

National Women's Hospital Annual Clinical Report.

Gynaecological Oncology and Colposcopy

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The purpose of the National Women's (NW) Annual Clinical Report is:

- To chronicle maternity, neonatal, and gynaecologic care and outcomes of care during the calendar year.
- To demonstrate trends in the population, service provision, interventions and outcomes over time.
- To stimulate enquiry and improvement in services provided by NW.
- To encourage external commentary and critique of care provided at NW.
- To provide a benchmark for obstetric and neonatal care in New Zealand against which other services might compare themselves.

Congratulations!

- Chronicled gynaecologic oncology and colposcopy care during the calendar year.
- Demonstrated some trends in the service provision and interventions over time.
- Stimulated enquiry and improvement in services provided by NW.
- Encouraged external commentary and critique of care provided at NW.
- Provided some benchmarks against which other services in New Zealand might compare themselves.

What do we really want to know?.

- What is the demand?
- Is the demand being met?
- What are we doing? Does this appear to be of high quality?
- What are the outcomes?
- How do these outcomes compare with our peers?
- Are patients/ referrers satisfied with the service?
- What things have changed and what changes can be anticipated?
- Is this service sustainable? (resource)
- How reliable is this data?
- What aspects of the service can we be proud of and what needs to be addressed?



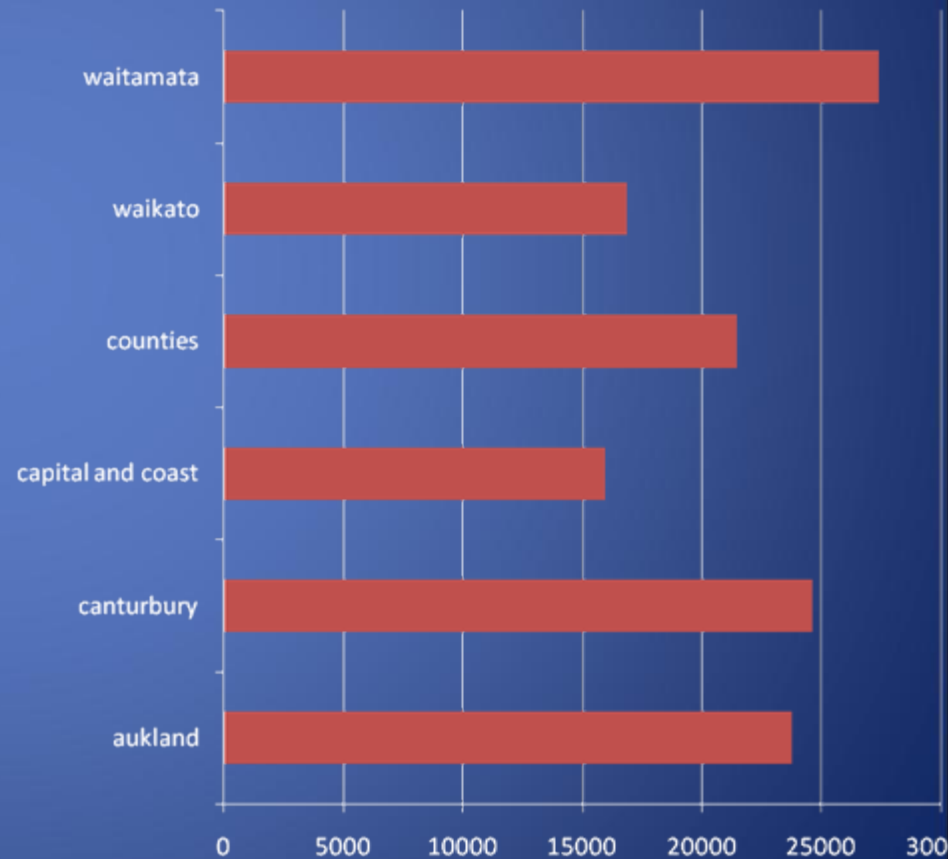
Colposcopy to identify and treat CIN2+ return cytology to normal prevent Ca

Highly successful
program 80%
coverage

1.4 million
enrolled

420,000 smears
per year

16,600 abnormal
smears per year



What is the demand/ is it being met?

