Maidstone and Tunbridge Wells NHS Trust

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CYTOLOGY LBC SAMPLE TAKING

FREQUENTLY ASKED QUESTIONS

This document has been produced following frequently asked questions by Sample Takers. Referencing links accompany statements to enable the Sample Taker to download and read the Public Health England Documents in full.

Please be aware this information is correct at this time (June 2018) but it remains the responsibility of all Sample Takers to check for any new publications via the Public Health England Website.

C O N T E N T S

Contents

OPEN EXETER

SAMPLE REQUEST FORMS

Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669132/Guidance-for-acceptance-of-cervical-screening-samples.pdf

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1.3.2 Sample request forms

Sample takers should preferably use the prepopulated HMR101 cervical cytology request forms (2009 version) available via Open Exeter. Only this version has the full screening history. Use of other versions may result in either delays due to the laboratory checking the full history on Open Exeter or the risk of issuing an inappropriate management recommendation by the laboratory. Sample takers must have knowledge of the “Open Exeter” application to download the correct prepopulated HMR101 cervical cytology request form (2009) version and be an authorised user. They should follow the guidelines for completion of the form and produce the preferred size for their laboratory (usually A5 size).

If a non-Open Exeter request form is used for a legitimate reason, for example, the patient is not yet registered or the Open Exeter system is unavailable, then this must be explained to the laboratory on the non-Open Exeter request form and recent/relevant history should be provided.

Where laboratory electronic requesting systems are in use, there must be mechanisms in place to provide the past screening history as it is on Open Exeter. This ensures sample takers do not take unnecessary samples and that laboratories are able to give correct patient management recommendations

TEST ORDERING

NHS Cervical Screening Call and Recall: Guide to Administrative Good Practice. April 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607503/Cervical-screening-call-and-recall.pdf

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9 Test ordering

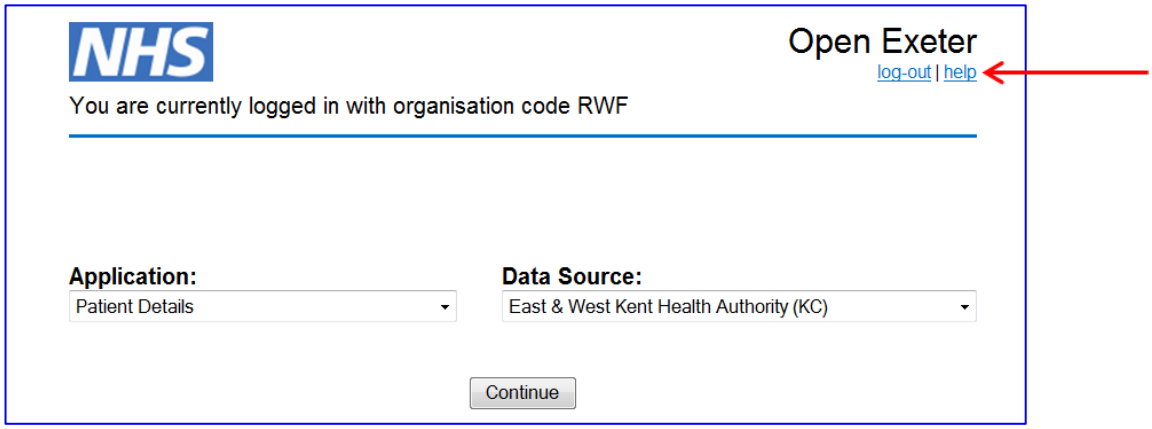
9.1 HMR101

All screening samples must be submitted to the laboratory accompanied by a suitable test request form which is completed legibly and in full. The HMR101 is the national standard form which includes all data fields necessary to support patient identification and reporting. Sample takers may use locally-printed versions provided that these include all standard HMR101 data fields as a minimum.

