

Quarterly Monitoring Report 20

National Cervical Screening Programme

July to September 2005

Centre for Public Health Research
Massey University
Wellington

Technical Report No. 13
Prepared in June 2006
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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 July 2005 to 30 September 2005. In July 2005 the NCSP adopted the Revised Bethesda Coding Standard 2001 which meant that the cytology adequacy category of 'satisfactory but limited' ceased to be used. Therefore some of the tables and figures reported here are not the same as those in previous reports. Comparisons cannot be made between previous reports and the current report for these indicators. Where these changes have occurred, these are described in the text. In the indicators that have not been affected by the removal of the 'satisfactory but limited' category there has been little change, for better or worse.

Follow-up of women with high grade cytology

In total, 5,052 women had a high grade cytology result recorded on the NCSP Register between 1 October 2003 and 30 September 2004. More than three-quarters (76.3%) 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 (91.2%). For 372 (7.4%) of the 5,052 women, a subsequent histology result was not recorded on the NCSP Register. This is an increase in the proportions reported in the previous two quarters (7.0% and 6.4%). The proportions of women who had no histology recorded on the NCSP Register varied widely amongst the NCSP Regions and by ethnicity.

Ethnic disparities

When looking at the timeliness of histology reports following high grade cytology results there continue to be large differences between ethnic groups. For example, at 12 weeks, the proportion of non-Māori, non-Pacific women having reports of histological specimens dropped from 79.8% in Quarterly Report 19 (April to June 2005) to 78.6% in this quarter, while for Māori women there has been a drop from 69.7% to 67.6%. For women who had no histology results recorded on the NCSP Register following a high grade smear, the pattern of difference by ethnicity has also remained steady over the last two quarters. The proportion of Pacific women with no histology recorded continues to be approximately double that of Māori and non-Māori, non-Pacific women. Within

those women who had no histology result recorded, the proportions of Māori (49.2%) and Pacific women (40.0%) who did not have a subsequent smear after their high grade cytology report were approximately double that of non-Māori, non-Pacific women (20.3%).

Laboratory smear reporting

Ten laboratories reported cervical cytology during this quarter. Overall, of the 89,749 satisfactory smears processed during the quarter, 7.9% were reported as abnormal, which was within the target of not more than 10%. Three laboratories reported abnormalities outside this target, with the highest reporting abnormalities in 24.0% of smears read. The overall proportion of smears reported as negative for dysplasia or malignancy was 92.1%, and all except one of the laboratories met the target of not more than 96%. The overall proportion of smears reported as high grade squamous intra-epithelial lesion (HSIL) was 1.0%, which was within the target of not less than 0.6%. One laboratory reported outside this target, reporting 0.5% of the smears they read as HSIL.

Laboratory cytology turn around time

All except one of the laboratories reporting cervical cytology met the seven-day cytology turn around time target (90%) in this reporting quarter. Six laboratories met the 14-day turn around time target of 100%. A further three laboratories reported over 99%, and the laboratory with the lowest reported proportion of smears read within 14 days had read 97% of their smears in that time.

Laboratory histology turn around time

Twenty-six laboratories reported cervical histology during the quarter. Five laboratories did not meet the five-day histology turn around time target of 90%. Fourteen laboratories reported 100% of histology results within 10 working days of the specimen arriving at the laboratory.

Unsatisfactory smears

The targets for unsatisfactory smears are currently under review due to the introduction of the Revised Bethesda Coding System 2001. As the satisfactory but limited smear

category is no longer in use, it is expected that both unsatisfactory and satisfactory rates will increase.

Overall, 3,698 (4.0%) of the 93,447 smears processed were reported as unsatisfactory for evaluation.

Colposcopic assessment

The colposcopy service indicators were unable to be calculated because the data required were not available. All colposcopy units provided data for this reporting period. For any colposcopy unit, the highest reported number of women with a high grade cytology abnormality waiting longer than four weeks at the end of each month was 60. For any unit, the highest reported number of women with a low grade cytology abnormality waiting longer than 26 weeks at the end of each month was 94.

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), Massey University was appointed through an open tender process to carry out the independent monitoring. 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.

3. Abbreviations

The following abbreviations are used in this report:

ASC-H:	Atypical squamous cells of undetermined significance, cannot exclude high grade
ASCUS:	Atypical squamous cells of undetermined significance
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
ISC:	Invasive Squamous Carcinoma
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 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

4.1 Previous recommendations

Recommendations made at the 1 May 2006 meeting based on discussions about Reports 18 and 19, January to June 2005:

General issues

- Outstanding responses from laboratories need to be addressed as a priority.

Data issues

Section 6.2 Laboratory smear reporting

- NSU is to request annual reports from Auckland Hospital Laboratory for analysis of the proportion of total abnormalities in cytology from community based smears.

Section 6.3 Laboratory cytology turn around time

- NSU is to seek an explanation from SCL Christchurch regarding the continuing problem of slow reporting of smears.

Sections 6.7 and 6.8 Waiting time for colposcopic assessment

- IMG is very concerned that women are potentially being put at risk through the non-reporting of colposcopy data by Nelson Marlborough and Northland, and again asks NSU to urgently seek an explanation.¹
- IMG is also very concerned about the potential inaccuracy of colposcopy data reporting, with many regions reporting zero referrals. IMG would like NSU to investigate this as a matter of urgency.
- NSU is to follow-up the requirement for colposcopy clinics to provide dates of referral so that targets can be calculated.

¹ IMG notes that both Nelson Marlborough and Northland have reported colposcopy data for the reporting period of the current report.

Service issues*Section 6.1 Follow-up of women with a high grade cytology*

- NSU is to investigate women with no subsequent histology result recorded on the NCSP register individually (303 in Report 18 and 346 in Report 19). Priority is to be given to women with no subsequent smear, Pacific women, and then by region.

Section 6.2 Laboratory smear reporting

- NSU is to seek an explanation from MedLab Central regarding their high total abnormalities rate.
- NSU is to seek an explanation from SCL Dunedin regarding their low rates of ASCUS and ASC-H.
- NSU is to seek an explanation from Valley Diagnostic regarding their low rate of HSIL.

Section 6.4 Laboratory histology turn around time

- It is noted that a review of current statistics show that the targets are now being met by six laboratories that did not meet them previously. However, this does not explain the unmet targets for Reports 14 through to 17, and which continue to be unmet in Reports 18 and 19. NSU is to also seek explanations from Hutt Hospital, North Shore Hospital and Wellington Hospital for this reporting period.

Section 6.7 Waiting time for colposcopic assessment for HSIL or ASC-H

- NSU is to seek an explanation from Bay of Plenty, Counties Manukau, Hawke's Bay, Lakes, Southland and Waitemata regarding colposcopy waiting times.

Section 6.8 Waiting time for colposcopic assessment for LSIL or ASCUS

- NSU is to seek an explanation from Bay of Plenty, Counties Manukau, Hawke's Bay, Lakes, Southland, Waikato and Waitemata regarding colposcopy waiting times.

Recommendations made at the 5 December 2005 meeting based on discussions about Report 17, October to December 2004:

General issues

- The IMG recommends that relevant advisory groups (*i.e.* Maori, Pacific, Consumer Reference & NCSP) are sent IMG reports for consideration in terms of ethnic disparities.
- NSU is to report on status of their investigation of ethnicity data collection to the IMG.

Data issues

Section 6.2 Laboratory smear reporting

- For all of Table 5: There is a discrepancy between the figures reported here and Valley Diagnostic Laboratory's own figures and this is currently being investigated by the NSU. The IMG would like the results of this investigation, including the 42 month look back statistics, to be reported back to them.

Section 6.4 Laboratory histology turn around time

- The NSU is to investigate delayed reporting of histology by North Shore Hospital.

Sections 6.7 and 6.8 Waiting time for colposcopic assessment

- The IMG have concerns about the non-reporting of and the accuracy of the reported colposcopy data. The NSU should investigate this as a matter of urgency.

Service issues

Section 6.1 Follow-up of women with a high grade cytology

- The NSU should address ethnic disparities in timeliness of follow-up of high grade smears with urgency. Prioritise investigation of reasons for ethnic inequalities in outcomes. Researchers with Māori/Pacific expertise should lead this analysis.
- The NSU is to seek an explanation from Auckland, Bay of Plenty, and Waikato Regions as to why their timeliness of histology reporting following a high grade smear at 12 weeks has consistently been well below the target for the last four reports.
- The NSU is to investigate women with no subsequent histology result recorded on the NCSP Register following a high grade cytology result. Priority is to be given to Pacific women, then by Region, ordering these from those with the highest to the lowest percentage of no follow-up after a high grade cytology result.

