

ECC Budapest 2023

**BAC Companion Symposium**

**The Invasive Cervical Cancer Audit &  
Disclosure process (England)**

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# Invasive Cervical Cancer Audit & Disclosure (ICCAD) process

- Purpose of the audit
- National audit guidelines / procedures
- Local implementation
- Results
- Evolution of process
- Where are we now?

## Purpose of the invasive cervical cancer audit

- To monitor the quality and effectiveness of the NHS Cervical Screening Programme
- To compare the screening histories of individuals who develop cervical cancer with those who do not
- To identify areas of good practice and show where quality improvements might be made
- To support learning and development for the NHSCSP and organisations involved
- To make sure people are given information about their screening history review

## National guidance and local policies

- National guidance sets out procedures for auditing cases of invasive cervical cancer
- Defines a protocol so that standardised data can be collected and analysed
- *Notes that audit results 'can form the basis of information for disclosure but is not a legal case review'*
- All organisations providing NHSCSP service(s) must have a local policy outlining how cases will be identified and audited
- Must say how individuals will be informed about the audit and their results

# Audit – the process

- Coordinated by the CSPL\* of the organisation where the cancer diagnosis was made
  - \*Cervical Screening Provider / Programme Lead (CSPL)
- Review cervical screening history from 10 years prior to diagnosis
  - Cytology slides / HPV results
  - Colposcopy attendances prior to index referral cytology
  - Histology biopsies / LLETZ pre-diagnostic specimen
- Audit results discussed at MDT
- Disclosure arrangements agreed
- Audit data submitted to national database (Cancer Research UK)
  - Reports produced to monitor themes and trends

