

Quarterly Monitoring Reports 15 and 16
National Cervical Screening Programme

April to June 2004

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Quarterly Monitoring Report 15
National Cervical Screening Programme

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Independent Monitoring Group (IMG)**

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Technical terms are used throughout this report, and an understanding of these terms may be necessary to interpret some parts of this report.

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1. Executive Summary

This report provides data on performance indicators of the National Cervical Screening Programme (NCSP) for the period 1 April 2004 to 30 June 2004. For reasons described, not all indicators are included in this report. For the indicators used, there has been little change, for better or worse, in any of the indicators. Where changes have occurred, these are described in the text.

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Follow-up of women with high grade cytology

In total, 4,456 women had a high grade cytology result recorded on the NCSP Register between 1 July 2002 and 30 June 2003. More than three-quarters (79.4%) of these women were recorded as having had a histology specimen taken within 12 weeks of their high grade smear being taken. This was less than the target of 90%. The proportion of women who had a histological specimen taken within 52 weeks of the high grade cytology was also below the 99% target (92.6%). For 275 (6.2%) of the 4,456 women, a subsequent histology result was not recorded on the NCSP Register. This is almost identical to the proportion reported in the last quarter (6.1%). The proportions of women who had no histology recorded on the NCSP Register varied widely amongst the NCSP regions and by ethnicity.

Laboratory smear reporting

Twelve laboratories reported cervical cytology during this quarter. Overall, of the 99,614 satisfactory or satisfactory but limited smears processed during the quarter, 7.9% were reported as abnormal, which was within the target of not more than 10%. Five laboratories (including two hospital-based laboratories) reported abnormalities outside this target, with the highest reporting abnormalities in 24.5% of smears read. The overall proportion of smears reported as negative for dysplasia or malignancy was 92.1%, and all of the laboratories met this target of not more than 96%. The overall proportion of smears reported as high grade squamous intra epithelial lesion (HSIL) was 1.3%, which was within the target of not less than 0.6%. One laboratory was outside this target, and reported 0.5% of the smears they read as HSIL.

Laboratory cytology turn around time

Eleven of the 12 laboratories reporting cervical cytology met the seven-day cytology turn around time target (90%), compared with 10 that met this target in the last quarter. Six laboratories met the 14-day turn around time target of 100%, while the other six all reported over 99% of smears read within 14 days.

Laboratory histology turn around time

Twenty-eight laboratories reported cervical histology during the quarter. Five laboratories did not meet the five-day histology turn around time target of 90%. Four of these five have failed to meet this target in the previous two quarters and two of them have consistently been below the target over the last four quarters. Seventeen laboratories reported 100% of histology results within 10 working days and a further five laboratories reported 99% of histology results within this time frame.

Satisfactory but limited and unsatisfactory smears

The proportion of smears reported as satisfactory but limited varied considerably among the laboratories. Three laboratories exceeded the target of not more than 20% of smears being satisfactory but limited. Two laboratories reported above the 0.5 to 2.0% target range for unsatisfactory smears.

All smear taker groups (lay, medical, nurse, specialist and midwife) met the target for satisfactory but limited smears. When split by annual smear taking volume, smear taker subgroups who took greater volumes of smears appeared to do better in terms of satisfactory but limited smears compared to those with a low annual volume. Almost all smear taker groups and subgroups split by annual smear volume met the target for the proportion of unsatisfactory smears.

Colposcopic assessment

The colposcopic service indicators were unable to be calculated because the data required were not available. Two colposcopy units did not provide any data for this reporting period. Among the colposcopy units that provided data, the highest reported number of women with a HSIL or ASCUS-HG cytology abnormality waiting longer than four weeks at the end of each month was 42. The highest reported number of women with a low grade cytology abnormality waiting longer than 26 weeks at the end of each month was 89.

2. Background

The Independent Monitoring Group (IMG) of the National Cervical Screening Programme (NCSP) has been responsible for providing independent quantitative monitoring of the NCSP since 2001. Part of this responsibility is to produce quarterly reports of the national indicators for the NCSP. These indicators were established in 2000.

In 2005 the Centre for Public Health Research (CPHR) was appointed through an open tender process to carry out the independent monitoring. The current report, Quarterly Report 15, is the second to be produced under this contract. The raw data from which the indicators included in these reports are calculated were provided to the CPHR by the National Screening Unit (NSU), with the exception of the colposcopy data. The colposcopy data were provided by the NSU and reformatted by the CPHR.

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

3. Abbreviations

The following abbreviations are used in this report:

ASCUS:	Atypical squamous cells of undetermined significance
ASCUS-HG:	Atypical squamous cells of undetermined significance, possible high grade
CIN:	Cervical intra-epithelial neoplasia; I: low grade; II, III: high grade
DHB:	District Health Board
HPV:	Human papilloma virus
HSIL:	High grade squamous intra-epithelial lesion
LSIL:	Low grade squamous intra-epithelial lesion
MoH:	Ministry of Health
NCSP:	National Cervical Screening Programme
NSU:	National Screening Unit of the Ministry of Health
SCL:	Southern Community Laboratories

4. Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

4.1 Previous recommendations

Recommendations made at the 27 June 2005 meeting based on discussions about Report 14, January to March 2004:

- All service providers are to routinely provide explanations when a target is not being met.
- The NSU is to arrange for the development of a background paper on the target for unsatisfactory smears to monitor the introduction of Bethesda 2001 (NZ modified).
- The NSU is to analyse the trend data with respect to laboratory cytology turnaround time, and follow up consistent trends outside the target.
- The NSU is to investigate why 269 women with a high grade cytology have no subsequent histology result recorded on the NCSP register, prioritising Canterbury region.
- The NSU is to investigate reasons for ethnic disparity in histology follow up time and look at the extent to which this contributes to inequality in outcomes. Investigate whether Māori/Pacific health expertise would make a difference.
- The NSU is to undertake a review of the signed in/signed out policy for women undergoing treatment.
- The NSU is to investigate why MedLab Bay of Plenty are above the total abnormalities target.
- The NSU is to investigate why Auckland Hospital Laboratory are above the total abnormalities target.
- The NSU is to follow up MedLab Central with respect to their cytology turnaround time.
- The NSU is to investigate the histology turnaround time target of Auckland Hospital Laboratory, Hutt Hospital, Rotorua Hospital, and Wellington Hospital.
- The NSU is to investigate persistent outliers, starting with a breakdown of unsatisfactory smears by reason, and then looking at smear taker volumes.

5. Methods

The NSU of the Ministry of Health (MoH), through a committee of experts and a consultation process, established national indicators for the NCSP in 2000. Where it was considered appropriate and feasible, the NSU set targets for the indicators. Each indicator is described in the results section under separate headings that identify the specific indicators. The results for each indicator are discussed in relation to the set targets. For indicators with and without a target, changes over time are described.

To calculate the indicators for this report anonymised data, provided by the NSU, of women enrolled on the NCSP Register were used. This report includes results for Māori and Pacific women. Both the National Kaitiaki Group and the Pacific Women's Data Advisory Group approved the use of data for enrolled women recorded as identifying with Māori and Pacific ethnic groups, respectively, on the NCSP Register. For the purposes of the monitoring reports, women recorded on the NCSP Register as being not Māori or Pacific were grouped together as the non-Māori, non-Pacific group. This group includes women whose ethnic group was unknown, estimated as 9% of the total number of women on the NCSP Register.

Unless otherwise stated, a woman's age at the end of the reporting quarter was used when calculating the indicators. The registration status and demographic details of each woman at the time of the data download were used for all calculations. Women were assigned to both a NCSP region and a District Health Board (DHB) area by the NCSP Register. Each woman was allocated to the NCSP region and DHB area in which they lived, with two exceptions. Women whose address was unknown were allocated to the NCSP region according to their last known smear taker, or according to the NCSP regional service office if the smear taker has indicated the woman is no longer a patient there. Women who usually had their smears in a NCSP region other than the one where they lived were allocated to the NCSP region where they usually had their smears. For women in either of these situations, if the NCSP regions to which they were allocated had boundaries identical to a DHB area, then they were allocated to that DHB, otherwise the DHB area in which they lived was recorded as unspecified.

6. Results

6.1 Follow-up of women with high grade cytology

Definition

High grade cytology is defined as a cytology result of ASCUS possible high grade (ASCUS-HG), HSIL or more serious abnormality according to the hierarchy of the Revised Bethesda Coding System (1998) (Appendix 1). Follow-up of women with a high grade cytology result is estimated using the timeliness with which a histology specimen is taken following the high grade cytology result.

Targets

The targets for the follow-up of women with high grade cytology are as follows:

- 90% of women should have a histology specimen taken within 12 weeks of the smear being taken

and

- 99% of women should have a histology specimen taken within 52 weeks of the smear being taken.

Calculation

The number of enrolled women aged 20 to 69 years at 30 June 2004 who had a high grade cytology result recorded on the NCSP Register between 1 July 2002 and 30 June 2003 was calculated. For each of these women the time between the date that the smear was taken and the date that the subsequent histology specimen was taken (including specimens taken up to five days before the smear) was calculated. The numbers of women with a histology specimen taken within 12 weeks, between 13 and 26 weeks, between 27 and 52 weeks and more than 52 weeks after their ASCUS-HG, HSIL or more serious cytology result were expressed as proportions of the total number of women with a high grade cytology taken between 1 July 2002 and 30 June 2003. The number and proportion of women with no histology result recorded on the NCSP Register following their high grade cytology were also calculated. Women without a subsequent histology recorded on the NCSP Register were also described in two ways: whether they had been signed back into the programme since their high grade smear and whether they had a subsequent smear taken by either a non-specialist or specialist. This indicator was calculated for women of all ethnic groups, and separately for Māori, Pacific and non-Māori, non-Pacific women. It was also calculated for each NCSP region.

Results

The timeliness with which a histology specimen was taken amongst women who had a high grade cytology result is shown in Table 1. Between 1 July 2002 and 30 June 2003, 4,456 women had a high grade cytology result. Of these, 3,538 (79.4%) had a histological specimen taken within 12 weeks of the abnormal cytology, compared to the target of 90%. This value is similar to that reported in the previous two quarters (79.1% and 78.0%). The proportion of women who had a histological specimen taken within 52 weeks of the high grade cytology was 92.6% (n=4,128). This value is similar to those reported in the previous two quarters (93.0% and 92.8%). There was no histology reported on the NCSP Register for 275 (6.2%) women who had a high grade cytological abnormality.

