

Quarterly Monitoring Report 18

National Cervical Screening Programme

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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 January 2005 to 31 March 2005. Where the results for indicators have changed in comparison with previous quarters, these are described in the text.

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 only.

Follow-up of women with high grade cytology

In total, 4,719 women had a high grade cytology result recorded on the NCSP Register between 1 April 2003 and 31 March 2004. More than three-quarters (78.8%) 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 303 (6.4%) of the 4,719 women, a subsequent histology result was not recorded on the NCSP Register. This is similar to the proportion reported in the last quarter (5.9%). 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

Ten laboratories reported cervical cytology during this quarter. Overall, of the 100,038 satisfactory or satisfactory but limited smears processed during the quarter, 7.1% 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 22.3% of smears read. The overall proportion of smears reported as negative for dysplasia or malignancy was 92.9%, and all except two 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 1.2%, 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

All of the 10 laboratories reporting cervical cytology met the seven-day cytology turn around time target (90%) in this reporting quarter. Three laboratories met the 14-day turn around time target of 100%. A further four laboratories reported over 99.9%, and the laboratory with the lowest reported proportion of smears read within 14 days had read 99.4% of their smears in that time.

Laboratory histology turn around time

Twenty-seven laboratories reported cervical histology during the quarter. Five laboratories did not meet the five-day histology turn around time target of 90%, and three of these have consistently fallen below this target over the previous year. Sixteen laboratories reported 100% of histology results within 10 working days of the specimen arriving at the laboratory.

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 of the laboratories reported more than 0.5% of smears as unsatisfactory for evaluation.

All smear taker groups (lay, medical, nurse, specialist and midwife) met the target for satisfactory but limited smears except one. 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. For any colposcopy unit, the highest reported number of women with a HSIL or ASCUS-HG cytology abnormality waiting longer than 4 weeks at the end of each month was 108. 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 107.

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:

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
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 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 only.

4.1 Previous recommendations

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.

Recommendations made at the 26 September 2005 meeting based on discussions about Reports 15 and 16, April to September 2004:

Data issues

Sections 6.7 and 6.8 Waiting time for colposcopic assessment

- There are concerns with the non-reporting and with the accuracy of 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 is to investigate women with no subsequent histology result recorded on the NCSP register following a high grade cytology. Priority is to be given to regions from the lowest to the highest percentage of follow-up histology.
- The NSU is to investigate the reasons for ethnic disparities in histology follow-up times and look at the extent to which this contributes to inequalities in outcomes.

Section 6.2 Laboratory smear reporting

- The NSU is to seek an explanation from MedLab Wellington and SCL Christchurch as to why their HSIL rates were below the target.
- The NSU is to investigate why Auckland Hospital, MedLab Central and Canterbury Health Laboratories are above the total abnormalities target.

Section 6.3 Laboratory cytology turn around time

- The NSU is to seek individual explanations from the appropriate laboratories for why 22 smears were not reported on within 14 days (Report 16).

Section 6.4 Laboratory histology turn around time

- The NSU is to investigate the reasons behind the slow histology turn around times of Auckland, Hutt, Rotorua and Wellington hospital laboratories, and to clarify why any laboratories should still have

outstanding specimens to report on at 11 or more working days. Note that this recommendation is only for the 49 specimens in Report 16 that were reported on after 11 working days.

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 possible high grade (ASCUS-HG), HSIL or more serious abnormality according to the hierarchy of the Revised Bethesda Coding System (1998) (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 31 March 2005 who had a high grade cytology result recorded on the NCSP Register between 1 April 2003 and 31 March 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 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 April 2003 and 31 March 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 April 2003 and 31 March 2004, 4,719 women had a high grade cytology result. Of these, 3,716 (78.8%) 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 (79.4% and 79.7%). The proportion of women who had a histological specimen taken within 52 weeks of the high grade cytology was 92.6% (n=4,371). This value is similar to those reported in the previous two quarters (93.0% and 93.2%). There was no histology reported on the NCSP Register for 303 (6.4%) 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, 81.0% of non-Māori, non-Pacific women had a report of a histological specimen, compared to 70.8% of Māori and 59.9% of Pacific women. These figures are similar to those reported in the last quarter (81.5%, 72.1% and 61.0%, 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 West Coast (88.6%, n=31). The poorest performers were Bay of

Plenty (74.0%) and Auckland (73.5%). For all regions combined the proportion of women who had histological reports within 12 weeks of the smear was 78.8%.

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 92.6%. 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, we present in Appendix 2 the results from Table 3 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=303, 6.4%) had no histology report recorded on the NCSP Register following a high grade smear. The absence of such a report was more common in Pacific women (14.1%) compared to Māori (7.7%) and non-Māori, non-Pacific women (5.9%), 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. In the last two reports, the absence of a histological report following a high grade smear was also common in these three regions.

Further details of the 303 women who had no histology result recorded on the NCSP Register following a high grade smear are shown in Table 4. Of these, 88 (29.0%) had no subsequent smear recorded and 89 (29.4%) had a follow-up smear taken by a non-specialist. Of these 177 women who had either no follow-up smear or a smear taken by a non-specialist, 75 (42.4%) 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 102 (57.6%) 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 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 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	3,716	78.8	78.8
13 to 26 weeks	464	9.8	88.6
27 to 52 weeks	191	4.1	92.6
More than 52 weeks	45	1.0	
Subtotal	4,416		93.6
No histology recorded on NCSP Register	303	6.4	100
Total	4,719		

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	516	70.8	70.8	85	59.9	59.9	3,115	81.0	81.0
13 to 26 weeks	98	13.4	84.2	18	12.7	72.5	348	9.0	90.0
27 to 52 weeks	48	6.6	90.8	14	9.9	82.4	129	3.4	93.3
More than 52 weeks	11	1.5		5	3.5		29	0.8	
Subtotal	673		92.3	122		85.9	3,621		94.1
No histology recorded on NCSP Register	56	7.7	100	20	14.1	100	227	5.9	100
Total	729			142			3,848		

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 303 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										Total
	Within 12 weeks		13 to 26 weeks		27 to 52 weeks		Within 52 weeks		No Histology		
	n	%	n	%	n	%	n	%	n	%	
Auckland	1,092	73.5	164	11.0	70	4.7	1,326	89.2	140	9.4	1,486
Bay of Plenty	276	74.0	59	15.8	16	4.3	351	94.1	20	5.4	373
Canterbury	501	85.8	31	5.3	13	2.2	545	93.3	35	6.0	584
Hawke's Bay	152	81.3	19	10.2	4	2.1	175	93.6	9	4.8	187
Manawatu / Wanganui	205	86.5	9	3.8	9	3.8	223	94.1	14	5.9	237
Nelson / Marlborough	114	76.0	23	15.3	7	4.7	144	96.0	5	3.3	150
Northland	162	83.5	15	7.7	8	4.1	185	95.4	5	2.6	194
Otago/Southland	394	85.1	40	8.6	10	2.2	444	95.9	17	3.7	463
Tairāwhiti	53	85.5	4	6.5	2	3.2	59	95.2	3	4.8	62
Taranaki	98	79.0	9	7.3	9	7.3	116	93.5	7	5.7	124
Waikato	292	76.0	35	9.1	23	6.0	350	91.1	29	7.6	384
Wellington	346	78.6	54	12.3	20	4.6	420	95.5	17	3.9	440
West Coast	31	88.6	2	5.7	0	0.0	33	94.3	2	5.7	35
Total	3,716	78.8	464	9.8	191	4.1	4,371	92.6	303	6.4	4,719

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	44	44	88 (29.0)
Subsequent smear taken by non-specialist	58	31	89 (29.4)
Smear taken by specialist	42	84	126 (41.6)
Total	144	159	303

