we consider?
  - Post treatment changes – LUS/TEM versus abnormal
  - HPV+ - they're going back to colp anyway?...

# Post treatment

**Tubal metaplasia**

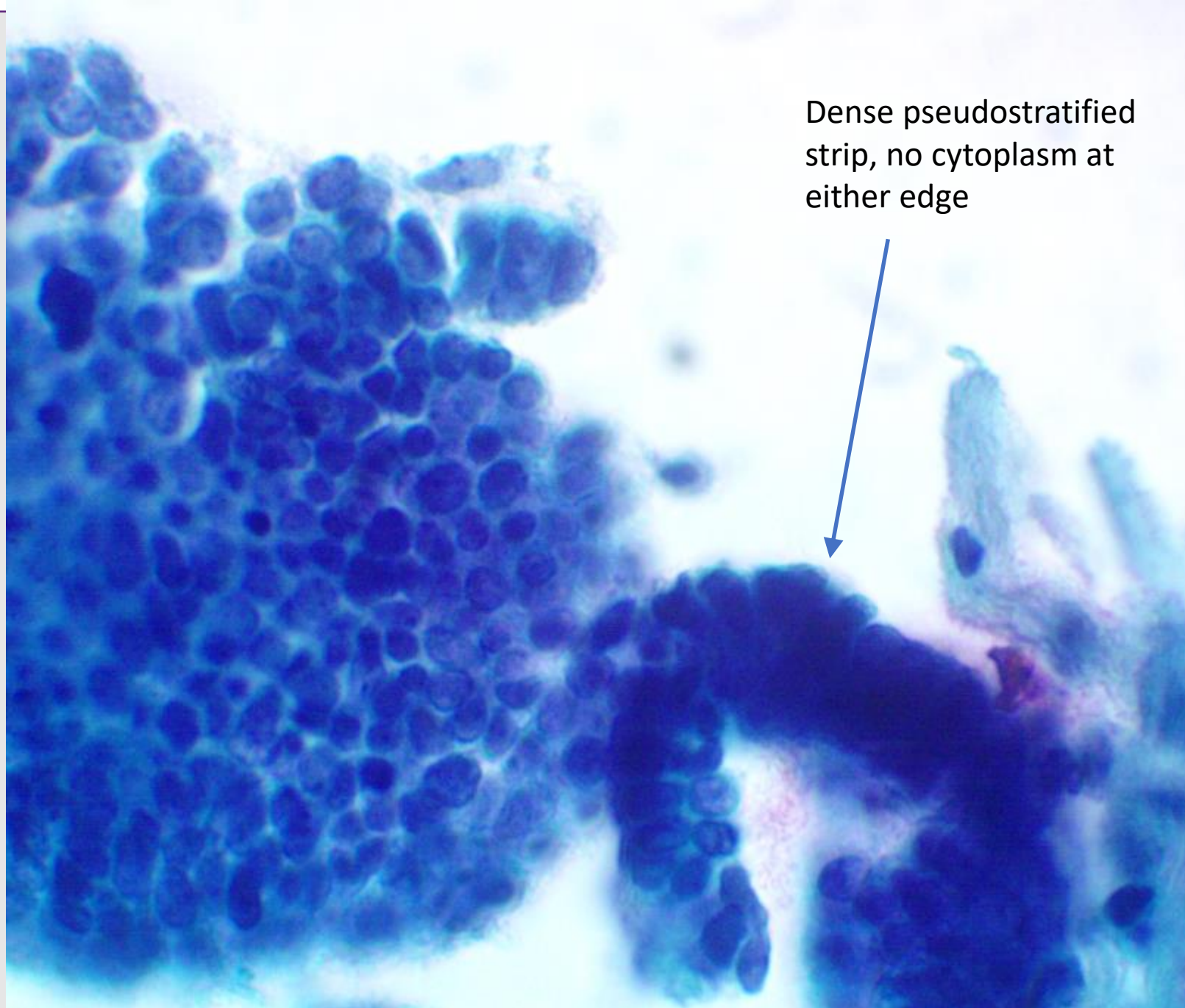
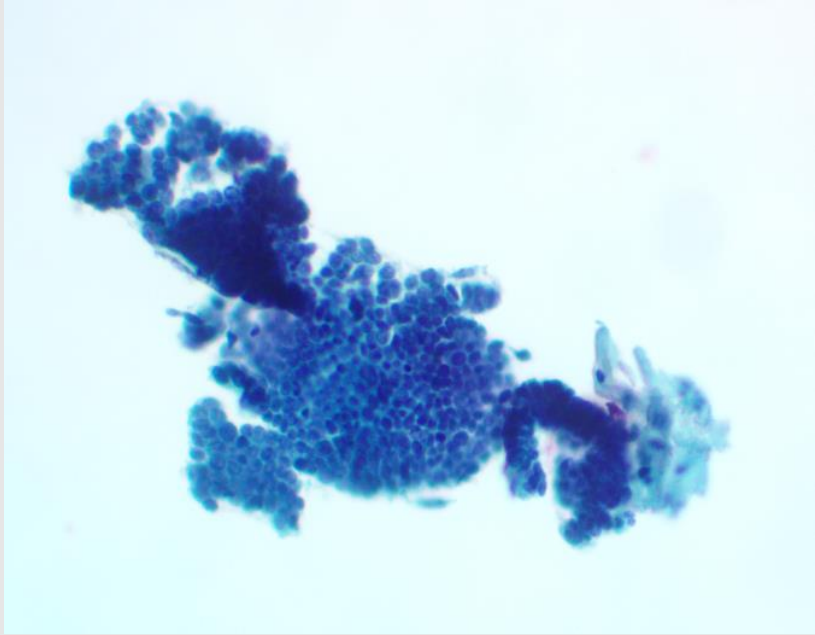


