CATEGORY: NATIONAL GUIDELINES

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Vaginal screening after hysterectomy in New Zealand

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.
A list of Women's Health Committee Members can be found in Appendix A.
Disclosure statements have been received from all members of this committee.

First endorsed by RANZCOG: March 2020
Current: July 2020
Review due: July 2023 or as required

Objectives: To provide advice on the cytological follow up after hysterectomy.

Target audience: Health professionals providing gynaecological care, and patients.

Values: The recommendations of the New Zealand National Screening Unit on Cervical & Vaginal Screening have been adopted without a review of the evidence.

Background: This statement was first developed by Women's Health Committee in July 2020.

Funding: The development and review of this statement was funded by RANZCOG.

1. Introduction

The writing of this guideline update coincided the update of the Guidelines for Cervical Screening in New Zealand. In New Zealand the adoption of a primary HPV screening program is planned, but roll out is dependent upon an update of the cervical screening register. This work has yet to commence.

The National Cervical Screening Program in Australia has already changed to primary HPV screening with reflex liquid-based cytology only for those women in whom oncogenic HPV is detected in women aged 25–74 years. For this reason there is divergence in the recommendations for screening after hysterectomy between Australia and New Zealand.

Once HPV screening is adopted in New Zealand, RANZCOG will review the screening with the aim of producing a single guideline covering both New Zealand and Australia. In the meantime, the New Zealand guidelines will reflect the Ministry of Health's Guideline for Cervical Screening in New Zealand.

A summary of the recommendations from that guideline in relation to post hysterectomy screening is provided below. [1] The complete document can be accessed via the National Screening Unit link below.

https://www.nsu.govt.nz/publications/clinical-practice-guidelines-cervical-screening-new-zealand-2020

Guidance on surveillance post hysterectomy for a gynaecologic malignancy is ordinarily provided by the gynaecologic oncology team. Specific guidance is dictated by patient factors and Gynaecologic Oncology Unit protocols.

2. Summary of Recommendations

Situation	Guideline	Evidence
Sub-total hysterectomy (Part or all of the cervix remains in situ) for documented benign reasons	Screen routinely according to Guidelines for Cervical Screening in New Zealand https://www.nsu.govt.nz/publications/clinical-practice-guidelines-cervical-screening-new-zealand-2020	Grade B
Total hysterectomy (complete removal of the uterus and cervix) for documented benign reasons	People with a normal screening history in the 5 years preceding the hysterectomy do not require further vaginal vault cytology testing. People who have had no cervical screening in the last 5 years, or who have an unknown or undocumented screening history should have a vaginal vault cytology sample taken. If this is normal, no further vaginal vault cytology is required.	Grade B
Total hysterectomy with LSIL (CIN 1) (cytology or histology) in the previous 5 years, and no LSIL in the hysterectomy specimen	People who were returned to 3-yearly screening prior to their hysterectomy require no further vaginal vault cytology.	Grade C
	People who were not returned to 3-yearly screening prior to their hysterectomy require two vault samples taken 12 months apart; they can cease screening if both are negative.	

Situation	Guideline	Evidence
Total hysterectomy with LSIL in the hysterectomy specimen	Take two vault cytology samples 12 months apart. Screening can cease if both are negative.	
Total hysterectomy with previous HSIL (CIN 2 or 3)	The guidelines for a high-grade abnormality apply. People with previous cytological or histological evidence of a possible or definite high-grade squamous lesion who have not completed a test of cure prior to their hysterectomy should have a test of cure. If HPV testing and cytology (co-testing) are negative on two occasions 12 months apart (ie, the test of cure is successful), they can return to 3-yearly vaginal vault screening. People with a pre-neoplastic high-grade squamous lesion identified in the hysterectomy specimen should be managed in the same way. Until a test of cure is successfully completed, recall people in this category for annual vaginal vault cytology.	Grade B Grade C
Total hysterectomy for genital/cervical malignancy	People with genital/cervical cancer are not subject to these guidelines. This group should be under ongoing surveillance from an oncologist, who will provide guidance on appropriate surveillance and care.	
Cervical glandular abnormalities with no evidence of a squamous high-grade lesion and a total hysterectomy	People in this category can cease cervical screening.	Grade B

3. References

1. https://www.nsu.govt.nz/publications/clinical-practice-guidelines-cervical-screening-new-zealand-2020

4. Other suggested reading

The National Cervical Screening Programme (NCSP) plan to change the first step in the screening pathway from liquid-based cytology screening to human papillomavirus (HPV) primary screening https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/hpv-primary-screening

Springer (2015) The Bethesda System for Reporting Cervical Cytology http://www.springer.com/us/book/9783319110738

5. Links to other College statements

Cervical Cancer Screening in Australia and New Zealand (C-Gyn 19)

https://ranzcog.edu.au/statements-guidelines/gynaecology/cervical-cancer-screening-in-australia-(c-gyn-19)

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341

6. Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:
http://www.ranzcog.edu.au/publication/womens-health-publications/patient-information pamphlets.html

Patient resources for cervical screening in New Zealand, including a variety of patient brochures can be found via the following link:
https://www.timetoscreen.nz/cervical-screening/

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Steve Robson	Member
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	He Hono Wahine Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in July 2020. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- At the July 2020 committee meeting, the recommendations were reviewed and agreed upon based on the available body of evidence and clinical expertise.

ii. Declaration of interest process and management

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

iii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.