

**The National Cancer Screening Register Rules 2017 (the Rules) – Data requirements for colposcopists**

The Rules require certain cervical screening information to be notified by colposcopists to the Commonwealth Chief Medical Officer (CMO) through the National Cancer Screening Register (the Register) within 14 days, from 1 December 2017.

Details of the specific information under each of the data items outlined in the Rules is presented below. This information is also contained in the Colposcopy & Treatment form which is available online for download at [www.cancerscreening.gov.au/cervicalforms](http://www.cancerscreening.gov.au/cervicalforms).

Data requirements that are not mandatory, must be reported if known by the colposcopist.

1. **Demographic information as derived from the National Cancer Screening Register Act 2016.**

| **Data attributes in the Rules** | **Mandatory** | **Specific information required on the Colposcopy & Treatment form** |
| --- | --- | --- |
| Patient information | * Yes | * full name * date of birth * gender * address |
| Patient information | * No, report if known. | * medicare number * indigenous status (not applicable until 1 June 2018) * country of origin (not applicable until 1 June 2018) * preferred language (not applicable until 1 June 2018) |
| Colposcopists information | * Yes | * full name * provider number * clinic name |

1. **Colposcopy information based on Colposcopy Data Collection Form developed in consultation with RANZCOG and user-tested among colposcopists.**

| **Mandatory data attributes in the Rules** | **Specific information required** |
| --- | --- |
| Date of colposcopy | * Day, month, year |
| Primary indications for colposcopy | * New patient with abnormal screening test * Follow-up of patient with previous abnormal screening test * Symptomatic * Abnormal appearance of cervix * At time of treatment * Not performed * Other, please specify |
| Colposcopy adequacy | * Adequate * Inadequate |
| Transformation Zone Visibility | * Type 1 TZ * Type 2 TZ * Type 3 TZ |
| Primary indications for colposcopy | * Normal * No visible lesion * LSIL * HSIL * Glandular abnormality (adenocarcinoma in situ) * Cancer * Other, please specify |
| Patient pregnant at time of colposcopy? | * Yes/ No |
| Biopsy performed this episode? | * Yes/ No |
| Treatment performed this episode? | * Yes/ No |

1. **Treatment details based on Colposcopy Data Collection Form developed in consultation with RANZCOG and user-tested among colposcopists. This information is only to be provided if treatment is performed during the same colposcopic episode.**

| **Mandatory data attributes in the Rules** | **Specific information required** |
| --- | --- |
| Excision Type | * Type 1 (<10mm) * Type 2 (>10 and <15mm) * Type 3 (>15mm) |
| Modality/ method used for excision | * Loop diathermy * Scalpel (cold knife) * Laser * Other |
| Ablation type | * Laser * Thermal Coagulation (Semm) * Diathermy |
| Hysterectomy performed? | * Yes/ No |
| Treatment anaesthetic type | * Local * Regional * General |
| Location of treatment | * Public Hospital * Private Hospital * Private Rooms * Unknown/ Other |