The timeliness of having a histological specimen taken following a high grade smear differed by ethnicity, as shown in Table 2. Compared to non-Māori, non-Pacific women, Māori and Pacific women were less likely to have a histological specimen taken within the recommended time periods. For example, at 12 weeks, 81.9% of non-Māori, non-Pacific women had a report of a histological specimen, compared to 68.4% of Māori and 67.1% of Pacific women. These figures are similar to those reported in the last quarter (81.8%, 67.9% and 61.6%, respectively). The differences by ethnicity persisted for all time periods following a suspected high grade smear. Statistical tests showed the differences between the groups are unlikely to be due to chance ($P < 0.001$).

The timeliness of having a histological specimen taken following a high grade smear differed by NCSP region, see Table 3. No region achieved the target of 90% of women having a histological specimen taken within 12 weeks of the smear. The region with the highest proportion of women who had a histological report within this time period was Tairāwhiti (85.4%). The poorest performer was Bay of Plenty (75.7%). For all regions combined the proportion of women who had histological reports within 12 weeks of the smear was 79.4%.

In all regions, the proportion of women who had a high grade smear result with a subsequent histology taken within 52 weeks was more than 90%, but no region reached the target of 99% of women having histological specimens taken within 52 weeks of a high grade smear. All of the regions have similar timeliness in reporting histological results for women with high grade smears compared to the previous quarter.

A relatively large number of women (n=275, 6.2%) had no histology report recorded on the NCSP Register following a high grade smear. The absence of such a report was much more common in Pacific (12.8%) and Māori (8.1%) women compared to non-Māori, non-Pacific women (5.6%), see Table 2. There were also differences by region in the absence of a histological report following a high grade smear, see Table 3. Such an absence was common (above 6%) in Auckland, Canterbury and Waikato and least common in Hawke's Bay. In the last two reports, the absence of a histological report following a high grade smear was also common in Auckland and Canterbury.

Further details of the 275 women who had no histology result recorded on the NCSP Register following a high grade smear are shown in Table 4. Of these, 65 (23.6%) had no subsequent smear recorded and 89 (32.4%) had a follow-up smear taken by a non-

specialist. Of these 154 women who had either no follow-up smear or a smear taken by a non-specialist, 77 (50.0%) were recorded on the register as having been 'signed in' following their high grade smear result, indicating that they were being recalled by the NCSP. The remaining 77 (50.0%) women did not appear to have been signed in, indicating that their follow-up was less clear.

Possible reasons for these women not being signed in include having:

- had further investigations and treatment, but their histology reports were erroneously omitted from the NCSP Register
- moved overseas and had follow-up there
- no indications for biopsy at colposcopic examination
- chosen not to have their histology results recorded on the NCSP Register.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 1: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women

Time period	n	Proportion %	Cumulative Proportion %
Within 12 weeks	3,538	79.4	79.4
13 to 26 weeks	422	9.5	88.9
27 to 52 weeks	168	3.8	92.6
More than 52 weeks	53	1.2	93.8
Subtotal	4,181		
No histology recorded on NCSP Register	275	6.2	100
Total	4,456		

Target: 90% with histology report within 12 weeks and 99% within 52 weeks of a high grade smear

Table 2: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

Time Period	Māori women			Pacific women			Non-Māori, non-Pacific women		
	n	Proportion %	Cumulative Proportion %	n	Proportion %	Cumulative Proportion %	n	Proportion %	Cumulative Proportion %
Within 12 weeks	450	68.4	68.4	100	67.1	67.1	2,988	81.9	81.9
13 to 26 weeks	93	14.1	82.5	19	12.8	79.9	310	8.5	90.4
27 to 52 weeks	47	7.1	89.7	8	5.4	85.2	113	3.1	93.5
More than 52 weeks	15	2.3	91.9	3	2.0	87.2	35	1.0	94.5
Subtotal	605			130			3,446		
No histology recorded on NCSP Register									
	53	8.1	100	19	12.8	100	203	5.6	100
Total	658			149			3,649		

Difference between ethnic groups $P < 0.001$

Target: 90% with histology report within 12 weeks and 99% within 52 weeks of a high grade smear

Note: the follow-up of the 275 women with no histology recorded on the NCSP Register is shown in Table 4

Table 3: Timeliness of histology report after a high grade cytology result for enrolled 20 to 69 year old women by NCSP region

NCSP region	Time Periods										
	Within 12 weeks		13 to 26 weeks		27 to 52 weeks		Within 52 weeks		No Histology		Total
	n	%	n	%	n	%	n	%	n	%	
Auckland	1,094	76.9	139	9.8	49	3.4	1,282	90.1	120	8.4	1,423
Bay of Plenty	243	75.7	44	13.7	18	5.6	305	95.0	13	4.1	321
Canterbury	454	82.1	38	6.9	12	2.2	504	91.1	43	7.8	553
Hawke's Bay	155	81.2	20	10.5	10	5.2	185	96.9	6	3.1	191
Manawatu/Wanganui	206	85.1	10	4.1	13	5.4	229	94.6	11	4.6	242
Northland	131	78.4	20	12.0	4	2.4	155	92.8	7	4.2	167
Nelson/Marlborough	112	76.7	21	14.4	6	4.1	139	95.2	5	3.4	146
Otago/Southland	389	83.3	41	8.8	12	2.6	442	94.6	22	4.7	467
Tairāwhiti	35	85.4	3	7.3	0	0.0	38	92.7	2	4.9	41
Taranaki	97	82.9	9	7.7	5	4.3	111	94.9	5	4.3	117
West Coast	17	81.0	3	14.3	0	0.0	20	95.2	1	4.8	21
Waikato	218	79.3	24	8.7	10	3.6	252	91.6	19	6.9	275
Wellington	387	78.7	50	10.2	29	5.9	466	94.7	21	4.3	492
Total	3,538	74.9	422	9.5	168	3.8	4,128	92.6	275	6.2	4,456

Difference between NCSP regions $P < 0.001$

Target: 90% with histology report within 12 weeks and 99% within 52 weeks of a high grade smear

Table 4: The number of women with high grade cytology but no histology result recorded, by NCSP Register status and source of any subsequent smear

Subsequent smear	Women's status since high grade cytology result		
	Not signed in	Signed in	Total
	n	n	n (%)
No subsequent smear	29	36	65 (23.6)
Subsequent smear taken by non-specialist	48	41	89 (32.4)
Smear taken by specialist	51	70	121 (44.0)
Total	128	147	275