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

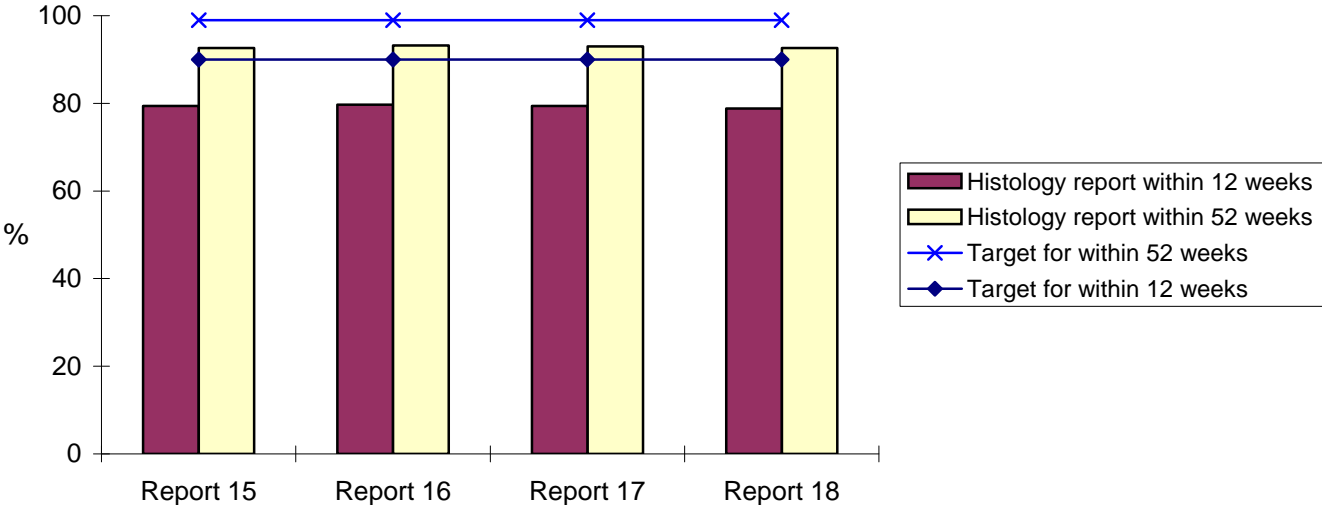


Figure 2: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

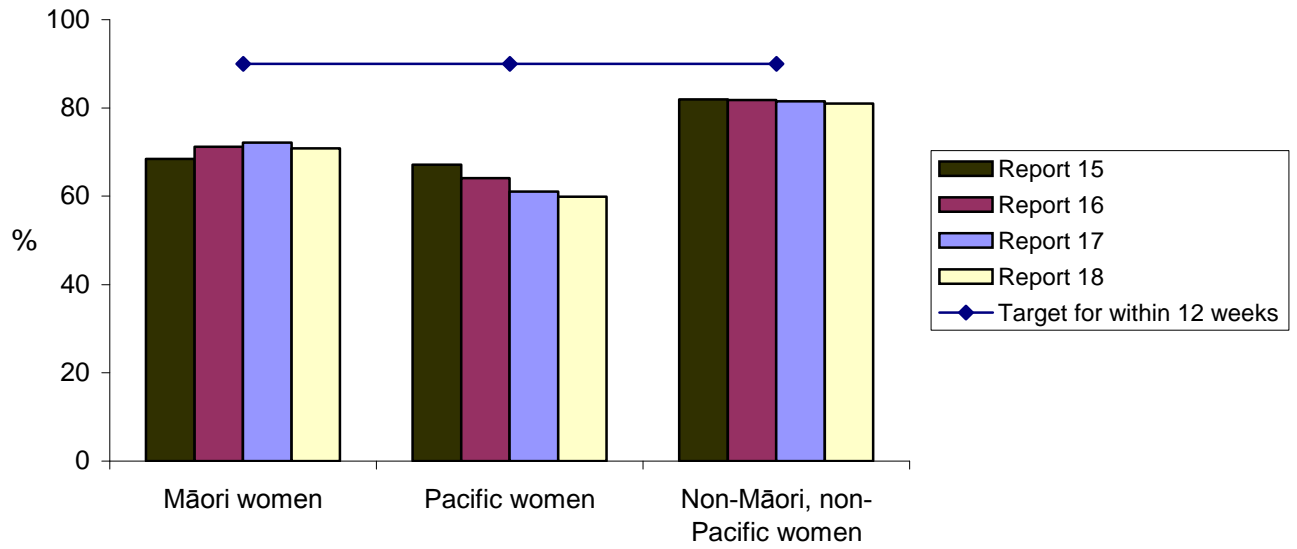


Figure 3: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

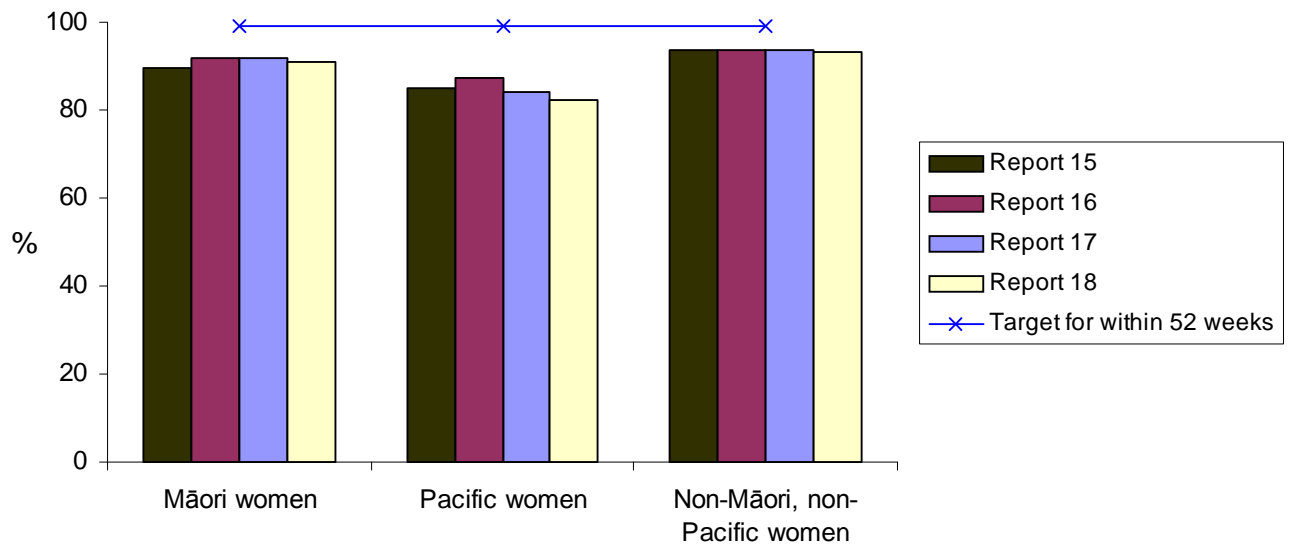


Figure 4: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP region

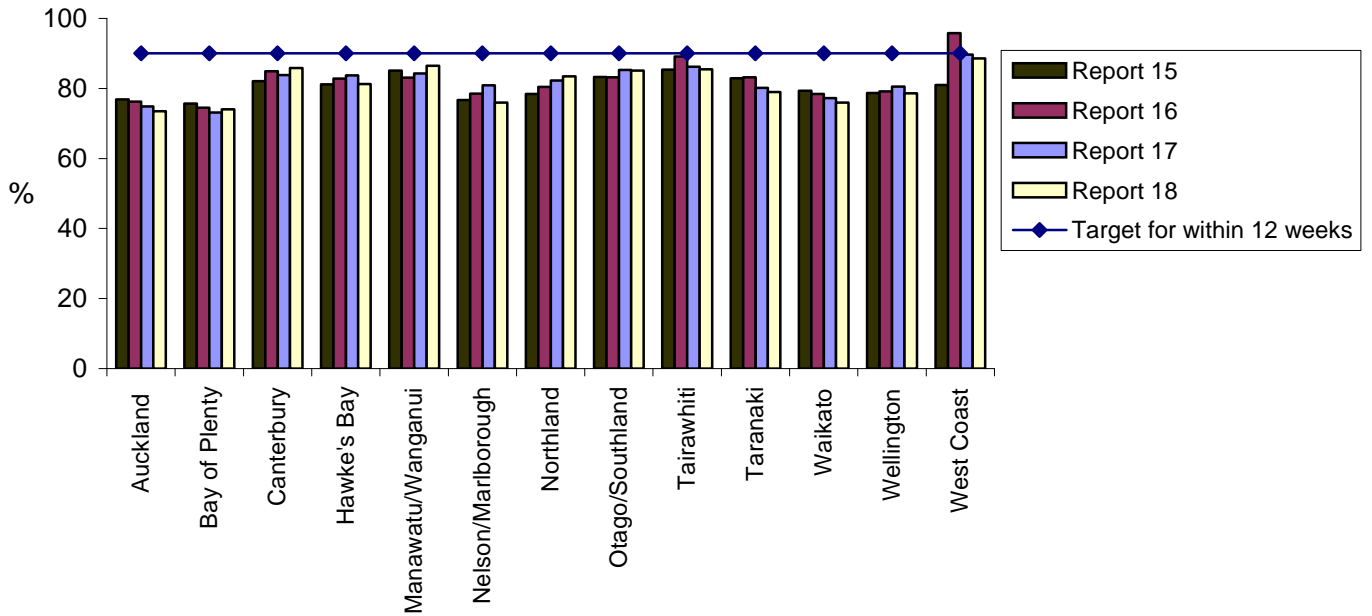
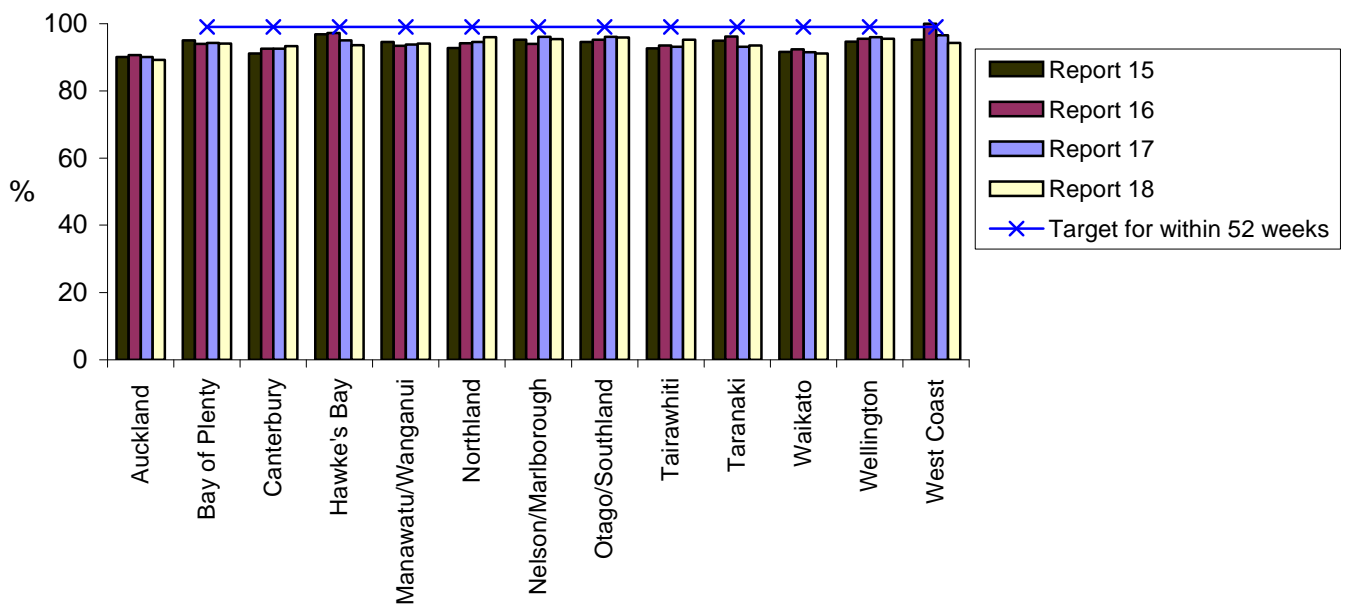


Figure 5: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP region



6.2 Laboratory smear reporting

Definition

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

1. Negative for dysplasia or malignancy
2. ASCUS
3. ASCUS-HG
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 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, 100,038 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 3,156 for Auckland Hospital Laboratory to 28,840 for Diagnostic MedLab Auckland. Overall, 92,974 (92.9%) smears were reported as negative for dysplasia or malignancy, which was almost identical to the proportion reported in the last two quarters (92.2% and 92.3%). Two of the laboratories, SCL Christchurch (96.1%) and Valley Diagnostic (96.6%) exceeded the target of not more than 96% of smears being negative for dysplasia or malignancy. Auckland Hospital Laboratory reported 2,451 (77.7%) smears as negative for dysplasia or malignancy, a lower proportion than the other laboratories.

The proportion of smears reported with a HSIL abnormality was 1.2% for all laboratories combined. This figure met the target of not less than 0.6% and was identical to that reported for the previous reporting quarter. One laboratory did not meet this target; Valley Diagnostic (n=17) reported 0.5% of smears with a HSIL abnormality. Auckland Hospital Laboratory reported 145 (4.6%) 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 