

Onsite colposcopy clinic improves cancer screening rates: study

TORONTO, ON, August 12, 2013 – Women who had a colposcopy at a sexual health clinic that provided extra support and counselling were 34 per cent more likely to undergo the cancer screening procedure compared to women who were referred to a hospital or doctor's office, according to a new study by Women's College Hospital's Dr. Sheila Dunn.

Although colposcopy is an important component of cervical cancer screening, some women, particularly those who are disadvantaged, fail to attend colposcopy appointments. However, researchers in the study, published today in the *Journal of Obstetrics and Gynaecology Canada*, found that providing intensive nurse counselling and support with the procedure at the same clinic where a woman has her Pap test, improves uptake and eliminates barriers to cancer detection.

"A colposcopy is extremely important followup for women who have abnormal Pap smears because it prevents pre-malignant lesions from developing into cancer," says the study's lead author and family doctor at WCH Dr. Dunn. "However, we know from research women fail to have the procedure because of various barriers, including not understanding its importance, high anxiety around the procedure, and lack of available childcare services, time, or transportation to and from the clinic."

Colposcopy is a procedure that examines a woman's cervix to detect precancerous changes and early cancers when they are easier to manage. A doctor usually recommends a colposcopy after certain abnormal Pap results. However, research suggests that a significant number of women do not go on to have this procedure despite referral from a doctor.

As part of the study, the researchers established an onsite colposcopy service within a sexual health clinic in downtown Toronto specifically to address the needs of women who required extra support. The clinic is staffed by a family doctor and a nurse who educates women about their abnormal results and the procedure. The nurse schedules a colposcopy appointment, assesses the woman's concerns and specific barriers to having the procedure, and provides tailored support, including translators, extra time for highly anxious women, telephone reminders, and followup and tracking for missed appointments.

The researchers reviewed the charts of 685 women who were referred for a colposcopy between January 2007 and September 2010. They compared the women who went on to have the procedure at the clinic with those who had a colposcopy at a nearby hospital or doctor's office and found:

- 13% of women who were referred offsite did not have a colposcopy compared with 4% of women at the onsite clinic.
- Women screened at an abortion visit were almost three times more likely to not have the procedure after having a Pap smear. The researchers suggest that women experiencing stressful events may be less likely to prioritize followup for an abnormal Pap.
- Although services were provided at no cost to the women, uninsured women were twice as likely not to have a colposcopy than women who were insured.
- Younger women were more likely not to have the procedure.

“Our findings suggest by tailoring services to support women, they are more likely to have their recommended colposcopy. We think this is likely to be particularly important for women of low socioeconomic status, uninsured women, and newcomers,” adds Dr. Dunn, a researcher at Women’s College Research Institute. “We now need to use this research to determine what components of this model are most important and how they can be used to improve the effectiveness of cervical screening programs across the country.”

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