Figure 1: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women

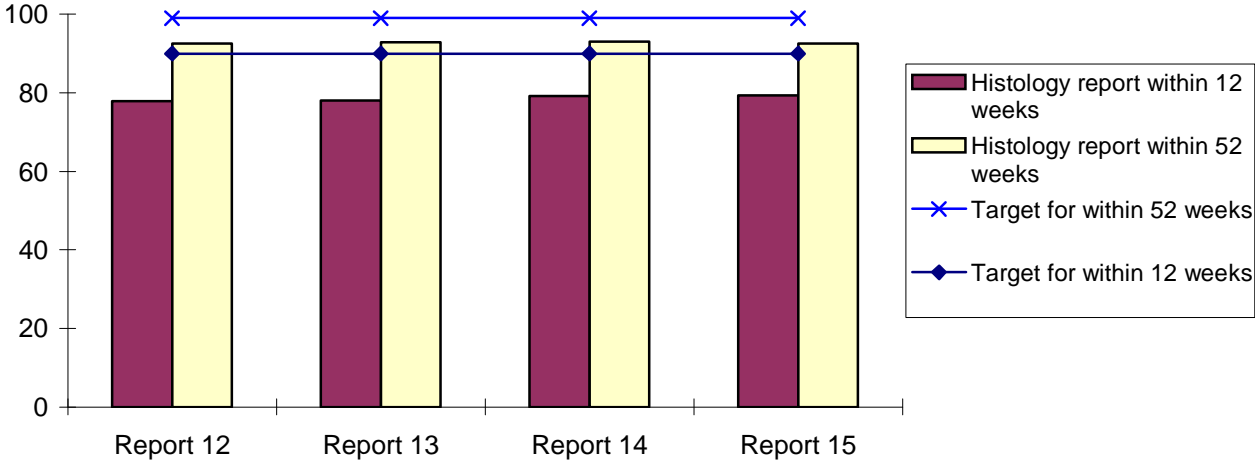


Figure 2: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

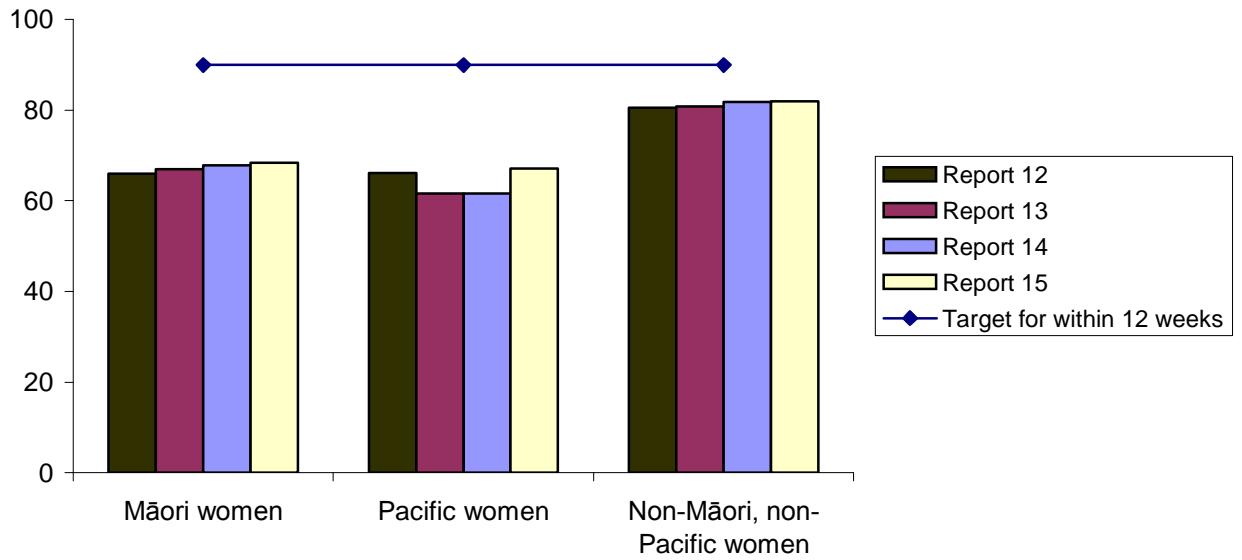


Figure 3: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

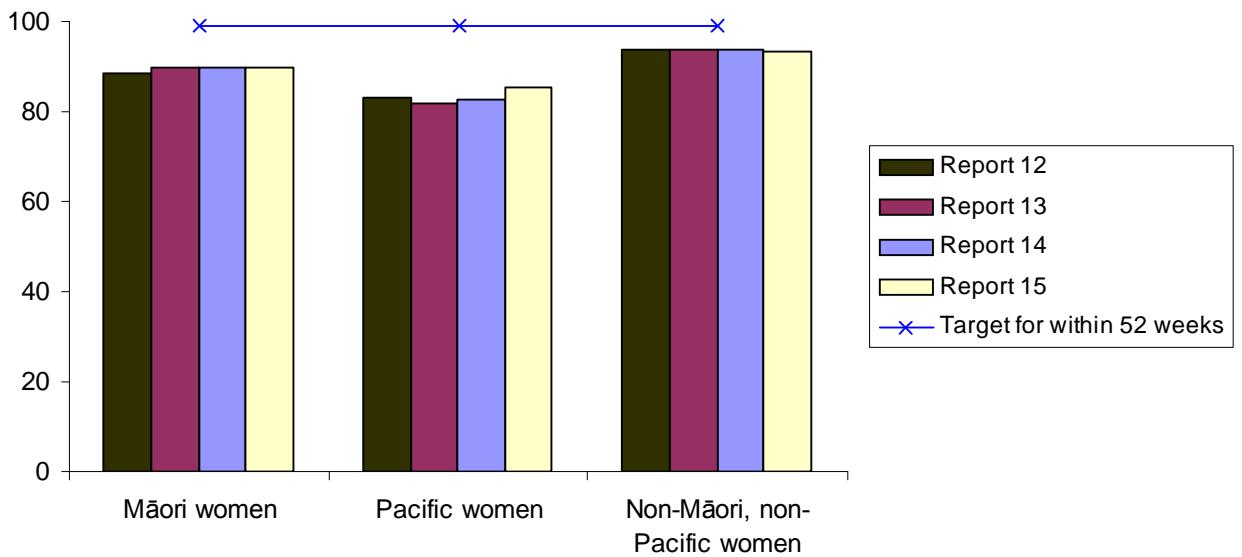


Figure 4: Timeliness of histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP region

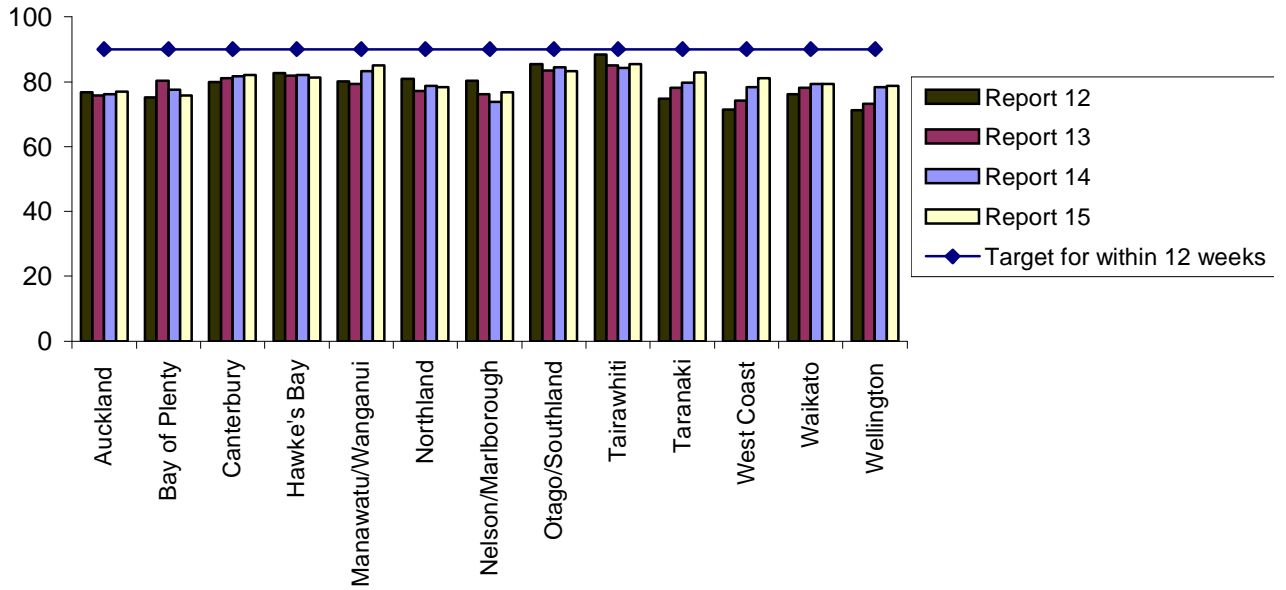
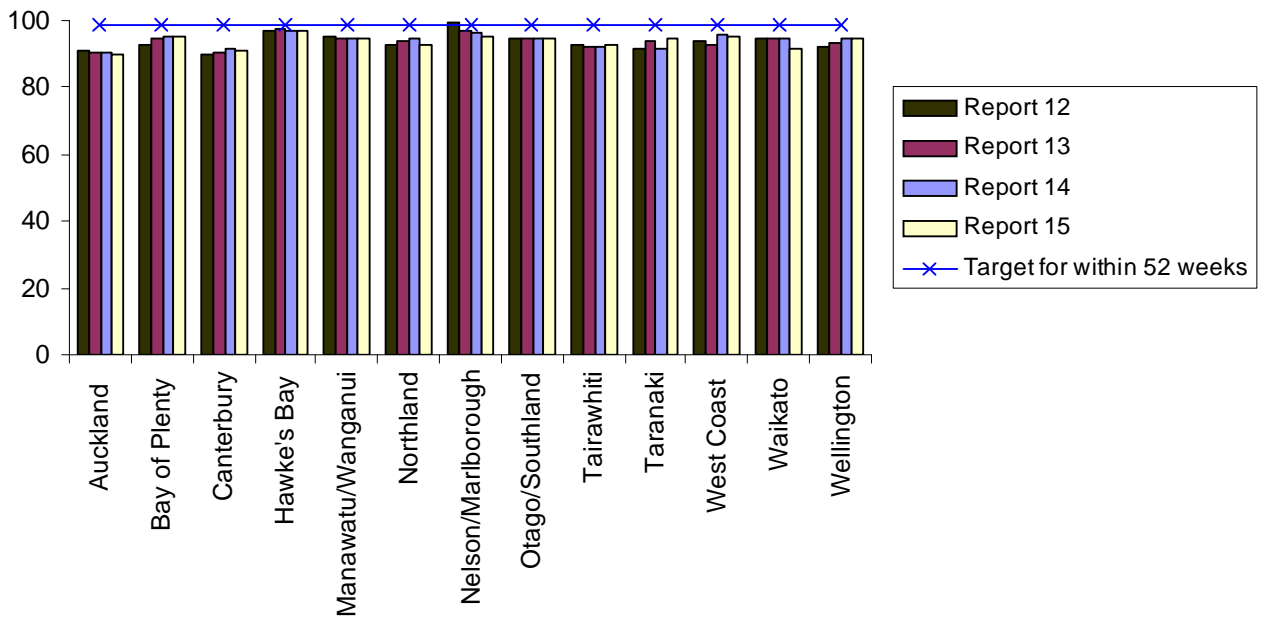


Figure 5: Timeliness of histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP region



6.2 Laboratory smear reporting

Definition

Laboratory smear reporting is measured by the number and proportion of satisfactory or satisfactory but limited smears in the following broad cytological categories:

1. Negative for dysplasia or malignancy
2. Total ASCUS (including ASCUS-HG)
3. LSIL (CIN 1 and/or HPV)
4. ASCUS-HG
5. HSIL
6. Total abnormalities (smears reported as ASCUS or more serious)

Targets

There are targets for laboratory smear reporting for three of the broad categories:

1. Negative for dysplasia or malignancy: not more than 96%
2. HSIL: not less than 0.6%
3. Total abnormalities: not more than 10%

Calculation

The Bethesda diagnosis codes, as recorded on the NCSP Register, of satisfactory or satisfactory but limited smears taken during the reporting quarter were used to calculate the number of smears in each broad cytological category for each laboratory. These were expressed as proportions of the total number of satisfactory or satisfactory but limited smears reported by each laboratory. Where a single smear had more than one diagnosis code, the most serious ranked code was used according to the hierarchy of codes (see Appendix 1). Total abnormalities included all smears with a diagnosis code of ASCUS or more serious abnormality according to the hierarchy of broad cytological categories. Smear results for women of all ages were included. Smears recorded as being unsatisfactory for evaluation were excluded.

Results

During the quarter, 99,614 satisfactory or satisfactory but limited smears were taken. The results of these, by laboratory, are shown in Table 5. The number of such smears reported by each laboratory ranged from 278 for MedLab Taranaki to 32,558 for Diagnostic MedLab Auckland. Overall, 91,710 (92.1%) smears were reported as negative for dysplasia or malignancy, which was almost identical to the proportion reported in the last two quarters. All of the laboratories were within the target of not more than 96% of smears being negative for dysplasia or malignancy. Auckland Hospital Laboratory reported 2,323 (75.5%) smears as negative for dysplasia or malignancy, a lower proportion than the other laboratories.

The proportion of smears reported with a HSIL abnormality was 1.3% for all laboratories combined. This figure met the target of not less than 0.6% and was almost identical to that reported for the previous two reporting quarters. MedLab Wellington did not meet that target, reporting 44 (0.5%) smears with a HSIL

abnormality. Auckland Hospital Laboratory reported 183 (5.9%) smears with a HSIL abnormality, a higher proportion than the other laboratories.