- 1200 p/a Stable numbers
- Low NZ European,(45%)
high Asian, Pacific island.
- Age 20-30 largest group.
20% smoke
- Largest group low grade
72%.
- 12% clinical susp normal
cyto/histo.
- increasing delay to first
appt.
- ? Total colposcopies.
- Some delay to treatment.
- Increasing treatments
(236/151).

Quality/ Outcomes

- Good documentation?
- Low DNA rate 6-8%
- High follow up rate 92%
- Low complication rate.
- Low risk of persistent HG histology 4.4% (denominator not clear)
- Low biopsy rate (80%)
- Low high grade rate (11.6%)
- Low ppv of high grade cytology (39.3)
- Low positive predictive value high grade colposcopy (52%)
- Low sensitivity of high grade colposcopy (53%)
- High rate of abnormal cytology post treatment 33%



Colposcopy has limited sensitivity take more biopsies!

- Low incidence in this series may relate to low biopsy rate/ non inclusion of treatment bx
- Expect colposcopy sensitivity of 60-80%
- Positive predictive value dependent on incidence of abnormality and specificity.
- Detection of CIN2+ proportional to number of biopsies taken in each patient
- Where colp was normal if bx was taken 9% had hg and 58% had any abn (note overall hg rate of 11%)
- Higher sensitivity/low specificity of smear may bias results.

Figure 30 - Proportion of women (ages 20-69 years) with a histology report within days of their high grade cytology report, by DHB