**LUS**

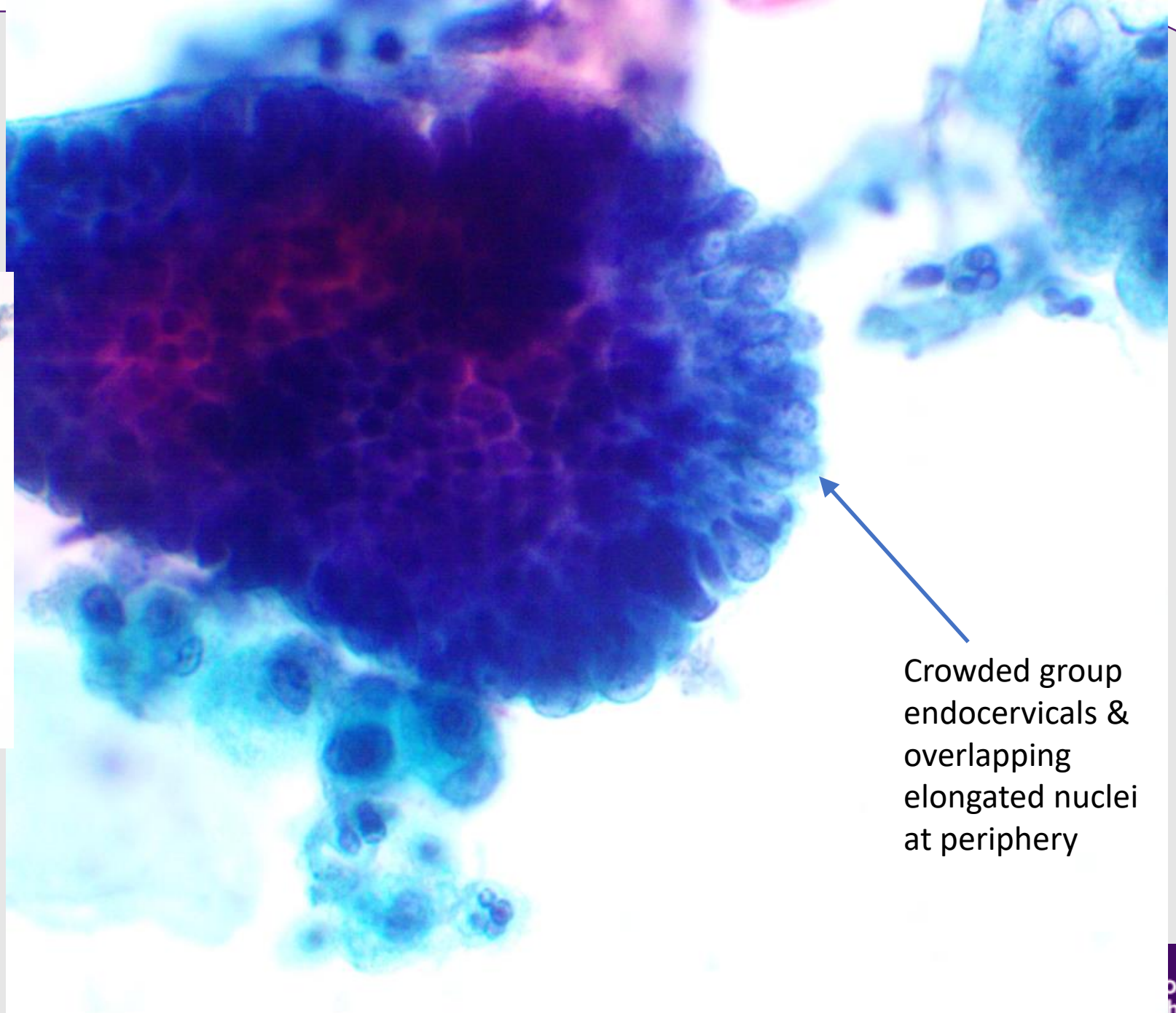
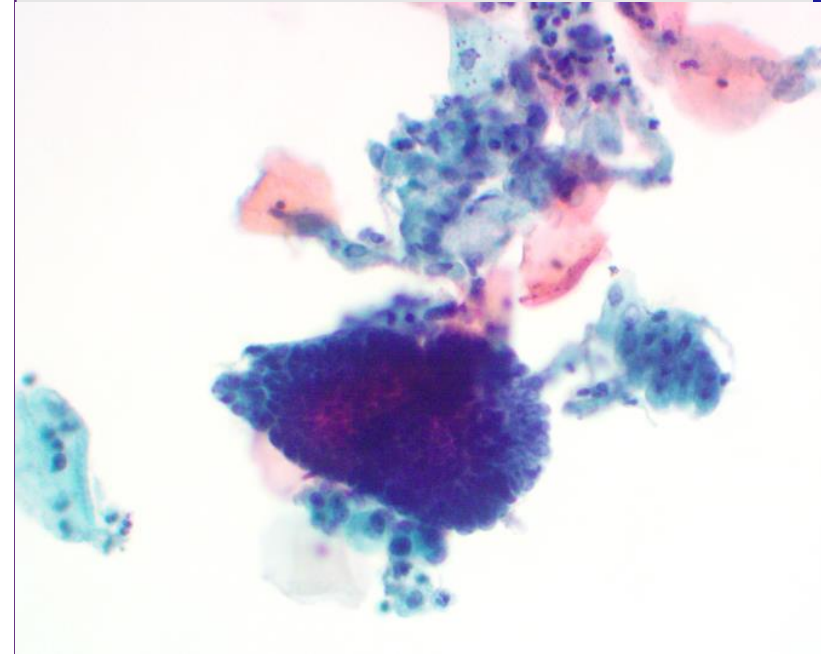


# Previous negative failed TOC reviewed for cancer audit

- Several glandular groups present...