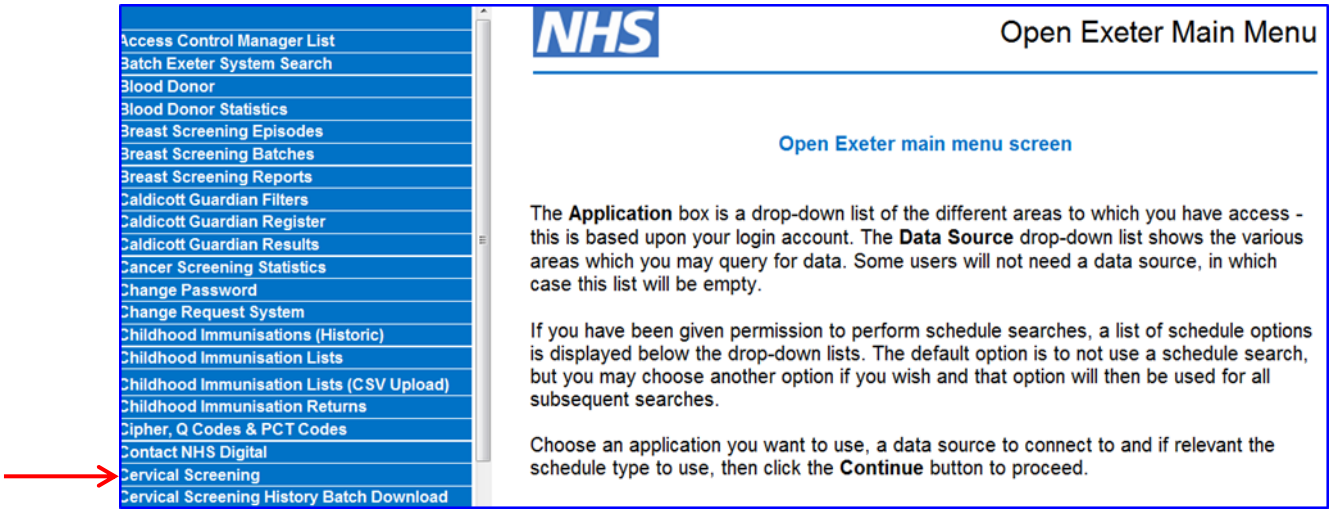
The HMR101 (2009 version) available from the Open Exeter system will be pre-printed with each woman's demographic details and screening history. This system should always be used in preference to hand-completed forms to ensure that laboratories are provided with all relevant information already recorded on the master index. It is essential that all pre-printed information is checked with the woman herself in case there have been any errors or recent updates.

OBTAINING A BLANK FORM

Log on to Open Exeter, at the patient details page:
Click on Help.



You will see:



Select Cervical Screening. On the next screen, use the scroll bar on the right hand side to scroll to the bottom of the White page and select A5 PDF (2009), OPEN. This will give you a blank form.

OBTAINING A BLANK FORM cont:

Editable HMR101 Form

The editable version of the HMR101 form allows you to fill in some of the data prior to printing the form.

Please Note. If mobile phone number is to be used for text messaging, please ensure that the patient is informed that this will happen

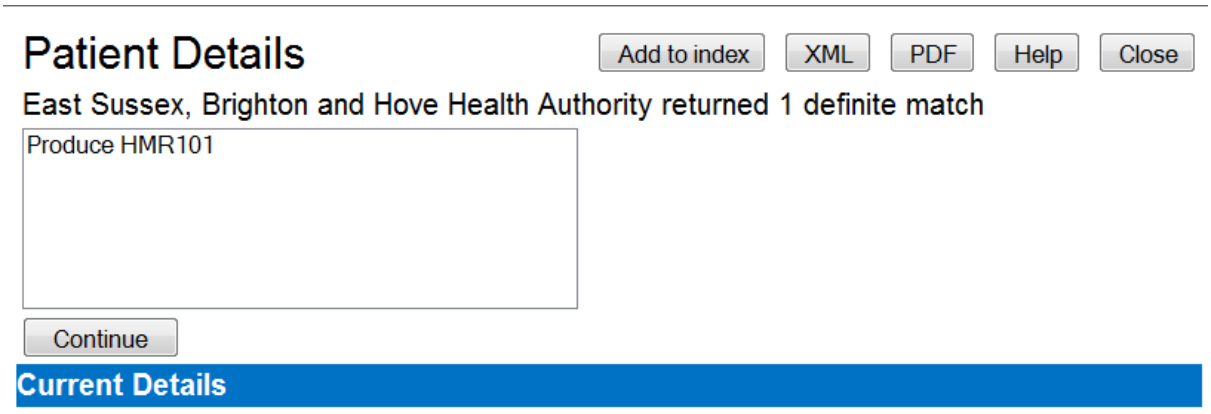
Blank HMR101 Forms

In the event that you are unable to generate a HMR101 form for a patient, a template form can be printed from the options below to be filled in by hand.