Section 6.2 Laboratory smear reporting

- The NSU is to investigate why SCL Christchurch and Valley Diagnostic Laboratory were above the target for smears reported as negative for dysplasia or malignancy.
- The NSU is to request that Auckland Hospital Laboratory produce figures for total abnormalities for non-hospital based satisfactory or satisfactory but limited smears for the period of Report 17 to be reported within six months from their receipt of this recommendation.
- The NSU is to investigate why the total abnormalities reporting pattern is consistently higher than the target for MedLab Bay of Plenty and MedLab Central.

Section 6.3 Laboratory cytology turn around time

- Due to circumstances explained by the NSU the IMG is not making a recommendation relating to MedLab Central's seven-day turnaround time for cytology reporting.
- The NSU is to seek an explanation as to why MedLab Bay of Plenty is below the seven-day target for timeliness of cytology reporting.
- The NSU is to seek explanations as to why SCL Christchurch, Diagnostic MedLab Auckland, and MedLab Central are below the 14-day target for cytology reporting.

Section 6.4 Laboratory histology turn around time

- The IMG request that Rotorua Hospital provide a relevant response to the histology turnaround time recommendation from Report 14 through to Report 17.

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 that 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 cannot exclude high grade (ASC-H), HSIL or more serious abnormality according to the hierarchy of the Revised Bethesda Coding System (2001) (Appendix 1). The timeliness of the follow-up of women with a high grade cytology result is estimated using the time elapsed before 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 September 2005 who had a high grade cytology result recorded on the NCSP Register between 1 October 2003 and 30 September 2004 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 ASC-H, HSIL or more serious cytology result were expressed as proportions of the total number of women with a high grade cytology taken between 1 October 2003 and 30 September 2004. 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 October 2003 and 30 September 2004, 5,052 women had a high grade cytology result. Of these, 3,856 (76.3%) 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 (77.5% and 78.8%). The proportion of women who had a histological specimen taken within 52 weeks of the high grade cytology was 91.2% (n=4,605). This value is similar to those reported in the previous two quarters (91.9% and 92.6%). There was no histology reported on the NCSP Register for 372 (7.4%) 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, 78.6% of non-Māori, non-Pacific women had a report of a histological specimen, compared to 67.6% of Māori and 59.2% of Pacific women. These figures are similar to those reported in the last quarter (79.8%, 69.7% and 55.6%, respectively). The differences by ethnicity persisted for all time periods following a high grade smear. Statistical tests showed the differences between the groups are very 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 Northland (85.6%, n=155). The poorest performer was Hawke's

Bay (69.7%, n=140). For all Regions combined the proportion of women who had histological reports within 12 weeks of the smear was 76.3%.

No Region reached the target of 99% of women having a histological specimen taken within 52 weeks of a high grade smear. For all Regions combined the proportion of women who had a high grade smear result with a subsequent histology taken within 52 weeks was 91.2%. All of the Regions have similar timeliness in reporting histological results for women with high grade smears compared to the previous quarter.

To investigate whether the differences in timeliness of histology reporting are explained by differences in the proportion of women from each ethnic group across the Regions, the results from Table 3 are presented in Appendix 2 separately for Māori, Pacific and non Māori, non Pacific women. From these tables, it is clear that the differences across Regions are not explained by the different proportions of women from each ethnic group in each Region. This does not negate the importance of the disparities by ethnic group, which persist in each Region.

A relatively large number of women (n=372, 7.4%) had no histology report recorded on the NCSP Register following a high grade smear compared with the previous two quarters (7.0% and 6.4%). The absence of such a report was more common in Pacific women (13.6%) compared to Māori (7.8%) and non-Māori, non-Pacific women (7.1%), 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 7%) in Auckland, Canterbury, Hawke's Bay, Taranaki and West Coast.

Further details of the 372 women who had no histology result recorded on the NCSP Register following a high grade smear are shown in Table 4. Of these, 97 (26.1%) had no subsequent smear recorded and 135 (36.3%) had a follow-up smear taken by a non-specialist. Of these 232 women who had either no follow-up smear or a smear taken by a non-specialist, 108 (46.6%) 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 124 (53.4%) 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.

The breakdown of subsequent smears by ethnicity for women who had a high grade cytology result but no histology report is shown in Table 5. There were similar patterns when considering these results according to whether the women had been signed back into the Programme or not. The proportions of Māori (49.2%) and Pacific women (40.0%) who did not have a subsequent smear after their high grade cytology report were approximately double that of non-Māori, non-Pacific women (20.3%). The proportion of Māori women who had a subsequent smear taken by a non-specialist (24.6%) was less than those for non-Māori, non-Pacific women (38.8%) and Pacific women (35.0%). The proportion of non-Māori, non-Pacific women (40.9%) who had a subsequent smear taken by a specialist was greater than those of Māori (26.2%) and Pacific women (25.0%). However, statistical tests have not been used to examine any differences between the ethnic groups due to the small numbers of women in the different categories.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 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 ¹	3,856	76.3	76.3
13 to 26 weeks	496	9.8	86.1
27 to 52 weeks ²	253	5.0	91.2
More than 52 weeks	75	1.5	92.6
Subtotal	4,680		
No histology recorded on NCSP Register	372	7.4	100
Total	5,052		

Target: ¹ 90% with histology report within 12 weeks, ² 99% within 52 weeks of a high grade smear

Table 2: Ethnic disparities in timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women

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 ¹	532	67.6	67.6	87	59.2	59.2	3,237	78.6	78.6
13 to 26 weeks	110	14.0	81.6	27	18.4	77.6	359	8.7	87.3
27 to 52 weeks ²	61	7.8	89.3	11	7.5	85.0	181	4.4	91.7
More than 52 weeks	23	2.9	92.3	2	1.4	86.4	50	1.2	92.9
Subtotal	726			127			3,827		
No histology recorded on NCSP Register	61	7.8	100.0	20	13.6	100.0	291	7.1	100.0
Total	787			147			4,118		

Difference between ethnic groups $P < 0.001$

Target: ¹ 90% with histology report within 12 weeks, ² 99% within 52 weeks of a high grade smear

Note: the follow-up of the 372 women with no histology recorded on the NCSP Register is shown in Table 4

Table 3: Timeliness of a 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 ¹		13 to 26 weeks		27 to 52 weeks		Within 52 weeks ²		No Histology		Total
	n	%	n	%	n	%	n	%	n	%	
Auckland	1,184	70.2	199	11.8	95	5.6	1,478	87.7	180	10.7	1,686
Bay of Plenty	289	74.9	47	12.2	20	5.2	356	92.2	19	4.9	386
Canterbury	507	83.4	34	5.6	17	2.8	558	91.8	44	7.2	608
Hawke's Bay	140	69.7	30	14.9	11	5.5	181	90.1	15	7.5	201
Manawatu / Wanganui	264	84.4	13	4.2	11	3.5	288	92.0	22	7.0	313
Nelson / Marlborough	103	71.5	25	17.4	9	6.3	137	95.1	6	4.2	144
Northland	155	85.6	11	6.1	8	4.4	174	96.1	5	2.8	181
Otago / Southland	388	84.4	32	7.0	18	3.9	438	95.2	20	4.4	460
Tairāwhiti	64	81.0	9	11.4	4	5.1	77	97.5	1	1.3	79
Taranaki	110	73.3	13	8.7	14	9.3	137	91.3	11	7.3	150
Waikato	301	76.2	31	7.9	29	7.3	361	91.4	25	6.3	395
Wellington	317	77.7	51	12.5	16	3.9	384	94.1	21	5.2	408
West Coast	34	82.9	1	2.4	1	2.4	36	87.8	3	7.3	41
Total	3,856	76.3	496	9.8	253	5.0	4,605	91.2	372	7.4	5,052

Difference between NCSP Regions $P < 0.001$

Target: ¹ 90% with histology report within 12 weeks, ² 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	44	24.7	53	27.3	97	26.1
Subsequent smear taken by non-specialist	80	44.9	55	28.4	135	36.3
Smear taken by specialist	54	30.3	86	44.3	140	37.6
Total	178		194		372	

