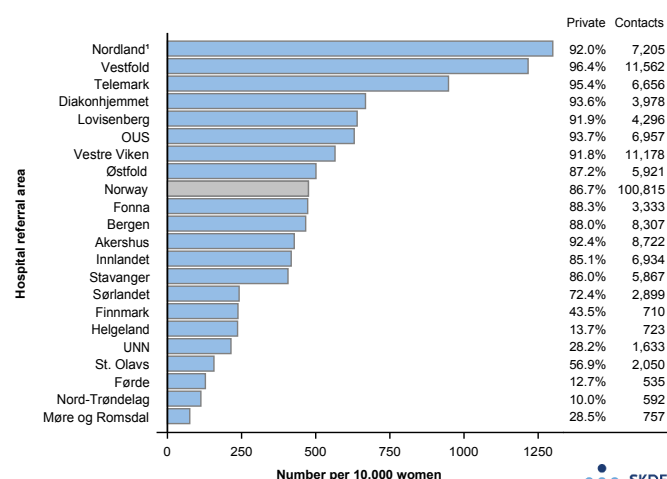


A routine sample every three years is recommended for women between the ages of 25 and 69 to screen them for abnormal cervical cells. If cancer or cervical neoplasia is suspected, usually based on a Pap smear and/or HPV test, there is reason to examine the cervix by means of a colposcope. A colposcope is a sort of microscope that magnifies and provides good lighting, and it helps to identify areas of abnormal cervical cells from which a biopsy can be taken. Colposcopy is therefore also an important examination in connection with check-ups of patients who have previously been treated for abnormal cervical cells.

Background

A Norwegian study carried out at St. Olavs Hospital showed that abnormal cells that require treatment can look normal under a microscope. If the cervix appears normal during a colposcopy, systematic biopsies are nevertheless collected if the Pap smear and/or HPV test indicate that there is a possibility of abnormal cells. Endocervical curettage is sometimes relevant.

The proportion of examinations carried out by private providers was generally highest in the hospital referral areas that had the highest rates. The majority of outpatients contacts with specialists in private practice under public funding contracts where colposcopy and/or cervical biopsy were performed were contacts where only colposcopy was performed.



Source: NPR/SSB

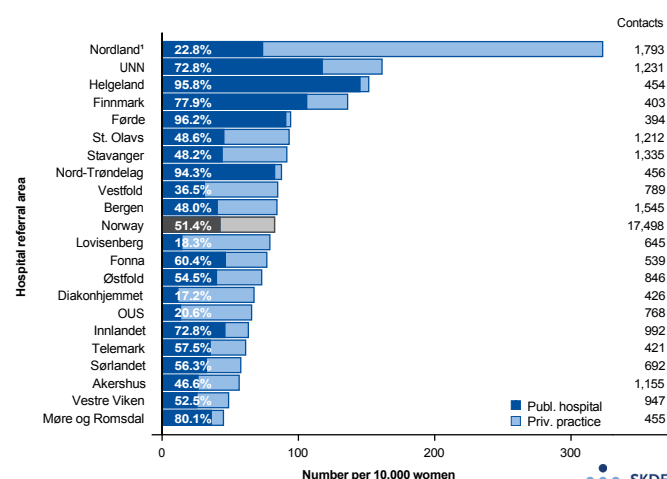
Number of outpatient contacts where colposcopy and/or cervical biopsy were performed per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area. Proportion carried out by private providers and average number of contacts on the right. ¹See the report.

Results

During the period 2015–2017, there were more than 100,000 outpatient contacts per year where colposcopy and/or cervical biopsy were performed. The average age of the women in the sample was 45.2 years.

The geographical variation in the use of colposcopy and/or cervical biopsy was very high. Women living in the hospital referral areas of Vestfold and Nordland, which had the highest rates, had about ten times as many colposcopies and cervical biopsies as women in Møre og Romsdal and Nord-Trøndelag hospital referral areas, which had the lowest rates.

There was also considerable variation in the proportion of contacts with specialists in private practice under public funding contracts. Only 10% of examinations of women living in Nord-Trøndelag hospital referral area were carried out by specialists in private practice under public funding contracts, while the corresponding figure for women in Vestfold hospital referral area was 96%.



Source: NPR/SSB

Number of cervical biopsies per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area and by public hospitals or specialists in private practice under public funding contracts. Average number of contacts on the right. ¹See the report.

The use of cervical biopsies also varied considerably between hospital referral areas. Areas in Northern Norway stand out with the highest rates. Women living in Nordland hospital referral area had more than seven times as many cervical biopsies as women in the Møre og Romsdal area. If we exclude the Nordland area, which had a much higher rate than all the other hospital referral areas, variation was still high. There is moderate variation between the hospital referral areas in Southern Norway.

Comments

Colposcopy is primarily to be used as an aid when taking a cervical biopsy in cases where cancer or cervical neoplasia is suspected based on symptoms and/or Pap smear results. Colposcopy is also an important part of follow-up of patients after treatment (conisation) for abnormal cells.

The results indicate that colposcopy is overused in connection with pelvic examinations, primarily linked to consultations with specialists in private practice under public funding contracts. The significant geographical variation between hospital referral areas in colposcopy use indicates that the degree of overuse varies geographically. The geographical variation in the use of cervical biopsy was also so high that it should be deemed to be unwarranted, as there is no known geographical variation in morbidity that could explain these results.