For all laboratories combined, the target of not more than 10% of smears reported as abnormal was not exceeded. This proportion was 7.9%, similar to the previous two quarters. Auckland Hospital Laboratory reported 754 (24.5%) smears processed as abnormal, and reported similar high proportions for the previous two quarters (22.8% and 22.2%). The other laboratories to report more than 10% total abnormalities were Canterbury Health Laboratories (16.8%), MedLab Bay of Plenty (13.0%), MedLab Central (11.3%) and MedLab Taranaki (10.8%). Auckland Hospital Laboratory, Canterbury Health Laboratories and MedLab Bay of Plenty exceeded the 10% target in the previous two quarters.

The proportion of smears reported as LSIL varied between laboratories, but was between 1.8% and 4.1% for all laboratories, with the exception of Canterbury Health Laboratories (5.9%), MedLab Central (6.6%) and Auckland Hospital Laboratory (9.2%). Auckland Hospital Laboratory and Canterbury Health Laboratories also reported a high proportion of LSIL abnormalities in the last two quarters. Note that no target is set for proportion of smears reported as LSIL.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 5: The number and proportion of satisfactory or satisfactory but limited smears in broad cytological categories for each laboratory

Laboratory	Negative for dysplasia or malignancy ¹		Total ASCUS (ASCUS-HG)		LSIL		HSIL ²		Total Abnormalities ³		Total smears
	n	%	n	%	n	%	n	%	n	%	
Auckland Hospital Lab.	2,323	75.5	281 (19)	9.1 (0.6)	282	9.2	183	5.9	754	24.5	3,077
Canterbury Health Lab.	1,756	83.2	151 (7)	7.2 (0.3)	125	5.9	68	3.2	354	16.8	2,110
Diagnostic MedLab Auckland	30,409	93.4	1,060 (114)	3.3 (0.4)	679	2.1	388	1.2	2,149	6.6	32,558
MedLab Bay of Plenty	5,894	87.0	530 (17)	7.8 (0.3)	275	4.1	60	0.9	881	13.0	6,775
MedLab Central	5,506	88.7	191 (18)	3.1 (0.3)	407	6.6	90	1.5	699	11.3	6,205
MedLab Christchurch	7,430	92.3	326 (45)	4.0 (0.6)	191	2.4	89	1.1	623	7.7	8,053
MedLab Hamilton	6,583	93.6	235 (12)	3.3 (0.2)	153	2.2	52	0.7	448	6.4	7,031
MedLab Taranaki**	248	89.2	20 (1)	7.2 (0.4)	5	1.8	5	1.8	30	10.8	278
MedLab Wellington	8,729	92.0	451 (29)	4.8 (0.3)	256	2.7	44	0.5	763	8.0	9,492
SCL* Christchurch	4,770	95.2	105 (6)	2.1 (0.1)	96	1.9	31	0.6	238	4.8	5,008
SCL* Dunedin	14,879	94.8	83 (61)	0.5 (0.4)	473	3.0	253	1.6	824	5.2	15,703
Valley Diagnostic Lab.	3,183	95.8	41 (3)	1.2 (0.1)	74	2.2	26	0.8	141	4.2	3,324
Total	91,710	92.1	3,474 (332)	3.5 (0.3)	3,016	3.0	1,289	1.3	7,904	7.9	99,614

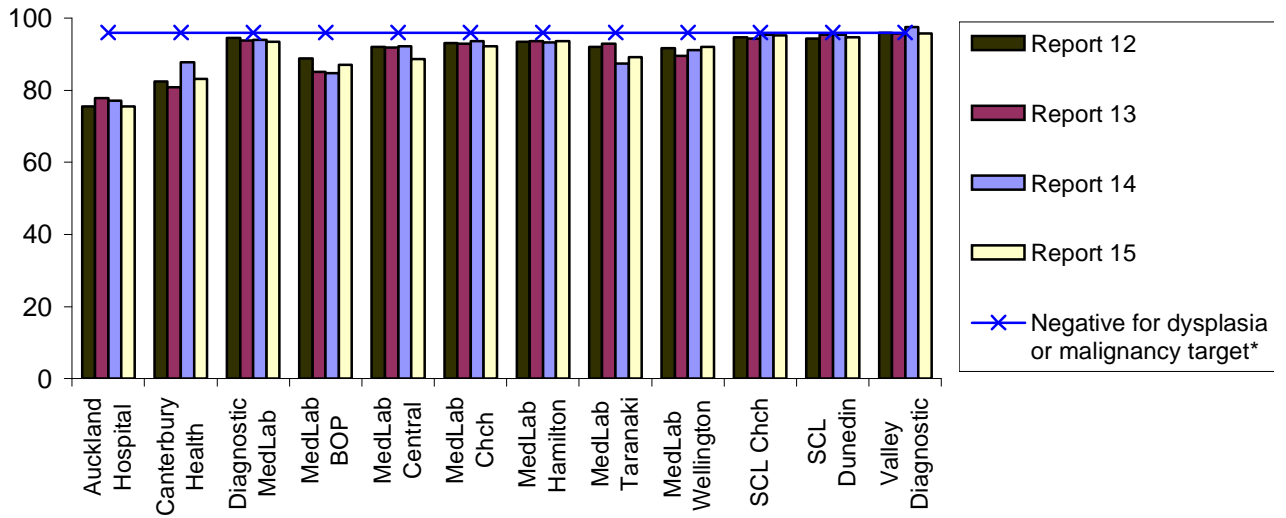
ASCUS-HG values are shown in parentheses because they are a subset of Total ASCUS. The percentages shown for ASCUS-HG are the percentage of ASCUS-HG in the total number of smears.

* SCL: Southern Community Laboratories

** MedLab Taranaki has stopped processing smears and this is their last reporting period

Targets are: ¹ not more than 96%, ² not less than 0.6%, ³ not more than 10%

Figure 6: The proportion of satisfactory or satisfactory but limited smears reported as negative for dysplasia or malignancy for each laboratory



*Negative for dysplasia or malignancy target is not more than 96% so laboratories should be under the target line

Figure 7: The proportion of satisfactory or satisfactory but limited smears reported as HSIL for each laboratory

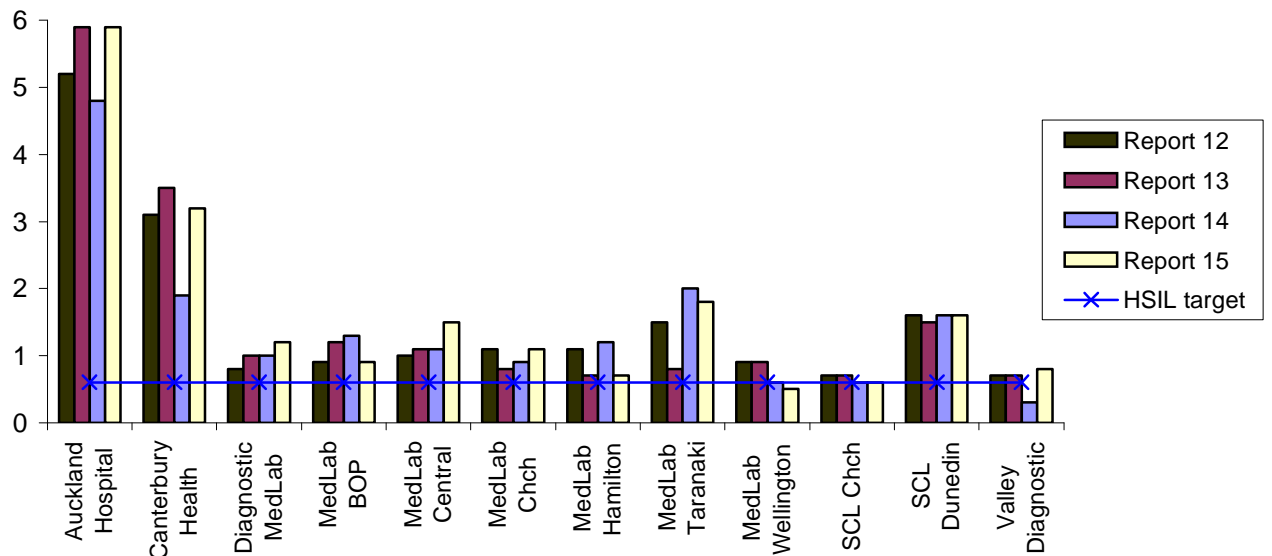
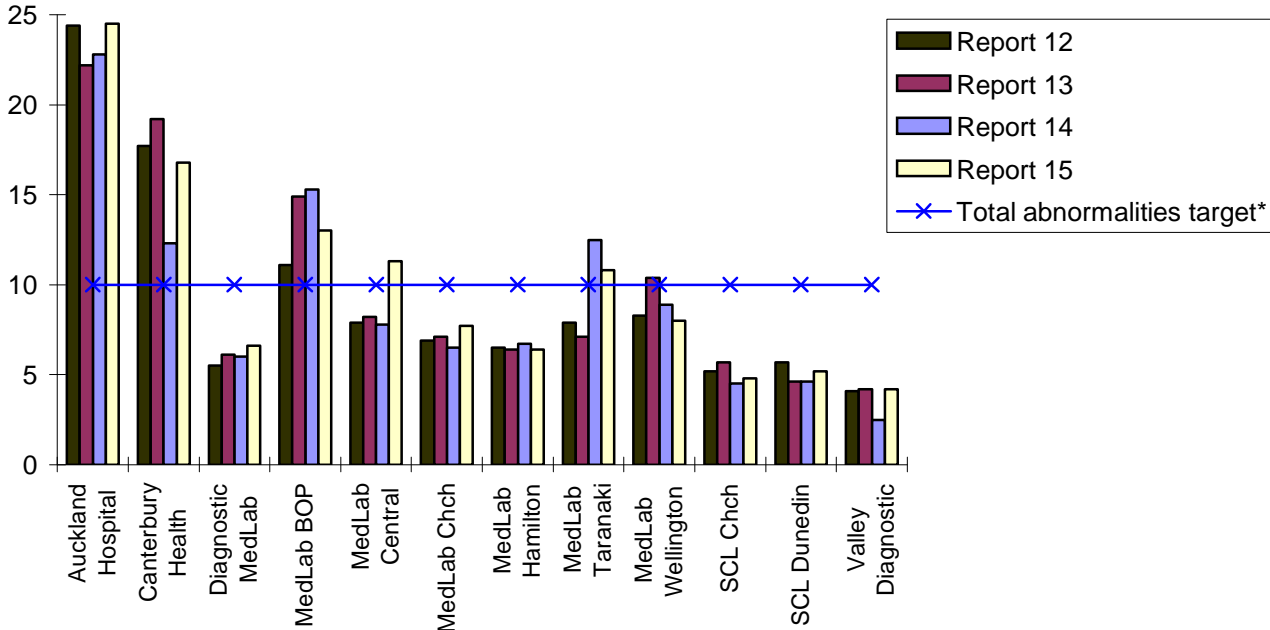


Figure 8: The proportion of satisfactory or satisfactory but limited smears reported as total abnormalities for each laboratory



* Total abnormalities target is not more than 10% so laboratories should be under the target line

6.3 Laboratory cytology turn around time

Definition

Laboratory cytology turn around time is the period of time between a smear being received by the laboratory and the report being issued by the laboratory to the smear taker.