Difference between NCSP Register status P=0.002

Table 5: Ethnic disparities in the follow-up of women with a high grade cytology report 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					
	Māori women		Pacific women		Non-Māori non-Pacific women		Māori women		Pacific women		Non-Māori non-Pacific women		Māori women		Pacific women		Non-Māori non-Pacific women	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No subsequent smear	8	26.7	4	36.4	32	23.4	22	71.0	4	44.4	27	17.5	30	49.2	8	40.0	59	20.3
Smear by non-specialist	12	40.0	5	45.5	63	46.0	3	9.7	2	22.2	50	32.5	15	24.6	7	35.0	113	38.8
Smear by specialist	10	33.3	2	18.2	42	30.7	6	19.4	3	33.3	77	50.0	16	26.2	5	25.0	119	40.9
Total	30		11		137		31		9		154		61		20		291	

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

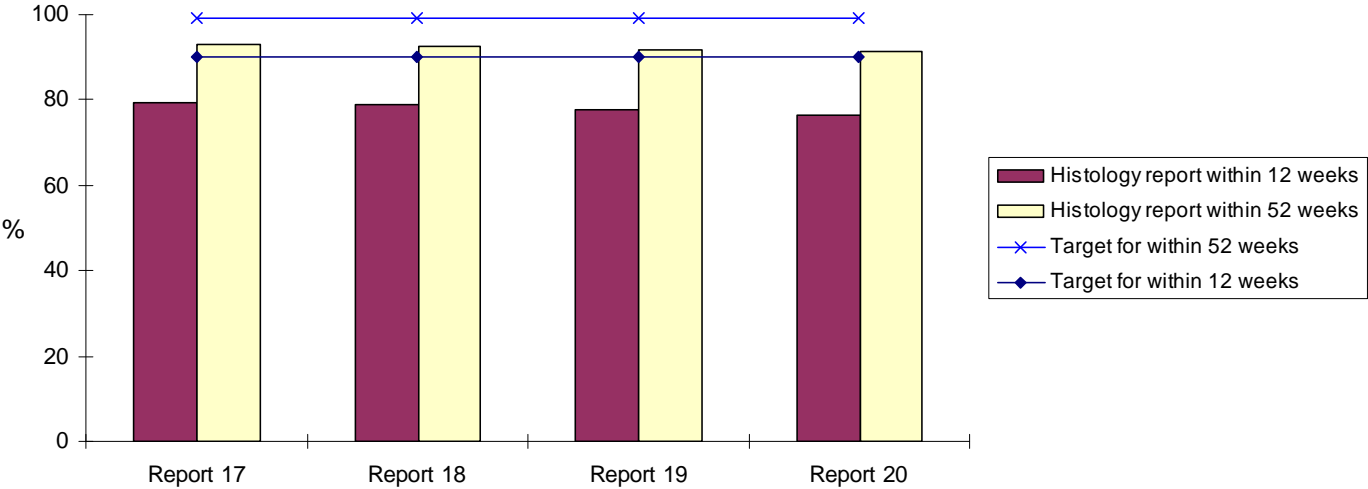


Figure 2: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

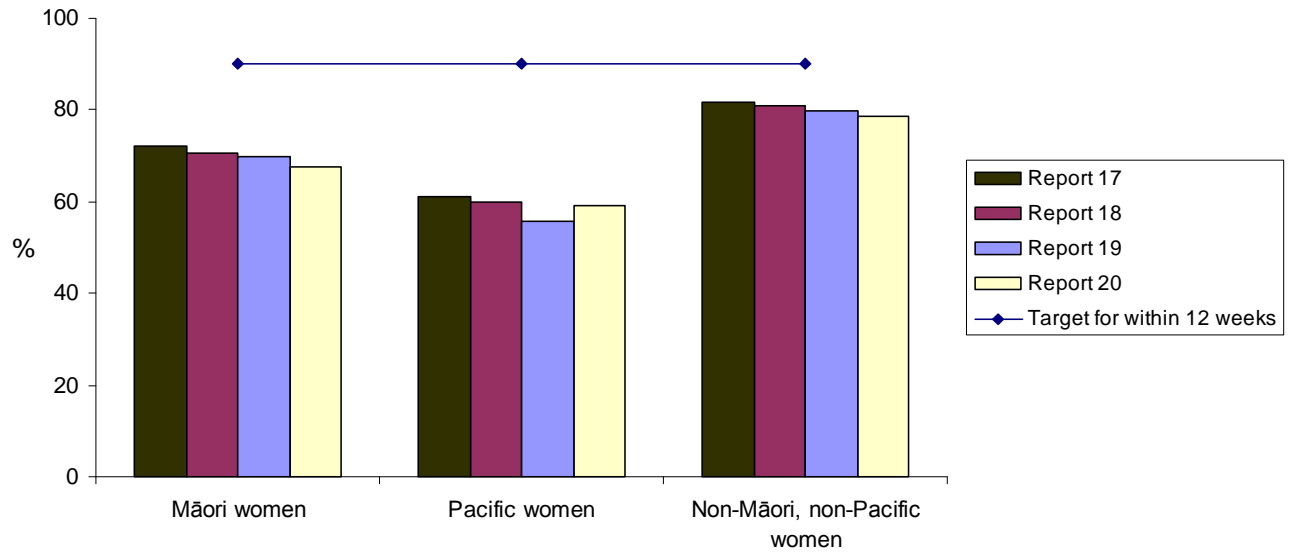


Figure 3: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

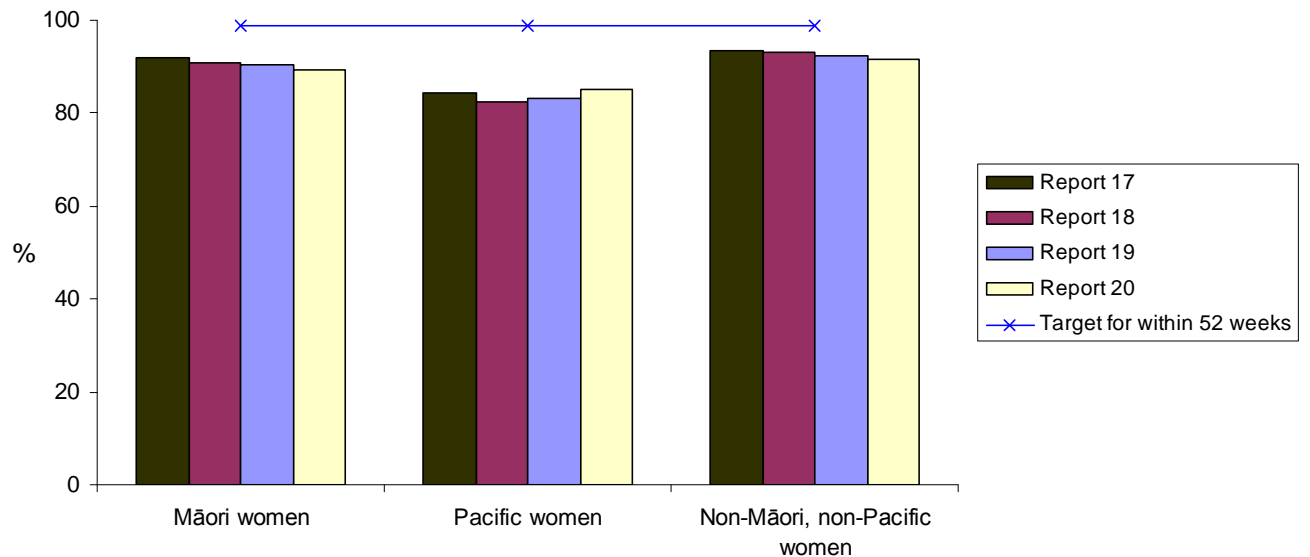


Figure 4: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP Region

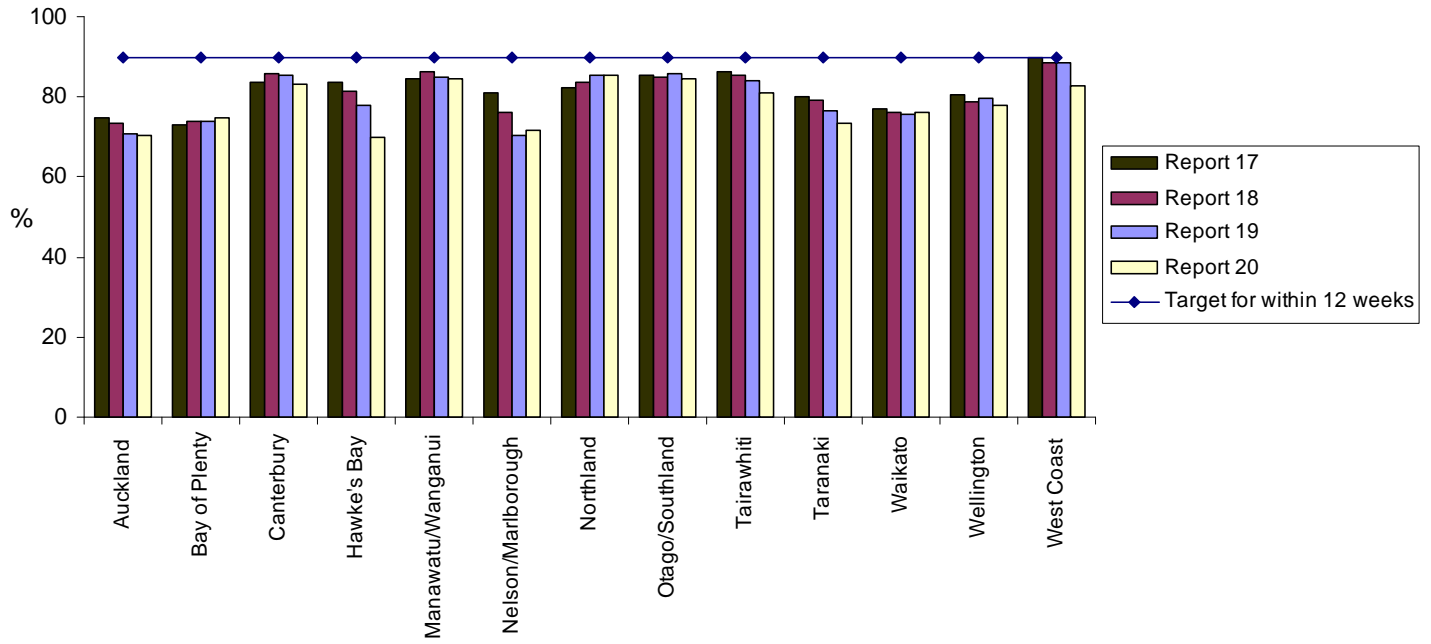
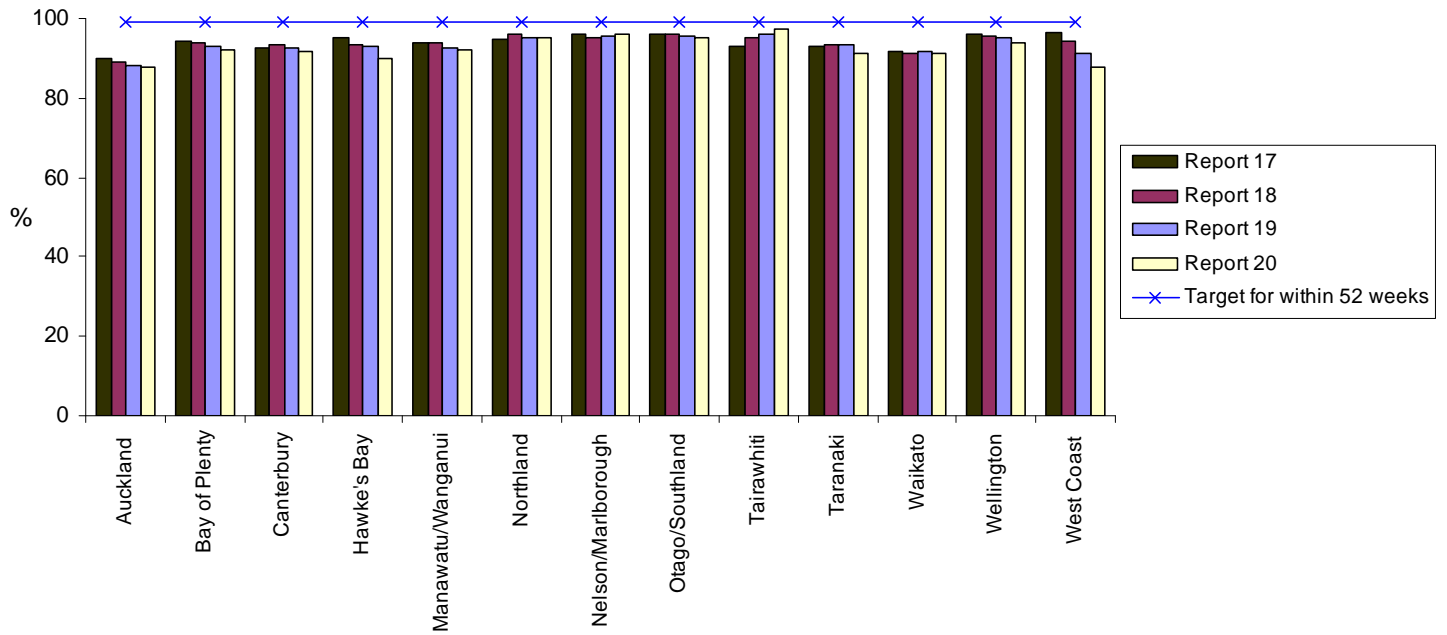


Figure 5: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP Region



6.2 Laboratory smear reporting

Definition

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

1. Negative for dysplasia or malignancy
2. ASCUS
3. ASC-H
4. LSIL (CIN 1 and/or HPV)
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 smears taken during the reporting quarter, were used to calculate the number of smears in each broad cytological category for each laboratory. These smears in each cytological category were expressed as proportions of the total number of satisfactory 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.

Please note that this indicator previously included smears that were either satisfactory but limited or satisfactory for evaluation. Since the adoption of the 2001 revision of

the Bethesda Coding Standard the category of satisfactory but limited has ceased to be used. The targets for this indicator are therefore currently under evaluation.

Results