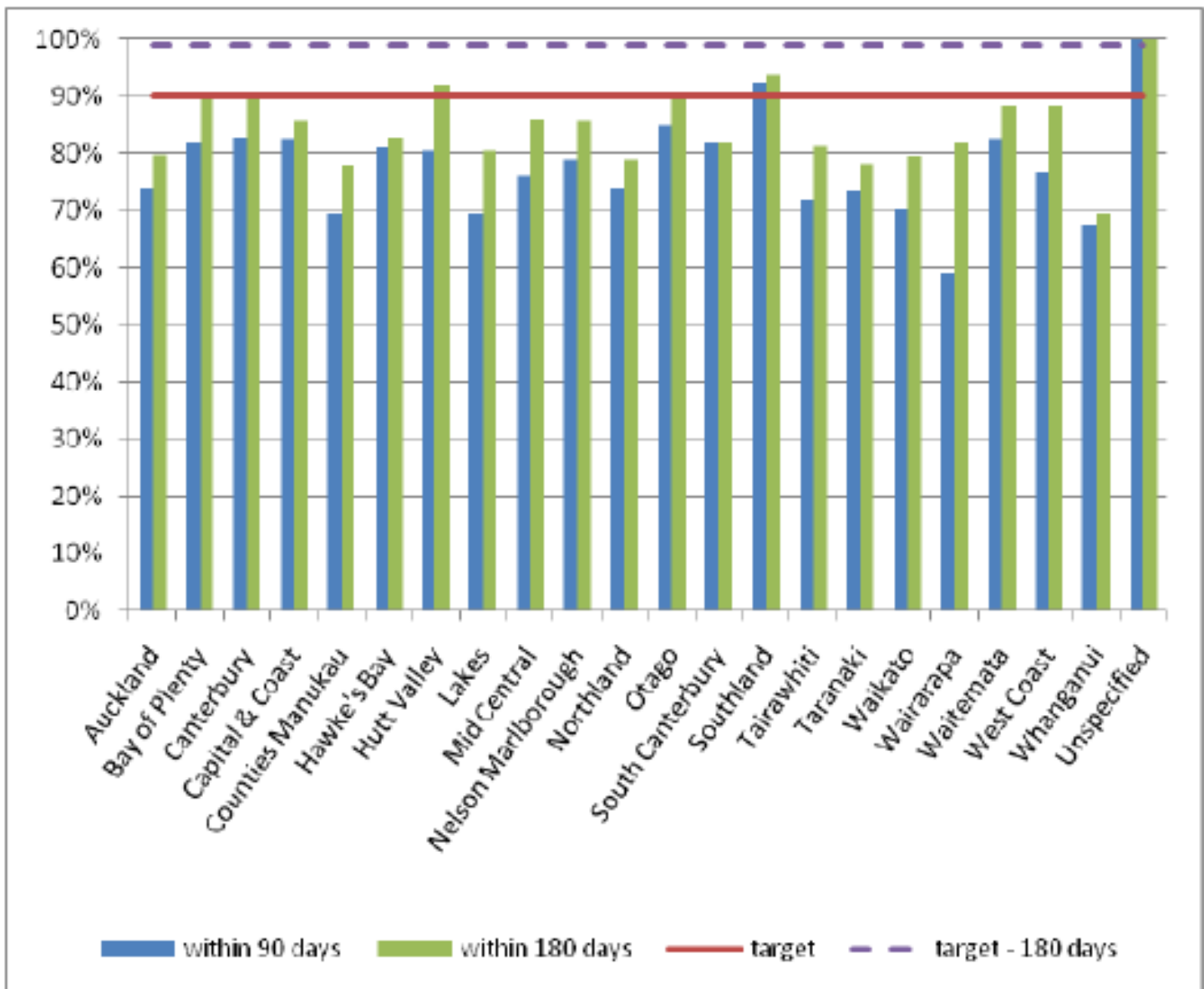