Targets

The targets for the laboratory cytology turn around time are:

- 90% of cytology reports issued to the smear taker within seven working days of the smear being received by the laboratory

and

- 100% of cytology reports issued to the smear taker within 14 working days of the smear being received by the laboratory.

Calculation

The difference between the date that the smear was received and the date that the smear was reported by the laboratory, as recorded by the NCSP Register, was used to measure the laboratory turn around time. The numbers of smears reported within seven working days (Monday to Friday), between eight and 14 working days and more than 14 working days were expressed as a proportion of the total number of smears processed by the laboratory during the quarter. Smears taken from enrolled women of all ages during the reporting period as recorded on the NCSP Register were included.

Results

The proportion of smears received and reports issued within specified time periods during the period 1 April to 30 June 2004 for each laboratory processing cervical cytology are shown in Table 6. Overall, 97.2% of the 100,713 smears received by laboratories were reported within seven working days. This was greater than the target of 90%, and exceeded that reported in the last two quarters. Eleven of the 12 laboratories achieved the seven-day target of 90%, compared to 10 in the last quarter. The laboratory that did not meet the seven-day target was MedLab Central (66.5%), which also fell below target in the previous two quarters (62.5% and 76.8%).

Overall, the 14-day target of 100% was almost achieved, with 65 smears not reported within 14 working days. MedLab Central reported 37 (0.6%) smears outside the 14-day period, compared to 64 (1.1%) in the previous quarter. Five other laboratories did not meet the 14-day target but were close to achieving it.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 6: Timeliness of the reporting of smears by laboratory

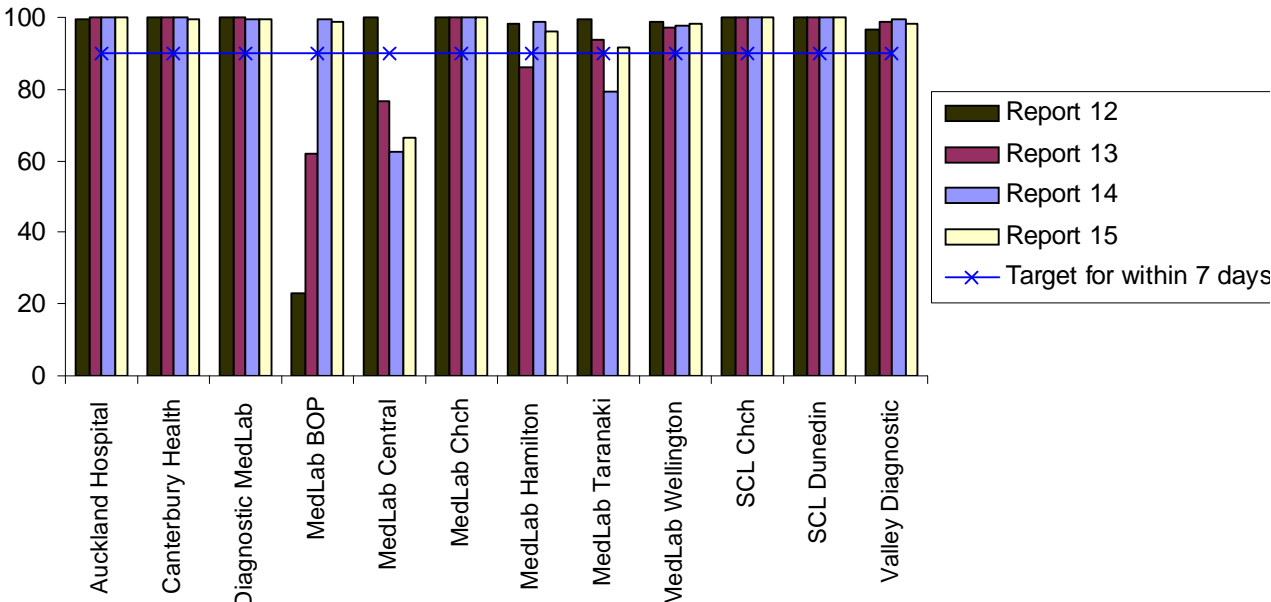
Laboratory	Number of smears processed		Within 7 working days (%)		From 8 to 14 working days (%)		Within 14 working days (cumulative %)		More than 14 working days (%)	
	n		n	%	n	%	n	%	n	%
Auckland Hospital Lab.	3,108		3,107	>99.9	0	0.0	3,107	>99.9	1	>0.1
Canterbury Health Lab.	2,125		2,119	99.7	2	0.1	2,121	99.8	4	0.2
Diagnostic MedLab Auckland	32,789		32,660	99.6	114	0.3	32,774	>99.9	15	>0.1
MedLab Bay of Plenty	6,814		6,748	99.0	66	1.0	6,814	100.0	0	0.0
MedLab Central	6,240		4,152	66.5	2,051	32.9	6,203	99.4	37	0.6
MedLab Christchurch	8,226		8,226	100.0	0	0.0	8,226	100.0	0	0.0
MedLab Hamilton	7,118		6,835	96.0	283	4.0	7,118	100.0	0	0.0
MedLab Taranaki**	291		266	91.4	25	8.6	291	100.0	0	0.0
MedLab Wellington	9,637		9,498	98.6	139	1.4	9,637	100.0	0	0.0
SCL* Christchurch	5,038		5,033	99.9	3	<0.1	5,036	>99.9	2	<0.1
SCL* Dunedin	15,956		15,926	99.8	24	0.1	15,950	>99.9	6	<0.1
Valley Diagnostic Lab.	3,371		3,315	98.3	56	1.7	3,371	100.0	0	0.0
Total	100,713		97,885	97.2	2,763	2.74	100,648	99.9	65	0.1

* SCL: Southern Community Laboratories

** MedLab Taranaki has stopped processing smears and this is their last reporting period

Targets are 90% within seven working days and 100% within 14 working days

Figure 9: Proportion of smears reported on within seven working days



6.4 Laboratory histology turn around time

Definition

Laboratory histology turn around time is the period of time between a cervical or vaginal histology specimen being received in the laboratory and the report being issued by the laboratory to the clinician. Histology specimens include diagnostic biopsies, treatment biopsies, cervical polyps and cervical tissue of total hysterectomy specimens.

Targets

The targets for the laboratory histology turn around time are 90% of final histology reports issued within five working days of the specimen being received by the laboratory, and 100% of final histology reports issued within “a reasonable time period” of the specimen being received by the laboratory. A reasonable time period is not defined, but the NCSP Operational Policy and Quality Standards (2000) states that “If it is likely to take more than 10 days for the result to be reported, the colposcopist should be informed”.

Calculation

The difference between the date that the cervical histology specimen was received and the date that the histology result was reported by the laboratory, as recorded on the NCSP Register, was calculated for each laboratory that processed cervical histology. For each laboratory, the numbers of cervical histology specimens received during the quarter and reported within five working days, six to 10 working days or more than 10 working days were expressed as proportions of the total number of cervical histology specimens received by each laboratory during the quarter. Cervical histology specimens taken from enrolled women of all ages during the reporting period as recorded on the NCSP Register were included.

Results

The timeliness of histology reporting by the 28 laboratories that provided results to the NCSP Register in this quarter is shown in Table 7. There were a total of 6,949 histology specimens recorded on the NCSP Register, compared to 6,131 in the previous quarter. The number of specimens reported by each laboratory varied considerably, ranging from 32 in Southern Community Laboratories (SCL) Hawke’s Bay to 1,005 in Diagnostic MedLab Auckland. For all laboratories combined, the proportion of histological specimens reported on within five working days was 94.1%, exceeding the target of 90%, and similar to the figures reported in the last two quarters (94.0% and 95.1%).

Five laboratories did not meet the 5-day 90% target: Auckland Hospital Laboratory (74.9%), Hutt Hospital (75.2%), Nelson Diagnostic Laboratory (89.1%), Rotorua Hospital (88.4%) and Wellington Hospital (71.2%). Four of these laboratories did not meet this target in the two previous quarters, Auckland Hospital (63.8% and 64.8%),

Hutt Hospital (81.2% and 85.0%), Rotorua Hospital (71.4% and 87.5%) and Wellington Hospital (71.9% and 80.9%).

