

Objective

QUANTIFICATION OF PERFORMANCE
OF COLPOSCOPY IN DIAGNOSIS OF
EARLY CERVICAL DISEASE TO
ASSESS JUSTIFICATION FOR ITS
ROLE .

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Outline

- Background/Objective
- Study Design
- Data
- Results
- Summary/Conclusion
- Recommendations

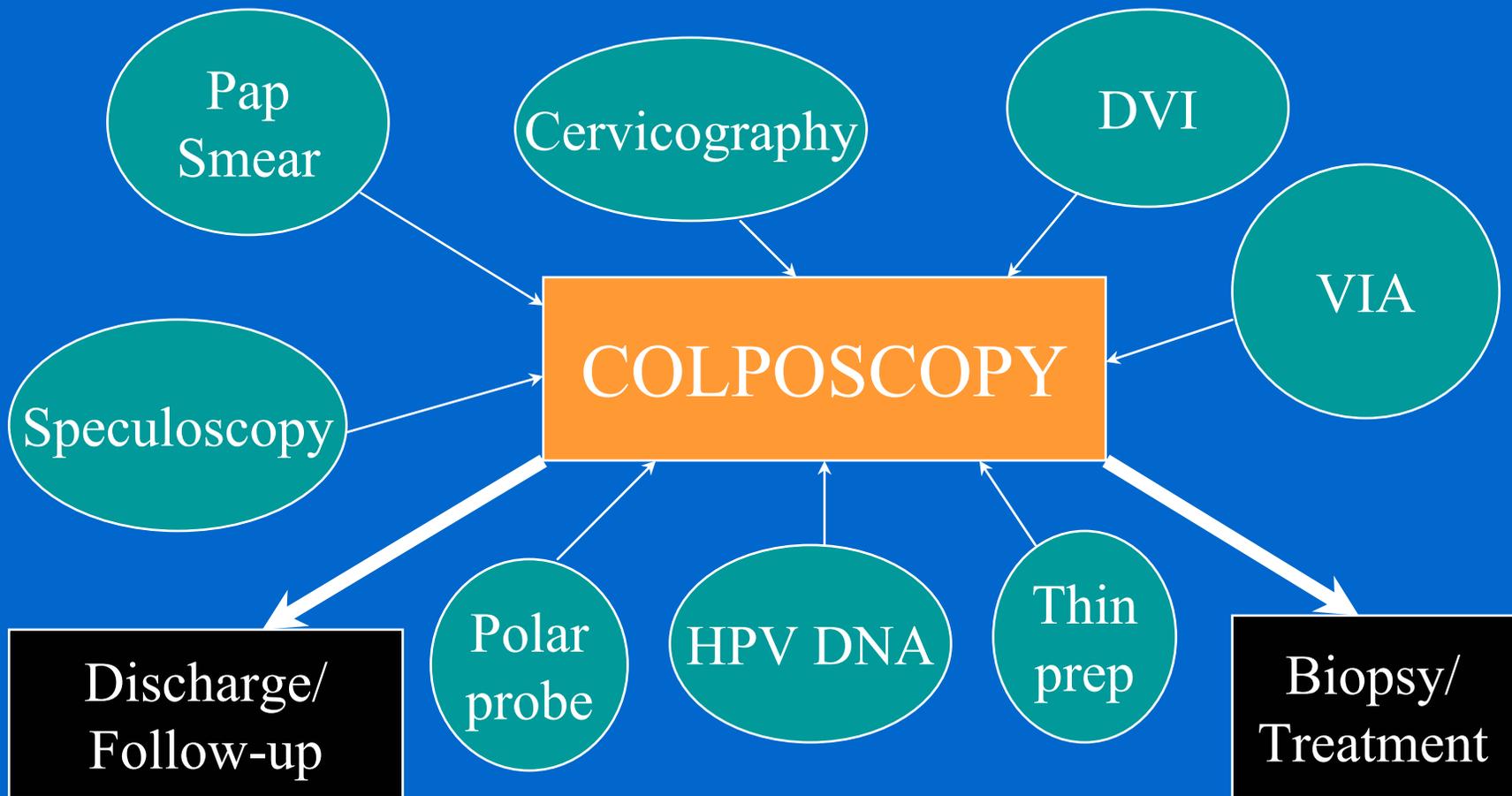
Background

THE COLPOSCOPE

- Introduced by **HANS HINSELMANN** 1925
- A binocular microscope for visualising the cervix at magnifications of X6-40.