During the quarter, 89,749 satisfactory smears were taken. The results of these, by laboratory, are shown in Table 6. The number of such smears reported by each laboratory ranged from 3,029 for Valley Diagnostic Laboratory to 21,701 for Diagnostic MedLab Auckland. Overall, 82,701 (92.1%) smears were reported as negative for dysplasia or malignancy, which was similar to the proportion reported in the last two quarters (93.0% and 92.9%). One of the laboratories, SCL Christchurch (96.2%) exceeded the target of not more than 96% of smears being negative for dysplasia or malignancy. Auckland Hospital Laboratory reported 76.0% of smears as negative for dysplasia or malignancy, a lower proportion than the other laboratories.

The proportion of smears reported with a HSIL abnormality was 1.0% for all laboratories combined. This figure met the target of not less than 0.6% and was similar to that reported for the previous two reporting quarters (1.2%). One laboratory did not meet this target; Valley Diagnostic Laboratory (n=14) reported 0.5% of smears with a HSIL abnormality. Auckland Hospital Laboratory reported 110 (3.4%) 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 (7.0% and 7.1%). Hospital based laboratories reported the highest proportions of total abnormalities. Auckland Hospital Laboratory reported 782 (24.0%) smears processed as abnormal, and has reported high proportions for the previous two quarters (18.6% and 22.3%). The IMG has received data from Auckland Hospital Laboratory, in response to a recommendation in IMG Report 14, showing that the community based smears from this laboratory were within the target for smears reported as abnormal. The IMG has agreed to review this data on an annual basis. Canterbury Health Laboratories (11.7%) and MedLab Central (12.5%) also exceeded the 10% total abnormalities target.

The proportion of smears reported as LSIL varied between laboratories, but was between 1.9% and 3.3% for all laboratories, with the exception of Auckland Hospital Laboratory (9.7%), Canterbury Health Laboratories (5.3%), and MedLab Central (7.2%). These three laboratories also reported higher proportions of LSIL abnormalities in the previous two quarters. Note that no target is set for the proportion of smears reported as LSIL.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