7.1%, similar to the previous two quarters (7.8% and 7.7%). Auckland Hospital Laboratory reported 705 (22.3%) smears processed as abnormal, and also reported high proportions for the previous two quarters (21.4% and 25.6%). The other laboratories to report more than 10% total abnormalities, Canterbury Health Laboratories (11.4%) and MedLab Central (10.7%), also 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 3.3% for all laboratories, with the exception of MedLab Central (6.5%), Canterbury Health Laboratories (5.1%) and Auckland Hospital Laboratory (7.7%). These three laboratories also reported higher proportions of LSIL abnormalities in the previous quarter. Note that no target is set for proportion of smears reported as LSIL.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 only.

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

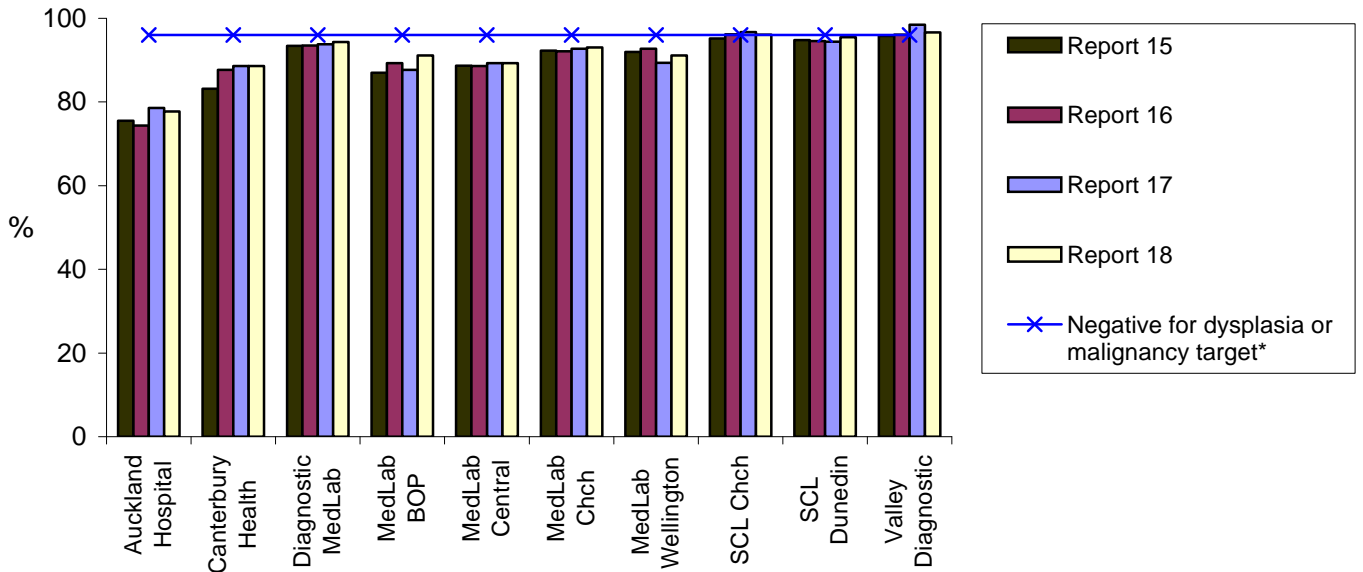
Laboratory	Negative for dysplasia or malignancy ¹		ASCUS		ASCUS-HG		LSIL		HSIL ²		Total Abnormalities ³		Total smears
	n	%	n	%	n	%	n	%	n	%	n	%	
Auckland Hospital Lab.	2,451	77.7	262	8.3	35	1.1	243	7.7	145	4.6	705	22.3	3,156
Canterbury Health Lab.	3,606	88.6	169	4.2	32	0.8	207	5.1	57	1.4	466	11.4	4,072
Diagnostic MedLab Auckland	27,204	94.3	730	2.5	73	0.3	525	1.8	257	0.9	1,636	5.7	28,840
MedLab Bay of Plenty	8,368	91.1	374	4.1	18	0.2	304	3.3	94	1.0	818	8.9	9,186
MedLab Central	6,374	89.3	156	2.2	15	0.2	461	6.5	118	1.7	764	10.7	7,138
MedLab Christchurch	7,998	93.0	265	3.1	51	0.6	190	2.2	83	1.0	603	7.0	8,601
MedLab Wellington	8,273	91.1	398	4.4	59	0.6	273	3.0	64	0.7	807	8.9	9,080
SCL* Christchurch	6,261	96.1	85	1.3	2	0.0	125	1.9	41	0.6	253	3.9	6,514
SCL* Dunedin	19,133	95.5	6	0.0	84	0.4	500	2.5	287	1.4	894	4.5	20,027
Valley Diagnostic Lab.	3,306	96.6	24	0.7	2	0.1	75	2.2	17	0.5	118	3.4	3,424
Total	92,974	92.9	2,469	2.5	371	0.4	2,903	2.9	1,163	1.2	7,064	7.1	100,038

