

[Date month year]

[Dr A. B.
Consultant
Address 1
Address 2
Address 3
Address 4
Address 5]

Reference: CSP ID [nnnnnnnn]

Re: Ms [Name] [Surname]
DoB: [DOB] – Colposcopy Ref: [Annnnnnnn]

Dear Doctor

We were sorry to be informed of the diagnosis of invasive cervical cancer in Ms [Surname].

Comment [JG1]: Do not include if case is 'historic' i.e. a numbers of years since diagnosis.

Cases of invasive cervical cancer that are notified to CervicalCheck are categorised as part of its cancer audit process, which aims to identify areas of potential quality improvement in the screening programme.

Based upon the cervical screening history of Ms [Surname] prior to her diagnosis, a review of cytology was conducted. The review is now complete and the outcome(s) are attached, with some relevant notes on the nature of cytology reviews.

Please ensure that this correspondence is added to Ms [Surname]'s medical record.

Where there is a difference in interpretation between the original cytology report and the final review opinion, please consult with the original reporting pathologist(s) to obtain the complete details, to assess the relevance with respect to the subsequent diagnosis and to identify any potential occurrence of avoidable harm.

If open disclosure is indicated in this case, please follow the local hospital guidelines.

Comment [JG2]: Do not include if the woman is known to have passed away.

If we can be of further assistance please direct any queries, quoting the CSP ID above, to: CervicalCheck, Cancer Audit, PO Box 161, Limerick.

Yours sincerely

Dr Grainne Flannelly
Clinical Director

Encl.: Information for health professionals about the cancer audit outcome

Copy: Mr John Gleeson, Programme Manager

Cancer audit process



Case review

Name: Ms [Name] [Surname]
Date of birth: [DOB]
Hospital ref: [NNNNNN]

Identifier: CSP ID nnnnnnn
Date of diagnosis: DD/MMM/YYYY
Review: Cytology prior to diagnosis

Smear test date	Original report	Final review opinion
NN/MMM/YYYY	NAD (no abnormality detected) Recommendation: Routine screening	LSIL (Low-grade squamous intraepithelial lesion)
NN/MMM/YYYY	LSIL (Low-grade squamous intraepithelial lesion) Recommendation: Repeat smear test in 6 months	HSIL (High-grade squamous intraepithelial lesion)

The original reporting laboratory participated in the cytology review and is aware of the outcomes. Please note that the final review opinion may follow review of the slide(s) by multiple laboratories whose opinions may differ.

Factors that should be borne in mind when considering these review outcomes include:

- the subjective nature of cytology interpretation
- the limitation of low sensitivity of cytology
- possible review bias ('hindsight bias' as the reason for review is known)
- reviews are not carried out under 'normal' screening conditions.

The consultant pathologist for the original reporting laboratory should be consulted for each specific case.