UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

THE NATIONAL GUIDELINE FOR

CERVICAL CANCER SCREENING AND DIAGNOSIS

3RD EDITION 2022

NATIONAL CERVICAL CANCER SCREENING TASK FORCE

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TABLE OF CONTENTS

THE NATIONAL GUIDELINES FOR CERVICAL CANCER SCREENING

1. PURPOSE

1.1. This guideline mandates the clinical service specifications and data reporting for National Cervical Cancer Screening Program in the UAE.

1.2. It specifies the clinical care pathway and minimum service standards and specifications to ensure that women screened for cervical cancer receive quality and safe care and timely referral for diagnosis and/or treatment.

2. SCOPE

2.1. This guideline applies to all healthcare providers (facilities and professionals) licensed in UAE and providing cervical cancer screening services.

2.2. Participating healthcare providers should offer the following services as applicable based on their license category:

- 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.
- 2.2.4. Follow-up and referral.

2.3. Follow reporting terminologies defined as per Appendix 1.

3. DUTIES OF THE HEALTHCARE PROVIDERS

All Licensed Healthcare Providers; Facilities and Professionals Engaged in Providing Cervical Cancer Screening Services Must:

3.1. Provide clinical services and patient care in accordance with this guideline and in accordance with Policies and Standards, Laws and Regulations of the United Arab Emirates; including developing effective recording systems, maintaining confidentiality, and privacy and security of patient information.

3.2. Comply with the federal requirements; laws and policies for patient education. The National Cervical Cancer Screening Program 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 confidentiality, 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, 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 these guidelines MOHAP may impose sanctions in relation to any breach of requirements under this guideline.

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. Be licensed according to licensing policies and regulations of the United Arab Emirates.

6.1.2. Fulfill the eligibility criteria for a cervical cancer screening facility as per clinical best practices in accordance with Appendix 2.

6.1.3. Comply with the cervical cancer screening care pathways, clinical quality indicators, and timelines for referral in accordance with Appendices 3, 4, and 5 respectively.

6.1.4. Assign a screening program coordinator responsible for submitting data on screening visits and outcomes to MOHAP and who will fulfill the responsibilities in accordance with Appendix 6.

6.1.5. Collect and submit data on screening visits and outcomes within 3 weeks of the screening date to MOHAP.

6.1.6. Report all screen-detected cancer cases to MOHAP, through Cancer Case Notification Form.

6.1.7. Maintain records for screening tests and outcomes.

6.1.8. Establish internal audit procedures to demonstrate compliance with these guidelines and other associated regulatory policies and standards.

6.1.9. Ensure the availability of evidence of compliance with the Cervical Cancer Screening Program Clinical Quality Indicators specified in Appendix 4 including:

6.1.9.1. Collection and preparation of adequate cervical smear.

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

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

6.2. Laboratories providing screening services must:

6.2.1. Be licensed according to licensing policies and regulations of the United Arab Emirates.

6.2.2 Comply with the applicable elements of the clinical quality indicators in accordance with Appendix 4 and ensure availability of evidence of compliance with these indicators; such as laboratory records required for accreditation purposes.

6.2.3. Establish internal audit procedures to demonstrate compliance with this guideline and with other associated regulatory policies and standards.

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

6.2.5. Attain accreditation by an internationally credible body recognized by MOHAP such as CAP, IOS 15189(2007), (JCI/Lab).

6.2.6. Participate in an international external proficiency test by all personnel involved in screening and reporting Pap test.

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

6.3.1. Be licensed according to licensing policies and regulations of the United Arab Emirates.

6.3.2. Comply with the clinical standards detailed in this guideline to provide the most appropriate care, taking responsibility for deciding the best care options for managing cervical cancer cases.

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

6.3.4. Participate in continuing medical education (CME).

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 test, as co-testing, for women aged 30 years and above (only internationally approved test is accepted).

8. STANDARD 3: FREQUENCY OF SCREENING

8.1. The frequency of repeat screening for average-risk, symptom-free women is:

8.1.1. **Every three years for women aged 25-29 years.**

8.1.2. **Every 5 years for women aged 30-65 years.**

8.2. **Women who are immune-compromised due to disease or medication.**

8.2.1. **Annual screening.**

9. STANDARD 4: ELIGIBILITY FOR SCREENING

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

9.2. Women are excluded from screening if:

9.2.1. They have received a total hysterectomy for benign indications.

9.2.2. They are over 65 years, (provided that the last two previous smears: US Cervical were negative).

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

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

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 in other existing screening programs; e.g. breast cancer.

10.2.2. Physician consultation for related or unrelated reason.

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, 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 licensed healthcare physicians are eligible to perform a Pap test:

12.1.1. Licensed gynecologists and obstetricians; and

12.1.2. physicians are 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.
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.
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 6.2.4 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 verified by a pathologist for all abnormal and reactive cases, while negative cases can be verified by licensed cytotechnologists using standard synoptic reporting format and containing minimum elements consistent with those of internationally reputable accrediting bodies. 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, and hormone therapy).
13.3.4. Relevant clinical information; such as if the patient had previously positive test or had other types of cancer, etc.
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 in writing about their results.