Dense pseudostratified  
strip, no cytoplasm at  
either edge



Crowded group  
endocervicals &  
overlapping  
elongated nuclei  
at periphery

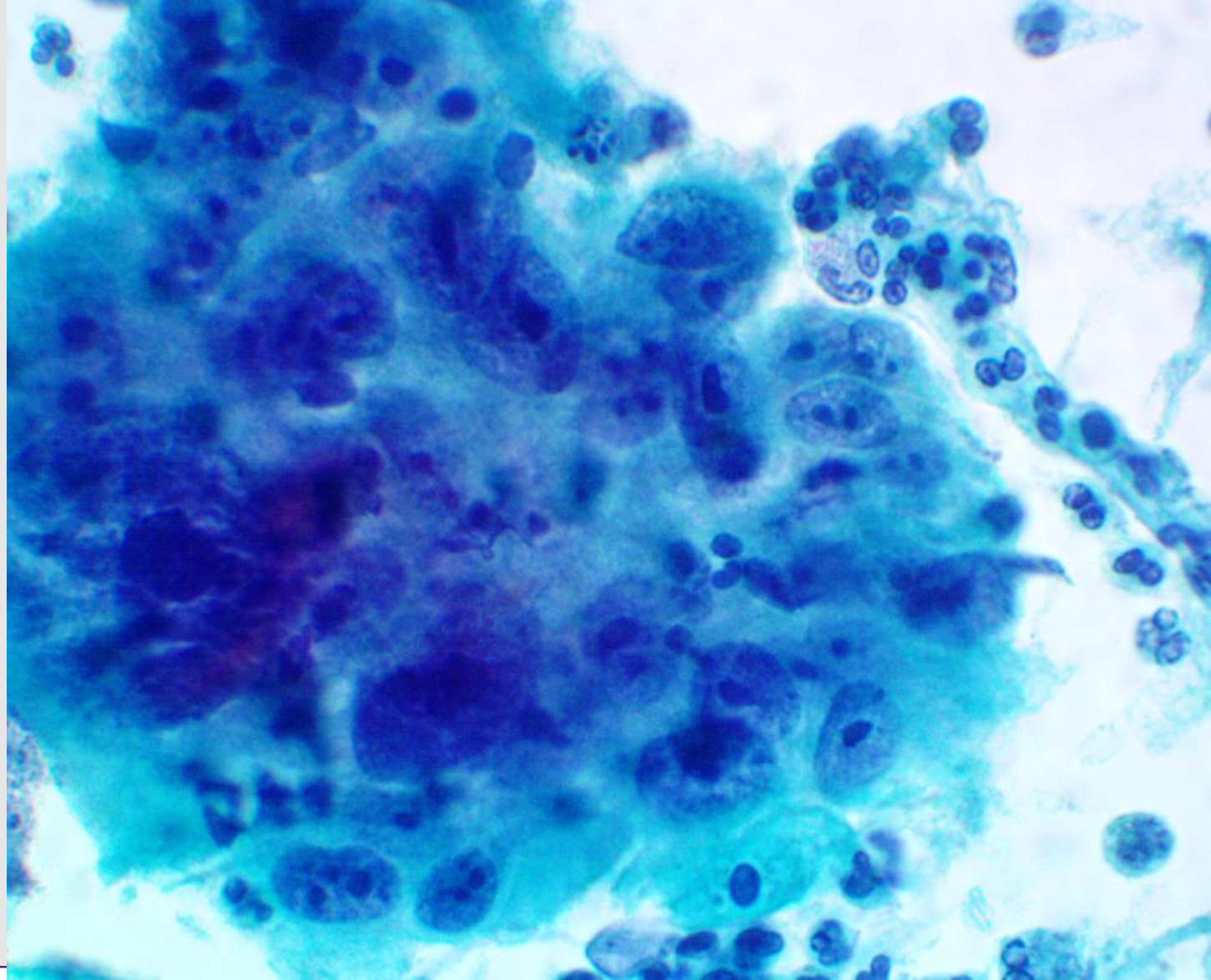
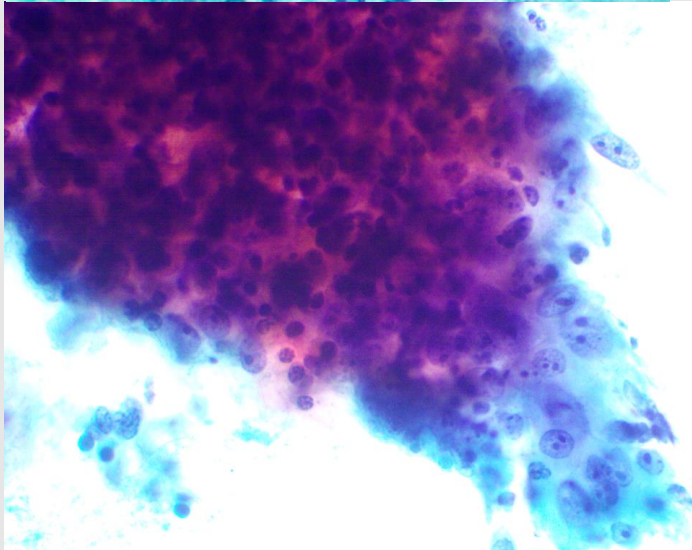
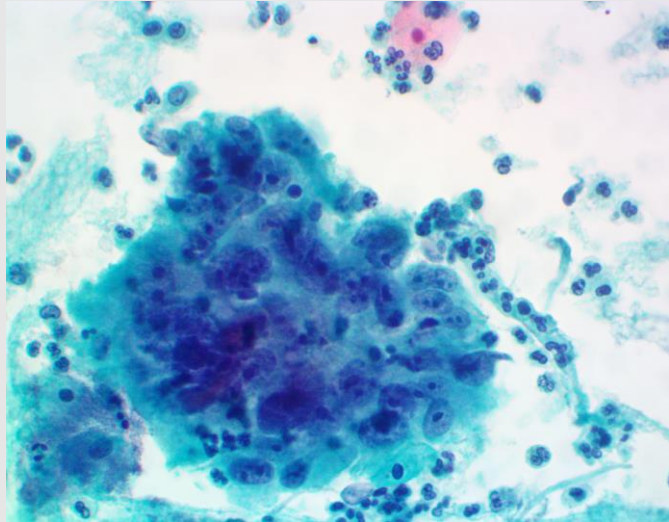
# Reviewed as CGIN