Most laboratories had reported all or almost all histology results within 10 working days of the specimen arriving at the laboratory. Overall, 45 (0.7%) specimens were reported more than 10 working days after the time that they were received by the laboratory, a figure similar to that reported in the last quarter (0.9%). Auckland Hospital Laboratory (21.2%), Hutt Hospital (24.8%) and Wellington Hospital (26.9%) reported the greatest proportion of histology results six to 10 working days from the specimens being received.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

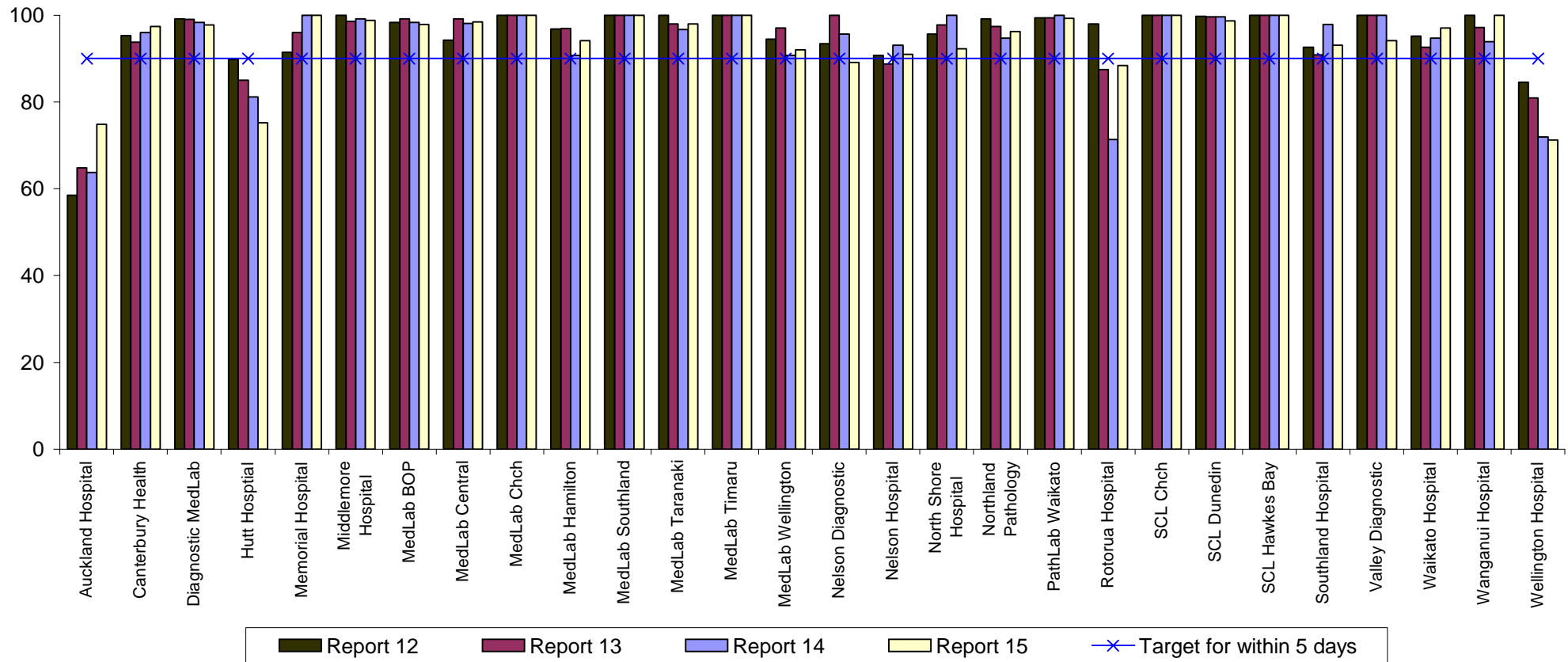
Table 7: Timeliness of the reporting of histology by laboratory

Laboratory	Number of specimens processed n	Within 5 working days		6 to 10 working days		11 or more working days	
		n	%	n	%	n	%
Auckland Hospital Lab.	335	251	74.9	71	21.2	13	3.9
Canterbury Health Laboratories	575	560	97.4	14	2.4	1	0.2
**Diagnostic MedLab Auckland	1,005	983	97.8	22	2.2	0	0.0
Hutt Hospital	153	115	75.2	38	24.8	0	0.0
Memorial Hospital Hastings	101	101	100.0	0	0.0	0	0.0
Middlemore Hospital	247	244	98.8	3	1.2	0	0.0
MedLab Bay of Plenty	486	476	97.9	10	2.1	0	0.0
MedLab Central	460	453	98.5	6	1.3	1	0.2
MedLab Christchurch	63	63	100.0	0	0.0	0	0.0
MedLab Hamilton	68	64	94.1	4	5.9	0	0.0
**MedLab Southland	36	36	100.0	0	0.0	0	0.0
MedLab Taranaki	201	197	98.0	4	2.0	0	0.0
MedLab Timaru	97	97	100.0	0	0.0	0	0.0
MedLab Wellington	212	195	92.0	17	8.0	0	0.0
Nelson Diagnostic Lab.	55	49	89.1	5	9.1	1	1.8
Nelson Hospital	177	161	91.0	13	7.3	3	1.7
North Shore Hospital	431	398	92.3	22	5.1	11	2.6
Northland Pathology	239	230	96.2	7	2.9	2	0.8
PathLab Waikato	150	149	99.3	1	0.7	0	0.0
Rotorua Hospital	138	122	88.4	13	9.4	3	2.2
SCL* Christchurch	186	186	100.0	0	0.0	0	0.0
SCL* Dunedin	462	456	98.7	5	1.1	1	0.2
SCL* Hawke's Bay	32	32	100.0	0	0.0	0	0.0
Southland Hospital	144	134	93.1	10	6.9	0	0.0
Valley Diagnostic Lab.	68	64	94.1	4	5.9	0	0.0
Waikato Hospital	434	421	97.0	10	2.3	3	0.7
Wanganui Hospital	71	71	100.0	0	0.0	0	0.0
Wellington Hospital	323	230	71.2	87	26.9	6	1.9
Total	6,949	6,538	94.1	366	5.3	45	0.7

* SCL: Southern Community Laboratories

Targets: 90% within five working days and 100% within a reasonable period of time

Figure 10: Laboratory histology turn around time



6.5 Satisfactory but limited and unsatisfactory smears by laboratory

Definition

Satisfactory but limited smears are those smears reported with a Bethesda adequacy code of A2. Unsatisfactory smears are those smears reported with a Bethesda adequacy of A3 (Revised Bethesda Coding System, 1998). It is important to note that the adequacy coding of a smear is influenced by both smear taking technique and laboratory reporting practice. The revised Bethesda System 2001 no longer includes a satisfactory but limited category. When the NCSP adopts the revised Bethesda System 2001 (from July 2005), consideration will be given to changing the current target for unsatisfactory smears.

Targets

The target for satisfactory but limited smears is not more than 20% of all smears reported for a given laboratory. The target for unsatisfactory smears is not less than 0.5% and not more than 2.0% of all smears reported for a given laboratory.

Calculation

All smears taken during the reporting quarter for which there was a result recorded on the NCSP Register were used to calculate these indicators. The number of satisfactory but limited smears and the number of unsatisfactory smears reported were both expressed as a proportion of the total number of smears processed during the quarter by each cytology reporting laboratory.

Results

The number and proportion of satisfactory but limited and unsatisfactory smears taken during the quarter and reported by each cytology laboratory is shown in Table 8. Overall, 100,713 smears were processed, of which 17.5% were reported as satisfactory but limited, an almost identical figure to that reported for the last quarter (17.4%) and within the target of not more than 20%. Among the laboratories, the proportion of satisfactory but limited smears varied considerably. This proportion ranged from 6.7% for SCL Dunedin to 23.3% for Diagnostic MedLab Auckland, which along with MedLab Taranaki (22.0%) and MedLab Bay of Plenty (20.9%) reported more than 20% of smears read as satisfactory but limited.

Overall, 1,099 (1.1%) of the 100,713 smears processed were reported as unsatisfactory for evaluation. This is a similar proportion to that reported in the last quarter (0.9%) and is within the target range of 0.5 to 2.0%. Each laboratory reported unsatisfactory smears in this target range with the exception of MedLab Christchurch (2.1%) and MedLab Taranaki (4.5%).

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 8: The number and proportion of satisfactory but limited and unsatisfactory smears by laboratory

Laboratory	Smears processed n	Satisfactory but limited smears ¹		Unsatisfactory smears ²	
		n	%	n	%
Auckland Hospital Lab.	3,108	477	15.4	31	1.0
Canterbury Health Lab.	2,125	258	12.1	15	0.7
Diagnostic MedLab Auckland	32,789	7,631	23.3	231	0.7
MedLab Bay of Plenty	6,814	1,422	20.9	39	0.6
MedLab Central	6,240	1,084	17.4	35	0.6
MedLab Christchurch	8,226	1,431	17.4	173	2.1
MedLab Hamilton	7,118	1,202	16.9	87	1.2
MedLab Taranaki**	291	64	22.0	13	4.5
MedLab Wellington	9,637	1,761	18.3	145	1.5
SCL* Christchurch	5,038	615	12.2	30	0.6
SCL* Dunedin	15,956	1,063	6.7	253	1.6
Valley Diagnostic Lab.	3,371	602	17.9	47	1.4
Total	100,713	17,610	17.5	1,099	1.1