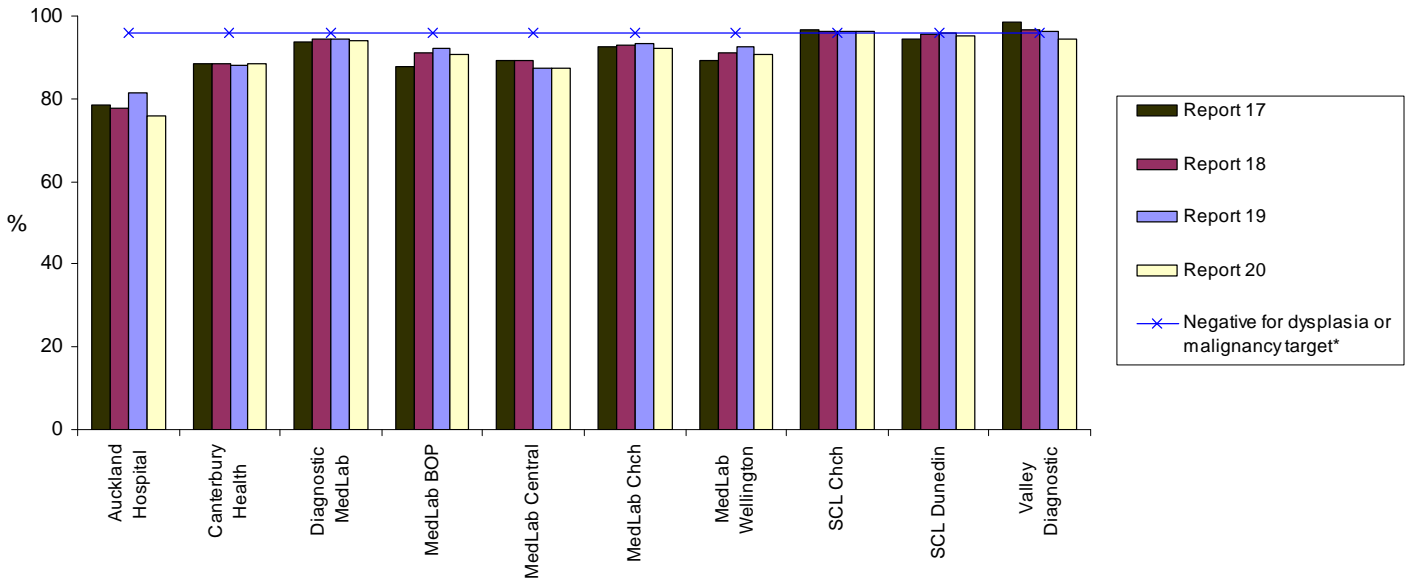
Table 6: The number and proportion of satisfactory smears in broad cytological categories for each laboratory

Laboratory	Negative for dysplasia or malignancy ¹		ASCUS		ASC-H		LSIL		HSIL ²		Total Abnormalities ³		Total smears
	n	%	n	%	n	%	n	%	n	%	n	%	
Auckland Hospital Lab.	2,475	76.0	232	7.1	111	3.4	316	9.7	110	3.4	782	24.0	3,257
Canterbury Health Lab.	4,037	88.3	173	3.8	41	0.9	242	5.3	75	1.6	533	11.7	4,570
Diagnostic MedLab Auckland	20,380	93.9	452	2.1	163	0.8	552	2.5	127	0.6	1,321	6.1	21,701
MedLab Bay of Plenty	8,257	90.7	409	4.5	60	0.7	296	3.3	63	0.7	848	9.3	9,105
MedLab Central	6,269	87.5	192	2.7	71	1.0	516	7.2	93	1.3	895	12.5	7,164
MedLab Christchurch	7,212	92.1	268	3.4	77	1.0	197	2.5	60	0.8	615	7.9	7,827
MedLab Wellington	7,814	90.8	381	4.4	74	0.9	284	3.3	49	0.6	795	9.2	8,609
SCL* Christchurch	5,838	96.2	56	0.9	14	0.2	116	1.9	42	0.7	228	3.8	6,066
SCL* Dunedin	17,564	95.3	11	0.1	115	0.6	457	2.5	250	1.4	857	4.7	18,421
Valley Diagnostic Lab.	2,855	94.3	67	2.2	9	0.3	84	2.8	14	0.5	174	5.7	3,029
Total	82,701	92.1	2,241	2.5	735	0.8	3,060	3.4	883	1.0	7,048	7.9	89,749

* SCL: Southern Community Laboratories

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

Figure 6: The proportion of satisfactory 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 smears reported as HSIL for each laboratory

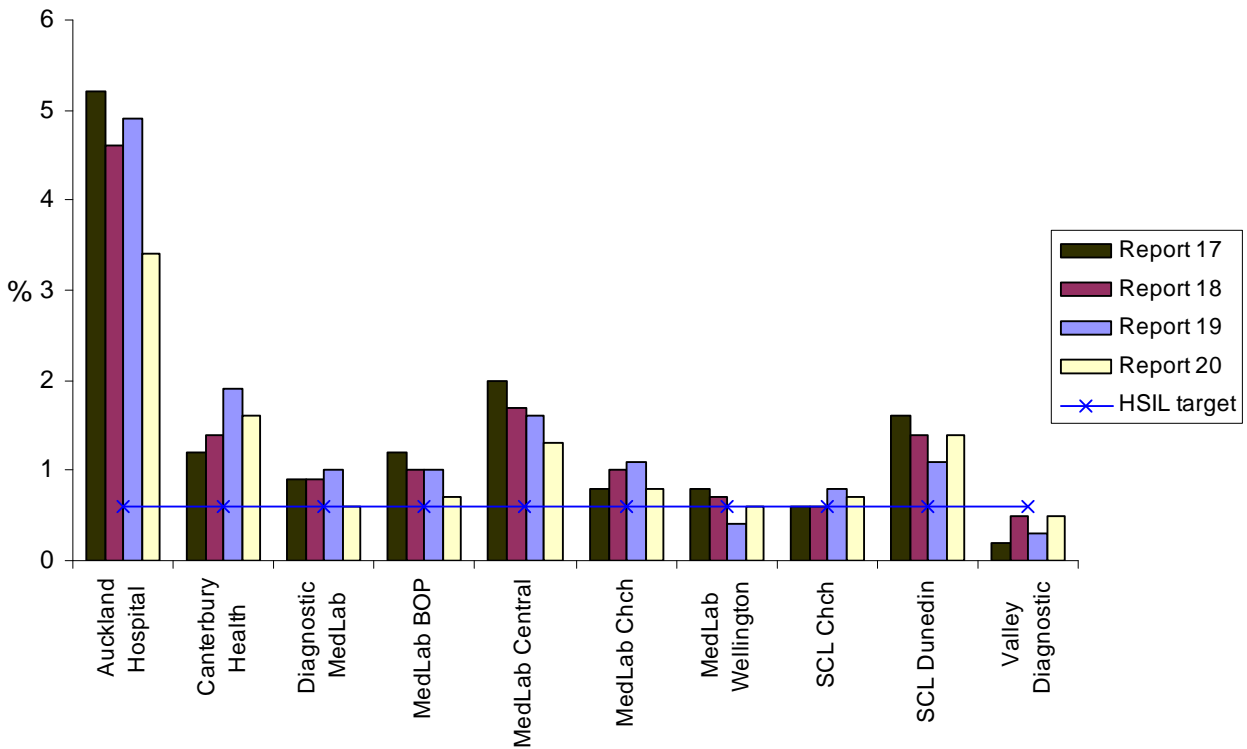
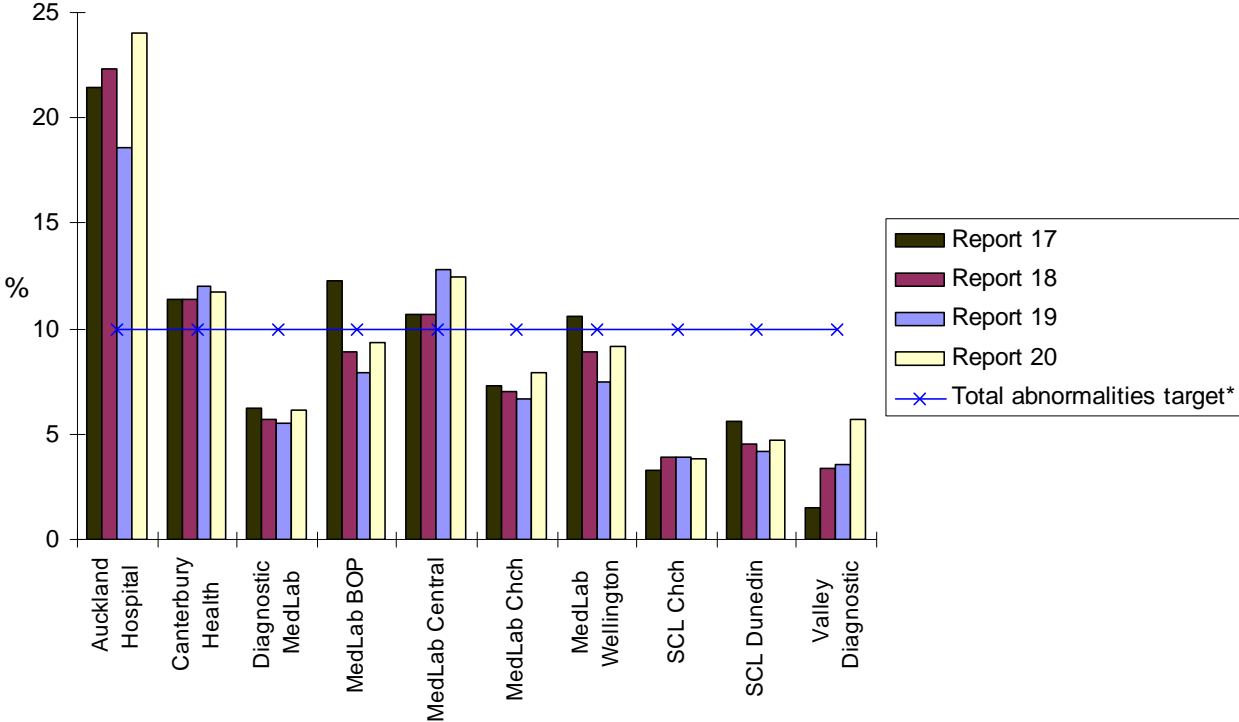