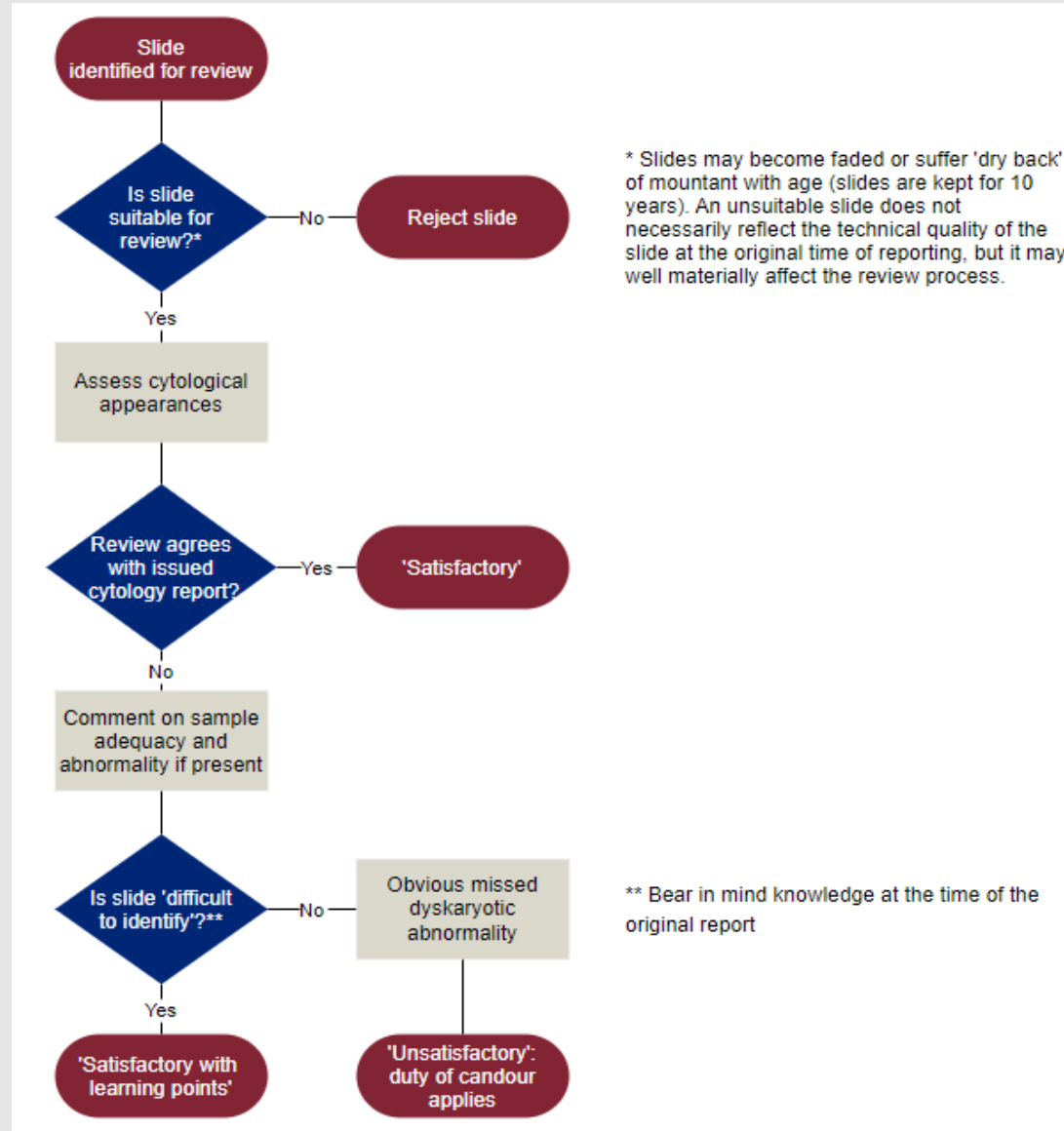
# 2021 guidance document

- Audit findings for each element to be classified:
  - **Satisfactory**
    - Nothing untoward found, nothing to disclose
  - **Satisfactory with learning points**
    - Something found that was not obvious on original assessment / examination
    - Requires disclosure
  - **Unsatisfactory**
    - Something found to have happened which should not have – Duty of Candour
- Overall audit outcome assigned – one of the above categories

# Cytology slide review

- Undertaken by Pathologist or Consultant BMS who actively reports cervical cytology but not the same person who originally reported the slide
- **Satisfactory** – agrees with original report
- **Satisfactory with learning points** – abnormalities present but only seen on review with hindsight and knowledge it is a cancer case – recognised pitfalls
  - an ‘unavoidable error’ / ‘at the limit of detection by primary screening’
  - Scanty abnormal cells <50 in LBC
  - Small / pale / bland cell dyskaryosis
  - Hyperchromatic crowded groups (HCGs)
- **Unsatisfactory** – obvious abnormality, should have been found on primary screening – ‘avoidable error’

# The cervical cytology slide review process





## Audit – the reality

- Process inconsistent across the country
- Audit results *are* used as basis for litigation
- Number of litigation cases is increasing
- Classification inconsistent amongst cytology reviewers
- Are we (cytologists) all calling the same things satisfactory with learning points and unsatisfactory?
- Only guidance available is written – needs practical guidance too
- BAC organised workshop to address some of the issues
- Talks from clinical and legal representatives about what audit results mean to them and their patients / clients

## Satisfactory with learning points (SLP) – what does it really mean?

- Cytologists have classification criteria but not applied consistently
- Example – would a couple of groups of small cell severe dyskaryosis be SLP or unsatisfactory?
  - Guidance says SLP but some reviewers said if it's visible and found on review it should be unsatisfactory!
- The workshop evidenced split opinions on most cases reviewed
- SLP is not well understood by clinicians so what/how do they disclose?
- *What most patients hear at disclosure is that their previous test has shown a missed abnormality – potential for litigation*