- A5 PDF (2009)
- A5 PDF (2003)
- A4 PDF (2003)
- A4 PDF

If a blank form is used you must complete the whole of the form. Please give details of any Out Of Area Treatment, i.e. Cervical Biopsy, Lletz or Hysterectomy, the results, dates and follow up recommendations from the Colposcopy Departments. Whenever possible attach paper copies, this includes any treatment or tests outside England.

Open Exeter Request Form – No A5HMR101(2009)pdf available



If you only see the above at the Patient Details Page, Highlight Produce HMR101 and continue. The editable version displays. Follow the Open Exeter guide that will lead you to producing the correct form. The laboratory **will not** accept the editable version.

Link to Open Exeter Guide:

https://www.england.nhs.uk/commissioning/wp.../f-dms-med-centre-oe-guide.pdf

Understanding Open Exeter Screening History Report:

CYTOLOGY REPORTED

Print CSV XML A5 HMR101 PDF (2009)

CERVICAL SCREENING HISTORY REPORT

Help Close

PATIENT DETAILS		
Name:	NHS Number:	Q Code:
Address:	Date of birth:	Age
GP:		GP Local Code:

#	Test Date	Reporting Lab	Slide #	Result	Infection	Action Code	Repeat Months	Sender Code	National Code	Screening Laboratory
14	21.06.2016	MTW AND DARENT VALLEY, KENT	16035544	2		A	36	KOVEMC	61150	MTW AND DARENT VALLEY, KENT
13	16.03.2015	MTW AND DARENT VALLEY, KENT	15015632	2		R	36	G82118	61150	MTW AND DARENT VALLEY, KENT
12	19.05.2014	MTW AND DARENT VALLEY, KENT	14029641	B	9	S	12	G82118	61150	MTW AND DARENT VALLEY, KENT
11	28.04.2011	MTW AND DARENT VALLEY, KENT	11018617	2		R	12	CHENA	61150	MTW AND DARENT VALLEY, KENT

Result: B – Borderline (or any other abnormality code)
Infection: 9 – HPV positive
Action Code: S – Suspended – automatic direct referral to Colposcopy by Laboratory.
Repeat Months: 12 – 12 months for Colposcopy to manage patient before national recall intervenes

Result: 2 - Negative
Infection: -- No HPV test performed
Action Code: R - Repeat sample, following Colposcopy treatment (TOC). *
Repeat Months: 36 – Repeat sample in 36 months, following Colposcopy management (regardless of age)

*Please be aware Colposcopy discharge patients without taking a sample and instruct National Recall to recall patients in 36 months.

Result: 2 - Negative
Infection: -- No HPV test performed
Action Code: A – Normal Recall
Repeat Months: 36 – Repeat in 36 months (or 60 months depending on age)

Understanding Open Exeter Screening History Report Cont:

HPV PRIMARY SCREENING:

Print CSV XML A5 HMR101 PDF (2009)

CERVICAL SCREENING HISTORY REPORT

Help Close

PATIENT DETAILS		
Name: I	NHS Number:	Q Code:
Address:	Date of birth:	Age:
GP:		GP Local Code

#	Test Date	Reporting Lab	Slide #	Result	Infection	Action Code	Repeat Months	Sender Code	National Code	Screening Laboratory
9	01.06.2018	MTW AND DARENT VALLEY, KENT	18060004	X	0	A	60	G82041	61150	MTW AND DARENT VALLEY, KENT
8	20.02.2013	MTW AND DARENT VALLEY, KENT	13008982	2		A	60	HESJE	61150	MTW AND DARENT VALLEY, KENT
7	30.12.2009	MTW AND DARENT VALLEY, KENT	09038004	2		A	36	BOLJMH	61150	MTW AND DARENT VALLEY, KENT
6	30.03.2006	MTW AND DARENT VALLEY, KENT	06005719	2		A	36	BOLJMH	61150	MTW AND DARENT VALLEY, KENT
5	12.11.2001	MTW AND DARENT VALLEY, KENT	01020688	2		A	36	BOLVJ	61150	MTW AND DARENT VALLEY, KENT
4	19.10.1998	MTW AND DARENT VALLEY, KENT	98018631	2		A	60	BOLVJ	61150	MTW AND DARENT VALLEY, KENT
3	16.06.1995	MTW AND DARENT VALLEY, KENT	95011816	2		A	60	BOLVJ	61150	MTW AND DARENT VALLEY, KENT
2	01.03.1991	MTW AND DARENT VALLEY, KENT	91003548	2		A	60	BOLVJ	61150	MTW AND DARENT VALLEY, KENT
1	10.12.1990	MTW AND DARENT VALLEY, KENT	90023990	1		R	--	BOLVJ	61150	MTW AND DARENT VALLEY, KENT