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 this guideline.

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 3.

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 licensed healthcare professional, privileged to provide the specialty/oncology services, patients must be seen within the timeframe specified in Appendix 5.

14.8. All colposcopy services should be carried out by accredited colposcopist and if the facility has no accredited doctor then arrangements should be made to refer the patient to facility with accredited colposcopist.

APPENDIX 1
Definitions

Term	Definition
The Bethesda System (TBS)	Is a system for reporting cervical or vaginal cytological diagnosis, used for reporting Pap smear results. The name comes from the location (Bethesda, Maryland) of the conference that established the system of reporting.
HPV	Human papilloma virus.
HPV CO-testing	A test is done along with the Pap test in women aged 30 years and above, to screen for a high-risk HPV viral type. Only internationally approved test is accepted.
ASC-US	Atypical squamous cells of undetermined significance. It is a finding of abnormal cells in the tissue that lines the outer part of the cervix.
ASC-H	Suspicious for high-grade dysplasia.
LGSIL or LSIL	Low-grade squamous intraepithelial lesion.
HGSIL or HSIL	High-grade squamous intraepithelial lesion.
AIS	Adenocarcinoma in situ.
AGC	Atypical glandular cells.

APPENDIX 2

Eligibility Criteria for a Facility to Participate National Cervical Cancer Screening Program

1. General

In addition, to the requirements of this standard the healthcare facility must fulfill the following criteria:

1.1. Plan capacity to match the demand for screening and the facility capacity.
1.2. Allocate appointment slots for cervical cancer screening linked to the online booking system (when available).
1.3. Have available adequate equipment to provide safe and quality screening.
  1.3.1. Send cervical cytology smears only to licensed laboratories that meet the requirements of this standard; and
  1.3.2. Ensure patient privacy, comfort and confidentiality at all times.

2. Human Recourses

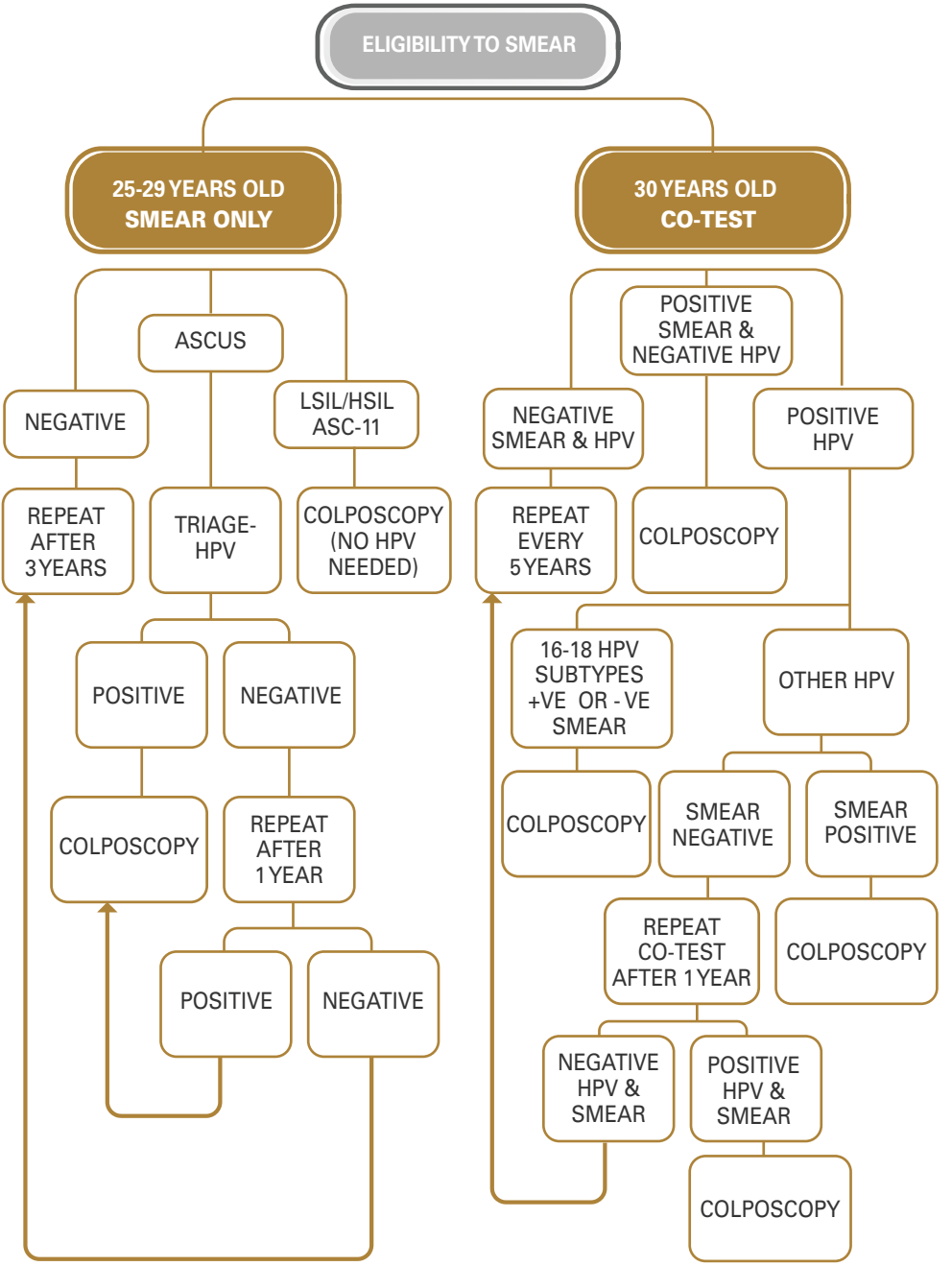
2.1. The core team must include at least:
  2.1.1. A program coordinator.
  2.1.2. A licensed physician, gynecologist or obstetrician, physician privileged to deliver cervical screening care and services.
  2.1.3. A licensed nurse for each clinic with a minimum of 2 years of experience in gynecology or obstetric nursing.
2.2. Training of licensed health professionals must be delivered using CME/CPD courses accredited by CME department including:
  2.2.1. For physicians; training for Pap smear taking in accordance with international evidence-based training standards and guidelines.

