UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

The National Guidelines For Cervical Cancer Screening

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Adapted from HAAD Standard for
Breast Cervical Cancer Screening 2012

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THE NATIONAL GUIDELINES FOR CERVICAL CANCER SCREENING

1. PURPOSE

1.1. To stipulate the service requirements to deliver the National Cervical Cancer Screening Program in the United Arab Emirates ;
1.2. To set out the minimum Clinical Care Standards and frequency for cervical cancer screening as per international evidence-based guidelines;
1.3. To set out the case mix, eligibility criteria and data reporting requirements for Cervical Cancer Screening; and
1.4. To ensure the population receives quality and safe care and timely referral for diagnosis and/or treatment where appropriate

2. SCOPE

2.1. These Guidelines applies to all Healthcare Providers (Facilities andProfessionals) licensed by MOHAP in UAE and providing cervical cancer screening services; including mobile units.
2.2. For the purpose of this Standard, cervical cancer screening, including the following services:
- 2.2.1. Risk assessment and physical examination;
- 2.2.2. Specimen collection and preparation of adequate cervical smear;
- 2.2.3. Handling and reporting of cervical smears; and
- 2.2.4. Follow up and referral.

3. DUTIES OF THE HEALTHCARE PROVIDERS

All licensed Healtcare Providers; Facilities and Professionals engaged in providing cervical cancer screening services must:

3.1. Provide clinical services and patient care in accordance with these Guidelines and in accordance with Policies and Standards, laws and regulations of United Arab Emirates ; including developing effective recording systems, maintaining confdentiality, privacy and security of patient information
3.2. Comply with the federal requirements; laws and policies for Patient Education

and Consent. The licensed provider must provide appropriate patient education and information regarding the screening test and must ensure that appropriate patient consent is obtained and documented on the Patient's medical record;

3.3. Comply with Federal requirements ; laws, policies and standards on managing and maintaining patient medical records, including developing effective recording systems, maintaining confedentiality, privacy and security of patient information

3.4. Comply with Federal requirements ; laws, policies and standards for Information Technology ("IT") and data management, electronic patient records and disease management systems, sharing of screening and diagnostic test, and where applicable pathology results;

3.5. Comply with MOHAP requests to inspect and audit records and cooperate with authorized auditors as required ;

3.6. Collect and submit data on screening visits and outcomes, as per Appendix 1 , to the National Cancer Screening Registry; at MOHAP

3.7. Comply with Federal laws, policies and standards on cancer case reporting and report all confirmed screening –detected cancers to the National Cancer Registry at MOHAP.

4. ENFORCEMENT AND SANCTIONS

4.1. Healthcare providers must comply with the terms and requirements of this Guidelines MOHAP may impose sanctions in relation to any breach of requirements under these Guidelines.

5. PAYMENT FOR SCREENING AND FOLLOW UP OF CERVICAL CANCER SCREENING:

5.1. Eligibility for reimbursement under the Health Insurance Scheme must be in Accordance, with local insurance laws for each Emirate

6. STANDARD 1. CLINICAL SERVICE SPECIFICATIONS

6.1. Screening Facilities responsible for providing screening services must:

6.1.1. Comply with the cervical cancer screening care pathways, clinical

quality indicators and time lines for referral in accordance with Appendices 2 , 3 and 4 respectively;

6.1.2. Fulfill the eligibility criteria for a cervical cancer screening facility as per clinical best practices.

6.1.3. Assign a screening program coordinator responsible for submitting data on screening visits and outcomes to MOHAP annually. Responsibilities of the program coordinator are summarized in Appendix5.

6.1.4. Maintain records for screening tests and outcomes;

6.1.5. Establish internal audit procedures to demonstrate compliance with these Guidelines and other associated regulatory policies and standards including;

6.1.5.1. Collection and preparation of adequate cervical smear;

6.1.5.2. Handling and transporting of specimens to labs assigned by MOHAP to deliver the service

6.1.6. Have an approved protocol for referral of women with abnormal results or physical examination to a diagnostic or treatment centers

6.2. Laboratories providing screening services must:

6.2.1. Comply with the applicable elements of the clinical quality indicators in accordance with Appendix 3 and ensure availability of evidence of compliance with these indicators;

6.2.2. Establish internal audit procedures to demonstrate compliance with these Guidelines and with other associated regulatory policies and standards;

6.2.3. Develop, implement, and monitor policies and standard operating procedures for management of smears in accordance with international Clinical Laboratory standards including for: processing, workload, storage, documentation, and reporting.

6.2.4. Attain, within 18 months from the date of issuance of these Guidelines, accreditation by an internationally credible accrediting body recognized by MOHAP such as CAP, ISO 15189(2007), JCI /Lab) for cervical cancer.