OR

#	Test Date	Reporting Lab	Slide #	Result	Infection	Action Code	Repeat Months	Sender Code	National Code	Screening Laboratory
2	05.06.2018	MTW AND DARENT VALLEY, KENT	18060344	X	0	R	36	G82234	61150	MTW AND DARENT VALLEY, KENT
1	13.09.2017	MTW AND DARENT VALLEY, KENT	17050560	4		S	12	G82234	61150	MTW AND DARENT VALLEY, KENT

Result X – No Cytology Test Undertaken
Infection 0 – Human Papilloma Virus (HPV) negative
Action Code A – Normal Recall
Repeat Months 60 - Repeat in 60 months (or 36 months depending on age)

Result X – No Cytology Test Undertaken
Infection 0 – Human Papilloma Virus (HPV) negative
Action Code R - Repeat sample, following Colposcopy treatment*
Repeat Months 36 - Repeat sample in 36 months, following Colposcopy management (regardless of age)

*Please be aware Colposcopy discharge patients without taking a sample and instruct National Recall to recall patients in 36 months.

#	Test Date	Reporting Lab	Slide #	Result	Infection	Action Code	Repeat Months	Sender Code	National Code	Screening Laboratory
11	13.06.2018	MTW AND DARENT VALLEY, KENT	18061077	2	9	R	12	G82215	61150	MTW AND DARENT VALLEY, KENT
10	10.06.2015	MTW AND DARENT VALLEY, KENT	15033194	2		A	36	G82215	61150	MTW AND DARENT VALLEY, KENT
9	26.06.2012	MTW AND DARENT VALLEY, KENT	12027356	2		A	36	POTNDM	61150	MTW AND DARENT VALLEY, KENT

Result: 2 – Cytology Reported – Negative
Infection 9 – HPV Primary Screening – Human Papilloma Virus (HPV) positive
Action Code R – 12 months repeat
Repeat Months 12 months

HPV Primary Screened patients that have a result of HPV positive/Cytology negative will record a repeat of 12months and will not be referred to Colposcopy at this time. The number of consecutive occurrences of this report before referral to Colposcopy will be decided locally in the future (a minimum of 2 and maximum of 3, not relevant until June 2020).

REJECTING SPECIMENS, LABELLING, MAJOR & MINOR DISCREPANCIES

Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669132/Guidance-for-acceptance-of-cervical-screening-samples.pdf

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1.5 Patient identifiers and clinical details

Upon receipt in the laboratory of a cervical cytology sample, both the form and sample should be checked for patient and clinical details so that the laboratory can be confident both that the form and sample can be linked together and that they can be linked with any existing record for that individual. There should be a minimum of 3 legible and correct patient identifiers to link a form and vial that arrive together. There should be a minimum of 3 legible and correct patient demographics to identify a patient and to match them with any existing record on the pathology system. Ideally the NHS number should be used.

Box 4. Minimum identifying requirement for cervical samples.

Patient's full name (first name and surname)
Patient's date of birth
Ideally fourth identifier: NHS number
Other acceptable fourth identifier: patient address

1.5.1 Major labelling discrepancy

The absence or significant mismatch of one or more of the key patient demographics, Box1, for example, the first 3 items in the essential data list constitutes a major discrepancy. In these circumstances, the laboratory cannot be certain of the patient's identity. The sample details should be recorded on an electronic searchable database. The sample should be rejected and not processed as the patient's identity cannot be confirmed with full certainty. An electronic record of all defective/rejected samples should be kept so that lists and audits can easily be generated to inform other interested parties of the scale of these problems (see section on error logs and error reporting).

Where the patient identity differs on the form and the vial, the sample should be attributed to the individual on the form for error recording purposes.
The laboratory will inform the sender immediately advising them of the faults and reasons for rejecting sample and advising them that a repeat test should be carried out in 3 months' time (see Appendix 1). If possible, the laboratory should keep records such that it may be possible to identify if the repeat test is taken within the 3 month period and should therefore be rejected.
In the event that the sample taker is unable to confirm with confidence which woman was tested giving rise to concern that an incident may have occurred, the Screening QA Service should be informed for advice, in line with national screening incident guidance.

