

## Vaginal Vault Cytology

### Dear Colleagues

With effect from 1 April 2008 there will be changes to the NHS Cervical Screening Programme related to recall status of women having vault cytology. This applies to the Programme in England only. Because of a variety of problems with the recall of women for vault cytology following treatment of cervical intraepithelial neoplasia (CIN), it has been decided that this would be best managed by ceasing the recall of these women from the National Screening Programme. It is important to remember that women who undergo a subtotal hysterectomy will still have their cervix in place and so must remain within the National Screening Programme. These women will still require to be followed up as documented in the guideline in NHS CSP Document No 20.

At a meeting of the National Colposcopy Professional Advisory Group in March 2008, guidance was further clarified.

- For women who were on routine recall and no CIN present in the hysterectomy specimen, no further vaginal vault cytology is required.
- For women not on routine recall and with no CIN in the hysterectomy specimen, the gynaecologist may need to arrange appropriate investigations. These may include colposcopic examination of the vaginal vault or vaginal vault cytology.
- For women who undergo hysterectomy and are found to have completely excised CIN, it is still recommended these women should undergo vaginal vault cytology at 6 and 18 months following hysterectomy.

In women who undergo hysterectomy and have incompletely excised CIN, follow-up should be conducted as if the cervix was still in place. For CIN I this would be vault cytology at 6, 12 and 24 months and for CIN II or III then vault cytology at 6 and 12 months followed by 9 annual vault cytologies.

Women who undergo radical trachelectomy as part of conservative management of cervical cancer should remain under the care and guidance of the treating gynaecologist and the woman will no longer be deemed to be within the National Screening Programme.

The responsibility for undertaking the above follow-up policies will now reside with the gynaecologist. It would therefore be sensible for any gynaecologist discharging a woman who requires further vault cytology to make sure that the GP receives specific written guidance as to future follow up. The clinician in charge; that is, the gynaecologist or GP when the woman is discharged back to their care will be responsible for failsafe mechanisms for this small group of women.

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