



Recommended cervical screening outcome codes

NOTE: Women who do not respond to recall (NR)

NB - An outcome code for women who have not responded to recall has NOT been included as this removes or alters the recall date. This can pose clinical risk to women with an abnormal screening history who may require further follow-up.

Recommendation

Three different attempts should be made to recall women not responding to recall (for example, letter, text, phoning the woman after hours). Then options include:

- setting up a new alert for opportunistic screening (e.g. 'No response to cervical screening')
- referring the woman to a Support to Screening provider for follow up (where these services are available)
- undertaking an audit of overdue cervical smear lists once or twice a year (as per the Cervical Screening Guidelines, Chapter 4.35)
- recalling in 6 to 12 months
- adding a task for that patient.

CODE	DESCRIPTION	Outcome Indicator	RECALL IN	COMMENTS	NCSP Guidelines for Cervical Screening in NZ
N	Normal	Normal	1 - 3 years (depends on the date of the last smear)		Refer to page 17 of the Guidelines
NSA	Never Sexually Active	Exempt	One year, or as agreed with the woman	Ensure there is an appropriate recall date, if required.	
LSIL	Low grade	Abnormal	6 months – 1 year	<p><u>This code is used for</u> all Low Grade cytology and histology events and includes:</p> <ul style="list-style-type: none"> • CIN1 • ASC-US <p><u>Actions:</u></p> <ol style="list-style-type: none"> 1. Document as per the practice protocol. 2. Note the type of result in the notes field (if Histology, otherwise this is presumed to be Cytology) 	Refer to page 19-24 of the Guidelines

CODE	DESCRIPTION	Outcome Indicator	RECALL IN	COMMENTS	NCSP Guidelines for Cervical Screening in NZ
HSIL	High grade	Abnormal	4 weeks	<p>This code is used for all High Grade cytology and histology events and includes:</p> <ul style="list-style-type: none"> • HSIL • CIN3 • ASC-US H <p>Actions:</p> <ol style="list-style-type: none"> 1. Document as per the practice protocol. 2. Note the type of result in the notes field (if Histology, otherwise this is presumed to be Cytology). 3. The Recall Contact icon can be used to reschedule recall up to 3 times until the outcome of colposcopy is known <ul style="list-style-type: none"> • Contact your Practice Liaison if you are unsure how to re-schedule this <p>NOTE: It is recommended that rescheduling of recalls is <u>only used for women under the care of colposcopy services and those not yet sexually active</u> as this alters the actual recall date, and it then becomes an inaccurate record of when the woman is due</p>	<p>Refer to page 25-31 of the Guidelines</p> <ul style="list-style-type: none"> • Flowchart 1 on page 21 provides a useful summary
HPV+	HrHPV+	Abnormal	-	<p>It is recommended that all smear takers undertake the on-line HPV training module. http://learnonline.health.nz</p>	<p>Refer to:</p> <p>(1) <i>Guidelines for Cervical Screening in NZ – Incorporating the management of women with abnormal cervical smears, 2008</i> (page 47-55)</p> <ul style="list-style-type: none"> • Flowchart 2 on page 24 provides a useful summary <p>(2) <i>Guidelines for Cervical Screening in NZ – Guidance on HPV Testing Update, April 2010.</i></p>
HPV-	HrHPV-	Normal	-		

CODE	DESCRIPTION	Outcome Indicator	RECALL IN	COMMENTS	NCSP Guidelines for Cervical Screening in NZ
D	Decline	Invalid	One year, or as agreed	The following is recommended: <ol style="list-style-type: none"> 1. Tailored contact as agreed with the woman. The preference is for a one year 'safety' recall. 2. Women in this category receive a different letter e.g. <i>"On a previous occasion you identified you declined to have further cervical smears. We are writing to check this decision"</i>. 	
UNSA	Unsatisfactory	Invalid	Three months		Refer to page 18 of the Guidelines
AGC	Abnormal Glandular Cells	Abnormal	4 weeks	Refer to a specialist colposcopist or a gynaecological oncologist and follow the recommended recall management.	Refer to page 32-35 of the Guidelines
ACIS	Adeno-carcinoma In Situ	Abnormal	4 weeks	Refer to a specialist colposcopist or a gynaecological oncologist and follow the recommended recall management.	Refer to page 32-35 of the Guidelines
Ca	Cx Cancer (Invasive)	Abnormal	One week	Refer to the specialist for further management	Refer to page 31 of the Guidelines
SH	Serious Health	Exempt	Set a recall date if the condition is expected to improve	This code is used to exempt women from screening due to a serious health issue (e.g. terminal illness, a profound disability or mental health issue). <u>Actions</u> <ol style="list-style-type: none"> 1. Annotate the reason in the Notes field. 2. If the health issue is not expected to improve and further screening is not indicated, contact the Regional NCSP Register to turn 'tracking off'. 	
HYSN	Hysterectomy Normal	Exempt	-	<u>This code is used for women who have had a total hysterectomy for a benign cause, and a normal screening history</u> Further screening not required <u>unless</u> the woman: <ul style="list-style-type: none"> • Has an unknown screening history • Is immunocompromised. 	Refer to page 40