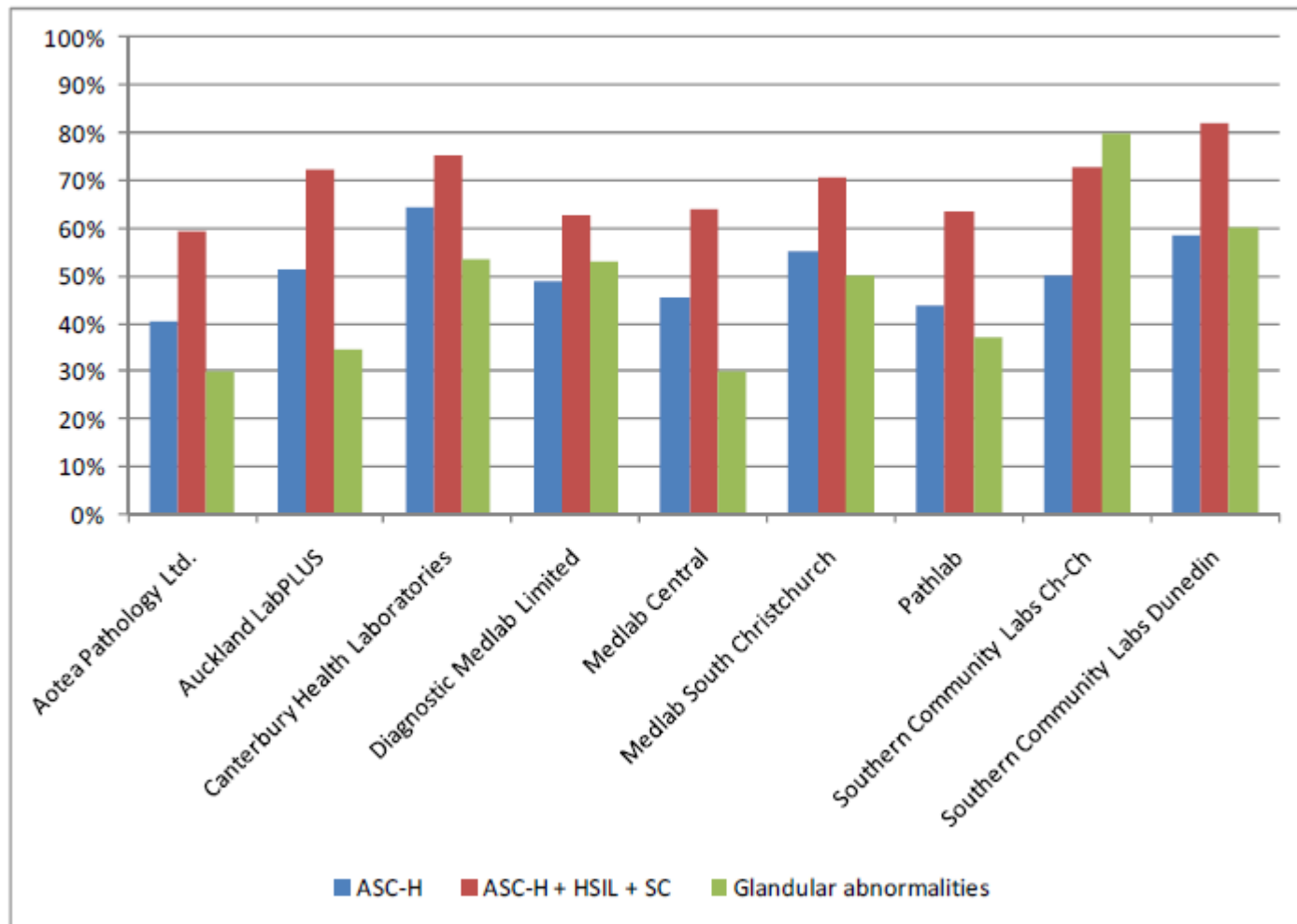