REJECTING SPECIMENS, LABELLING, MAJOR & MINOR DISCREPANCIES CONT:

1.5.2 Minor labelling discrepancy

A minimal spelling difference, a specimen or form labelled with the woman's maiden or previous name while the corresponding form/specimen is labelled with her current surname, or a single digit error in date of birth with all other identifiers matching constitutes a minor discrepancy. In these circumstances, the laboratory is confident of the patient's identity despite the discrepancy.

Such samples will be booked in and reported. Details can be checked by the laboratory via the Open Exeter application. The discrepancy and remedial action taken should be recorded in the laboratory error log and the sender will be informed of the discrepancy. Any discrepancy should be explained in the report using standard codes, such as the examples in Appendix 2. These can also be used to generate error reports.

Multiple minor discrepancies constitute a major discrepancy and are dealt with accordingly.

CONDITION OF SAMPLE – TOPPING UP VIAL

Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669132/Guidance-for-acceptance-of-cervical-screening-samples.pdf

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1.6 Condition of sample

The condition of the sample *should* be checked, always ensuring that the vial data matches that on the request form.
A check that no leakage has occurred should be made and that the volume of liquid in the vial is adequate. For SurePath© samples, the broom head must be present in the vial. In the case of ThinPrep© specimens, the sampling broom head should have been removed from the vial and a check should be made that that the vial cap is screwed on hand tight.

1.1.6 Condition of sample

The condition of the sample should be checked, always ensuring that the vial data matches that on the request form.
A check that no leakage has occurred should be made and that the volume of liquid in the vial is adequate. For ThinPrep© specimens, the sampling broom head should have been removed from the vial and a check should be made that that the vial cap is screwed on hand tight.

1.6.1 Samples in incorrect container or with insufficient volume

Vials containing an insufficient volume of liquid to produce a suitable sample (or ThinPrep© samples with the broom still in) should be processed and reported as inadequate unless abnormal cells are detected. Manufacturer's officially published guidance should be followed on what constitutes the minimum acceptable volume for routine processing. See Appendix 5 for more details on HPV testing in these circumstances. ThinPrep© samples received in the wrong container should be rejected.

1.6.2 Samples in out-of-date vial

The sample taker should have already checked the expiry date of the vial but where samples are received in an out-of-date vial they should be rejected. Details of such samples should be recorded electronically. The sample taker should be informed and advised to check for further out-of-date stock which should be returned to the laboratory for safe disposal.

ThinPrep© samples received in the wrong container should be rejected.

IF LBC VIAL IS KNOCKED OVER, <u>DO NOT</u> TOP UP. SEND IN AS IT IS AND PLEASE RECORD ON FORM.

IMMUNOSUPRESSED PATIENTS

Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669132/Guidance-for-acceptance-of-cervical-screening-samples.pdf

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Appendix 6 Immunosuppressant therapy

The NHSCSP in England is highly quality assured and recognised to be of a world class standard. Recommendations for annual screening for women using immunosuppressant treatment frequently originate in the USA or other countries where there is no quality national screening programme, so the circumstances are different and need to be taken into consideration.

A variety of immunosuppressant drugs used following organ transplantation or, for example, treatment of autoimmune disorders or neurological disorders that increase the risk of contracting HPV but they have no impact on the rate of progression through HPV and CIN to cervical cancer which takes many years. Therefore it is important that women should engage with cervical screening when invited but there is no need to invite more frequently. Additional testing will give no benefit and will increase anxiety to the woman.

This issue has been considered by national expert groups and this is the best clinical advice.

Women over the cervical screening age range (65 years) are generally at lower risk of acquiring HPV, assuming they have been adequately screened up to age 65.

The programme advice would be to ensure that all women on immunosuppressant's have a complete screening history, including those over 65. Women who have not attended for screening should be offered another cervical screening test and remain eligible for screening.

As for other unscheduled cervical screening tests, samples should be rejected by laboratories if they have not been taken according to the recommended screening interval.

There are exceptions to the above if, a patient is to have a kidney transplant or IVF treatment and they have not had a smear taken in the previous 12 months before treatment, a sample should be taken. This could be subject to change and it is advisable to contact the Laboratories Clinical Cytologist before taking a sample.

VAULT & HIV POSITIVE SAMPLES

Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669132/Guidance-for-acceptance-of-cervical-screening-samples.pdf

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1.5.3 Out-of-programme samples

Vault Samples:
Vaginal vault cytology samples from women who have had a total hysterectomy for benign conditions or for non-cervical cancers (for example, endometrial, ovarian) are classed as out of programme as vault cytology is no longer part of the screening programme. Women requiring vault cytology for follow up will normally be managed by their local colposcopy unit, gynae department or GP if discharged from clinic care.