Figure 8: The proportion of satisfactory smears reported as abnormal for each laboratory



* 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 to the smear taker, 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 July to 30 September 2005 for each laboratory processing cervical cytology are shown in Table 7. Overall, 98.7% of the 93,447 smears received by laboratories were reported within seven working days. This was greater than the target of 90%, as was the proportion reported in the last two quarters (99.7% and 99.5%). All reporting laboratories achieved the seven-day target of 90%, except Auckland Hospital Laboratory (80.0%).

Overall, the 14-day target of 100% was almost achieved (99.8%). Six of the ten reporting laboratories achieved the 100% target. SCL Christchurch reported 186 smears (3.0%) outside 14 working days. The other laboratories to report smears outside this target were Auckland Hospital (n=12), Canterbury Health Laboratories (n=16), MedLab Bay of Plenty (n=2), and SCL Dunedin (n=14). The reporting time for the 230 smears that were outside the 14-day target ranged from 15 to 80 days, with the median time being 32 days.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

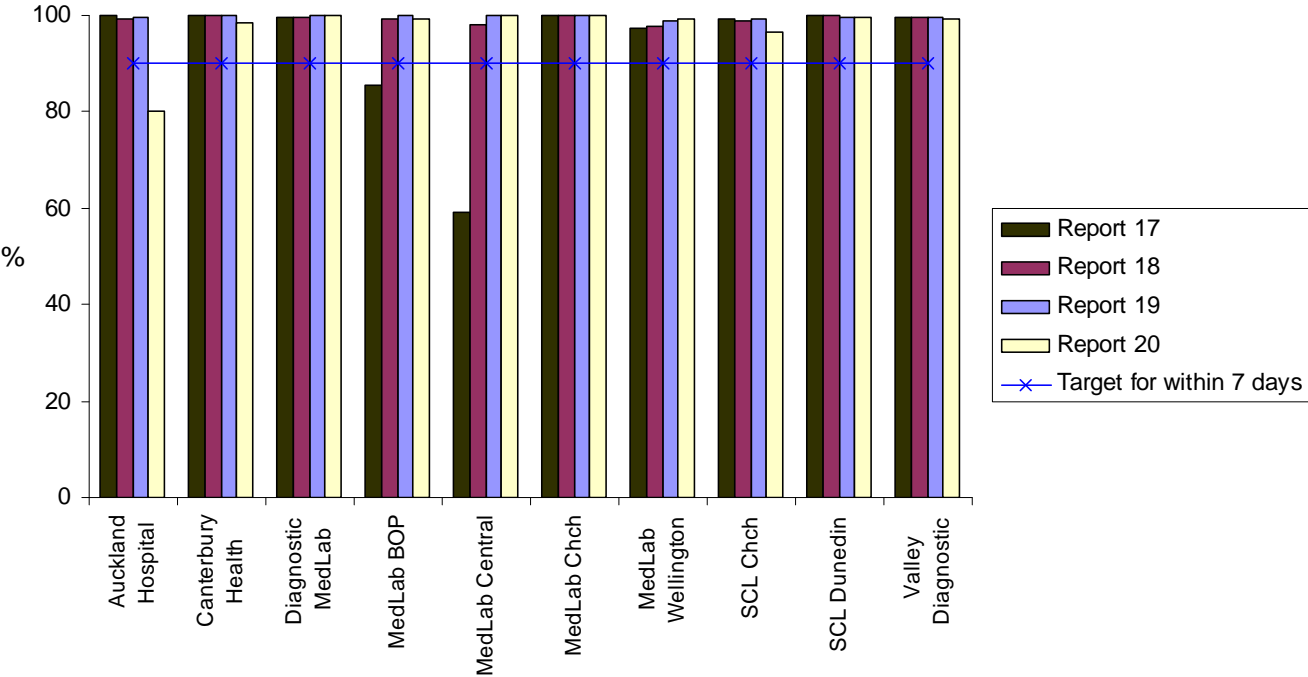
Table 7: Timeliness of the reporting of smears by laboratory

Laboratory	Number of smears processed	Within 7 working days ¹ (%)		From 8 to 14 working days (%)		Within 14 working days ² (cumulative %)		More than 14 working days (%)	
	n	n	%	n	%	n	%	n	%
Auckland Hospital Lab.	3,323	2,658	80.0	653	19.7	3,311	99.6	12	0.4
Canterbury Health Lab.	4,636	4,562	98.4	58	1.3	4,620	99.7	16	0.3
Diagnostic MedLab Auckland	23,028	23,002	99.9	26	0.1	23,028	100.0	0	0.0
MedLab Bay of Plenty	9,421	9,344	99.2	75	0.8	9,419	100.0	2	0.0
MedLab Central	7,311	7,305	99.9	6	0.1	7,311	100.0	0	0.0
MedLab Christchurch	8,524	8,524	100.0	0	0.0	8,524	100.0	0	0.0
MedLab Wellington	9,191	9,120	99.2	71	0.8	9,191	100.0	0	0.0
SCL* Christchurch	6,142	5,926	96.5	30	0.5	5,956	97.0	186	3.0
SCL* Dunedin	18,756	18,710	99.8	32	0.2	18,742	99.9	14	0.1
Valley Diagnostic Lab.	3,115	3,089	99.2	26	0.8	3,115	100.0	0	0.0
Total	93,447	92,240	98.7	977	1.0	93,217	99.8	230	0.2

* SCL: Southern Community Laboratories

Targets are: ¹ 90% within seven working days, ² 100% 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 to the clinician, 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 26 laboratories that provided results to the NCSP Register in this quarter is shown in Table 8. There were a total of 6,696 histology specimens recorded on the NCSP Register, compared to 6,914 in the

previous quarter. The number of specimens reported by each laboratory varied considerably, ranging from 24 in MedLab Southland to 950 in Diagnostic MedLab Auckland. For all laboratories combined, the proportion of histological specimens reported on within five working days was 89.1%, below the target of 90%, and similar to the figure reported in the previous quarter (88.2%).

Five laboratories did not meet the five-day 90% target. North Shore Hospital only issued reports within five days for 70 of the 416 (16.8%) histology specimens received. The other laboratories that did not meet the five-day 90% target this quarter were Auckland Hospital Laboratory (69.4%), Hutt Hospital (79.4%), Rotorua Hospital (73.2%), and Southland Hospital (84.5%). Auckland Hospital (75.1%), Hutt Hospital (78.1%), North Shore Hospital (11.3%) and Rotorua Hospital (76.5%) did not meet this target in the previous quarter.

Auckland Hospital Laboratory (25.8%), Hutt Hospital (18.6%), North Shore Hospital (24.5%), Rotorua Hospital (10.1%), and Southland Hospital (11.8%) reported the greatest proportion of histology results six to 10 working days from the specimens being received. Overall, 309 (4.6%) specimens were reported more than 10 working days after the time that they were received by the laboratory. The majority of these (n=244) were from North Shore Hospital, which reported 58.7% of histology results 11 or more working days from the specimens being received. The reporting time for the 309 specimens ranged from 11 to 50 days, with the median time being 14 days.

