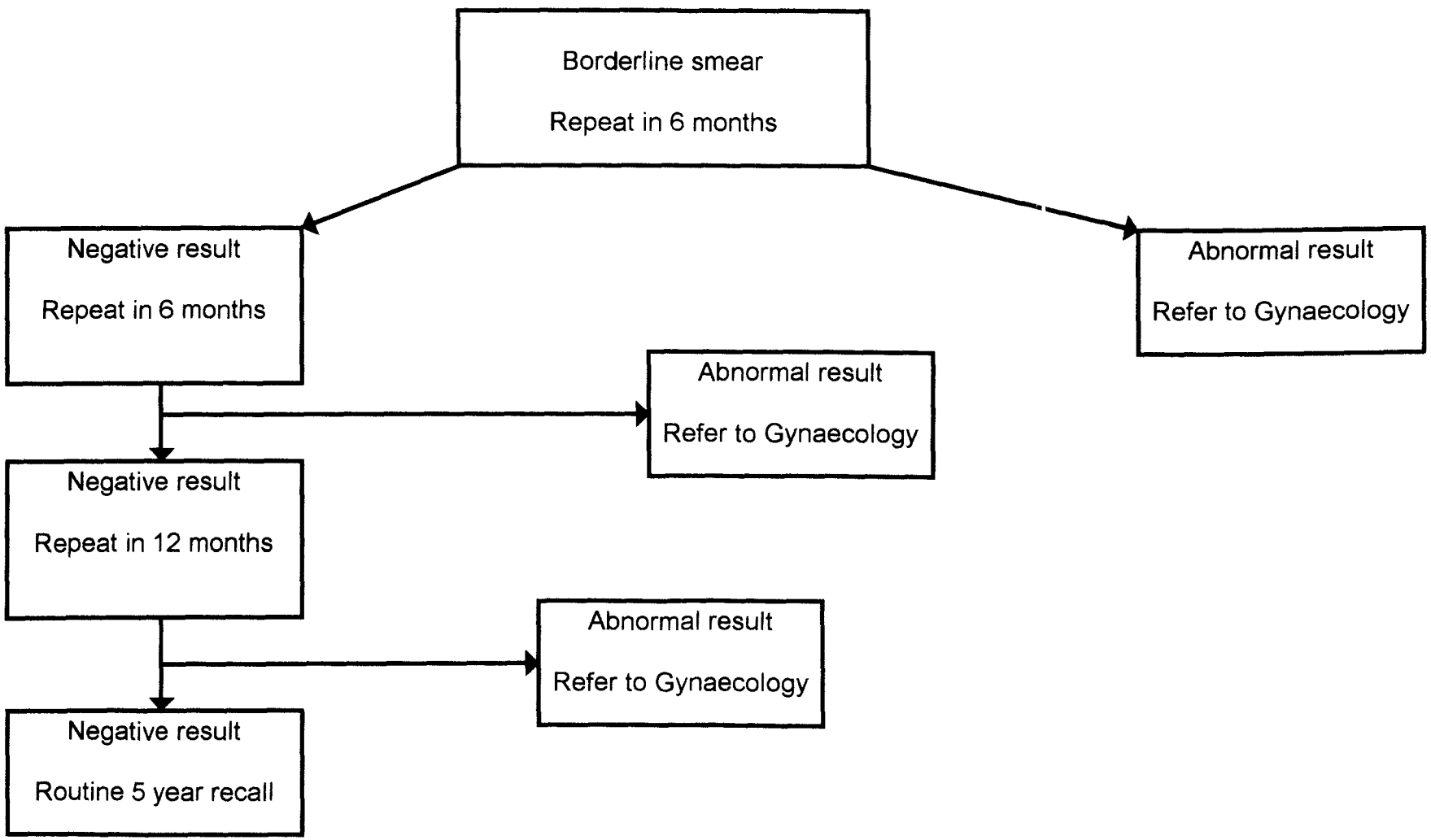
MANAGEMENT OF BORDERLINE SMEARS

Bradford cervical cancer screening programme (March 1999)



CERVICAL SMEAR RESULT	MANAGEMENT
Inadequate	Repeat as soon as possible (see guidelines on possible reasons and solutions for inadequate smears.)
Negative (age 20-60)	Normal recall
Negative (age 60+)	Recall may be ceased where there are two previous negative smears in the previous 10 years. Where there are none or one negative, women will be sent a final invitation stating that this will be the last communication.
Negative (after abnormal cytology/histology)	See separate sheet
Borderline nuclear changes	See attached flow chart.
Mild dyskaryosis	Refer for gynaecological opinion
Moderate dyskaryosis	Refer for gynaecological opinion
Severe dyskaryosis	Refer for gynaecological opinion
Invasive carcinoma	Refer for gynaecological opinion
?Glandular neoplasia	Refer for gynaecological opinion
Squamous cell carcinoma	Refer for gynaecological opinion
Adenocarcinoma	Refer for gynaecological opinion
Non-specific Inflammation	This will not be reported
Wart virus	This is associated with borderline or worse nuclear changes and should be managed according to grade of nuclear change.
Actinomyces-like organisms	These organisms are commonly found in women with an IUCD and considered part of the normal flora in these circumstances. Treatment need only be considered in cases with a clinical problem and should follow microbiological investigation.
Post-coital bleeding	Gynaecological referral may be considered for clinical symptoms despite a negative smear.
Post-menopausal bleeding	A negative smear does not exclude endometrial pathology and gynaecological referral is recommended.
Suspicious appearance of cervix	A negative smear does not exclude carcinoma and urgent gynaecological referral is recommended.

BRADFORD HEALTH AUTHORITY CERVICAL SCREENING PROGRAMME GUIDELINES (AMENDED 1 MARCH 1999).

Follow-up smears after treatment

1. Women with **CIN 1** who have had local treatment should have 5 negative annual smears before returning to routine recall until recall is ceased at 65 years of age.

2. Women with **CIN 2 and CIN 3 who have had local treatment**, as well as women **with invasive cervical cancer** (squamous or adenocarcinoma) treated by hysterectomy, should have 10 negative annual smears before returning to routine recall until recall is ceased at age 65 years.

3. Women with **CIN who have had a hysterectomy** (if it is completely excised too) should have repeat smears at 6 months and 12 months. If there is **no dyskaryosis detected** on these smears, these women require no further smears. If there is any suspicion that the premalignant condition has not been completely removed then such patient's clinical management will be outside these guidelines and governed by the individual gynaecologist, who will communicate this to the GP and the laboratory.

4. Women who have had a **hysterectomy for endometrial carcinoma or benign disease** with no previous history of dyskaryosis may have recall cancelled.

5. Women who have had **radiotherapy for cervical carcinoma** should have recall cancelled as smear follow-up is not appropriate.

6. These are recommendations for the follow-up of women with an abnormal smear. The management of individual cases may vary clinically and will be agreed by the patient's gynaecologist. Any proposed variation will be communicated to the GP and the laboratory by the gynaecologist.