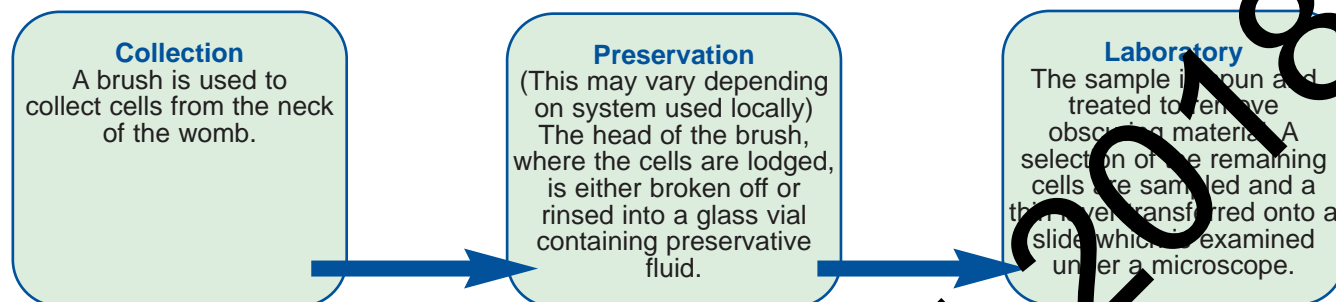


Liquid based cytology (LBC) and national policy

What is LBC?

A new way of collecting and preparing cervical samples for examination in the laboratory



Frequently asked questions

What are the benefits of LBC?

Who Women	Benefits Reduction in inadequate tests will lessen women's anxiety and uncertainty. LBC will also reduce waiting time, women will wait for their results as slides can be reported more quickly.
Staff	Reduces the number of inadequate tests, and the pressure on a skilled workforce.

Will women notice a difference when they have their cervical test?

No, the test will not feel any different, although women may notice a slight difference in the way their sample is prepared.

When will LBC be introduced?

LBC is currently being introduced across England as laboratory staff and sample takers are retrained. Roll-out should be complete by 2008. The actual timescale is determined locally by SHAs and PCTs.

Protocol for cervical screening

Age group 25 25-49 50-64 65	Frequency first invitation 3 yearly 5 yearly only screen those whose last three tests included an abnormal result ¹	Introduction of the changes in frequency will follow locally determined timescales
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The effectiveness of screening

- Incidence of cervical cancer fell by 42 per cent between 1988 and 1997 (England & Wales). This fall is directly related to the cervical screening programme².
- Cervical screening now prevents approximately 5,000 deaths a year³ in the UK.

For more information visit www.cancerscreening.nhs.uk

¹ Sasieni P, Adams JK, Cuzick J, BJC 2003, 89: 88-93 / IARC, Handbook of Cancer Prevention No.10 (www.iarc.fr)

