La nuova scheda colposcopica

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Perché una nuova scheda colposcopica?

AN INTERNATIONAL TERMINOLOGY OF COLPOSCOPY: REPORT OF THE NOMENCLATURE COMMITTEE OF THE INTERNATIONAL FEDERATION OF CERVICAL PATHOLOGY AND COLPOSCOPY

Adolf Stafl, MD, PhD, and
George D. Wilbanks, MD

The International Federation of Cervical Pathology and Colposcopy (IFCPC) approved a basic colposcopic terminology at its Seventh World Congress in Rome, May 13–17, 1990. As the primary organization of colposco-

Che cosa è successo dal 1990?

2003

International Terminology of Colposcopy: An Updated Report From the International Federation for Cervical Pathology and Colposcopy

P. Walker, MD, S. Dexeus, MD, G. De Palo, MD, R. Barrasso, MD, M. Campion, MD, F. Girardi, MD, C. Jakob, MD, and M. Roy, MD, from the Nomenclature Committee of the International Federation for Cervical Pathology and Colposcopy

Royal Free Hospital, London, United Kingdom; Institut Universitari Dexeus, Barcelona, Spain; Instituto Nazionale Tumori, Milan, Italy; Bichat University Hospital, Paris, France; Prince of Wales Hospital, Sydney, Australia; General Hospital, Baden/Wien, Austria; Carlos G Durand, Buenos Aires, Argentina; and Universite Laval, Quebec, Canada

Walker P et al. Obstet Gynecol 2003; 101: 175-177

2011 Colposcopic Terminology of the International Federation for Cervical Pathology and Colposcopy

Jacob Bornstein, MD, MPA, James Bentley, MB, ChB, Peter Bösze, MD, Frank Girardi, MD, Hope Haefner, MD, Michael Menton, MD, Myriam Perrotta, MD, Walter Prendiville, MD, Peter Russell, MD, Mario Sideri, MD, Björn Strander, MD, Silvio Tatti, MD, Aureli Torne, MD, and Patrick Walker, MD

Bornstein J et al. Obstet Gynecol 2012;166-72

I.F.C.P.C.

RAZIONALE:

Confrontare le casistiche

Standardizzare la terminologia

Conclusions

- 2011 terminology helps with standardisation
- All colposcopists should be speaking the same language
- The grade 1 vs. grade 2 features help with differentiating HSIL vs. LSIL

2011

2011 Colposcopic Terminology of the International Federation for Cervical Pathology and Colposcopy

Jacob Bornstein, MD, MPA, James Bentley, MB, ChB, Peter Bösze, MD, Frank Girardi, MD, Hope Haefner, MD, Michael Menton, MD, Myriam Perrotta, MD, Walter Prendiville, MD, Peter Russell, MD, Mario Sideri, MD, Björn Strander, MD, Silvio Tatti, MD, Aureli Torne, MD, and Patrick Walker, MD

2017

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

Michelle J. Khan, MD, MPH,[1] Claudia L. Werner, MD,[2] Teresa M. Darragh, MD,[3] Richard S. Guido, MD,[4] Cara Mathews, MD,[5] Anna-Barbara Moscicki, MD,[6] Martha M. Mitchell, ARNP,[7] Mark Schiffman, MD,[8] Nicolas Wentzensen, MD,[8] L. Stewart Massad, MD,[9] E.J. Mayeaux, Jr, MD,[10] Alan G. Waxman, MD, MPH,[11] Christine Conageski, MD,[12] Mark H. Einstein, MD,[13] and Warner K. Huh, MD[14]

The ATHENA human papillomavirus study: design, methods, and baseline results

Thomas C. Wright Jr, MD; Mark H. Stoler, MD; Catherine M. Behrens, MD, PhD; Raymond Apple, PhD; Toniann Derion, PhD; Teresa L. Wright, MD

SUPPLEMENTAL TABLE

Biopsy and ECC schedule according to visualization of the cervix

	Satisfactory: visualization of cervix and SCJ		Unsatisfactory: partial visualization of SCJ		Unsatisfactory: SCJ not visualized	
Variable	**Lesion(s) visible**	**No lesion visible**	**Lesion(s) visible**	**No lesion visible**	**Lesion(s) visible**	**No lesions visible**
Biopsy	Biopsy all lesions	Single biopsy at SCJ	Biopsy all lesions	Single biopsy at SCJ	Biopsy all lesions	No biopsy
ECC	No	No	Yes	Yes	Yes	Yes

ECC, endocervical curettage; *SCJ*, squamocolumnar junction.