HIV Patients:
With the exception of HIV patients, there are no circumstances where routine annual screening is indicated [6]. Screening for women with HIV commences at 24.5 years in line with all other women. Tests taken outside the normal screening age range should be rejected. It is not always possible for the laboratory to know when routine annual screening is appropriate. Sample takers should make this clear on the request form.

PREGNANT WOMEN

PHSE Docs & info\Colposcopy and programme management 2016

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/515817/NHSCSP_colposcopy_management.pdf

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11.1 Pregnant women

11.1.1 Cervical screening during pregnancy

• if a woman has been called for routine screening and she is pregnant, the test should be deferred

• a woman referred with abnormal cytology should undergo colposcopy in late first or early second trimester unless there is a clinical contraindication, however, for low-grade changes triaged to colposcopy on the basis of a positive HPV test, the woman's assessment may be delayed until after delivery

• if a previous colposcopy was abnormal and in the interim the woman becomes pregnant, then the colposcopy should not be delayed

• if a pregnant woman requires colposcopy or cytology after treatment (or follow up of untreated CIN1), her assessment may be delayed until after delivery. Unless there is an obstetric contraindication, however, assessment should not be delayed if the first appointment for follow-up cytology or colposcopy is due following treatment for CGIN. The 'test of cure' appointment should not be delayed after treatment for CIN2 or CIN3 with involved or uncertain margin status

ABNORMAL CERVIX

PHSE Docs & info\Colposcopy and programme management 2016

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/515817/NHSCSP_colposcopy_management.pdf

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4.14 Abnormal cervix

Sample-takers must visualise a woman's cervix when taking an LBC sample. If they notice abnormalities suggesting possible malignancy, the woman should be referred for gynaecological examination. These women must be seen urgently, within two weeks of referral.

4.15 Women with symptoms

4.15.1 Management of women with symptoms

The NHSCSP is a population-based screening programme, designed to reduce the incidence of, and mortality from, cervical cancer by detecting disease at an early stage of its development. Women presenting with symptoms of cervical cancer (eg postcoital bleeding, persistent vaginal discharge that cannot be explained by infection or other causes) are not suitable candidates for screening. If the common causes of these symptoms have been excluded in general practice eg infection, type of contraception usage, they must instead be referred for examination by a gynaecologist experienced in the management of cervical disease (for example a cancer lead gynaecologist). Gynaecologists may refer these women on for symptomatic colposcopic examination outside the NHSCSP if cancer is suspected.

Contact bleeding at the time of cervical sampling may occur, and is not an indication for referral to colposcopy in the absence of other symptoms.

Evidence: good practice point – case series reported a high incidence of cervical neoplasia in women with postcoital bleeding[72] however, the majority of cases of postcoital bleeding are not due to malignant disease and in younger women chlamydial infection or problems with contraception are more likely causes.

4.15.2 Referral guidelines for women with symptoms

Women with symptoms of cervical cancer must be seen urgently, within two weeks of referral.

PRIVATE SAMPLES

NHS Cervical Screening Call and Recall: Guide to Administrative Good Practice. April 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607503/Cervical-screening-call-and-recall.pdf

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5.5 Private samples

Women who have a sample taken privately remain eligible for screening under the NHS at the standard intervals. Samples taken by private providers should be recorded in a woman's screening history by the call and recall service when they are made available by the relevant cytology laboratory.

If the result is normal, private test results must not be used to calculate the woman's NTDD under the NHS funded programme. The programme must always act on abnormal results, including those from private tests.

OPTING OUT OF SCREENING (DISCLAIMERS)

NHS Cervical Screening Call and Recall: Guide to Administrative Good Practice. April 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607503/Cervical-screening-call-and-recall.pdf

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4.4 Opting out of screening

Many women who choose not to participate in the programme will do so by not making an appointment to have a sample taken rather than by making a request to be ceased. Where women do not respond to a screening invitation, they are designated as 'non-responders' after 32 weeks. Women who remain eligible for screening will be recalled periodically according to current protocols.

Women can make an informed choice to be permanently ceased from call and recall by contacting their GP practice. NHSCSP Good Practice Guide No.1 'Ceasing women from the NHS cervical screening programme'20 covers this in more detail.