6.3. Healthcare professionals involved in providing cervical cancer screening services must :

6.3.1. Comply with the MOHAP Standard for Clinical Privileging framework, including limiting their practice to the skills, competencies and privileges granted to them within the particular facility with which they are associated;

6.3.2. Participate in continuing medical education (CME) in accordance with MOHAP requirements;

6.3.3. Comply with the clinical standards detailed in these Guidelines to provide the minimum care, taking responsibility for deciding the best care options for managing cervical cancer cases; and

6.3.4. Provide women with culturally and socially relevant education on women's' health and with information (oral and written) on screening benefits and limitations of cervical screening, potential outcomes and next steps that may be required for care management.

7. STANDARD 2. SCREENING TEST

7.1. Papanicolaou test, (also called Pap test) is the standard test for screening for cervical cancer.

7.2. Liquid based cytology (LBC) is the accepted standard method for Pap test specimen collection.

7.3. HPV testing is as a reflex test for all screened women with ASCUS, as per appendix 2.

8. STANDARD 3. ELIGIBILITY FOR SCREENING

8.1. All sexually active women, symptom free, aged 25- 65 years (married, divorced, widowed) residing in the UAE, are eligible for screening, except where exclusion criteria for screening apply.

8.2. Women are excluded from screening if:

8.2.1. They have received a total hysterectomy for benign indications; or

8.2.2. They are over 65 years, (provided that the last three previous smears were negative);

8.3. Women who have had subtotal hysterectomy (preserving the cervix) or hysterectomy due to cervical cancer or precancerous condition should continue to have cervical screening; and

8.4. Screening recommendations remain the same regardless of whether or not they have received the HPV vaccination.

9. STANDARD 4. FREQUENCY OF SCREENING

9.1. The frequency for repeat screening for average risk, symptom free women is:
- 9.1.1. Every three years for women aged 25-49 years; and
- 9.1.2. Every 5 years for women aged 50-65 years.

9.2. Women who are immune-compromised due to disease or medication must have annual screening.

10. STANDARD 5. RECRUITMENT TO SCREENING

Recruitment of eligible women for screening can be made through:

10.1. Targeted invitation from eligible screening facilities;

10.2. Opportunistic by:
- 10.2.1. Approaching women who are enrolled on other existing screening programs; e.g. breast cancer;
- 10.2.2. New physician consultation for related or unrelated reason; or
- 10.2.3. As an outcome of a health promotion campaign.

11. STANDARD 6. RISK ASSESSMENT AND PHYSICAL EXAMINATION

11.1. Women must receive adequate information regarding the screening, Pap test procedure and expected outcomes and timeframe to receive results;

11.2. Detailed history , as per appendix 1, must be taken to assess risk and frequency of repeating screening, including at least:
- 11.2.1. Menstrual status (LMP, hysterectomy, pregnant, postpartum, use of contraceptive or hormone therapy);
- 11.2.2. Previous screening, results of screening, (negative, abnormal or positive) and any previous treatment, (biopsy, chemotherapy, radiotherapy or surgery);
- 11.2.3. Immune-compromised status due to diseases (including HIV) or medication;

11.3. Full clinical examination must be performed including visual inspection of the cervix.

12. STANDARD 7. SPECIMEN COLLECTION AND PREPARATION OF ADEQUATE PAP TEST

12.1. The following categories of MOHAP Licensed healthcare physicians are eligible to perform a Pap test:
- 12.1.1. Licensed gynecologists and obstetricians; and
- 12.1.2. Physicians already privileged to do so by their institution;

12.2. Eligible Physicians must:
- 12.2.1. Complete the required form with relevant clinical information in accordance with standard 6 including any clinical findings e.g. abnormal bleeding or visible lesions etc.;
- 12.2.2. Collect and manage specimens in accordance with the facility internal policies and procedures for
  - 12.2.2.1. Labelling;
  - 12.2.2.2. Storage; and
  - 12.2.2.3. Transportation.
- 12.2.3. Smear taking must be avoided in the following circumstances and women must be advised when to return for a pap test:
  - 12.2.3.1. Menstruation, blood loss, breakthrough bleeding;
  - 12.2.3.2. Vaginal inflammation/ infection;
  - 12.2.3.3. Pregnancy (Unless a previous smear was abnormal and in the interim the woman becomes pregnant, then the follow-up smear must not be delayed).

13. STANDARD 8. CYTOLOGY SMEAR MANAGEMENT AND REPORTING

Clinical Laboratories handling and reporting of cytology specimens and cytology smears testing must:

13.1. Manage cervical cytology smears and perform the cytopathology testing as indicated in 6.2.3 and in accordance with laws, regulation and Clinical

Laboratory Standards,

13.2. Make final reports of cervical cytology smear using the Bethesda System (The Bethesda System for Reporting Cervical Cytology);

13.3. The report must be completed by pathologist using a cytology synoptic reporting format and containing minimum elements consistent with those of internationally reputable accrediting bodies, as detailed in this standard. The report must include at least the following details:

- 13.3.1. Patient's name;
- 13.3.2. Age/date of birth;
- 13.3.3. Menstrual status (LMP, hysterectomy, pregnant, postpartum, hormone therapy);
- 13.3.4. Relevant clinical information; and
- 13.3.5. Specimen Description (source).