Figure 25 - Positive predictive value for CIN2+ in women with other high grade cytology results by laboratory, 1 July to 31 December 2009



Target: None

suggestions

- Review capacity/total colposcopies
- Review policy on management of pcb and susp cx.
- Consider detailed audits of cervical biopsy, accuracy of colposcopy and cytology /histology discordance.
- Consider audit of colposcopy in women with cx cancer.
- Engage NCSP in review of guidelines
- Engage NCSP with regard to reporting of colposcopy data
- Referrals may fall with vaccinated cohort.

Gyn Oncology

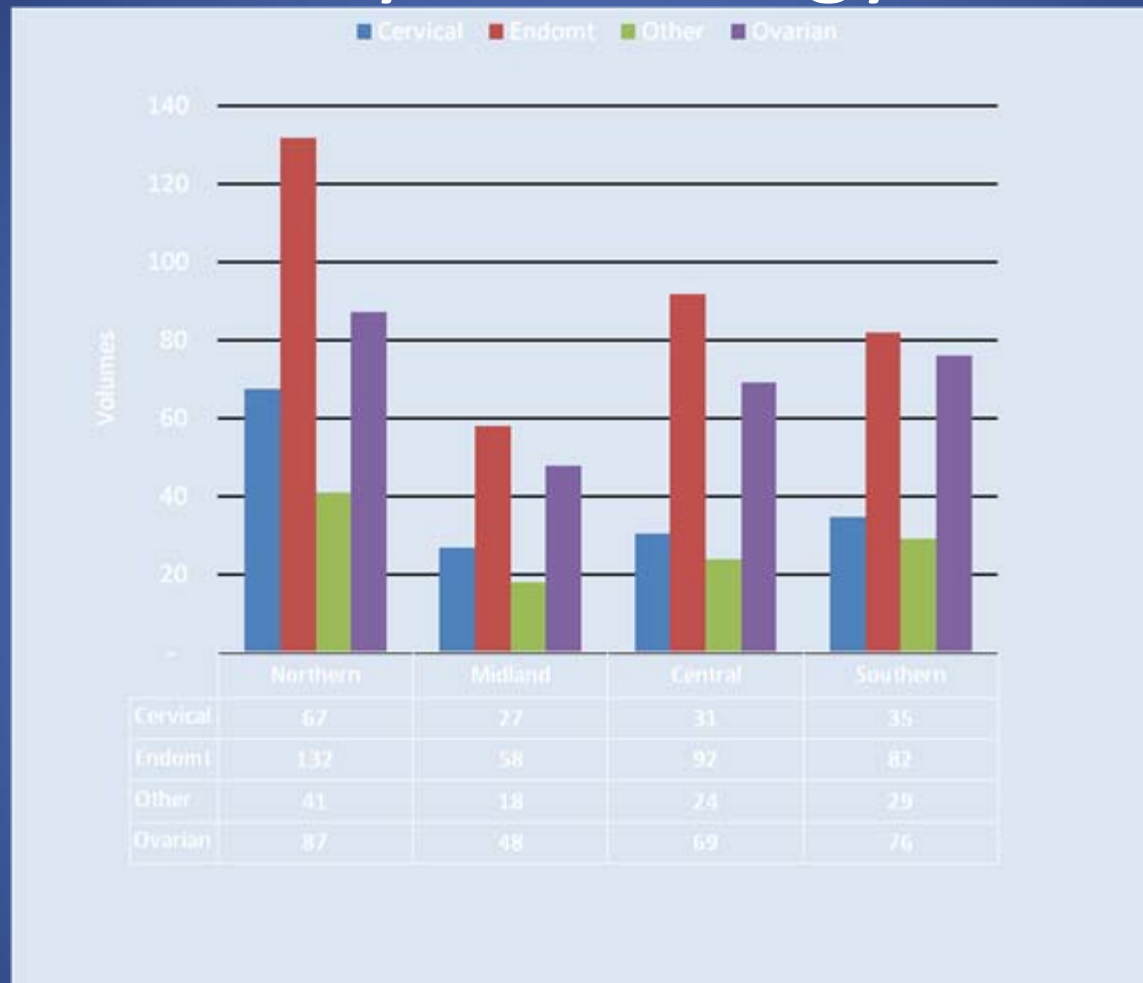


Figure 9 Annual cancer volumes by region and type (based on a 5-year cohort 2004-2008)