At the time of the calculation of this indicator, the IMG did not have any histology data for Wellington Hospital Laboratory for the period 1st July 2005 to 30th September 2005. The reasons behind this are currently being investigated.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

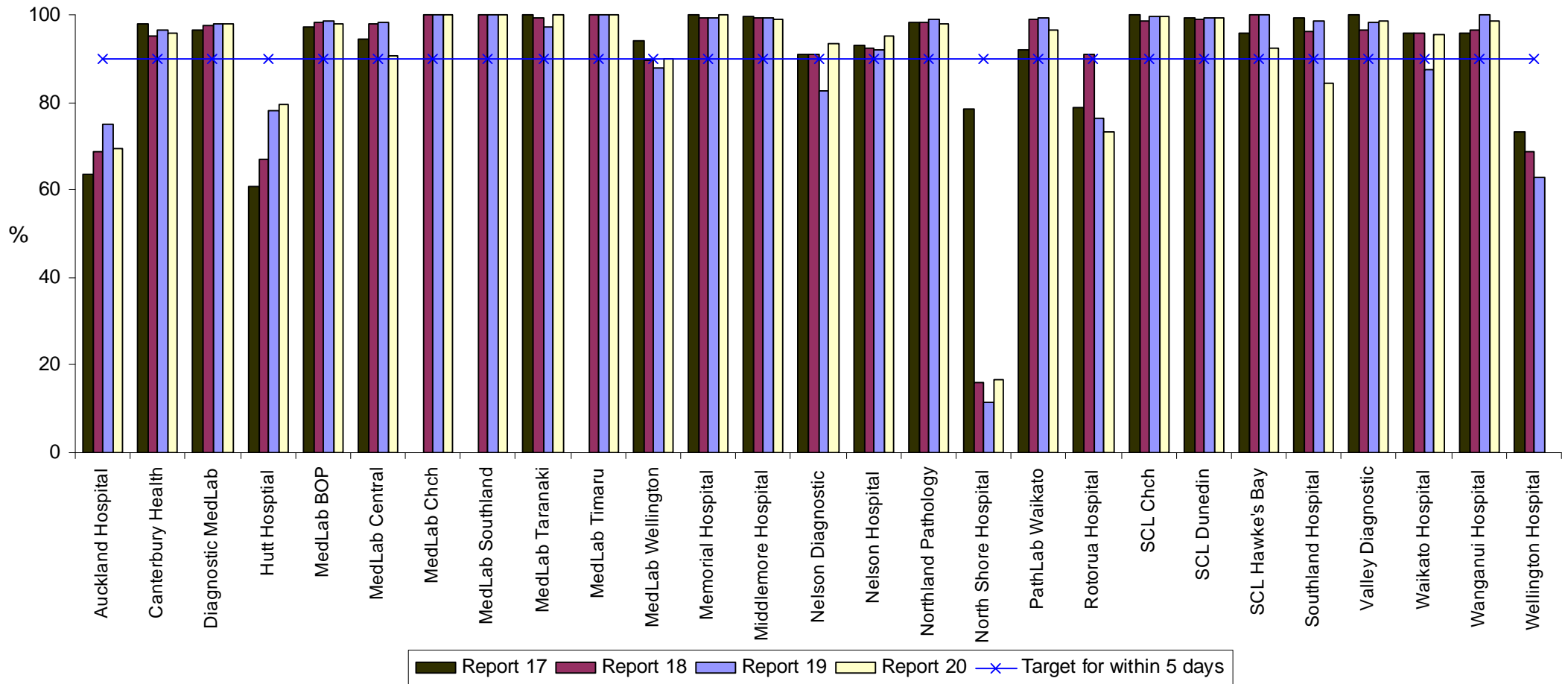
Table 8: Timeliness of the reporting of histology by laboratory

Laboratory	Number of specimens processed	Within 5 working days ¹		6 to 10 working days		11 or more working days	
		n	%	n	%	n	%
Auckland Hospital Lab.	376	261	69.4	97	25.8	18	4.8
Canterbury Health Lab.	566	543	95.9	21	3.7	2	0.4
Diagnostic MedLab Auckland	950	929	97.8	21	2.2	0	0.0
Hutt Hospital	97	77	79.4	18	18.6	2	2.1
MedLab Bay of Plenty	498	488	98.0	10	2.0	0	0.0
MedLab Central	476	431	90.5	43	9.0	2	0.4
MedLab Christchurch	51	51	100.0	0	0.0	0	0.0
MedLab Southland	24	24	100.0	0	0.0	0	0.0
MedLab Taranaki	112	112	100.0	0	0.0	0	0.0
MedLab Timaru	87	87	100.0	0	0.0	0	0.0
MedLab Wellington	160	144	90.0	15	9.4	1	0.6
Memorial Hospital Hastings	135	135	100.0	0	0.0	0	0.0
Middlemore Hospital	278	275	98.9	3	1.1	0	0.0
Nelson Diagnostic Lab.	62	58	93.5	4	6.5	0	0.0
Nelson Hospital	222	211	95.0	8	3.6	3	1.4
Northland Pathology	178	174	97.8	3	1.7	1	0.6
North Shore Hospital	416	70	16.8	102	24.5	244	58.7
Pathlab Waikato	141	136	96.5	5	3.5	0	0.0
Rotorua Hospital	138	101	73.2	14	10.1	23	16.7
* SCL Christchurch	237	236	99.6	1	0.4	0	0.0
* SCL Dunedin	454	451	99.3	2	0.4	1	0.2
* SCL Hawke's Bay	40	37	92.5	3	7.5	0	0.0
Southland Hospital	220	186	84.5	26	11.8	8	3.6
Valley Diagnostic Lab.	70	69	98.6	1	1.4	0	0.0
Waikato Hospital	631	602	95.4	25	4.0	4	0.6
Wanganui Hospital	77	76	98.7	1	1.3	0	0.0
Total	6,696	5,964	89.1	423	6.3	309	4.6

Targets: ¹90% within five working days, and ²100% within a reasonable period of time

* SCL: Southern Community Laboratories

Figure 10: Laboratory histology five-day turn around time



6.5 Unsatisfactory smears by laboratory

Definition

Unsatisfactory smears are those smears reported with a Bethesda adequacy of UA, UB, UC, UD, UE, UF or UG (Revised Bethesda Coding System, 2001). It is important to note that the adequacy coding of a smear is influenced by both smear taking technique and laboratory reporting practice. The NCSP has adopted the revised Bethesda Coding System 2001 (from July 2005), and this no longer includes a satisfactory but limited category. It is expected that unsatisfactory and satisfactory rates will increase, and therefore these are not directly comparable with previous quarters.

Targets

The target for unsatisfactory smears was previously not less than 0.5% and not more than 2.0% of all smears reported for a given laboratory but this is now under review due to the introduction of the 2001 revision of the Bethesda Coding System. The targets will be reviewed in December 2006, once sufficient New Zealand data have accumulated.

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 unsatisfactory smears reported was 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 unsatisfactory smears taken during the quarter and reported by each cytology laboratory is shown in Table 9. Overall, 3,698 (4.0%) of the 93,447 smears processed were reported as unsatisfactory for evaluation. Diagnostic MedLab Auckland (5.8%), MedLab Christchurch (8.2%), and MedLab Wellington (6.3%) reported the highest proportions of unsatisfactory smears.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

Table 9: The number and proportion of unsatisfactory smears by laboratory

Laboratory	Smears processed	Unsatisfactory smears ¹	
	n	n	%
Auckland Hospital Lab.	3,323	66	2.0
Canterbury Health Lab.	4,636	66	1.4
Diagnostic MedLab Auckland	23,028	1,327	5.8
MedLab Bay of Plenty	9,421	316	3.4
MedLab Central	7,311	147	2.0
MedLab Christchurch	8,524	697	8.2
MedLab Wellington	9,191	582	6.3
SCL* Christchurch	6,142	76	1.2
SCL* Dunedin	18,756	335	1.8
Valley Diagnostic Lab.	3,115	86	2.8
Total	93,447	3,698	4.0

Target: ¹under review, but previously 0.5 to 2.0%

* SCL: Southern Community Laboratories

6.6 Unsatisfactory smears by smear taker

Definition

Definitions and a description of the issues surrounding unsatisfactory smears are given on Page 43.

Targets

The target for unsatisfactory smears was previously not less than 0.5% and not more than 2.0% of all smears reported for a given laboratory but this is now under review due to the introduction of the revised Bethesda System.

Please note that this indicator previously included smears that were satisfactory but limited or unsatisfactory for evaluation. Since the adoption of the 2001 revision of the Bethesda Coding Standard the category of satisfactory but limited has ceased to be used. The targets for this indicator are therefore currently under evaluation.

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 this indicator. 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 unsatisfactory smears was expressed as a proportion of the total number of smears taken by that group.

Results

The numbers and proportions of satisfactory and unsatisfactory smears taken in this quarter by annual volume of smears taken by each smear taker group are shown in Table 10. Overall, 93,447 smears were taken during the reporting quarter, of which 17 (<1%) were taken by lay smear takers, 54,549 (58%) by medical smear takers, 30,830 (33%) by nurses, 7,743 (8%) by specialists and 308 (<1%) by midwives. These proportions and volumes are similar to those reported in the last quarter.