13.4. Reports for Specimen adequacy and Cytological findings must be returned to the referring physician at the screening center within 8 working days of receiving the specimen;

13.5. The reporting pathologist is the professional responsible for informing the referring physician of the positive cancer results; and

13.6. MOHAP may, at its discretion, conduct third-party independent quality assurance testing of laboratories providing cervical smear laboratory test service. Where it does so, providers must comply with MOHAP's direction and cooperate with the MOHAP appointed party.

14. STANDARD 9. SCREENING OUTCOMES AND REFERRALS

14.1. All women must be notified verbally about their result and report should be provided to women who request it;

14.2. It is the responsibility of the physician at the screening facility to notify and provide a written report to a woman regarding her screening results within 15 working days (3 weeks) of the date of specimen taken;

14.3. If the test outcome is normal the woman is discharged to routine screening as per frequency mentioned in standard 4;

14.4. If the test outcome is unsatisfactory, it must be repeated within 6-12 weeks, treating infection, if present, as indicated.

14.5. If the Pap test outcome is abnormal or positive for intraepithelial lesion or malignancy, the woman's test is managed according to Appendix 2;

14.6. If a suspicious visible abnormality is identified during visualization of cervix; the woman must be referred immediately to a Gynecologist Oncologist without receipt of her test results;

14.7. If a woman requires referral for colposcopy or treatment they must be referred to an appropriately MOHAP licensed healthcare professional, privileged to provide the specialty/oncology services, patients must be seen within the timeframe specified in Appendix 4

14.8. All colposcopy service should be carried by accredited colposcopiest and if the facility has no accredited doctor then arrangement should be made to refer the patient to facility with accredited colposcopiest

APPENDIX 1

NATIONAL CANCER SCREENING REGISTRY DATA REQUIREMENT: SCREENING VISITS AND OUTCOME

Patient Information			
First Name		Emirates ID Number	
Middle Name		Medical File Number	
Last Name			
Gender		DOB	
Nationality		Emirates of residence	
Marital status		City of residence	
BMI		Mobile Number	

Screening History			
Registry Status?	New/Registered	Method of recruitment	Invited for screening
			Walk in
			With appointment
Date of Last Screening test performed (anywhere)		CBE	Date
		Mammogram	Date
		Pap test	Date
		Colonoscopy /FIT	Date

Reproductive Health History			
Parity (number deliveries)?		Age at birth of 1st child?	
Had uterus removed (Hysterectomy)?	Y/N	If yes, Reason for hysterectomy?	
Current use of oral contraceptive pills	Y/N	If ever, total duration in years?	

Personal Health History					
Smoking History	☐ Human Papilloma Virus(HPV) vaccination				
Personal history of the following conditions. Tick if appropriate	☐ Immuno-comprised status due to drugs/disease ☐ Biopsy / surgical procedure or treatment to cervix ☐ Positive HPV DNA test ☐ Abnormal cervical cytology smear				
Personal history of cancer?	Y / N				
If yes,	type of cancer	☐ Left	☐ Right	☐ NA/ Unknown	Age at diagnosis
	type of cancer	☐ Left	☐ Right	☐ NA/ Unknown	Age at diagnosis