Targets: ¹not more than 20%, ² 0.5 to 2.0%

* SCL: Southern Community Laboratories

** MedLab Taranaki has stopped processing smears and this is their last reporting period

Figure 11: Satisfactory but limited smears by laboratory

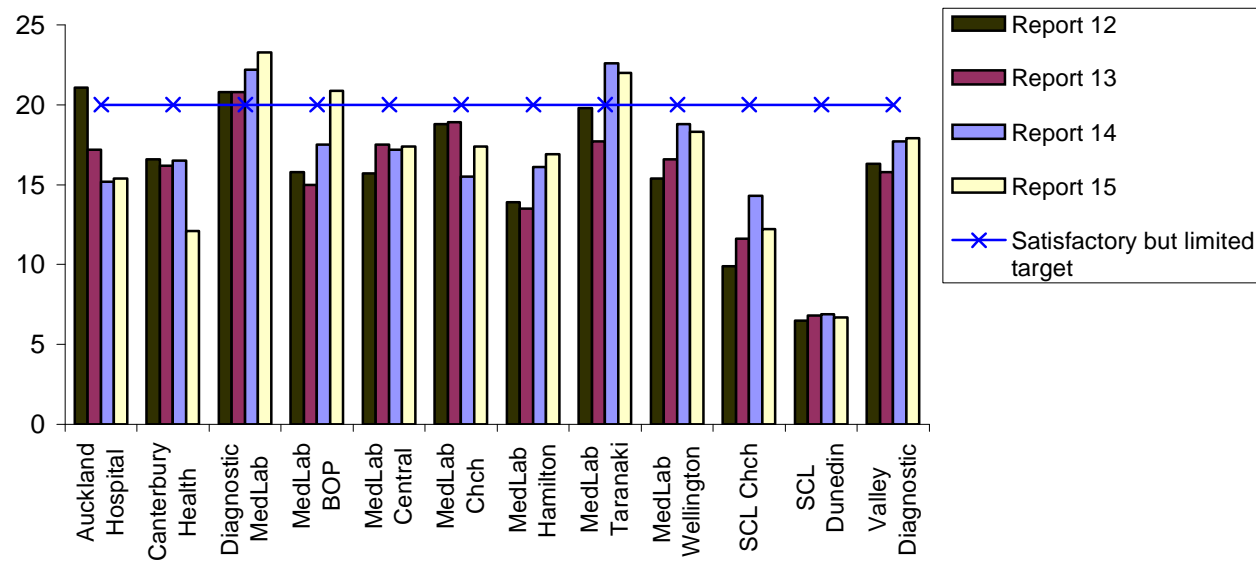
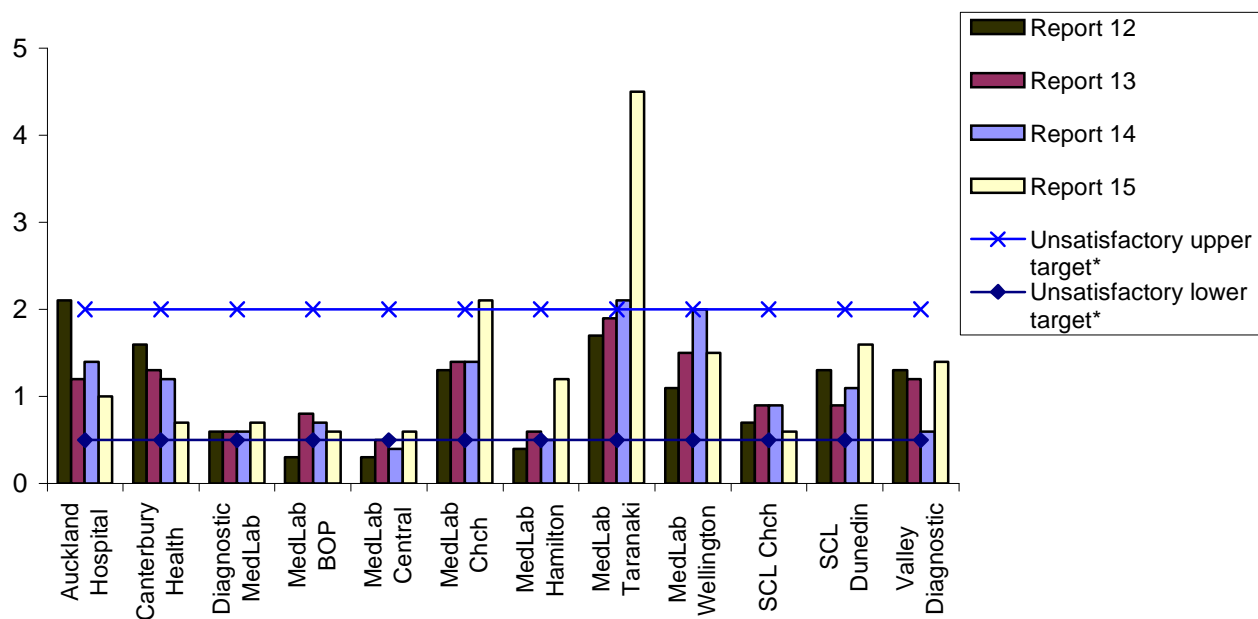


Figure 12: Unsatisfactory smears by laboratory



*Unsatisfactory smears target is not less than 0.5% and not more than 2.0% so laboratories should be between the two target lines

6.6 Satisfactory but limited and unsatisfactory smears by smear taker group

Definition

Definitions and a description of the issues surrounding satisfactory but limited and unsatisfactory smears are given on Page 40.

Targets

The target for satisfactory but limited smears is not more than 20% of all smears reported for each smear taker category. The target for unsatisfactory smears is not less than 0.5% and not more than 2.0% of all smears reported for each smear taker category.

Calculation

Smears taken from enrolled women of all ages during the reporting quarter for which there was a result recorded on the NCSP Register were used to calculate these indicators. The total number of smears recorded by each smear taker group for the 12 months prior to the end of the reporting quarter was used to calculate the annual volume of smears taken by each smear taker group. For each group, the number of satisfactory but limited and unsatisfactory smears was expressed as a proportion of the total number of smears taken by that group.

Results

The numbers and proportions of satisfactory, satisfactory but limited and unsatisfactory smears taken in this quarter by annual volume of smears taken by each smear taker group is shown in Table 9. Overall, 100,713 smears were taken during the reporting quarter, of which 29 (<1%) were taken by lay smear takers, 62,812 (62%) by medical smear takers, 28,404 (28%) by nurses, 9,057 (9%) by specialists and 411 (<1%) by midwives. These proportions and volumes are similar to those reported in the last quarter.

The proportion of satisfactory but limited smears was within the target of not more than 20% for each smear taker group as a whole. When smear taker groups were considered by annual volume, the proportion of satisfactory but limited smears was greater than 20% for both medical and specialist smear takers who took fewer than 30 smears in the 12 months prior to 30 June 2004. The subgroups with the lowest proportions of satisfactory but limited smears were lay smear takers and midwives. The numbers of smears in each group, when split by annual volume, is too small for meaningful analyses for some smear taker groups.

The proportion of unsatisfactory smears was within the target range of 0.5 to 2.0% for smear taker groups, with the exception of specialist smear takers with annual volumes of under 30 smears (2.4%) and 30 to 100 smears (2.2%). Lay smear takers with an annual volume of 30 to 100 smears reported one smear as unsatisfactory. None of the smears taken by lay smear takers with an annual volume under 30 smears were reported as unsatisfactory for assessment.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 9: The number and proportion of satisfactory but limited and unsatisfactory smears for each smear taker group

Smear taker group	Annual volume of smears	Total number of smears	Satisfactory smears		Satisfactory but limited smears ¹		Unsatisfactory Smears ²	
			n	%	n	%	n	%
Lay	<30	17	16	94.1	1	5.9	0	0.0
	30-100	12	10	83.3	1	8.3	1	8.3
	Total	29	26	89.7	2	6.9	1	3.4
Medical	<30	3,979	3,042	76.5	869	21.8	68	1.7
	30-100	17,785	14,041	79.0	3,515	19.8	229	1.3
	>100	41,048	33,237	81.0	7,388	18.0	423	1.0
	Total	62,812	50,320	80.1	11,772	18.7	720	1.1
Nurse	<30	2,257	1,848	81.9	380	16.8	29	1.3
	30-100	10,875	9,054	83.3	1,737	16.0	84	0.8
	>100	15,272	13,006	85.2	2,150	14.1	116	0.8
	Total	28,404	23,908	84.2	4,267	15.0	229	0.8

continued

Targets: ¹not more than 20%, ² 0.5 to 2.0%

Smear taker group	Annual volume of smears	Total number of smears	Satisfactory smears		Satisfactory but limited smears ¹		Unsatisfactory Smears ²	
			n	%	n	%	n	%
Specialist	<30	126	97	77.0	26	20.6	3	2.4
	30-100	652	518	79.5	120	18.4	14	2.2
	>100	8,279	6,784	81.9	1,367	16.5	128	1.6
	Total	9,057	7,399	81.7	1,513	16.7	145	1.6
Midwife	<30	110	93	84.6	16	14.6	1	0.9
	30-100	133	110	82.7	22	16.5	1	0.8
	>100	168	148	88.1	18	10.7	2	1.2
	Total	411	351	85.4	56	13.6	4	4.7
Total		100,713	82,004	81.4	17,610	17.5	1,099	1.1