* SCL: Southern Community Laboratories

MedLab Hamilton has finished reporting smears and Report 16 was 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

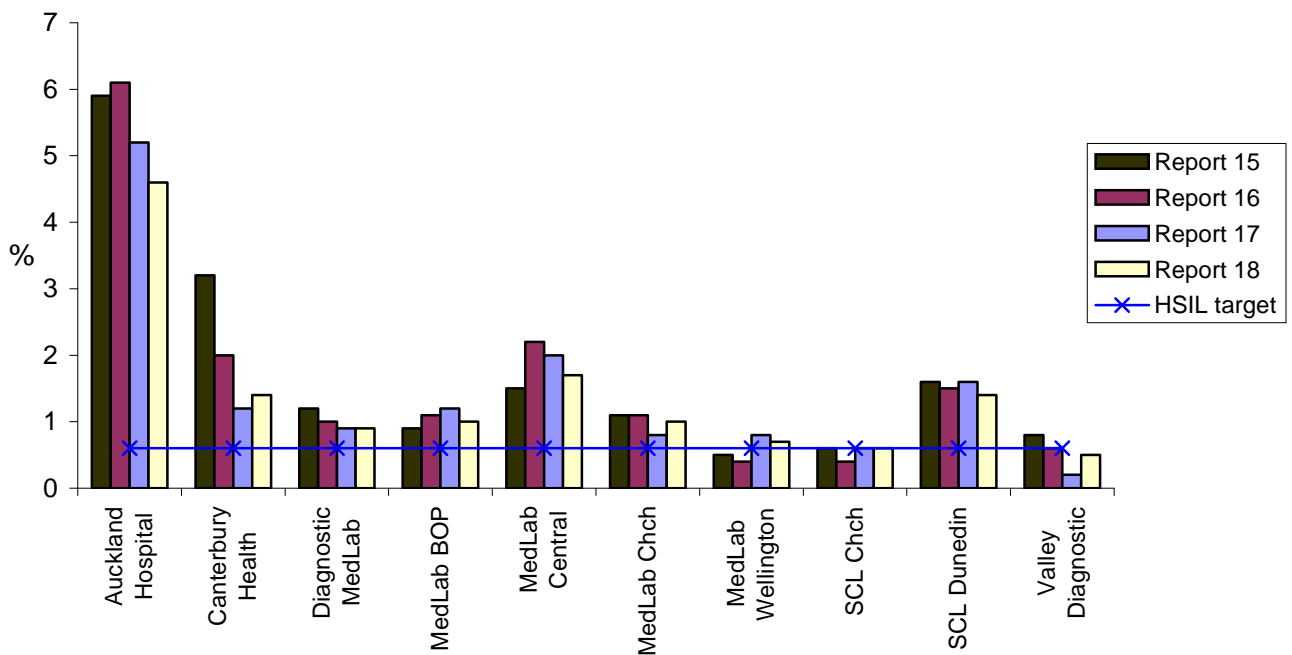
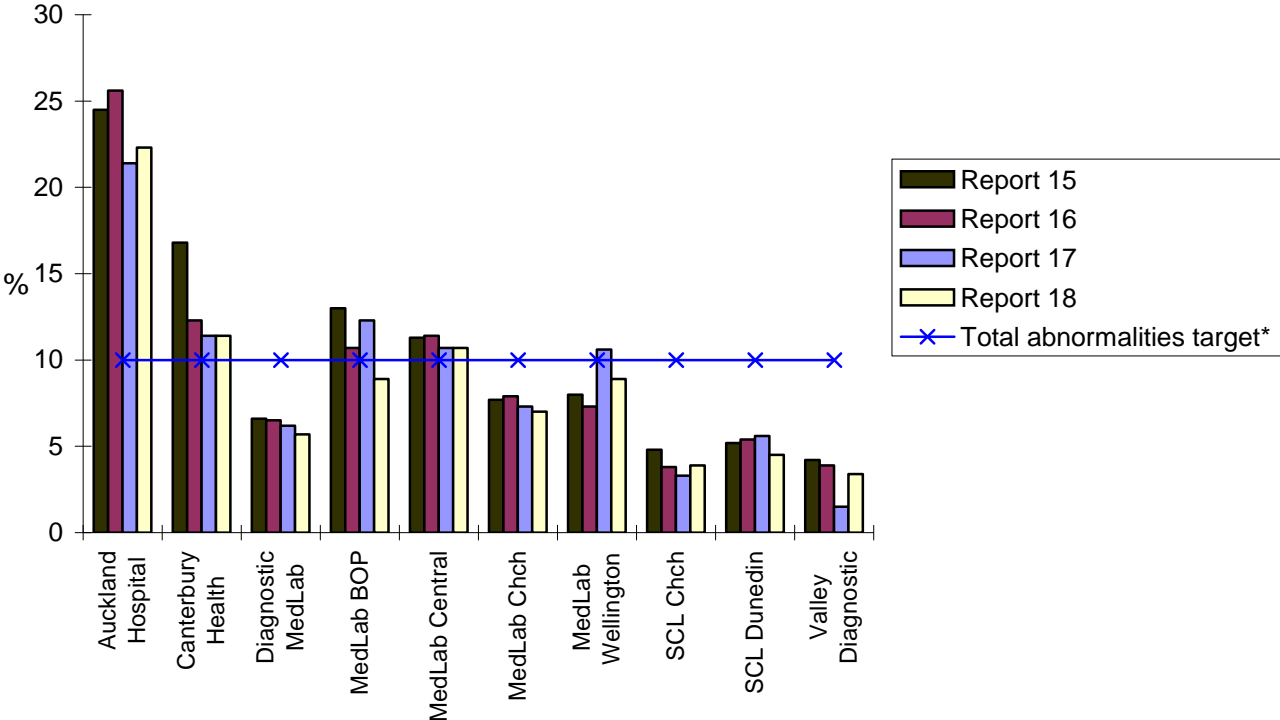


Figure 8: The proportion of satisfactory or satisfactory but limited smears reported as total abnormalities for each laboratory



* 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 January to 31 March 2005 for each laboratory processing cervical cytology are shown in Table 6. Overall, 99.5% of the 101,168 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 (95.3% and 99.7%). All 10 reporting laboratories achieved the seven-day target of 90%, compared with eight in the previous quarter.

Overall, the 14-day target of 100% was almost achieved, with 96 (0.1%) smears not reported within 14 working days. All laboratories were close to the target and all reported over 99% of smears within 14 working days. The reporting time for the 96 smears that were outside the 14-day target ranged from 15 days to 98 days, with the median time being 28 days.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 only.

