Liquid based cytology (LBC) and national policy

What is LBC?

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

Collection

A brush is used to collect cells from the neck of the womb.

Preservation

(This may vary depending on system used locally)
The head of the brush, where the cells are lodged, is either broken off or rinsed into a glass vial containing preservative

fluid.

Laboratory -

The sample is spun and treated to remove obscuring material. A selection of the remaining cells are sampled and a thin layer transferred onto a slide which is examined under a microscope.

Frequently asked questions

What are the benefits of LBC?

Who Benefits

Women Reduction in inadequate tests will lessen women's anxiety and

uncertainty. LBC will also reduce the 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?

65 +

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 groupFrequency25first invitation25-493 yearly50-645 yearly

Introduction of the changes infrequency will follow locally determined timescales

only screen those whose last three tests included an abnormal

result1

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

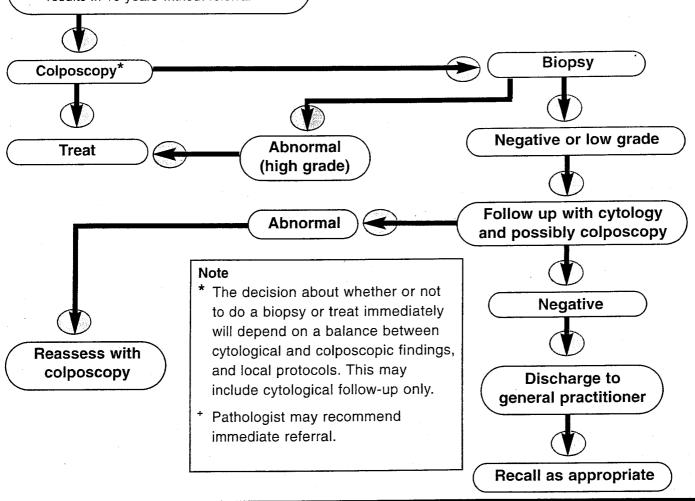
Refer after cytology if result is:

- 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

Recall protocol for negative screening results

 Three borderline or more severe results in 10 years without referral

PROTOCOL FOR MANAGEMENT OF ABNORMAL RESULTS



Recall interval Patient's history Routine recall No previous cervical screening history Routine recall Previous screening results negative Three consecutive negative tests, Women aged 65 and over with no previous negative screening history no further recall For minor abnormalities (borderline and mild Previous abnormal cytology dyskaryosis) follow protocol for the particular abnormality Follow-up protocol for patients treated for CIN Previously treated for CIN At least 3 negative tests, 6-12 months apart then Previous CIN1 (not treated) routine recall Reference 'Cervical Screening results explained' (Bankhead C, Austoker J, Davey C. CRUK, 2003) available on the website