- Learning points
- Consider post treatment effects but:
- Have a **low threshold** for dotting groups that don't look completely normal
- If nuclei are elongated and overlapped, or groups show crowding best to pass on
- A lot of normal LUS/TEM is HPV negative so maybe we don't see it as much as we used to?
- A large proportion of CIN3 may also have coexisting CGIN, so don't rule it out in follow up after CIN3
- Colp often cannot see glandular abnormality, superficial biopsies may be falsely reassuring.

# Case 3

- Age 32
- Previous CIN2 and SMILE (incompletely excised)
- At colposcopy following TOC showing borderline changes in squamous cells
- Colposcopy normal so continued annual surveillance

Repeat in 12 months

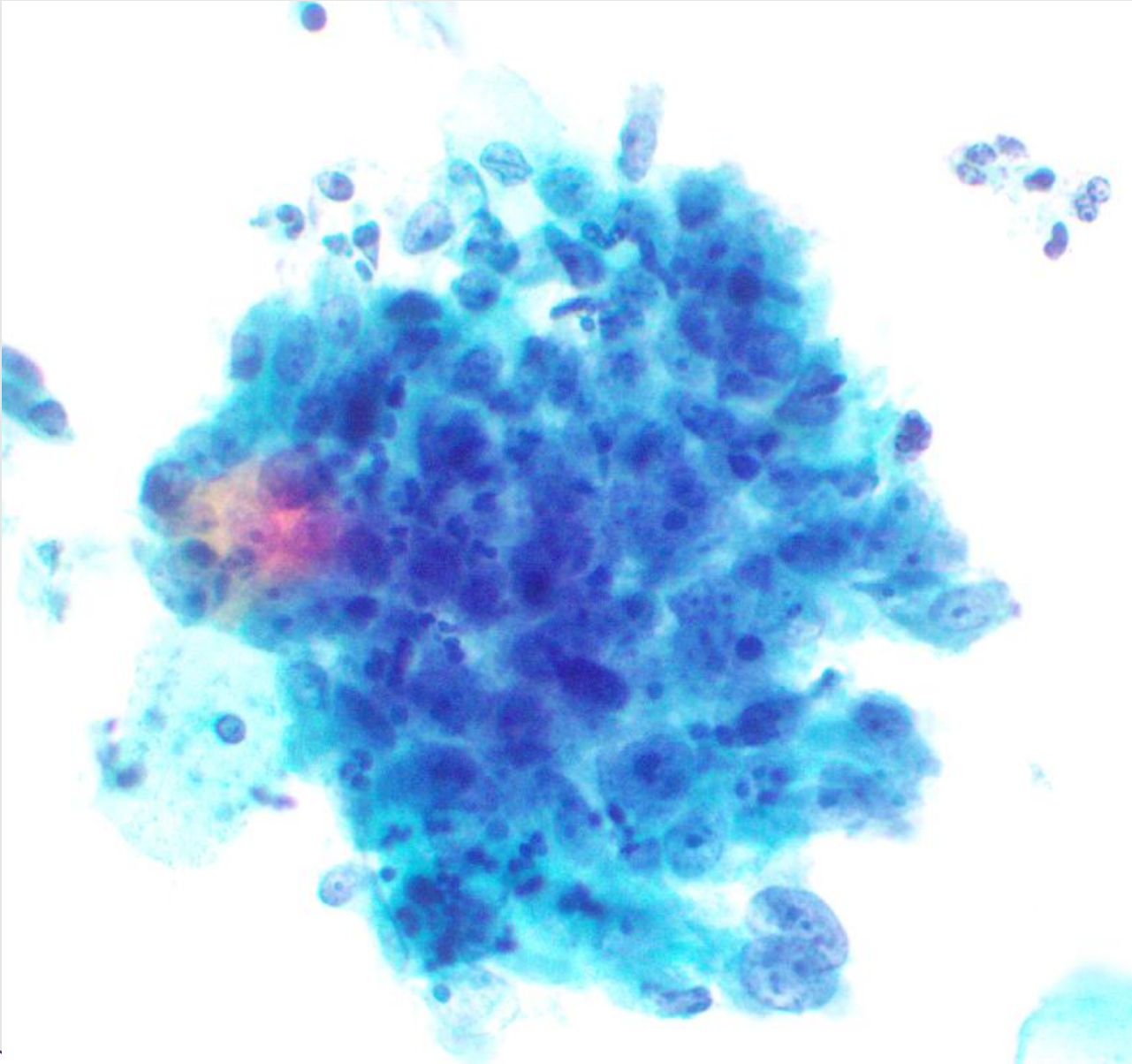




# Report

- Screened by checker as severe?invasive
- Final report: at least high grade, could be squamous but in view of previous SMILE should also rule out glandular abnormality. Coded as 6.
- LLETZ showed squamous cell cancer, no SMILE, no CGIN or adeno
- In retrospect cytology does fit with squamous abnormality