Background

THE ROLE OF COLPOSCOPY



Study Design: Meta-Analysis

INCLUSION

- Original articles
- Diagnostic colposcopy
- Directed biopsy
- Raw data

EXCLUSION

- Unsatis. Colposcopy
- Screening colposcopy
- Rx follow-up
- Limited participation

TABLE 1. CHARACTERISTICS OF SELECTED STUDIES.

Author & year	Type of study	Referral indications	No. of participants	Intervention	Outcome measure
Staff & Mattingly 1973 [13].	Longitudinal study.	1. Atypical cytology 2. Suspect cytology 3. Positive cytology 4. Positive DVI	659	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Benedet et al 1976 [25].	Longitudinal study	1. Atypical cytology 2. Positive cytology 3. Suspect cytology	549	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Javaheri & Fejgin 1980 [26].	Longitudinal study	1. Positive cytology 2. Positive DVI	903	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Edebiri AA 1990 [27]	Longitudinal study	1. Positive cytology 2. Positive DVI 3. Clinical symptoms	222	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Seshadri et al 1990 [28]	Longitudinal study	1. Positive cytology 2. Clinical symptoms	152	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Benedet et al 1991[29].	Longitudinal study	1. Positive cytology	3252	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Kierkegaard et al 1994 [31].	Longitudinal study	1. Positive cytology	783	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation
Cristoforoni et al 1995[32].	Longitudinal study	1. Positive cytology	188	Colposcopy/ directed biopsy	Histologic/ colposcopic correlation

DVI = Direct Visual Inspection

Results

TABLE 2. MEASURES OF EFFECTIVENESS OF COLPOSCOPY :

(a) For Threshold Normal Versus All Grades Of Abnormal Tissue.

Study	No. of patients	TP	FP	FN	TN	Prev (%)	Sensitivity (%)	Specificity (%)	Positive predictive value (%)	Negative predictive value (%)
Stafli & Mattingly [13]	659	493	118	6	42	74.8	98.8	26.3	80.7	87.5
Benedet et al [25]	549	434	53	2	60	79.1	99.5	53.1	89.1	96.8
Javaheri & Fejgin [26]	903	680	28	1	194	75.3	99.8	87.4	96.1	99.5
Edebiri [27]	222	113	30	17	62	50.9	86.9	67.4	79.0	78.5
Seshadri et al [28]	152	61	54	9	28	40.1	87.1	34.2	53.0	75.7
Benedet et al [29]	3252	2284	467	131	370	70.2	94.6	44.2	84.1	73.9
Kierkegaard et al [31]	783	697	27	29	30	89.0	96.0	52.6	96.3	50.9
Cristoforoni et al [32]	188	127	38	20	3	67.6	97.7	34.5	77.0	87.0
Mean							95.1	50.0		

**TP = True positive ; FP = False positive ; TN = True negative ; FN = False negative ;
Prev = Prevalence.**

Results

TABLE 2. MEASURES OF EFFECTIVENESS OF COLPOSCOPY :

(b) For Threshold Normal & LSIL Versus HSIL.

Study	No. of patients	TP	FP	FN	TN	Sensitivity (%)	Specificity (%)	Positive predictive value (%)	Negative predictive value (%)
Stafl and Mattingly [13]	659	396	52	103	108	79.4	67.5	88.4	51.2
Benedet et al [25]	549	393	25	43	88	90.1	77.9	94.0	67.2
Javaheri & Fejgin [26]	903	*	*	*	*	*	*	*	*
Edebiri [27]	222	101	27	29	65	77.7	70.7	78.9	69.2
Seshadri et al [28]	152	48	18	22	64	68.6	78.1	72.7	74.4
Benedet et al [29]	3252	1671	216	744	621	69.2	74.2	88.6	45.5
Kierkegaard et al [31]	783	276	3	450	54	38.0	94.7	98.9	10.7
Cristoforoni et al [32]	188	31	2	99	56	23.9	96.6	93.9	36.1
Mean						63.8	87.9		

LSIL = Low Grade Squamous Intreepithelial Neoplasia ; HSIL = High Grade Squamous Intraepithelial Neoplasia.*Not ammenable to stratification.