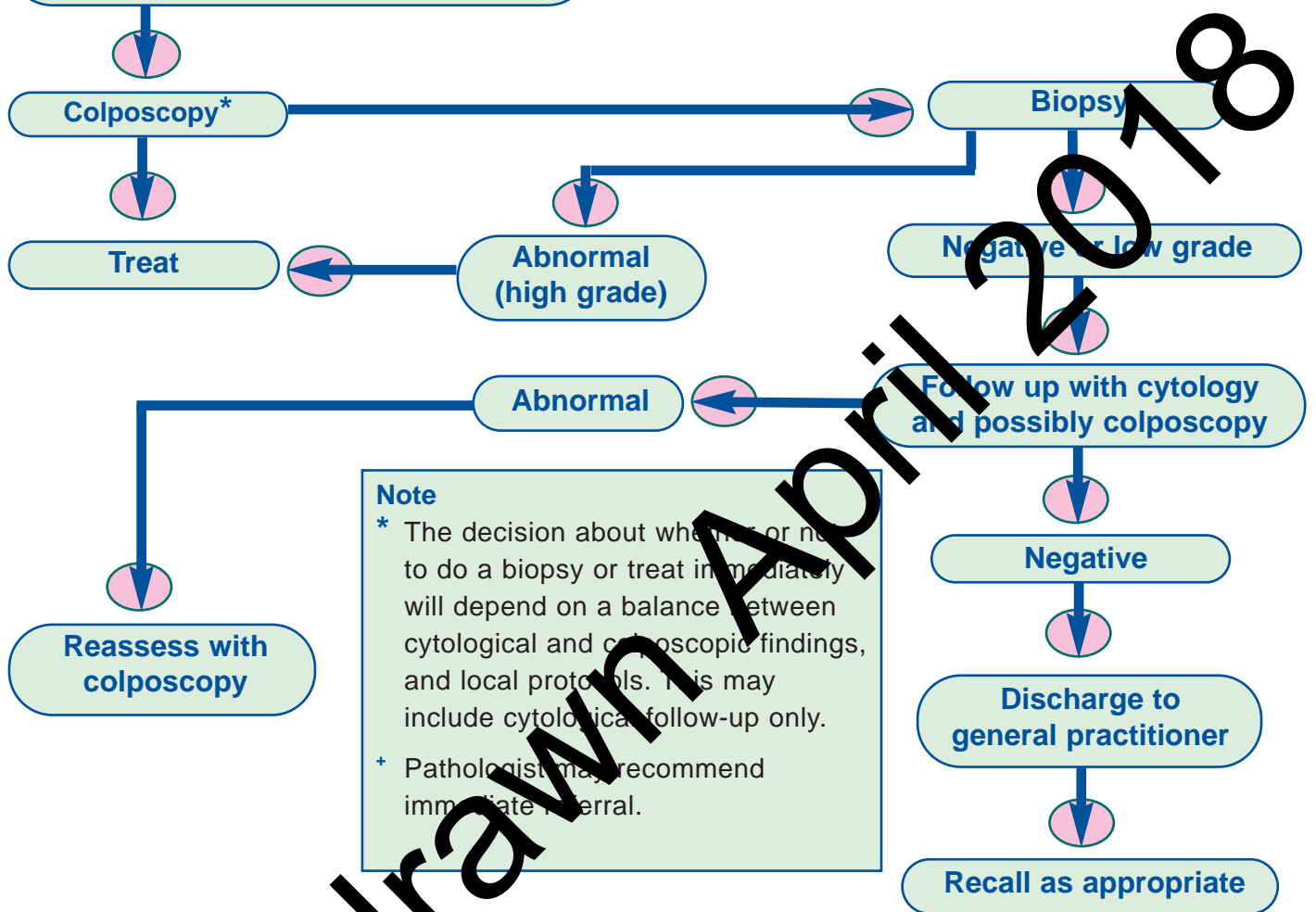
² National Statistics, Health Quarterly Statistics 07, Autumn 2000

³ Peto J et al, The Lancet, 2004, 364:249-56

PROTOCOL FOR MANAGEMENT OF ABNORMAL RESULTS

Refer after cytology if result is:

- Inadequate on **three** occasions
- Borderline on **three** occasions*
- Mild dyskaryosis on **two** occasions*
- Moderate dyskaryosis on **one** occasion
- Severe dyskaryosis on **one** occasion
- ? Invasive / ? Glandular: **urgent** referral
- Three borderline or more severe results in 10 years without referral



Note

* The decision about whether or not to do a biopsy or treat immediately will depend on a balance between cytological and colposcopic findings, and local protocols. This may include cytological follow-up only.

+ Pathologist may recommend immediate referral.

Recall protocol for negative screening results

Patient's history

No previous cervical screening history

Previous screening results negative

Women aged 65 and over with no previous negative screening history

Previous abnormal cytology

Previously treated for CIN

Previous CIN1 (not treated)

Recall interval

Routine recall

Routine recall

Three consecutive negative tests, no further recall

For minor abnormalities (borderline and mild dyskaryosis) follow protocol for the particular abnormality

Follow-up protocol for patients treated for CIN

At least 3 negative tests, 6-12 months apart then routine recall