National Service Improvement Plan for Gynaecological Cancer Services

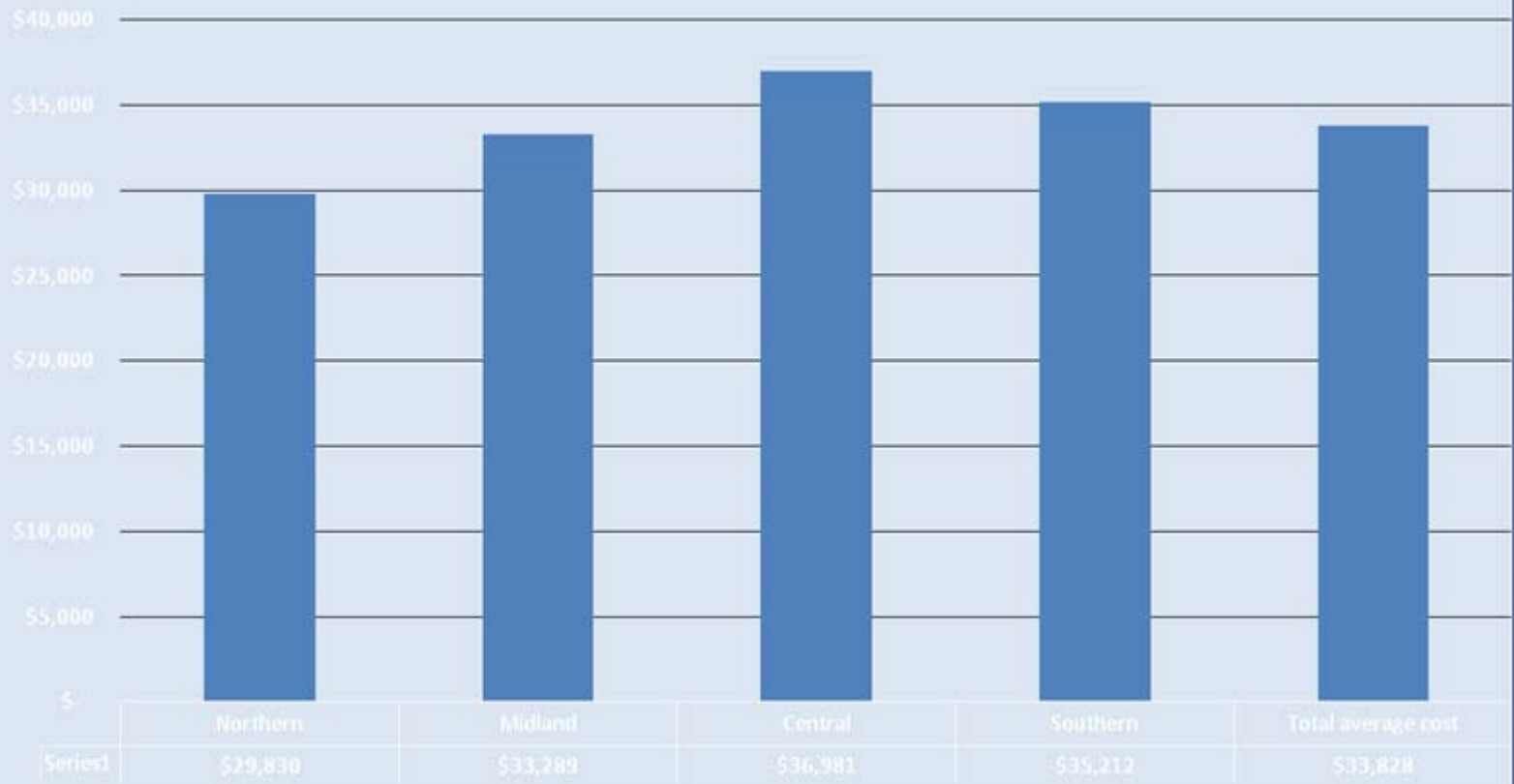


Figure 18 inpatient and outpatient costs per woman per region

Patient load

- 681 cases
 - Ovary 204
 - Endometrium/uterus 201
 - Cervix 83
 - Vulva 48
 - 399 surgeries
 - 65% invasive malignancy
- Auckland 26%
Counties 21%
Waitamata 37
Northland 7%
BOP 3%

Waiting times

- Time from referral to mdm or clinic. 80% in 14 days or less
 - Time from MDM or clinic to first surgery 80%, 56 days or less.
- Faster cancer treatment indicators
- Referral to FSA 14 days
 - Decision to treat to treatment 31 days
 - Referral to treatment 62 days

Implies some resource need / streamlining of patient pathway

Procedures/quality

- Performance indicators for malignant surgery reported
- Difficult to judge in isolation
- Trends improving
- Death data needs qualification.
- Data on debulking suggests aggressive surgical approach and high rate of optimal debulking in selected women. (likely to be indicative of useful intervention)

outcomes

- 'Areas for improvement include the fact that Survival data and long term follow up data is lacking, as the resource is not currently available within the department to collect data after patient discharge.
- This is important and the appointment of a dedicated full time MDM coordinator would facilitate this. The MDM workload continues to increase and is outgrowing the current resource allocation and structure.
 - MDM review is the cornerstone of Gynaecological Oncology management and this must be recognised and adequately provided for.'

suggestions

- To review timelines systems and resources with reference to FCT timelines
- To work with NZGCG to define treatment indicators and reporting.
- To work with NZGCG to develop a strategy for national outcome reporting in GYN cancer.
- To review resources in view of clinical load to ensure a sustainable service.

Conclusions.

- Commend authors on effort
- Aims largely achieved
- Demonstrate large workload requiring sound resource infrastructure.
- Generally quality indicators reflect a satisfactory or high quality service
- Further audit to reassure satisfactory level of colposcopy practice.

- Lack of up to date comparative data from other centres despite huge effort in data collection
- Lack of outcome reporting.
- Further work required on a national level to put this information into context.