CODE	DESCRIPTION	Outcome Indicator	RECALL IN	COMMENTS	NCSP Guidelines for Cervical Screening in NZ
HYSA	Hysterectomy Abnormal	Invalid	One year	<p><u>This code is used for women who have had a total hysterectomy and an abnormal screening history</u></p> <p><u>Action:</u> If woman has a high grade history and is on annual screening, follow the NCSP HPV guidelines and use practice protocols to alert the practice team to request an HPV test with next smear.</p>	<p>Refer to page 40 of the Guidelines</p> <p>A summary table is provided in Appendix One.</p>
SUBH	Subtotal Hysterectomy	Invalid	-	Routine screening as per the NCSP Guidelines	Refer to page 40 of the Guidelines

Links

Ministry of Health, 2008. *Guidelines for Cervical Screening in NZ –Incorporating the management of women with abnormal smears.*

<https://www.nsu.govt.nz/publications/guidelines-cervical-screening-new-zealand>

Ministry of Health, 2010. *Guidelines for Cervical Screening in NZ – Guidance on HPV Testing Update 1*

<https://www.nsu.govt.nz/publications/guidance-hpv-testing-update-1-april-2010>



Appendix One Guidelines for women with previous Hysterectomy

Please note: Health providers' clinical opinion overrides the guidelines

SITUATION	GUIDELINE
Sub-total hysterectomy (uterus removed but all or part of the cervix remains)	Routine screening as per NCSP guidelines
Total hysterectomy for benign reasons + previous negative smear history	Further screening (i.e. a vaginal vault smear) is not required
Total hysterectomy for benign reasons + Unknown smear history	One baseline vaginal vault smear required: <ul style="list-style-type: none"> • If result normal → no further vaginal vault smears required • If result abnormal → screen as per NCSP guidelines
Total hysterectomy + previous CIN1	Either of the following approaches could be used: <ol style="list-style-type: none"> 1. The NCSP recommends that women with histological evidence of CIN1 at any time in the past should have 3-yearly vault smears until age 70 years¹. 2. The RANZCOG provides the advice that women with previous smear or cervical biopsy with a low-grade lesion that had reverted to normal cervical cytology prior to hysterectomy do not need vaginal vault smears unless they are symptomatic².
Total hysterectomy + previous CIN2 or CIN3	Guidelines for a high-grade abnormality apply, that is annual vaginal vault smears until age 70 years. However, subsequent to 2 consecutive vaginal vault smears and HPV tests 12 months apart, and both are negative, vault smears are required every 3 years until age 70 years ³ .
Total hysterectomy for benign reasons + immunocompromised	If the woman has had a total hysterectomy (i.e. there is no remaining cervical tissue), and where there has been no previous abnormality, continue with 3-yearly vaginal vault smears until age 70 years. If the woman has had any previous abnormality, annual vault smears are required.
Total hysterectomy for genital malignancy	The NCSP guidelines no longer apply as these women are under ongoing surveillance by an oncologist who will be providing advice on appropriate surveillance and care.

¹ Ministry of Health, 2008. *Guidelines for Cervical Screening in New Zealand*, page 40

² RANZCOG, 2007. Pap Smears after Hysterectomy, as cited in Ministry of Health, 2008. *Guidelines for Cervical Screening in New Zealand*, page 40.

³ Ministry of Health, 2008. NCSP Best Practice Guidance on HPV Testing, as cited in Ministry of Health, 2008. *Guidelines for Cervical Screening in New Zealand*, page 41.