Table 6: Timeliness of the reporting of smears by laboratory

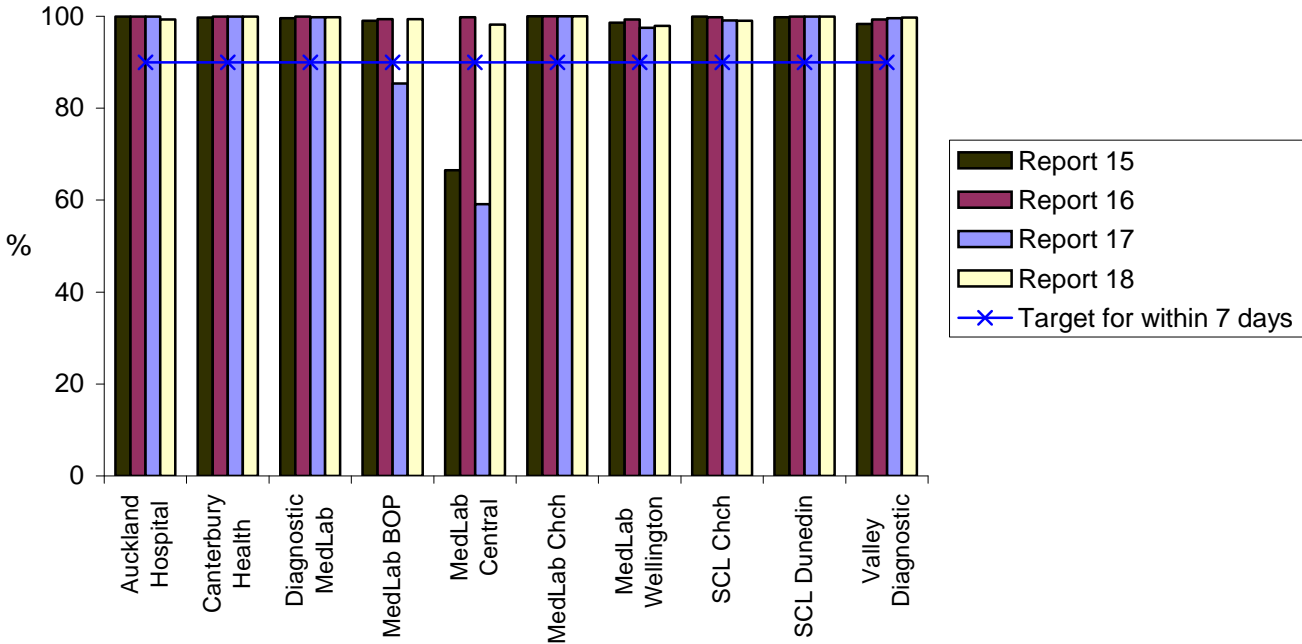
Laboratory	Number of smears processed	Within 7 working days (%)		From 8 to 14 working days (%)		Within 14 working days (cumulative %)		More than 14 working days (%)	
		n	%	n	%	n	%	n	%
Auckland Hospital Lab.	3,179	3,158	99.3	2	<0.1	3,160	99.4	19	0.6
Canterbury Health Lab.	4,095	4,093	>99.9	0	0.0	4,093	>99.9	2	<0.1
Diagnostic MedLab Auckland	29,041	28,994	99.8	21	<0.1	29,015	99.9	26	0.1
MedLab Bay of Plenty	9,250	9,190	99.4	58	0.6	9,248	>99.9	2	<0.1
MedLab Central	7,195	7,062	98.2	128	1.8	7,190	>99.9	5	<0.1
MedLab Christchurch	8,838	8,838	100.0	0	0.0	8,838	100.0	0	0.0
MedLab Wellington	9,302	9,109	97.9	193	2.1	9,302	100.0	0	0.0
SCL* Christchurch	6,558	6,493	99.0	30	0.5	6,523	99.5	35	0.5
SCL* Dunedin	20,249	20,228	99.9	14	<0.1	20,242	>99.9	7	<0.1
Valley Diagnostic Lab.	3,461	3,452	99.7	9	0.3	3,461	100.0	0	0
Total	101,168	100,617	99.5	455	0.4	101,072	99.9	96	0.1

* SCL: Southern Community Laboratories

MedLab Hamilton has finished reporting smears and Report 16 was 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 27 laboratories that provided results to the NCSP Register in this quarter is shown in Table 7. There were a total of 6,251 histology specimens recorded on the NCSP Register, compared to 5,965 in the

previous quarter. The number of specimens reported by each laboratory varied considerably, ranging from 25 in MedLab Southland to 864 in Diagnostic MedLab Auckland. For all laboratories combined, the proportion of histological specimens reported on within five working days was 87.8%, below the target of 90%, and lower than the figures reported in the previous two quarters (92.9% and 94.8%).

Five laboratories did not meet the five-day 90% target. North Shore Hospital only issued reports within five days for 72 of the 449 (16.0%) histology specimens received, compared with 78.5% in the last quarter. The other laboratories that did not meet the five-day 90% target this quarter were Auckland Hospital Laboratory (68.9%), Hutt Hospital (67.0%), MedLab Wellington (89.5%) and Wellington Hospital (68.7%). Three of the five laboratories also did not meet this target in the two previous quarters, Auckland Hospital (63.6% and 72.2%), Hutt Hospital (60.8 and 75.4%), and Wellington Hospital (73.1% and 71.7%).

Auckland Hospital Laboratory (24.8%), Hutt Hospital (33.0%) and Wellington Hospital (25.6%) reported the greatest proportion of histology results six to 10 working days from the specimens being received. Most laboratories had reported all or almost all histology results within 10 working days of the specimen arriving at the laboratory. Overall, 414 (6.6%) specimens were reported more than 10 working days after the time that they were received by the laboratory, a higher figure than that reported in the last quarter (1.9%, n=111). The majority of these (n=360) were from North Shore Hospital, which reported 80.2% of histology results 11 or more working days from the specimens being received. The reporting time for the 414 specimens ranged from 11 days to 80 days, with the median time being 31 days.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 only.

Table 7: Timeliness of the reporting of histology by laboratory

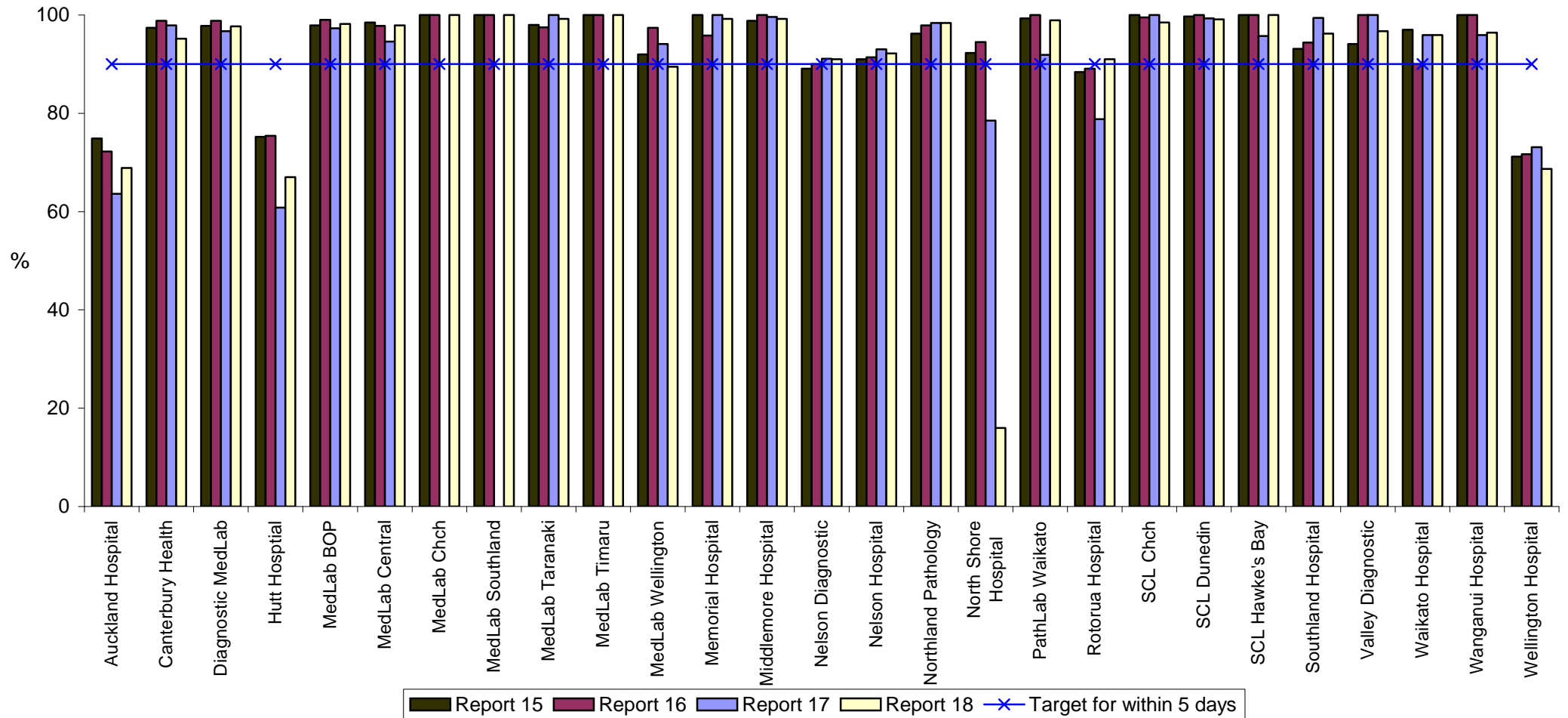
Laboratory	Number of specimens processed n	Within 5 working days		6 to 10 working days		11 or more working days	
		n	%	n	%	n	%
Auckland Hospital Lab.	302	208	68.9	75	24.8	19.0	6.3
Canterbury Health Laboratories	501	477	95.2	23	4.6	1	0.2
Diagnostic MedLab Auckland	864	844	97.7	19	2.2	1	0.1
Hutt Hospital	103	69	67.0	34	33.0	0	0.0
MedLab Bay of Plenty	438	430	98.2	8	1.8	0	0.0
MedLab Central	435	426	97.9	9	2.1	0	0.0
MedLab Christchurch	36	36	100.0	0	0.0	0	0.0
MedLab Southland	25	25	100.0	0	0.0	0	0.0
MedLab Taranaki	131	130	99.2	1	0.8	0	0.0
MedLab Timaru	68	68	100.0	0	0.0	0	0.0
MedLab Wellington	171	153	89.5	15	8.8	3	1.8
Memorial Hospital Hastings	127	126	99.2	1	0.8	0	0.0
Middlemore Hospital	262	260	99.2	2	0.8	0	0.0
Nelson Diagnostic Lab.	67	61	91.0	5	7.5	1	1.5
Nelson Hospital	180	166	92.2	9	5.0	5	2.8
Northland Pathology	186	183	98.4	3	1.6	0	0.0
North Shore Hospital	449	72	16.0	17	3.8	360	80.2
Pathlab Waikato	177	175	98.9	2	1.1	0	0.0
Rotorua Hospital	89	81	91.0	7	7.9	1	1.1
* SCL Christchurch	206	203	98.5	3	1.5	0	0.0
* SCL Dunedin	440	436	99.1	4	0.9	0	0.0
* SCL Hawke's Bay	26	26	100.0	0	0.0	0	0.0
Southland Hospital	157	151	96.2	6	3.8	0	0.0
Valley Diagnostic Lab.	61	59	96.7	2	3.3	0	0.0
Waikato Hospital	339	325	95.9	12	3.5	2	0.6
Wanganui Hospital	56	54	96.4	1	1.8	1	1.8
Wellington Hospital	355	244	68.7	91	25.6	20	5.6
Total	6,251	5,488	87.8	349	5.6	414	6.6