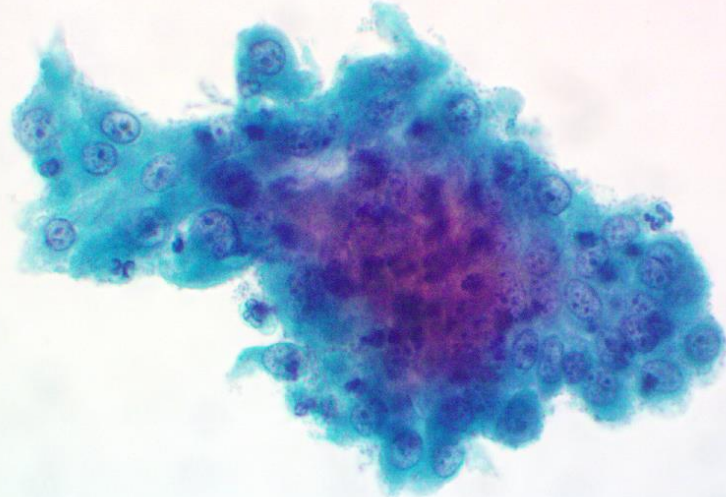
# Cervical cancer audit review



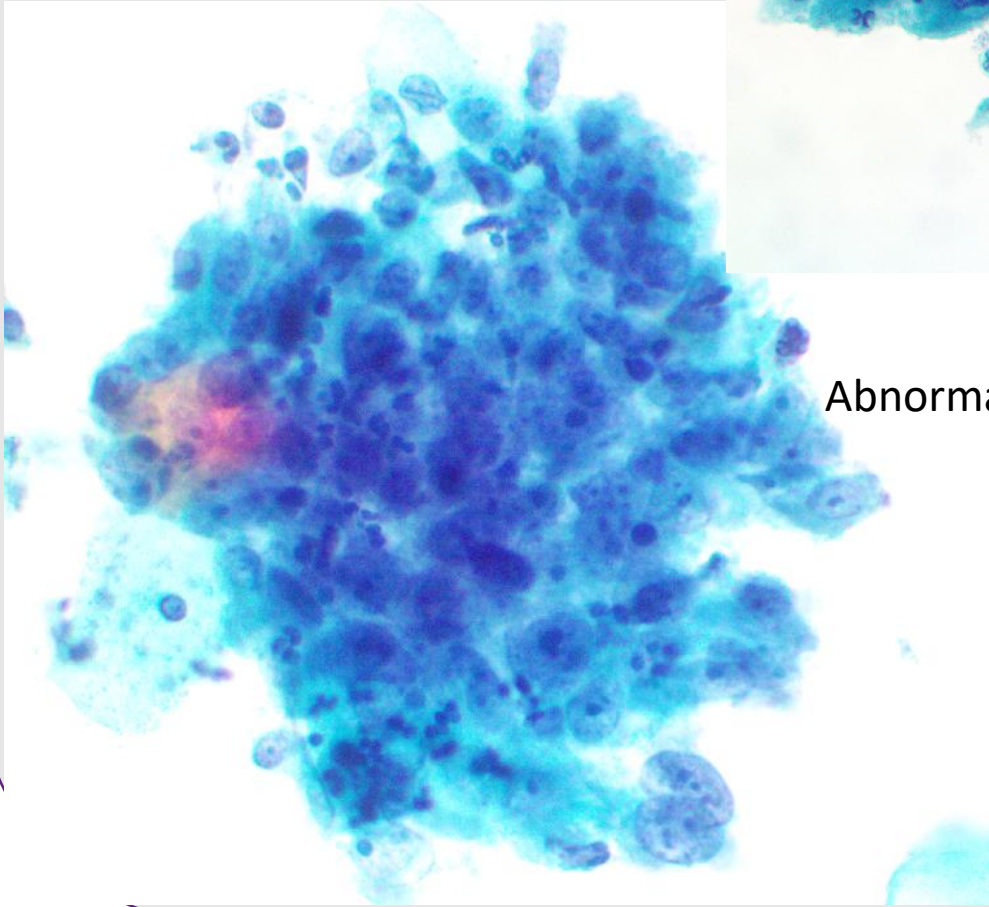
- Previous slide screened as negative, inflammatory/reactive changes
- Picked up at rapid review as ?BC in Endocervicals
- Reported as BC squamous

# Learning points

Inflammatory changes



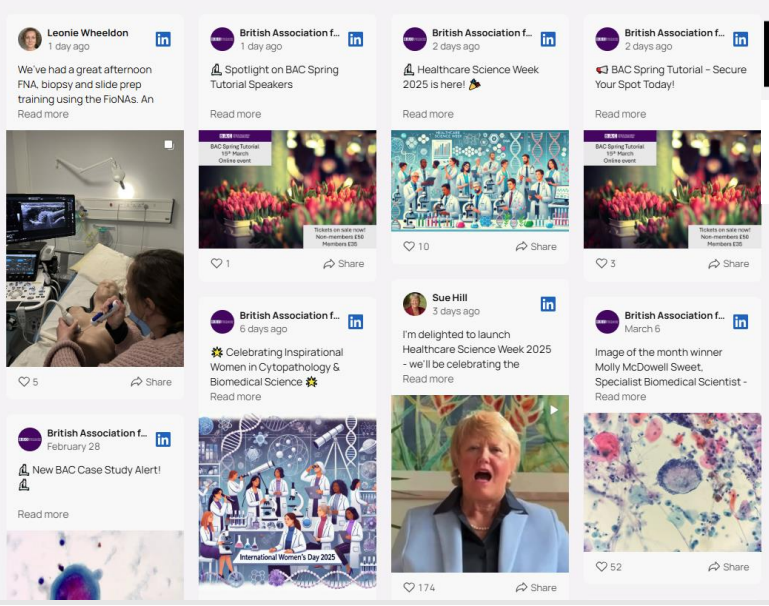
Abnormal



- Slide was treated with espostis/glacial acetic acid (GAA) wash
- Difficult case as also inflammation++
- GAA can cause nuclear enlargement and bland chromatin
- Note abnormal macronucleoli, variable from one nucleus to the next plus haphazard arrangement
- GAA does not alter arrangement of nuclei within a group
- Inflammation does not cause nucleoli to look atypical
- GAA can make abnormal chromatin pattern less obvious