Targets: ¹not more than 20%, ² 0.5 to 2.0%

Figure 13: Satisfactory but limited smears by smear taker

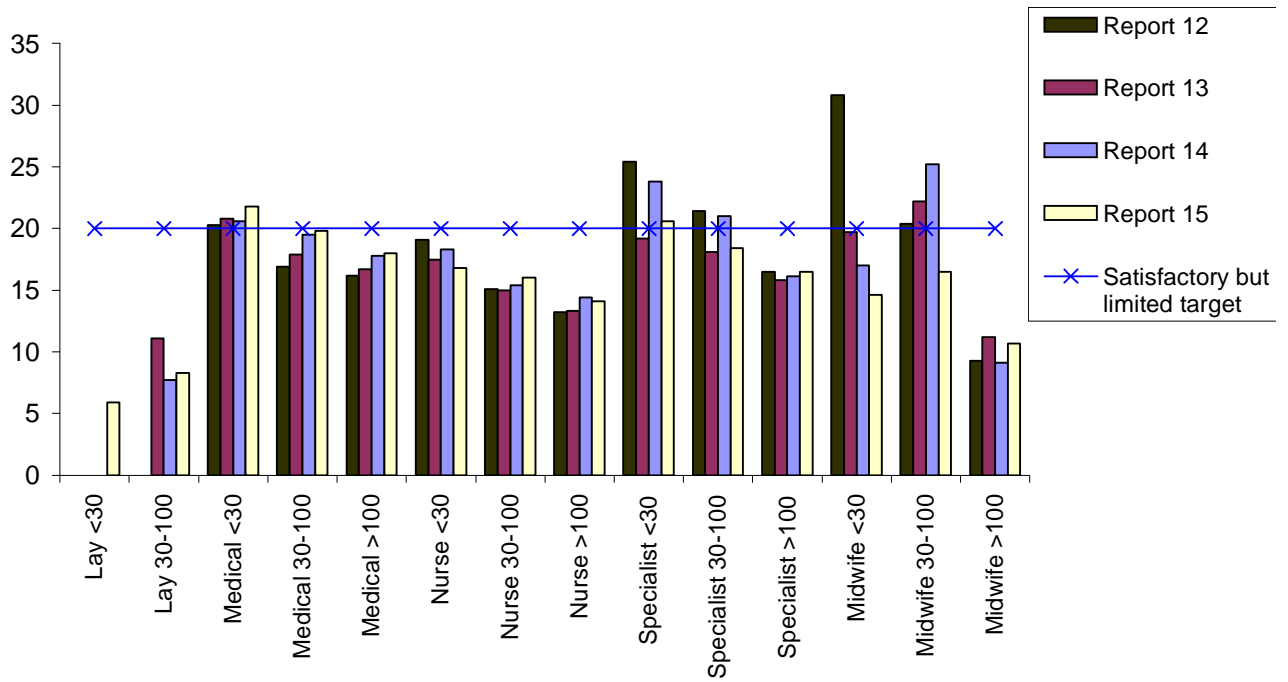
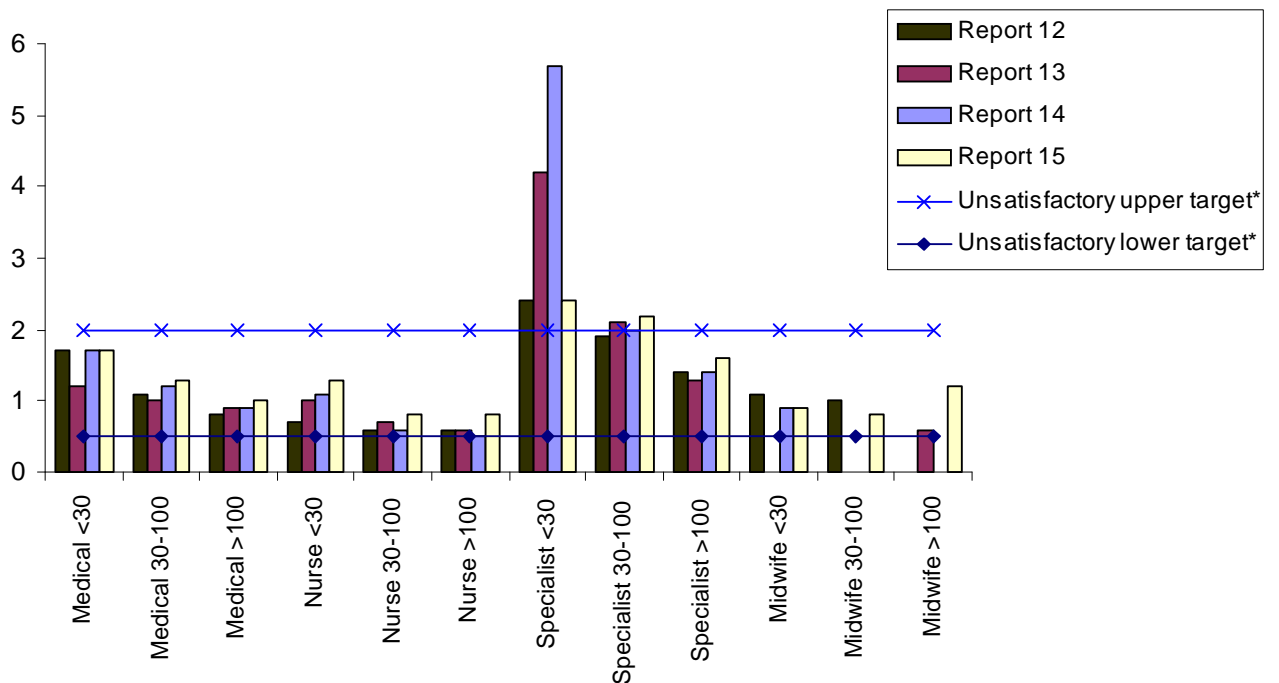


Figure 14: Unsatisfactory smears by smear taker



*Unsatisfactory smears target is not less than 0.5% and not more than 2.0% so smear takers should be between the two target lines. Lay group is not shown here because of the limited numbers of unsatisfactory smears.

6.7 Waiting time for colposcopic assessment for HSIL or ASCUS possible high grade

Definition

The waiting time for colposcopic assessment for HSIL or ASCUS-HG is the time from the receipt of a referral to a DHB colposcopy service for women with a high grade cytology result to the time of the first colposcopic assessment.

Targets

The target for colposcopic assessment of women with a high grade cytology result is 95% of women having assessment within four weeks of referral.

Calculation

The data required for the calculation of the waiting time for assessment for HSIL or ASCUS-HG indicator are supposed to be collected by DHB colposcopy clinics and reported to the NSU. The indicator was unable to be calculated with the available data. Nevertheless, the number of women with HSIL or ASCUS-HG cytology results who were referred to DHB colposcopy clinics each month, and the number of women with HSIL or ASCUS-HG cytology results who were waiting longer than 4 weeks for colposcopic assessment at the end of each month, reported by DHB colposcopy services were provided by the NSU.

Results

The reported number of women with a HSIL or ASCUS-HG cytology result referred each month for colposcopic assessment to each DHB colposcopy service, and the reported number of women referred for colposcopic assessment of a HSIL or ASCUS-HG cytology result waiting longer than four weeks at the end of each month is shown in Table 10. Two colposcopy units, Nelson Marlborough and Waitemata, did not provide any data for this reporting quarter.

Among those colposcopy units that provided data to the NSU, the highest reported number of women with a HSIL or ASCUS-HG cytology abnormality waiting longer than four weeks at the end of each month was reported by Counties Manukau (42). Counties Manukau (72) and Hawke's Bay (63) reported the highest totals of women waiting longer than four weeks for this reporting quarter. Over the same period, no women were reported to be waiting longer than four weeks by seven of the 21 colposcopy units.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 10: Waiting time for colposcopic assessment of HSIL or ASCUS possible high grade by DHB colposcopy service

DHB Colposcopy Reporting Unit	Number of women referred for assessment of HSIL or ASCUS-HG			Number of women referred waiting longer than 4 weeks at the end of each month		
	April	May	June	April	May	June
Auckland	25	29	0	0	0	0
Bay of Plenty	44	32	32	0	0	0
Canterbury	36	53	48	0	0	0
Capital and Coast	10	0	0	0	0	0
Counties Manukau	0	27	31	0	42	30
Hawke's Bay	6	19	0	31	32	0
Hutt Valley	9	17	10	2	3	2
Lakes	5	6	11	1	4	3
MidCentral	18	20	16	0	0	0
Nelson Marlborough	NR	NR	NR	NR	NR	NR
Northland	8	20	10	6	5	2
Otago	19	24	33	0	0	0
South Canterbury	1	6	2	1	0	0
Southland	14	13	0	3	4	0
Tairāwhiti	2	0	3	2	3	0
Taranaki	23	10	14	2	4	2
Waitemata	NR	NR	NR	NR	NR	NR
Waikato	17	21	16	0	0	1
Wairarapa	7	0	0	0	0	0
Whanganui	3	6	5	1	0	0
West Coast	0	2	2	1	1	1
Total	247	305	233	50	98	41

NR: data not reported

Target: 95% within four weeks (unable to be calculated with available data)

6.8 Waiting time for colposcopic assessment for LSIL or ASCUS

Definition

The waiting time for colposcopic assessment for LSIL is the time from the receipt of a referral to a DHB colposcopy service for women with a low grade (LSIL or ASCUS) cytology result to the time of the first colposcopic assessment.

Targets

The target for colposcopic assessment of women with a low grade cytology result is 95% of women having assessment within 26 weeks of referral.

Calculation

Data required for the calculation of the waiting time for assessment for LSIL indicator are supposed to be collected by DHB colposcopy clinics and reported to the NSU. The indicator was unable to be calculated with the available data. Nevertheless, the number of women with low grade cytology results who were referred to DHB colposcopy clinics each month, and the number of women with low grade cytology results who were waiting longer than 26 weeks for colposcopic assessment at the end of each month, reported by DHB colposcopy services were provided by the NSU.

Results

The reported number of women with low grade cytology results referred each month for colposcopic assessment to each DHB colposcopy service, and the reported number of women referred for colposcopic assessment of a low grade cytology result waiting longer than 26 weeks at the end of each month is shown in Table 11. Two colposcopy units, Nelson Marlborough and Waitemata, did not provide any data for this reporting quarter.

Among those colposcopy units that provided data to the NSU, the highest reported number of women with a low grade cytology abnormality waiting longer than 26 weeks at the end of each month was 89. This was reported by Auckland, which reported a total of 124 women waiting longer than 26 weeks for this reporting quarter. Over the same period, no women were reported to be waiting longer than 26 weeks by four of the 21 colposcopy units.

Recommendations

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Table 11: Waiting time for colposcopic assessment of LSIL or ASCUS by DHB colposcopy service

DHB Colposcopy Reporting Unit	Number of women referred for assessment of LSIL or ASCUS			Number of women referred waiting longer than 26 weeks at the end of each month		
	April	May	June	April	May	June
Auckland	22	29	0	89	35	0
Bay of Plenty	30	61	59	0	0	0
Canterbury	52	98	66	1	1	1
Capital and Coast	34	0	0	0	0	0
Counties Manukau	0	43	34	0	44	44
Hawke's Bay	8	5	0	53	65	0
Hutt Valley	23	12	15	1	1	1
Lakes	35	27	26	36	37	41
MidCentral	10	22	28	1	0	0
Nelson Marlborough	NR	NR	NR	NR	NR	NR
Northland	7	7	9	4	4	0
Otago	22	22	19	0	0	0
South Canterbury	2	2	3	7	8	8
Southland	19	21	0	0	4	0
Tairāwhiti	3	0	12	2	3	0
Taranaki	19	8	9	1	1	0
Waitemata	NR	NR	NR	NR	NR	NR
Waikato	40	56	40	41	33	33
Wairarapa	11	0	19	0	0	5
Whanganui	12	23	25	0	0	0
West Coast	4	9	3	1	0	0
Total	353	445	367	237	236	133

NR: data not reported

Target: 95% within 26 weeks (unable to be calculated with available data)

Appendix 1: Summary of the Revised Bethesda Coding Standard (1998)

The hierarchy of broad cytological categories is:

- (a) Negative for dysplasia or malignancy
- (b) Abnormal not otherwise specified
- (c) Atypical squamous cells of undetermined significance (ASCUS), excluding ASCUS possible high grade
- (d) Low grade squamous intra epithelial lesion (LSIL)
- (e) Atypical glandular cells of undetermined significance (AGUS) favouring a reactive process
- (f) Atypical glandular cells of undetermined significance (AGUS) favouring a dysplastic or neoplastic process
- (g) ASCUS possible high grade
- (h) High grade squamous intra epithelial lesion (HSIL)
- (i) Adenocarcinoma-in-situ (AIS)
- (j) Adenocarcinoma
- (k) Cancer not otherwise specified
- (l) Invasive squamous carcinoma of the cervix