## Options for SLP category

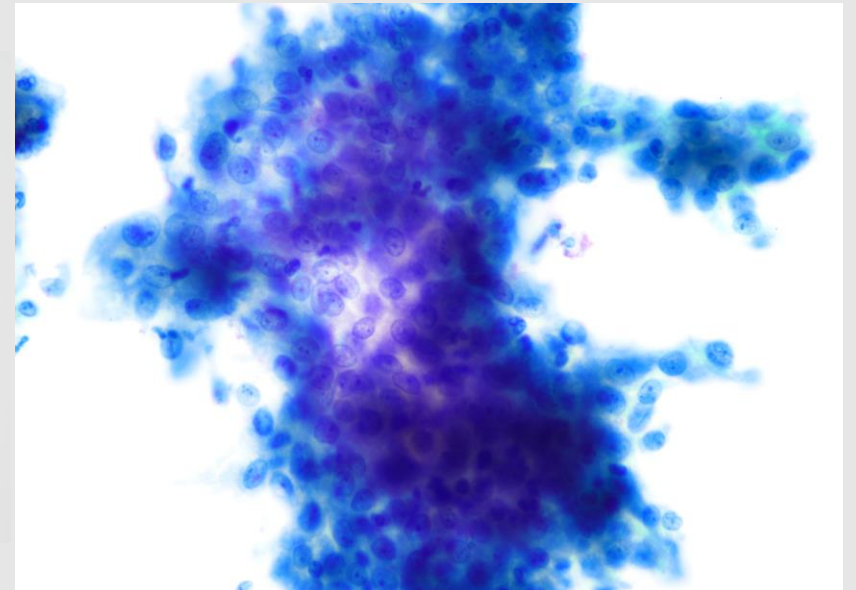
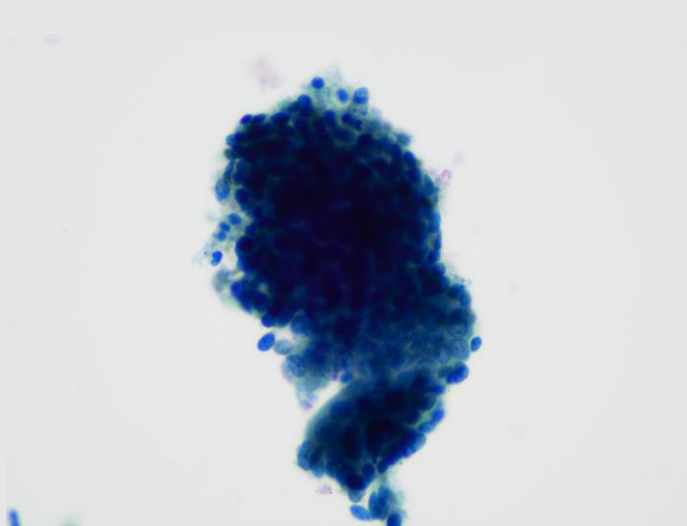
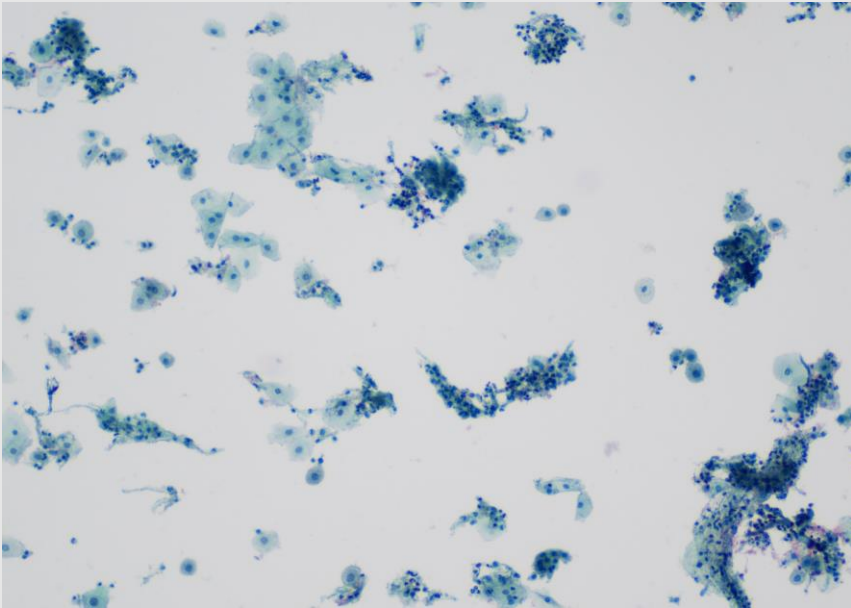
- Get rid of SLP – audit outcome should be satisfactory (including SLP as they are ‘acceptable misses’) or unsatisfactory (‘unacceptable miss’)
- But if something is found on review the patient has a right to know – yes?
- Unrealistic to call all SLP cases unsatisfactory as they are not obvious misses
- *It’s how the information is conveyed to the patient that is crucial – to explain the audit findings in the context of the screening process, that it is not 100% effective and ‘misses’ will occur but it doesn’t mean the screener was negligent*

## Next steps

- BAC are repeating the workshop in November – more evidence that the process needs to be ‘tweaked’
- The audit process needs to be reviewed by the national cancer audit group and BAC workshop feedback will be considered
- The audit outcome classification needs to be looked at how it can be used going forwards – rename it?
- Look at litigation process for SLP audit outcomes – can the process be streamlined to avoid high legal costs and payments??
- *Boundary between scientific and legal perspectives is blurred*