DEFERRING SCREENING (PRIOR NOTIFICATION)

NHS Cervical Screening Call and Recall: Guide to Administrative Good Practice. April 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607503/Cervical-screening-call-and-recall.pdf

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7 Prior notification lists

7.1 Overview

GP practices have a responsibility to provide assurance that women are being screened appropriately. This is managed through the prior notification list (PNL) process. The PNL is a list of women from the GP practice who are due to be called or recalled for screening. This provides an opportunity for practice staff to consider deferral or ceasing if appropriate.

7.2 Deferring screening

Through the PNL process, GPs may defer a woman's screening invitation for a limited number of reasons. Deferral must include a specified reason. This will recalculate the NTDD based on the length of the deferral.
The legitimate reasons for deferral are:

- a recent test (such as a known test in a community or private setting)
- current pregnancy
- a patient request to defer
- being under treatment relevant to screening (May include in vitro fertilisation (IVF) therapy)
- administrative reasons
- being under the care of colposcopy

The GP practice must specify how long the **deferral is for, in multiples of 6 months**, up to a maximum time of 18 months. So a woman may be postponed for 6, 12 or 18 months at any one time.

When a deferral ends, the woman must be returned to the PNL. It is acceptable for subsequent deferrals to be created, but any such multiple deferrals must be identified and reported to SQAS to be audited.

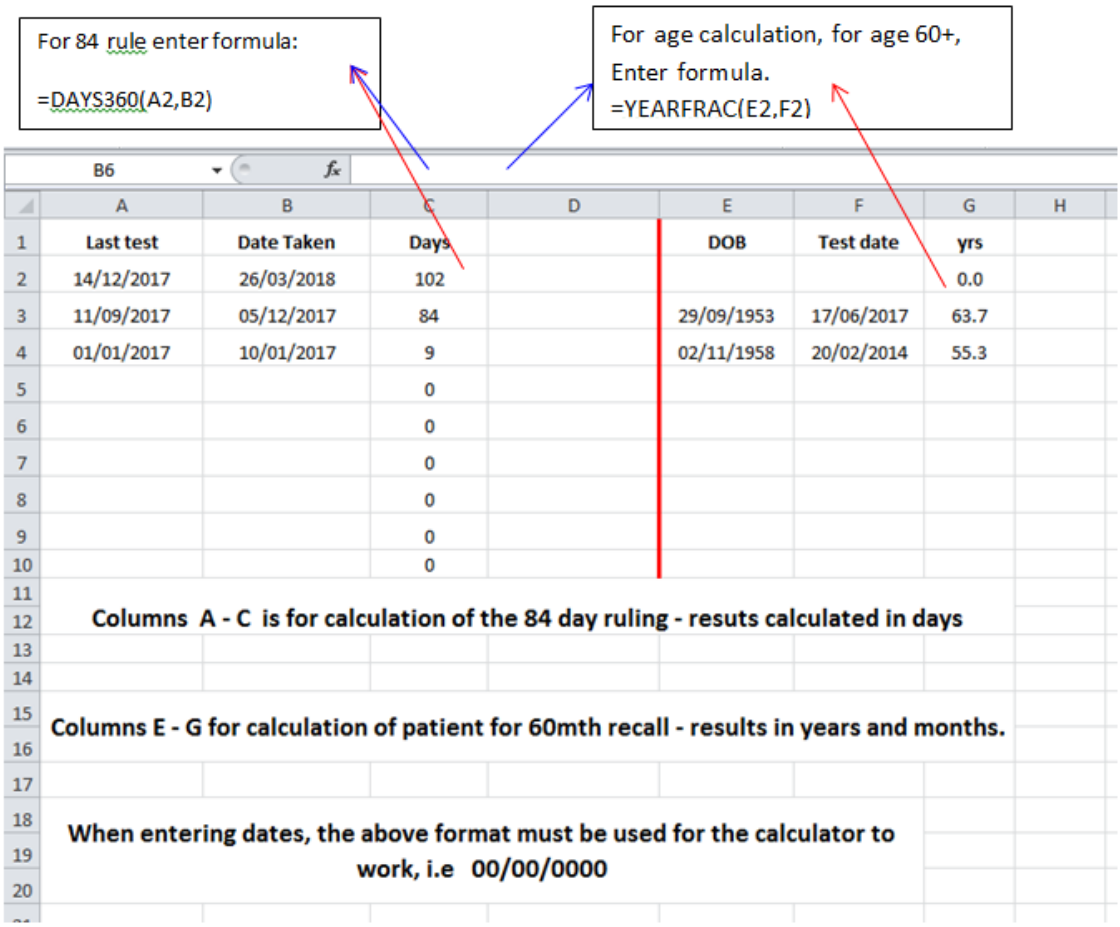
Deferral because the GP practice is undertaking the invitation process is no longer a legitimate reason. All primary invitations and reminders must be sent by the call and recall service.