Wright. ATHENA HPV study. Am J Obstet Gynecol 2012.

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

2017

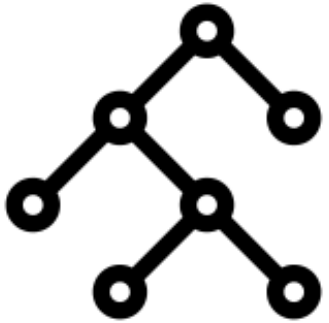
Key Differences between 2011 IFCPC and 2017 ASCCP Terminology

	IFCPC 2011	ASCCP 2017
General assessment: cervix visibility	Adequate/inadequate	Fully/not fully visible
General assessment: SCJ visibility	Completely/partially/not visible	Fully/not fully visible
General assessment: TZ type	Transformation zone types 1, 2, 3	Not used
Abnormal colposcopic findings	Grade 1 (minor)	Low-grade features
	Grade 2 (major)	High-grade features
Excision type	Excision types 1, 2, 3	Not used

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

2017

Binary Colposcopy Reporting Concept



- Cervix visibility (fully visualized/not fully visualized)
- SCJ visibility (fully visualized/not fully visualized)
- Acetowhitening (yes/no)
- Lesion(s) present (acetowhite or other) (yes/no)
- Colposcopic impression (normal/benign; low grade; high grade; cancer)

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

2017

Abnormal colposcopic findings

Features/Criteria	Details
Lesion(s) present (acetowhite or other)	Yes/No
Location of each lesion	Clock position At the SCJ (yes/no) Lesion visualized (fully/not fully) Satellite lesion
Size of each lesion	No. quadrants the lesion involves Percentage of surface area of TZ occupied by lesion

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

2017

Category	Features/Criteria	Details
General assessment	Visualization of the cervix	Fully visualized Not fully visualized due to: ____
	Visualization of the SCJ	Fully visualized Not fully visualized
Acetowhite changes	Any degree of whitening after application of 3%–5% acetic acid	Yes/no
Normal colposcopic findings	Original squamous epithelium: mature, atrophic Columnar epithelium Ectopy/ectropion Metaplastic squamous epithelium Nabothian cysts Crypt (gland) openings Deciduosis in pregnancy Submucosal branching vessels	

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

2017

Colposcopic impression (highest grade)

ASCCP 2017
Normal/benign
Low Grade
High Grade
Cancer

ASCCP Colposcopy Standards: Role of Colposcopy, Benefits, Potential Harms, and Terminology for Colposcopic Practice

2017

Abnormal colposcopic findings

Features/Criteria	Details	
Low-grade features	**Acetowhite**	Thin/translucent Rapidly fading
	Vascular patterns	Fine mosaic Fine punctation
	Margins/border	Irregular/geographic contour Condylomatous/raised/papillary Flat
High-grade features	**Acetowhite**	Thick/dense Rapidly appearing/slowly fading Cuffed crypt (gland) openings Variegated red and white
	Vascular patterns	Coarse mosaic Coarse punctation
	Margins/border	Sharp border **Inner border sign (Internal margin)** **Ridge sign** Peeling edges
	Contour: flat	
	Fused papillae	

INTESTAZIONE

UNITA'OPERATIVA _____

COGNOME | NOME | DATA DI NASCITA | LUOGO DI NASCITA

SCHEDA N°

RESIDENZA | TELEFONO | CODICE FISCALE

PROVENIENZA _____

ANAMNESI Parità_____+ ____ Data ultima mestruazione_____ Gravida ☐ _____ settimane In allattamento ☐