## Example 1

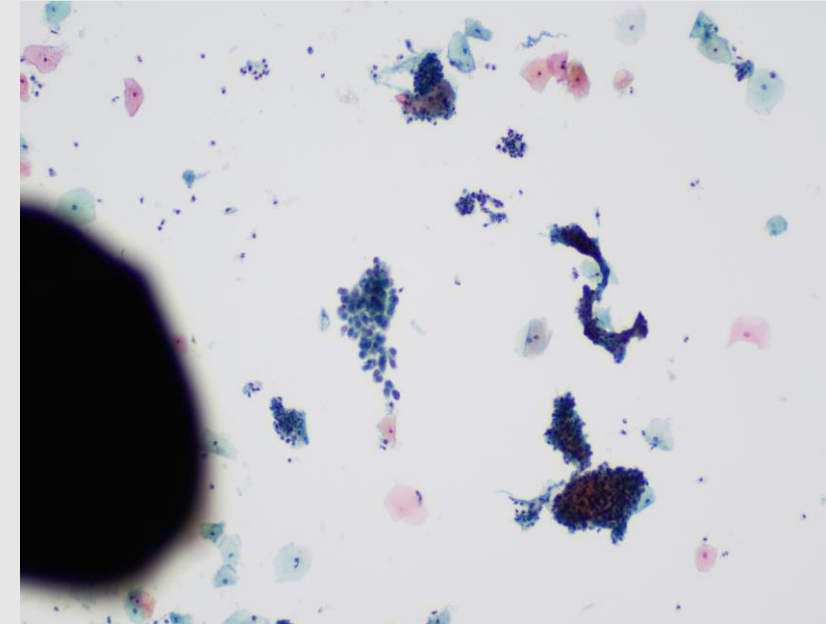
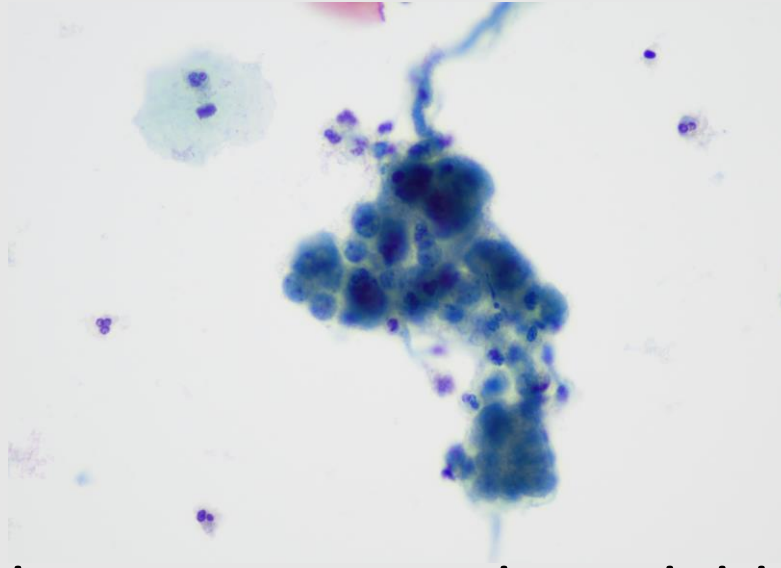
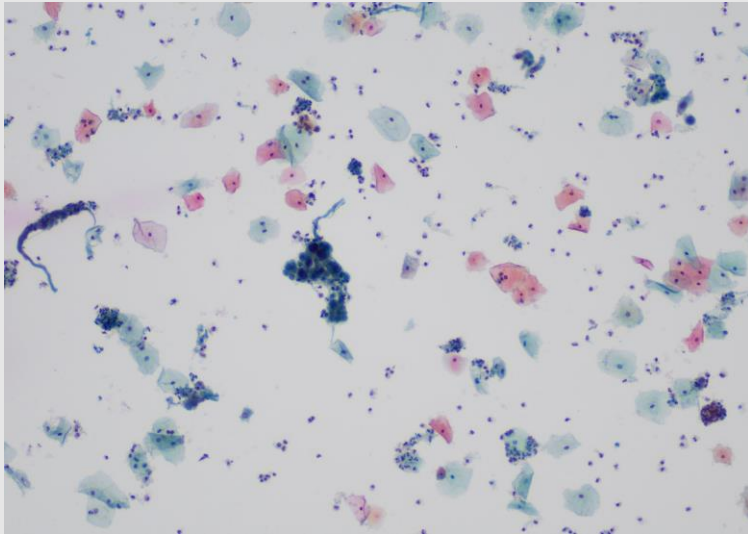
- 44-year-old, diagnosed CaCx 2022, previous screening test 2017
- Satisfactory with Learning Points or Unsatisfactory?