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

* SCL: Southern Community Laboratories

MedLab Hamilton has finished reporting histology and Report 16 was their last reporting period

Figure 10: Laboratory histology five-day 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, 101,168 smears were processed, of which 17.5% were reported as satisfactory but limited, an almost identical figure to that reported for the last quarter (17.2%) 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 7.3% for Canterbury Health Laboratories to 23.7% for Diagnostic MedLab Auckland, which along with MedLab Wellington (21.6%) and Valley

Diagnostic (21.5%) exceeded the target of not more than 20% of smears read as satisfactory but limited.

Overall, 1,130 (1.1%) of the 101,168 smears processed were reported as unsatisfactory for evaluation. This is almost identical to the proportion reported in the last quarter (1.0%) 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 (2.7%), and MedLab Wellington (2.4%). MedLab Christchurch was also outside the target range for unsatisfactory smears in the previous two quarters (2.1%, 2.3%). All of the laboratories reported more than 0.5% of smears as unsatisfactory for evaluation.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 only.

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

Laboratory	Smears processed	Satisfactory but limited smears ¹		Unsatisfactory smears ²	
	n	n	%	n	%
Auckland Hospital Lab.	3,179	476	15.0	23	0.7
Canterbury Health Lab.	4,095	298	7.3	23	0.6
Diagnostic MedLab Auckland	29,041	6,871	23.7	201	0.7
MedLab Bay of Plenty	9,250	1,584	17.1	64	0.7
MedLab Central	7,195	1,351	18.8	57	0.8
MedLab Christchurch	8,838	1,707	19.3	237	2.7
MedLab Wellington	9,302	2,007	21.6	222	2.4
SCL* Christchurch	6,558	817	12.5	44	0.7
SCL* Dunedin	20,249	1,863	9.2	222	1.1
Valley Diagnostic Lab.	3,461	743	21.5	37	1.1
Total	101,168	17,717	17.5	1,130	1.1

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

* SCL: Southern Community Laboratories

MedLab Hamilton has finished reporting smears and Report 16 was their last reporting period

Figure 11: Satisfactory but limited smears by laboratory

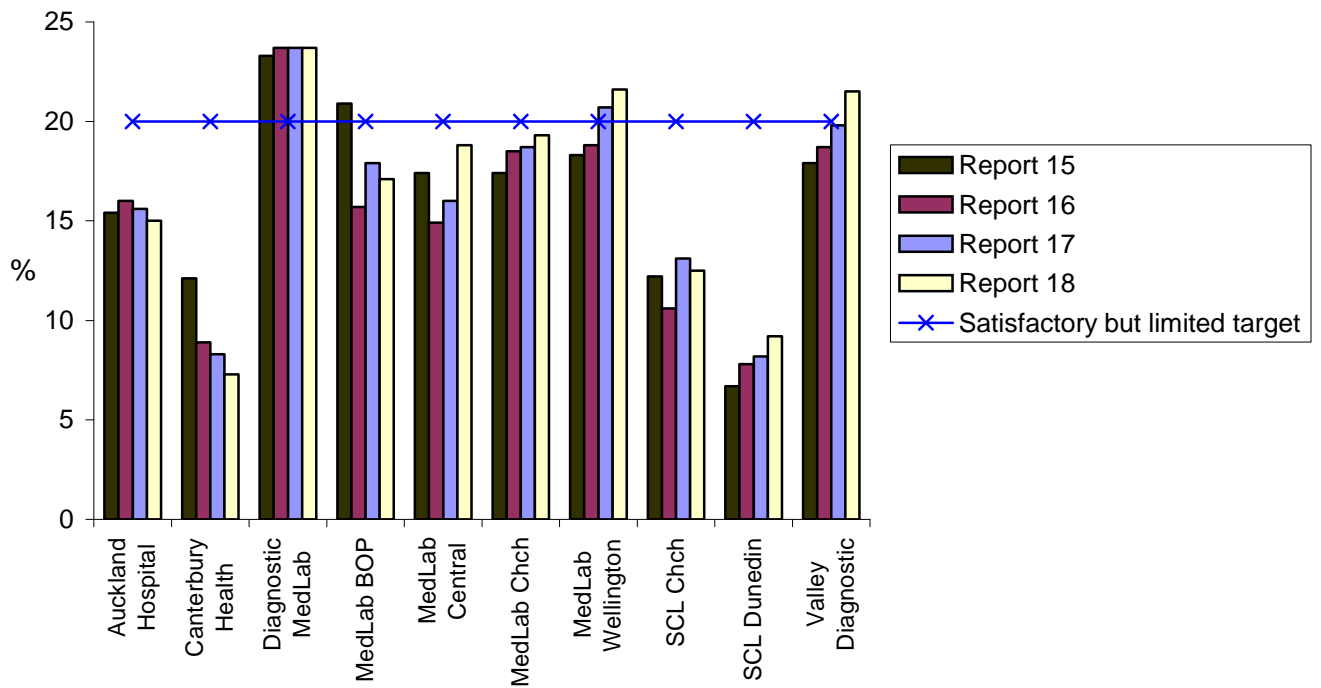
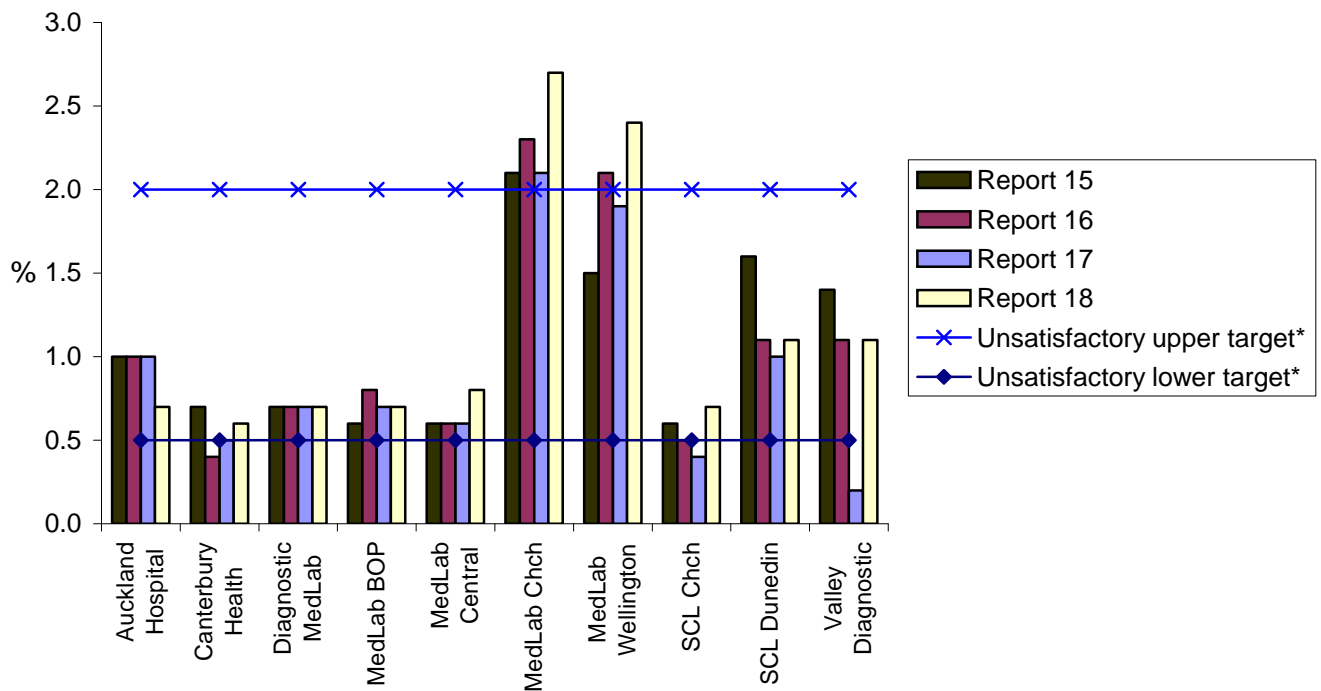