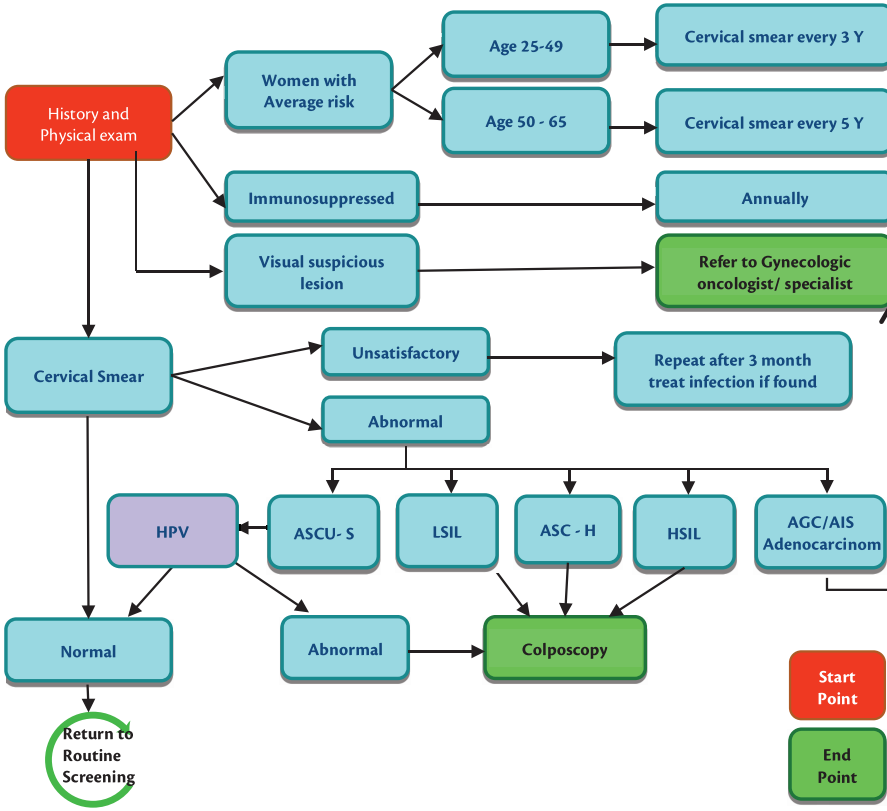
Family History			
Family history of cancer in 1st or second degree?			Y/N
If yes, type of cancer	Relation	Cancer type	Age at diagnosis
	Relation	Cancer type	Age at diagnosis
	Relation	Cancer type	Age at diagnosis

Current Screening Outcomes			
Physical exam done		Y/N	Pap test date
Date patient notified the pap test report			
Pate test report	Negative Unsatisfactory ASC-US ASC-H LSIL HSIL SQUAMOS Cell Carcinoma AGC-NOS Adenocarcinoma in Situ (AIS) Adenocarcinoma	Recommended Next Step	Pap test in normal interval Repeat pap test Refer to Colposcopy Refer for treatment HPV test
Patient referred to other hospital		Y/N	Date patient referred?

APPENDIX 2

CLINICAL CARE PATHWAY

CERVICAL CANCER SCREENING-CARE PATHWAY



Key
(ASC-US) Atypical squamous cells of undetermined significance
(ASC-H) Atypical squamous cells – cannot exclude HSIL Low grade squamous intraepithelial lesion (LGSIL or HSIL)
(HGSIL or HSIL) High grade squamous intraepithelial lesion
Atypical Glandular Cells not otherwise specified (AGC-NOS)
Atypical Glandular Cells, suspicious for AIS or cancer (AGC-neoplastic)
Adenocarcinoma in situ (AIS)
(Colposcopy) direct magnified inspection of the surface of a woman's genital area, including the cervix, vagina, and vulva, using a light source and a binocular microscope (colposcope) and must be only done by trained gynecologist at specialized centers.

APPENDIX 3

CLINICAL QUALITY INDICATORS

Quality Indicator	Acceptable level	Desirable level
Coverage		
Participation Rate	70%	80%
Retention Rate	40%	50%
Cytology Performance Indicators		
3) Specimen Adequacy Unsatisfactory proportion	4.7%	1.3
3) Screening test results Negative	90%	97%
System Capacity Indicators		
2 Cytology Turn Around Time within 2 weeks	70%	90%
4) Time to Colposcopy ASCUS, LSIL,HSIL	80%	88%
Follow - up		
7) Biopsy Rate	To be determined	
8) Cytology - Histology Agreement	To be determined	
Outcome Indicators		
9) Pre - Cancer Detection Rate	To be determined	
10) Cancer Incidence	To be determined	
11) Disease Extent at Diagnosis: Cancer Stage	To be determined	
12) Screening History in Cases of Invasive Cancer	To be determined	

APPENDIX 4

APPOINTMENTS

Cytological pattern	Priority	Appointments
HIGH GRADE SIL or greater	Urgent	1 - 2 weeks
ASC - H	Urgent	1 - 2 weeks
LOW GRADE SIL	Soon	2 - 4 weeks
ASC - US	Routine	4 - 8 weeks

APPENDIX 5

RESPONSIBILITIES OF THE PROGRAM COORDINATOR

1. The cervical cancer screening program coordinator must:
   - 1.1. Be a licensed healthcare professional;
- 1.2. Have comprehensive and high quality knowledge in cervical cancer as a disease and its prevention; and
- 1.3. Be responsible for:
  - 1.3.1. Recruiting eligible women;
  - 1.3.2. Follow up and tracking of screening results to ensure the timeliness and completeness of follow-up;
  - 1.3.3. Assessing relationships between planned care and approved protocols for care;
  - 1.3.4. Assessing women's' needs for support to remove barriers to screening and follow-up;
  - 1.3.5. Developing and promoting recall systems that include reminders to patients as appropriate; and
  - 1.3.6. Submitting data on screening visit and outcomes to MOHAP to program leaders

NOTES

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