The proportions of unsatisfactory smears were greatest for smear takers with annual volumes of less than 30 smears. None of the smears taken by lay smear takers were reported as unsatisfactory for assessment.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

Table 10: The number and proportion of unsatisfactory smears for each smear taker group

	Annual volume of smears	Total number of smears	Satisfactory smears		Unsatisfactory smears ¹	
	n	n	n	%	n	%
Lay	<30	3	3	100	0	0.0
	30-100	14	14	100	0	0.0
	>100	0	0	0.0	0	0.0
	Total	17	17	100	0	0.0
Medical	<30	4,083	3,862	94.6	221	5.4
	30-100	15,714	15,022	95.6	692	4.4
	>100	34,752	33,183	95.5	1,569	4.5
	Total	54,549	52,067	95.5	2,482	4.6
Nurse	<30	1,901	1,833	96.4	68	3.6
	30-100	12,502	12,179	97.4	323	2.6
	>100	16,427	15,952	97.1	475	2.9
	Total	30,830	29,964	97.2	866	2.8
Specialist	<30	137	124	90.5	13	9.5
	30-100	790	754	95.4	36	4.6
	>100	6,816	6,528	95.8	288	4.2
	Total	7,743	7,406	95.7	337	4.4
Midwife	<30	45	41	91.1	4	8.9
	30-100	43	41	95.4	2	4.7
	>100	220	213	96.8	7	3.2
	Total	308	295	95.8	13	4.2
Total		93,447	89,749	96.0	3,698	4.0

Target: ¹under review, but previously 0.5 to 2.0%

6.7 Waiting time for colposcopic assessment for HSIL or ASC-H

Definition

The waiting time for colposcopic assessment for HSIL or ASC-H 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 the assessment of the HSIL or ASC-H 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 ASC-H cytology results who were referred to DHB colposcopy clinics each month, and the number of women with HSIL or ASC-H cytology results who were waiting longer than four 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 ASC-H 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 ASC-H cytology result waiting longer than four weeks at the end of each month is shown in Table 11.

The reported number of women referred for an assessment of a HSIL or ASC-H cytology abnormality waiting longer than four weeks at the end of each month was highest for Hawke's Bay colposcopy unit (60 women at the end of July, 46 women at the end of August, and 38 women at the end of September). Hawke's Bay colposcopy unit also reported high numbers of women waiting longer than four weeks in the previous quarter.

The number of colposcopy units which reported that no women waited longer than four weeks in any month was seven, compared with six in the previous quarter.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

Table 11: Waiting time for colposcopic assessment of HSIL or ASC-H by DHB colposcopy service

DHB Colposcopy Reporting Unit	Number of women referred for assessment of HSIL or ASC-H			Number of women referred waiting longer than 4 weeks at the end of each month		
	July	August	September	July	August	September
Auckland	27	33	31	0	0	0
Bay of Plenty	0	26	15	0	6	9
Canterbury	0	30	30	0	0	0
Capital and Coast	47	4	2	2	1	0
Counties Manukau	43	40	59	39	26	31
Hawke's Bay	13	24	16	60	46	38
Hutt Valley	7	5	9	2	2	2
Lakes	0	13	11	0	0	3
MidCentral	27	11	22	4	5	0
Nelson Marlborough	14	4	2	7	10	2
Northland	9	14	11	2	4	1
Otago	22	28	17	0	0	0
South Canterbury	2	2	2	0	0	0
Southland	0	0	3	3	2	3
Tairāwhiti	2	1	7	0	1	2
Taranaki	12	11	9	3	1	3
Waikato	29	33	22	3	5	6
Wairarapa	1	1	0	0	0	0
Waitemata	63	60	63	46	0	0
West Coast	3	6	2	0	0	0
Whanganui	4	2	8	0	0	0
Total	325	348	341	171	109	100

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

The data required for the calculation of the waiting time for the assessment of the 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 12.

The reported number of women referred for an assessment of a LSIL or ASCUS cytology abnormality waiting longer than 26 weeks at the end of each month was highest for Hawke's Bay colposcopy unit (79 women at the end of July, 89 women at the end of August, and 94 women at the end of September). Eight of the colposcopy units reported that no women waited longer than 26 weeks in any month, which is the same number of units as in the previous quarter.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 20 and 21 were both considered at the June 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 21 only.

Table 12: 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		
	July	August	September	July	August	September
Auckland	29	52	33	1	0	0
Bay of Plenty	0	41	39	0	37	54
Canterbury	47	64	49	0	0	0
Capital and Coast	7	56	48	0	0	0
Counties Manukau	32	42	55	26	36	29
Hawke's Bay	2	12	5	79	89	94
Hutt Valley	7	7	15	0	3	8
Lakes	0	17	30	0	8	14
MidCentral	22	36	38	3	6	8
Nelson Marlborough	1	0	0	3	7	0
Northland	2	8	10	0	0	0
Otago	22	24	26	0	0	0
South Canterbury	0	1	0	1	1	1
Southland	13	19	18	4	4	3
Tairāwhiti	3	6	10	0	0	1
Taranaki	10	5	13	0	0	0
Waikato	43	46	41	26	28	28
Wairarapa	4	3	0	0	0	0
Waitemata	47	36	35	8	0	0
West Coast	6	5	1	0	0	0
Whanganui	27	21	20	0	0	0
Total	324	501	486	151	219	240

Appendix 1: Summary of the Revised Bethesda Coding Standard (2001)

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 cannot exclude high grade (ASC-H)
- (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 cannot exclude high grade (ASC-H)
- (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

Appendix 2: Ethnicity breakdown tables

Appendix Table i: Ethnicity breakdown by NCSP Region for histology reports within 12 weeks after a high grade cytology result

NCSP Region	Histology report within 12 weeks after a high grade cytology result						Total number of women with high grade cytology results		
	Māori		Pacific		Non-Māori non-Pacific		Māori	Pacific	Non-Māori non-Pacific
	n	%	n	%	n	%	n	n	n
Auckland	113	57.1	60	53.6	1,011	73.5	198	112	1,376
Bay of Plenty	72	62.6	1	33.3	216	80.6	115	3	268
Canterbury	29	78.4	2	100	476	83.7	37	2	569
Hawke's Bay	29	59.2	3	75.0	108	73.0	49	4	148
Manawatu / Wanganui	51	81.0	0	-	213	85.2	63	0	250
Nelson / Marlborough	6	54.5	0	-	97	72.9	11	0	133
Northland	49	81.7	0	-	106	87.6	60	0	121
Otago / Southland	29	82.9	7	87.5	352	84.4	35	8	417
Tairāwhiti	31	83.8	0	-	33	78.6	37	0	42
Taranaki	13	48.1	0	-	97	78.9	27	0	123
Waikato	66	64.7	2	100	233	80.1	102	2	291
Wellington	42	84.0	12	75.0	263	76.9	50	16	342
West Coast	2	66.7	0	-	32	84.2	3	0	38

- indicates no women with high grade cytology result

Appendix Table ii: Ethnicity breakdown by NCSP Region for histology reports within 52 weeks after a high grade cytology result

NCSP Region	Histology report within 52 weeks after a high grade cytology result						Total number of women with high grade cytology results		
	Māori		Pacific		Non-Māori non-Pacific		Māori	Pacific	Non-Māori non-Pacific
	n	%	n	%	n	%	n	n	n
Auckland	167	84.3	92	82.1	1,219	88.6	198	112	1,376
Bay of Plenty	103	89.6	3	100	250	93.3	115	3	268
Canterbury	33	89.2	2	100	523	91.9	37	2	569
Hawke's Bay	44	89.8	4	100	133	89.9	49	4	148
Manawatu / Wanganui	56	88.9	0	-	232	92.8	63	0	250
Nelson / Marlborough	11	100	0	-	126	94.7	11	0	133
Northland	57	95.0	0	-	117	96.7	60	0	121
Otago / Southland	33	94.3	7	87.5	398	95.4	35	8	417
Tairāwhiti	36	97.3	0	-	41	97.6	37	0	42
Taranaki	22	81.5	0	-	115	93.5	27	0	123
Waikato	91	89.2	2	100	268	92.1	102	2	291
Wellington	48	96.0	15	93.8	321	93.9	50	16	342
West Coast	2	66.7	0	-	34	89.5	3	0	38

- indicates no women with high grade cytology result