84 DAY RULE, A HELPFUL CALCULATOR

84 DAY RULE & AGE CALCULATOR

Open an Excel spread sheet and follow information below:

Once formulas are entered, drag down the column.



	A	B	C	D	E	F	G	H
1	Last test	Date Taken	Days		DOB	Test date	yrs	
2	14/12/2017	26/03/2018	102				0.0	
3	11/09/2017	05/12/2017	84		29/09/1953	17/06/2017	63.7	
4	01/01/2017	10/01/2017	9		02/11/1958	20/02/2014	55.3	
5			0					
6			0					
7			0					
8			0					
9			0					
10			0					

CYTOLOGY ABBREVIATIONS AND THEIR MEANING

NHS Cervical Screening Call and Recall: Guide to Administrative Good Practice. April 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/607503/Cervical-screening-call-and-recall.pdf

Term	Abbreviation	Description
Cease/ceasing		Permanently stopped from call or recall by the programme
Cervical intraepithelial neoplasia	**CIN**	Abnormality within the cervix that can lead to cancer. Current cervical screening policy is to test for CIN using liquid-based cytology (LBC)
Community and Sexual Health (clinic)	**CASH**	Local clinic offering easy access to a range of health services relating to community and sexual health, including to people not registered with a GP
Confidentiality Advisory Group	**CAG**	Body within HRA that advises the Secretary of State for Health on patient confidentiality issues, particularly those relating to Section 251 of the NHS Act 2006
Department of Health	**DH**	Central government department for health
Defence Medical Services	**DMS**	Organisation within the Ministry of Defence responsible for health services for the armed forces and their dependents
Failsafe		Process or procedure designed to ensure that known risks in the screening pathway are mitigated
Female Genital Mutilation	**FGM**	Serious criminal offence involving the mutilation of a woman's sex organs
Human Papilloma Virus	**HPV**	Virus understood to be the primary cause of cervical intraepithelial neoplasia (CIN)
Health Research Authority	**HRA**	DH arms-length body to coordinate health research
Information Governance	**IG**	A range of laws, rules and processes relating to the correct management of data by public authorities
NHS Cervical Screening Programme	**NHSCSP**	Collective name for all agencies, processes and systems involved in providing the NHS cervical screening programme in England
National Health Application Infrastructure Service	**NHAIS**	Legacy IT system that underpins GP registration and other primary care coordinating functions
Next Test Due Date	**NTDD**	Date when the next scheduled screening test

COLPOSCOPY ABBREVIATIONS AND THEIR MEANING

PHSE Docs & info\Colposcopy and programme management 2016

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/515817/NHSCSP_colposcopy_management.pdf

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Term	Explanation
ACCS	Advisory Committee on Cervical Cancer Screening
BSCCP	British Society for Colposcopy and Cervical Pathology
CGIN	cervical glandular intraepithelial neoplasia
CIN	cervical intraepithelial neoplasia
CIN1	cervical intraepithelial neoplasia grade 1
CIN2	cervical intraepithelial neoplasia grade 2
CIN 3	cervical intraepithelial neoplasia grade 3, sometimes called high-grade or severe dysplasia. Also called cervical squamous intraepithelial neoplasia 3 or cervical carcinoma in situ.
ECC	endocervical curettage
FGM	female genital mutilation
HG-CGIN	high-grade cervical glandular intraepithelial neoplasia
HPV	human papilloma virus
HRT	hormone replacement therapy
HR-HPV	high-risk human papillomavirus
HSV	Herpes Simplex Virus
IUD	intrauterine contraceptive device

FIGO	International Federation of Gynecology and Obstetrics
GUM	genitourinary medicine
LBC	liquid-based cytology
LLETZ	large loop excision of the transformation zone
MDT /MDM	multi-disciplinary team /meeting
NHAIS	The National Health Applications and Infrastructure services
NHSCSP	NHS Cervical Screening Programme
OCP	oral contraceptive pill
SCJ	squamocolumnar junction
TOC	Test of Cure
TZ	transformation zone
VaIN	vaginal intraepithelial neoplasia

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