EP/HRT/Terapie locali ☐ _____ IUD _____ Fumo ☐ _____ sig/die da_____anni

PRECEDENTI ESAMI COLPOSCOPICI, CITOLOGICI, ISTOLOGICI

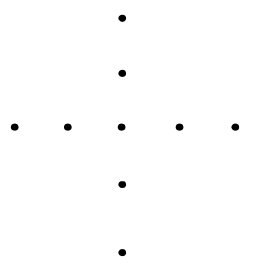
PREGR. CONIZZAZIONE ☐ _____

PREGR. ISTERECTOMIA ☐ _____

TERAPIE IMMUNODEPRESSIVE ..... MALATTIE IMMUNODEPRESSIVE _____

NOTE _____

COLPOSCOPIA



PRELIEVO CITOLOGICO

☐ portio spatolato

☐ endocervice

☐ pareti vaginali

☐ cupola vaginale

PRELIEVO BIOPTICO n. ____

☐ esocervice h____h____h ____

☐ endocervice

☐ curettage endocervicale

☐ vagina dx ☐ sx ☐ cupola ☐

☐ polipo

VISUALIZZAZIONE CERVICE	COMPLETA ☐		NON COMPLETA ☐		PER _____	
VISUALIZZAZIONE GSC	COMPLETA ☐		NON COMPLETA / ASSENTE ☐			
REPERTI COLPOSCOPICI NORMALI	Epitelio squamoso originario ☐		Epitelio cilindrico ☐		Epitelio squamoso metaplastico ☐	
REPERTI COLPOSCOPICI ANORMALI	Localizzazione ore_____		Entro la zona di trasformazione ☐			
Dimensioni della lesione mm _____	Numero di quadranti coinvolti_____		% superficie interessata _____			

	BASSO GRADO	ALTO GRADO
Epitelio bianco	Epitelio bianco sottile Epitelio bianco a rapida scomparsa ☐	Epitelio bianco ispessito Sbocchi ghiandolari ispessiti Epitelio bianco a rapida comparsa / lenta scomparsa ☐
Vascolarizzazione	Mosaico regolare Punteggiatura regolare	Mosaico irregolare Punteggiatura irregolare
Margini	Margini irregolari Margini rilevati / papillari ☐	Margini netti Inner border sign ☐ Ridge sign ☐

SOSPETTA NEOPLASIA INVASIVA	Vasi atipici ☐		Necrosi ☐	
	Ulcerazione ☐		Lesione esofitica ☐	
MISCELLANEA	Polipo (esocervicale o endocervicale) ☐	Flogosi ☐	Stenosi ☐	Condilomatosi ☐
	Zona di trasformazione congenita ☐	Esiti di trattamento ☐	Anomalia congenita ☐	_____
IMPRESSIONE COLPOSCOPICA	Normale/Benigno ☐	Basso grado ☐	Alto grado ☐	Sospetta neoplasia invasiva ☐

Sec. IFCPC 2011 e ASCCP 2017

NOTE

_____

_____

_____

_____

FIRMA DATA

RACCOMANDAZIONI CONCLUSIVE

COLPOSCOPIA (+/-Pap Test +/-HPV Test)	1 A □	6 M □	3 M □
BMS/CURETTAGE	IMMEDIATA □	6 M □	3 M □
CO-TEST in territorio	1A □		
SCREENING in territorio (HPV Test o Pap Test <30)	3 A □	1 A □	
RIVALUTAZIONE dopo terapia	Antinfiammatoria □	Estrogenica locale □	
CONIZZAZIONE	RF □	LASER □	BISTURI □
	AMBULATORIO □	SALA OPERATORIA.□	
ALTRO TRATTAMENTO	……		
ALTRA INDICAZIONE	……		
	……		

Q2

Personalizza | Salva con nome

CASO 2: ETA': 36 anniPARITA':0000 GRAVIDA: noSTORIA CLINICA: -MOTIVO INVIO:HPV+/LSILCOLPOSCOPIA: epitelio bianco sottile no BMSGIUNZIONE: visibileGRADING: 1ESITO CITOLOGICO: Negativo. ACRESITO BMS ESO: ESITO BMS ENDO: -ESITO BMS VAGINA: -ESITO TEST HPV: -RACCOMANDAZIONE:

Answered: 15 Skipped: 2