Figure 12: Unsatisfactory smears by laboratory



*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

Definition

Definitions and a description of the issues surrounding satisfactory but limited and unsatisfactory smears are given on Page 41.

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, 101,168 smears were taken during the reporting quarter, of which 7 (<1%) were taken by lay smear takers, 62,820 (62%) by medical smear takers, 29,985 (30%) by nurses, 8,077 (8%) by specialists and 279 (<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, except midwife smear takers (22.9%). When smear taker groups were considered by annual volume, the proportion of satisfactory but limited smears was greater than 20% for medical, specialist, and

midwife smear taker groups who took fewer than 30 smears, specialist and midwife smear takers who took 30 to 100 smears, and midwife smear takers who took more than 100 smears in the 12 months prior to 31 March 2005. 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 (4.7%). Lay smear takers with an annual volume of 30 to 100 smears reported one smear as unsatisfactory. None of the smears taken by lay or midwife smear takers with an annual volume of fewer than 30 were reported as unsatisfactory for assessment.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 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	0	0	0.0	0	0.0	0	0.0
	30-100	7	5	71.4	1	14.3	1	14.3
	Total	7	5	71.4	1	14.3	1	14.3
Medical	<30	4,620	3,513	76.0	1,026	22.2	81	1.8
	30-100	18,242	14,522	79.6	3,468	19.0	252	1.4
	>100	39,958	32,031	80.2	7,482	18.7	445	1.1
	Total	62,820	50,066	79.7	11,976	19.1	778	1.2
Nurse	<30	1,972	1,563	79.3	382	19.4	27	1.4
	30-100	11,901	9,990	83.9	1,810	15.2	101	0.9
	>100	16,112	13,831	85.8	2,185	13.6	96	0.6
	Total	29,985	25,384	84.7	4,377	14.6	224	0.7

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	150	111	74	32	21.3	7	4.7
	30-100	607	456	75.1	139	22.9	12	2.0
	>100	7,320	6,088	83.2	1,128	15.4	104	1.4
	Total	8,077	6,655	82.4	1,299	16.1	123	1.5
Midwife	<30	60	41	68.3	18	30	1	1.7
	30-100	71	55	77.5	16	22.5	0	0.0
	>100	148	115	77.7	30	20.3	3	2.0
	Total	279	211	75.6	64	22.9	4	1.4
Total		101,168	82,321	81.4	17,717	17.5	1,130	1.1

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

Figure 13: Satisfactory but limited smears by smear taker

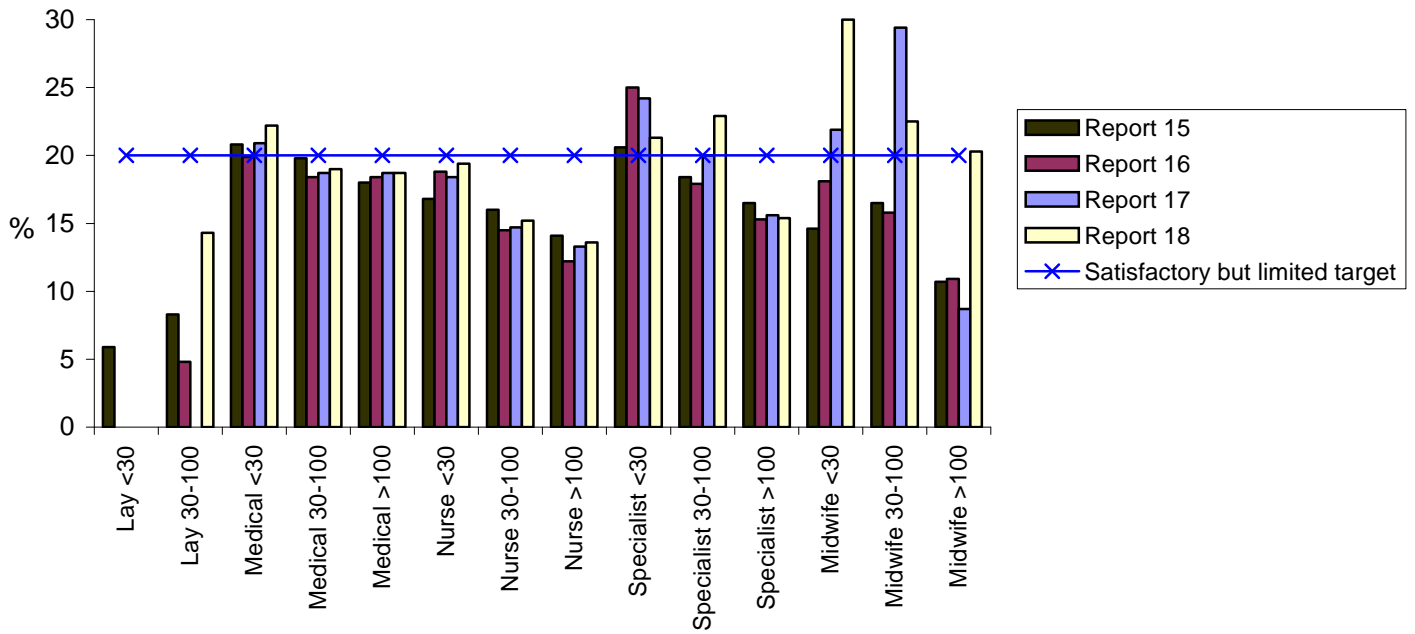
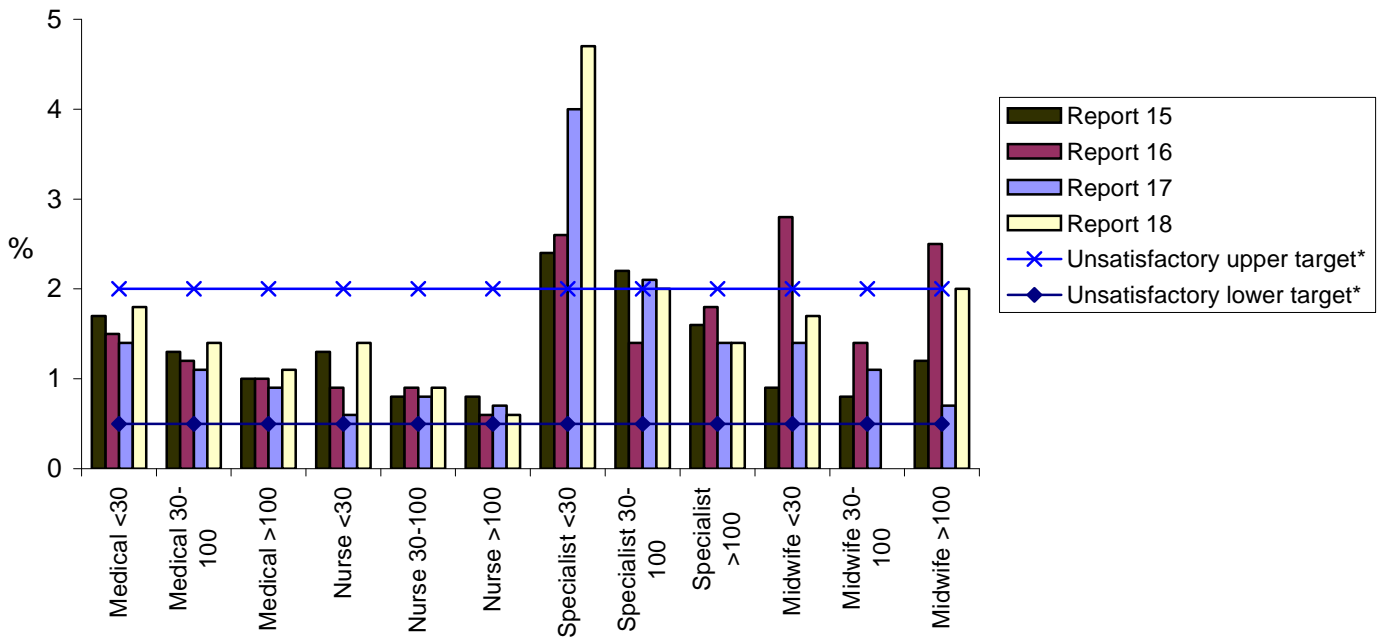