TABLE 3.**1. Likelihood Ratios of Colposcopy For Identifying Normal Tissue From All Grades Of Abnormal Tissue.**

STUDY	DIAGNOSIS	No. In EACH STRATUM	PROPORTION OF BIOPSY POSITIVE	PROPORTION OF BIOPSY NEGATIVE	LIKELIHOOD RATIO
Stafl & Mattingly [13]	Negative	48	6/499	42/160	0.05
	LSIL	163	97/499	66/160	0.47
	HSIL	448	396/499	52/160	2.44
	<i>Total</i>	659			
Benedet et al [25]	Negative	62	2/436	60/113	0.01
	LSIL	69	41/436	28/113	0.38
	HSIL	418	393/436	25/113	4.07
	<i>Total</i>	549			
Javaheri & Fejgin [26]	Negative	195	1/681	194/222	0.002
	CIN I-II	320	299/681	21/222	4.64
	CIN III	388	381/681	7/222	17.74
	<i>Total</i>	903			
Edebiri [27]	Negative	79	17/130	62/92	0.19
	LSIL	33	20/130	13/92	1.09
	HSIL	110	93/130	17/92	3.87
	<i>Total</i>	222			
Seshadri et al [28]	Negative	37	9/70	28/82	0.38
	LSIL	49	13/70	36/82	0.42
	HSIL	66	48/70	18/82	3.12
	<i>Total</i>	152			
Benedet et al [29]	Negative	501	131/2415	370/837	0.12
	LSIL	864	613/2415	251/837	0.85
	HSIL	1887	1671/2415	216/837	2.68
	<i>Total</i>	3252			
Kierkegaard et al [31]	Negative	59	29/726	30/57	0.08
	LSIL	445	421/726	24/57	1.38
	HSIL	279	276/726	3/57	7.72
	<i>Total</i>	783			
Cristoforoni et al [32]	Negative	23	3/130	20/58	0.07
	LSIL	132	96/130	36/58	1.19
	HSIL	33	31/130	2/58	6.9
	<i>Total</i>	188			

Results

TABLE 4. Correlation Between Colposcopic and Histologic Diagnosis.

Study	Biopsy Worse		Accuracy		Biopsy better		Total	
	<<<	<<	<	concord.	>	>>		>>>
	Stafl & Mattingly [13]	23	54	161	313	86		19
Benedet et al [25]	17	39	91	327	58	14	3	549
Javaheri & Fejgin [26]	0	8	68	813	13	1	0	903
Edebiri [27]	7	11	21	134	27	17	5	222
Seshadri et al [28]	3	18	44	61	15	7	4	152
Benedet et al [29]	24	130	511	1730	560	232	65	3252
Kierkegaard et al [31]	0	3	78	568	130	4	0	783
Cristoforoni et al [32]	0	0	16	124	46	2	0	188
<i>Total</i>	74	263	990	4070	935	296	80	6708
% of total	1.1	3.9	14.8	60.7	13.9	4.4	1.2	100
ACCURACY =	89.40%							

Summary

- Colposcopic accuracy = 89%
- Concordance (Bx) = 61%
- Sensitivity = 87-99%
- Specificity = 26-87%
- Positive predictive value increases with disease severity.

Conclusion/Recommendation

- Colposcopy is an accurate and valid tool for the diagnosis of early cervical disease.
- **Implication for Practice**:- Endocervical biopsy- ‘ *To be or not to be?* ’
- **Implication for Research**:- Colposcopy via Internet- ‘ Telecolposcopy ’, is a potential means of extending colposcopy training & services to areas of low technical expertise .

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Acknowledgement

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DR. SALONEY NAZEER

FOR POINTING THE DIRECTION