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Title: Agreement between Cytology, Colposcopy & Histopathology in assessment of Precancerous cervical lesion

INTRODUCTION

Cervical Cancer (CC) is the third most common cancer in the world. Incidence rate for cervical cancer in Australia is 7.1 cases per 100,000 females as per 2022 data. Programs designed to reduce cervical cancer morbidity and mortality are based on the early detection of premalignant lesions. Improved cervical cytology and human papillomavirus (HPV) screening methods have decreased cervical cancer incidence.

The aim of diagnostic colposcopy following an abnormal cervical screening test is to assess the nature, severity, and extent of this abnormality, Colposcopy requires mapping and typing of the transformation zone (TZ), identification of any visible abnormalities and targeted biopsies of abnormal areas to exclude invasive disease.

MATERIALS & METHODS

This study included 108 women who underwent colposcopy for abnormal cervical cytolory between June 2022 and May 2023 at Hornsby Ku-ring-gal Hospital. Out of 108 women, cervical biopsy was performed in 48 cases based on colposcopy findings. The patient's cervical cytology results. Colposcopy diagnoses. Cervical pathology results were recorded. LBC negative patients were further categorised to HPV 16/18 & Non - HPV 16/18 types.

Statistical analysis

The data on CST LBC results, colposcopy impressions, and histology of biopsy specimens were presented using frequency and contingency tables and bar plots. The significance of the association between CST LBC result and colposcopy impression with histology was assessed using a weighted kappa measure based on linear and quadrantic weights. All the statistical tests were performed at a 05 level of significance. The statistical analysis was performed in STATA, version 17.0

RESULTS:-

Significant association was observed betweenboth CST LBC & Colposcopy findings when compared to biopsy results.

There was moderate level of agreement between CST LBC results & biopsy findings

The agreement level between colposcopy impression and biopsy findings was low.

Declaration- No conflict of interest

CONCLUSION

Even though the agreement level between colposcopy impressions and biopsy findings was lower as compared to that between CST LBC result & Blopsy figdings, there was significant imdependent association of each screening test with biopsy findings.

Correlation of CST LBC result and colposcopy with histopathology, as the diagnostic tool in this study, was significant (p <0.001)

Combination of cytology and colposcopy helped in successful identification of pre-malignant lesions.

However, there was low evidence to suggest that the agreement between colposcopy impressions and biopsy findings was comparable to that observed with CST LBC results and biopsy findings. This may be secondary to variation in the experience and skill levels of clinicians performing colposcopies. Another limitation of this study was that the sample size was small. Future research endevors should aim for larger sample sizes and consider covariate adjustments for more robust conclusions.

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