Figure 14: Unsatisfactory smears by smear taker



*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-HG

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 the assessment of the 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 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 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 Northland, did not provide any data for this reporting quarter, compared with one (Nelson Marlborough) that did not provide data for the previous quarter.

The reported number of women referred for an assessment of a HSIL or ASCUS-HG cytology abnormality waiting longer than four weeks at the end of each month was highest for Hawke's Bay colposcopy unit (108 women at the end of January, 87 women

at the end of February, and 88 women at the end of March). 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 eight in the previous quarter.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 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		
	January	February	March	January	February	March
Auckland	18	24	33	0	1	0
Bay of Plenty	25	19	34	7	9	6
Canterbury	21	23	38	0	0	0
Capital and Coast	2	18	17	2	4	1
Counties Manukau	14	19	32	0	12	13
Hawke's Bay	14	27	21	108	87	88
Hutt Valley	2	9	2	2	7	5
Lakes	6	10	6	2	4	2
MidCentral	3	7	18	0	0	0
Nelson Marlborough	NR	NR	NR	NR	NR	NR
Northland	NR	NR	NR	NR	NR	NR
Otago	19	28	32	0	0	0
South Canterbury	2	0	1	0	0	0
Southland	0	0	0	7	4	5
Tairāwhiti	0	4	5	0	1	4
Taranaki	7	0	13	3	0	1
Waikato	6	45	31	0	0	0
Wairarapa	1	0	4	0	0	4
Waitemata	0	0	0	0	0	0
West Coast	0	0	0	2	0	0
Whanganui	0	4	6	0	0	0
Total	140	237	293	133	129	129

NR: data not reported

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 11. Two colposcopy units, Nelson Marlborough and Northland, did not provide any data for this reporting quarter, compared with one (Nelson Marlborough) that did not provide data for the previous quarter.

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 high for Bay of Plenty colposcopy unit (69 women at the end of January, 97 women at the end of February, and 107 women at the end of March) and Hawke's Bay colposcopy unit (84

women at the end of January, 84 women at the end of February, and 92 women at the end of March). Six of the colposcopy units reported that no women waited longer than 26 weeks in any month, compared with seven in the previous quarter.

Recommendations

Since Independent Monitoring Group (IMG) Quarterly Reports 18 and 19 were both considered at the May 2006 meeting of the IMG, recommendations were made for the reports together. These are presented in Report 19 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		
	January	February	March	January	February	March
Auckland	26	34	39	0	0	0
Bay of Plenty	36	30	50	69	97	107
Canterbury	56	66	53	1	1	0
Capital and Coast	58	35	49	0	0	0
Counties Manukau	33	45	42	38	35	29
Hawke's Bay	5	9	18	84	84	92
Hutt Valley	12	9	6	0	1	0
Lakes	24	26	36	30	45	35
MidCentral	13	21	29	1	5	3
Nelson Marlborough	NR	NR	NR	NR	NR	NR
Northland	NR	NR	NR	NR	NR	NR
Otago	6	20	15	0	0	0
South Canterbury	0	0	5	2	2	1
Southland	13	11	18	1	13	11
Tairāwhiti	0	7	8	0	1	4
Taranaki	6	0	4	0	0	0
Waikato	16	42	52	35	28	30
Wairarapa	14	11	12	0	0	2
Waitemata	0	0	0	0	0	0
West Coast	0	1	0	0	1	0
Whanganui	16	20	22	0	0	0
Total	334	387	458	261	313	314

NR: data not reported

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

Appendix 2: Ethnicity breakdown tables

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		
	Maori		Pacific		Non-Maori Non-Pacific		Maori	Pacific	Non-Maori Non-Pacific
	n	%	n	%	n	%	n	n	n
Auckland	114	62.6%	55	54.5%	923	76.7%	182	101	1203
Bay of Plenty	58	59.2%	3	60.0%	215	79.6%	98	5	270
Canterbury	33	82.5%	1	50.0%	467	86.2%	40	2	542
Hawke's Bay	41	82.0%	0	0.0%	111	82.2%	50	2	135
Manawatu / Wanganui	45	81.8%	1	100.0%	159	87.8%	55	1	181
Nelson / Marlborough	10	66.7%	-	-	104	77.0%	15	-	135
Northland	43	74.1%	2	100.0%	117	87.3%	58	2	134
Otago / Southland	28	80.0%	8	80.0%	358	85.6%	35	10	418
Tairāwhiti	25	86.2%	1	100.0%	27	84.4%	29	1	32
Taranaki	10	62.5%	-	-	88	81.5%	16	-	108
Waikato	61	67.0%	3	75.0%	228	78.9%	91	4	289
Wellington	46	79.3%	11	78.6%	289	78.5%	58	14	368
West Coast	2	100.0%	-	-	29	87.9%	2	-	33

- indicates no women with high grade cytology result

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		
	Maori		Pacific		Non-Maori Non-Pacific		Maori	Pacific	Non-Maori Non-Pacific
	n	%	n	%	n	%	n	n	n
Auckland	156	85.7%	81	80.2%	1089	90.5%	182	101	1203
Bay of Plenty	88	89.8%	5	100.0%	258	95.6%	98	5	270
Canterbury	37	92.5%	2	100.0%	506	93.4%	40	2	542
Hawke's Bay	49	98.0%	1	50.0%	125	92.6%	50	2	135
Manawatu / Wanganui	49	89.1%	1	100.0%	173	95.6%	55	1	181
Nelson / Marlborough	15	100.0%	-	-	129	95.6%	15	-	135
Northland	52	89.7%	2	100.0%	131	97.8%	58	2	134
Otago / Southland	34	97.1%	8	80.0%	402	96.2%	35	10	418
Tairāwhiti	28	96.6%	1	100.0%	30	93.8%	29	1	32
Taranaki	14	87.5%	-	-	102	94.4%	16	-	108
Waikato	81	89.0%	3	75.0%	266	92.0%	91	4	289
Wellington	57	98.3%	13	92.9%	350	95.1%	58	14	368
West Coast	2	100.0%	-	-	31	93.9%	2	-	33

- indicates no women with high grade cytology result