# Final thoughts

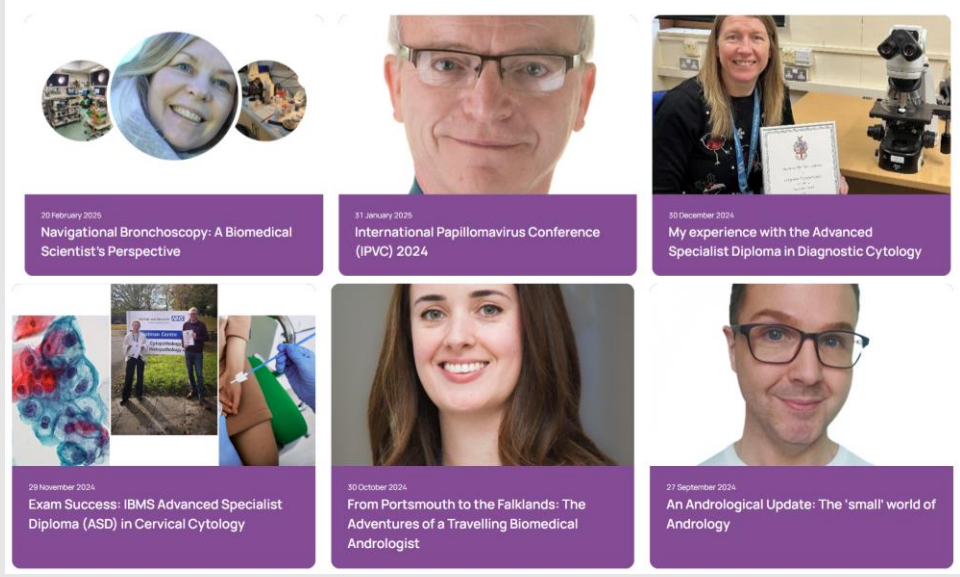
- Many slides are agreed with on cancer audit review
- We are never going to be perfect
- Cancers will inevitably be missed within any screening programme
- Would you expect a competent screener/checker/cons to see and identify the abnormal cells every time? Is there a reasonable explanation? **Consider any learning points and share**
- If obvious cases are missed, we need to be able to prove that staff were performing within the acceptable standards at time of case
- **Regular performance monitoring** is in place for a reason and important to follow poor performance SOP if standards are not being met
- Thank you to everyone who helps out with cancer audit review process in the South-West



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**Up & Coming Events**

|                     |  |                         |  |
|---------------------|--|-------------------------|--|
| 30<br>April<br>2025 | Members lunch time Slide Club with Dr Tony Maddox (April 2025)<br>Time: 12:30 – 13:00<br>BAC Event | 11<br>May<br>2025       | Florence Italy<br>22nd International Congress of Cytology<br>External Organiser                                  |
| 15<br>May<br>2025   | Borderline Endocervicals Webinar<br>Time: 13:00 – 14:00<br>BAC Event                               | 15<br>September<br>2025 | Krankenhaus St. Elisabeth & St. Barbara Halle/Saale (Germany)<br>16th Annual EFCS Tutorial<br>External Organiser |

**Members lunchtime slide club**



Direct contact with the Executive via the website "Ask the expert section"





**BAC Members Lunchtime Slide Club**

30TH APRIL 2025

## Members lunch time Slide Club with Dr Tony Maddox (April 2025)

Time: 12:30 - 13:00

Please [Log in](#) to purchase tickets for this event.

More Information 

### Free to BAC members!

Register to join the new monthly BAC Members Lunchtime Slide Club.

If you have a camera and microscope set up to live stream your case or have digital images please bring them to this session.

The session allows you exclusive access to Dr Tony Maddox. Talk through, share or showcase any interesting or challenging cases you might have.

This is an informal space for members to learn, grow and interact with experts.

Register today!