Information for health professionals about the cancer audit outcome

What do you need to know about the cancer audit process?

Cervical cancer prevention through cervical screening is a complex process involving many steps along the screening pathway. While it is recognized that not all cancers can be prevented, valuable learning can result from clinical audit when new cancers are diagnosed.

When CervicalCheck is notified of a woman with a new diagnosis of cervical cancer, the case is automatically added to an audit process that focuses on her screening history prior to the diagnosis of invasive cervical cancer. The objective of this audit is to check whether any potential improvements should be made to the screening programme to improve the prevention of cervical cancer.

Each case of invasive cervical cancer is categorized and classified with respect to the screening history of the woman prior to diagnosis. The assessment of the woman’s screening history will result in some cases being selected for further review. The review focuses on one or more areas of the cervical screening pathway (smear taking, cytology and HPV testing, colposcopy, histology or the operation of the programme office).

Once the review is completed (which may take a number of months), the outcome is communicated to you, the woman’s last known treating doctor. This information sheet is designed to make you aware of this audit process and provide a framework for what should happen next.

What steps do you now need to take?

1. We would like if you could review the woman’s notes and ensure the outcome report attached to the letter you received is added to her medical records.

2. As a general rule of thumb, the outcome should be communicated to the woman with a focus on the context of the result in the overall clinical scenario. One difficulty with the current batch of patients is that women may not have been aware of the clinical audit process. Clinicians should use their judgment in selected cases where it is clear that discussion of the outcomes of the review could do more harm than good.

3. In cases where a woman has died, simply ensure the result is recorded in the woman’s notes.

Communication of the outcome of a review

Where the review outcome suggests that all of the screening programme steps were carried out as recommended

Please have a discussion with the woman with a focus upon the known limitations of screening, within the context of the overall performance and effectiveness of the programme.
Where the review outcome suggests that an abnormality was not detected on a cytology or histology test or that under-treatment at colposcopy might have been a factor

At an appropriate time please inform the women that a cervical cancer audit process exists, that her history has been reviewed and that she can be informed of the outcome if she so wishes. If the woman does not wish to be informed, her preference should be respected. Otherwise, the outcome should be communicated taking the following points into consideration

- The explanation should focus on any reason for a missed abnormality (see list below) as well as the inbuilt bias of a review process as opposed to a primary screening one.
- The woman should be given an opportunity to voice any comments or concerns before moving on.
- Women should be advised of their right to receive copies of all information, including any review reports, and should be given contact details on how to proceed if they wish to do so.
- After the interview please record the discussion in the clinical notes and consider writing to the woman’s GP. You can send queries or feedback about this process to CervicalCheck.

Possible reasons why some cervical cancers are not prevented

The CervicalCheck Programme is now in its eighth year of operation. While most of the cancers in this audit have been detected as early as possible, not all cancers were prevented. The audit process can highlight possible opportunities for improvement.

Some reasons why women are not screened or followed up

- Women might simply not be aware of the programme or their own risk of abnormalities.
- The programme, doctors and nurses in primary care or colposcopy services may have the wrong personal details such as phone number or address so while the programme, doctors and nurses in primary care or colposcopy services may have made attempts to contact the woman, she may have not received them.
- Some women chose not to avail of the services offered.
- Discrepancies can arise in communication between the programme, colposcopy services and doctors and nurses in primary care regarding the woman’s management.

Some reasons why screening may not always identify abnormal cells include

- The abnormal area might be located in the inside of the cervix - and cells from this area are harder to sample.
- Sometimes abnormal cells can look like normal cells.
- There may very few abnormal cells of the slide.
- The person reading the slide may not spot the abnormality.

Some reasons why colposcopy may not always identify abnormal areas of the cervix

- The abnormal area might be located in the inside of the cervix - and can’t be seen.
- The abnormal area might not have been included in a biopsy sample.
- Some abnormalities are difficult to spot.
Some reasons why treatment for abnormal cells may not prevent cancers from developing

- The abnormal area might be located in the inside of the cervix - and not easily treated
- The woman may not be aware of the need for follow up or the 1/10 need for a second treatment

When should women be informed about the audit process for new cases in future?

A cervical cancer diagnosis is a difficult and distressing time for women. Many of these women are young and treatment even for early stage disease can have implications for their future fertility as well as uncertainties about their future health. The clinical priority should be focused on the planning and delivery of timely treatment as well as the management of any treatment complications which might arise.

If, at the time of the diagnosis, the woman herself asks about her screening history then she should be informed at this time about the audit process. Otherwise clinicians should defer the discussion until the initial treatment has been completed. She should be informed about the audit in general terms and asked if she would like to be informed of any results once they are available. If she does not wish to be informed, her preference should be respected and recorded in the medical record. Otherwise, the outcome should be communicated to the woman and this should be recorded in her medical record also.

Improvements made to the programme on the basis of information to date

The objective of the audit in terms of helping the programme to learn how to improve in the future should be stressed.

Changes which have already been made include:

- The introduction of HPV testing to improve the assessment of risk for women with low grade abnormalities.
- The introduction of HPV testing post-treatment to improve the assessment of risk for women who have been treated.
- Improvements in the way the programme operates a failsafe to follow up women with abnormal results who delay repeat testing.
- Improvement in communication between colposcopy services and the programme when women are discharged from colposcopy.
- Laboratories are required to make digital images of all cancer cases.
- Improved monitoring of subsequent treatment and/or biopsy of women referred to colposcopy following a high grade cytology abnormality.