- Only occasional HCGS - SLP

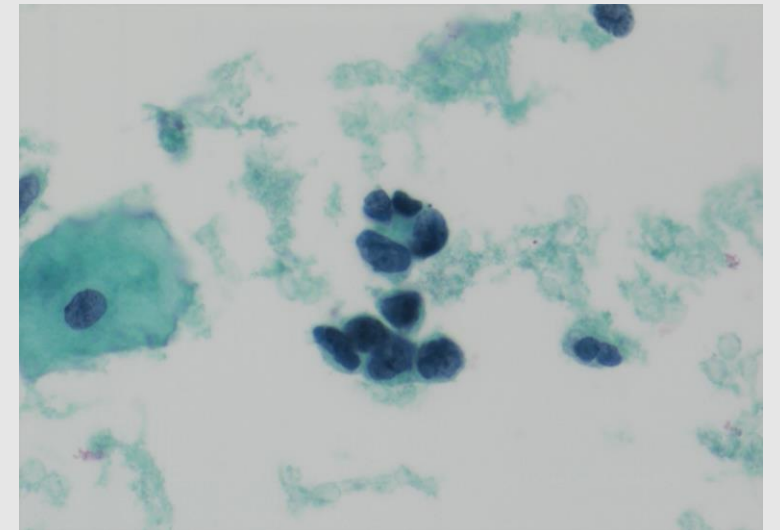
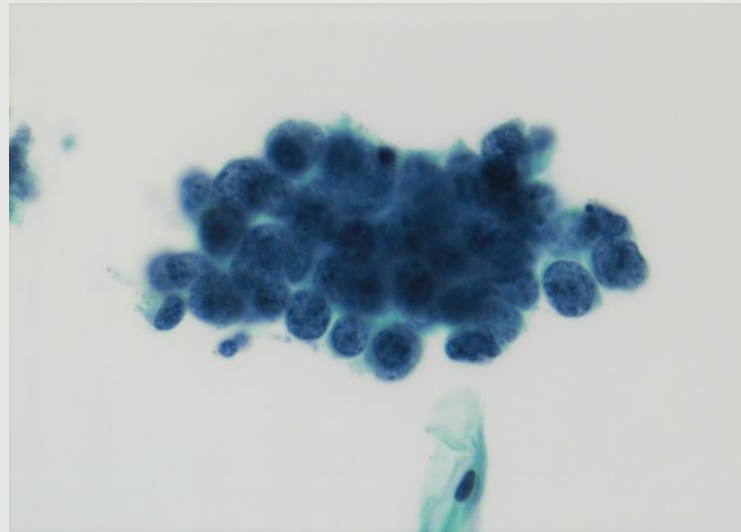
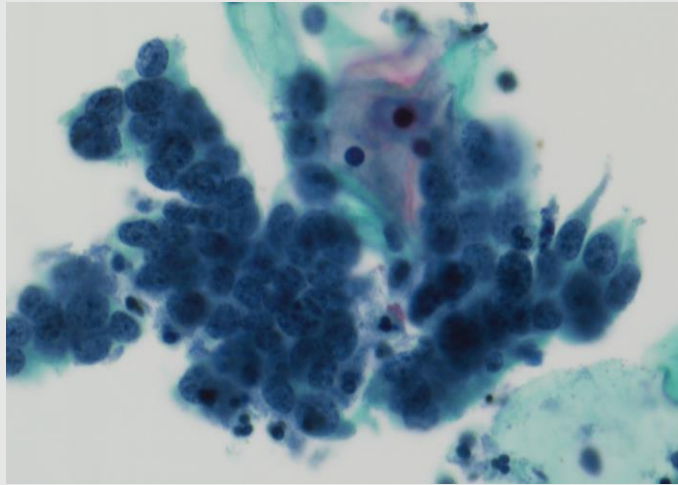
## Example 2

- 34-year-old, diagnosed CaCx 2021, previous test 2018
- Satisfactory with Learning Points or Unsatisfactory?



- Several abnormal looking groups on review – initially considered Unsatisfactory by Consultant reviewers
- BUT screeners said they would only have called reactive on screening
- Revised to SLP – abnormality difficult to interpret

## Example 3



- HCGs – several and obvious – Unsatisfactory

## References

- [Cervical screening: disclosure of audit results toolkit - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- [Cervical screening cytology slide review process - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

• Thank you for listening

• Any questions?