3. Registration as Screening Facilities

Facilities meeting cervical cancer screening requirements should consider following points:

3.1. Establish communication with cancer control team.
3.2. Fill service provision form.
3.3. Return filled form back to cancer control team.
3.4. Wait until receive confirmation from cancer control team.
3.5. Receive user name and password for data reporting after orientation session with cancer team.
3.6. Commence screening and reporting of screening data to MOHAP.

APPENDIX 3


ELIGIBILITY TO SMEAR
25-29 YEARS OLD SMEAR ONLY
30 YEARS OLD CO-TEST
ASCUS
NEGATIVE
LSIL/HSIL ASC-11
REPEAT AFTER 3 YEARS
TRIAGE-HPV
COLPOSCOPY (NO HPV NEEDED)
POSITIVE
NEGATIVE
COLPOSCOPY
REPEAT AFTER 1 YEAR
POSITIVE
NEGATIVE
POSITIVE SMEAR & NEGATIVE HPV
NEGATIVE SMEAR & HPV
POSITIVE HPV
REPEAT EVERY 5 YEARS
COLPOSCOPY
16-18 HPV SUBTYPES +VE OR - VE SMEAR
OTHER HPV
COLPOSCOPY
SMEAR NEGATIVE
SMEAR POSITIVE
REPEAT CO-TEST AFTER 1 YEAR
COLPOSCOPY
NEGATIVE HPV & SMEAR
POSITIVE HPV & SMEAR
COLPOSCOPY

APPENDIX 4

Quality Indicators		Acceptable Level	Desirable Level
Coverage			
Retention Rate	Percentage of eligible women re-screened with three years after a negative Pap test in a 12-month period.	40%	50%
Specimen Adequacy Unsatisfactory Proportion	Percentage of Pap tests that are reported as unsatisfactory in a 12-month period.	4.7%	1.3%
Screening Test Results Negative	Percentage of women by their most severe Pap test result in a 12-month period.	90%	97%
Cytology Turn Around Time 2 Weeks	The average time from the date the specimen is taken to the date the finalized report is issued over a 12-month period	>80%	>90%
Time to Colposcopy	Percentage of women with a positive Pap test (HSIL +/ASC-H) who had follow-up colposcopy within 6, 9, and 12 months subsequent to the index Pap test.	80%	88%
Follow-up			
Biopsy Rate	Percentage of women with a positive screening test result (HSIL +/ASC-H) who received a histological diagnosis in a 12-month period.	To be determined	11%
Cytology-Histology Agreement	Proportion of positive Pap tests with histological work-up found to have a pre-cancerous lesion or invasive cervical cancer in a 12-month period A.		
Outcome Indicators			
Pre-cancer Detection Rate	Number of pre-cancerous lesions detected per 1,000 women who had a Pap test in a 12-month period.		7.1 per 1,000

APPENDIX 5

Cervical Cancer Screening Program - Timeframes for Appointments

Cytological Pattern	Priority	Appointment
HSIL or ASC-H	Urgent	1–2 Weeks
LSIL/ASC-US	Routine	2–6 Weeks

APPENDIX 6

Responsibilities of the Facility Cancer Screening Program Coordinator

The healthcare facility 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.
1.3. Be responsible for:
- 1.3.1. Recruitment of 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 MOHP via the [cancer screening e-notification system].

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