DZEMDES KAKLA VĒŽA AGRĪNA DIAGNOSTIKA, PACIENTES IZMEKLĒŠANA UN ĀRSTĒŠANA

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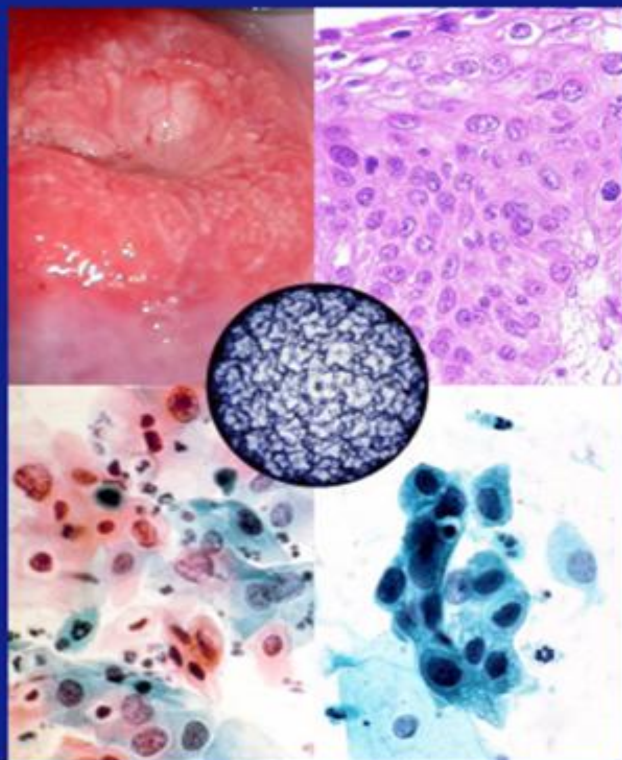
VM galvenā speciāliste dzemdniecībā un ginekoloģijā

Organizēto vēža skrīningu kvalitātes nodrošināšana – būtisks skrīninga programmu efektivitātes nosacījums

vs

Kvalitāte ir definēta, standartu ieviešana – politiska atbildība



Eiropas Kolposkopijas federācija (EKF)

EBCOG standarti

Standards of Care

for Women's Health

in Europe

EBCOG

European Board and College of Obstetrics and Gynaecology

Gynaecology Services

2014

U.E.M.S.

STANDARD 16

Breast Cancer Screening

Rationale

Breast cancer is a major health issue and the establishment of national screening programmes is recommended.

Population breast screening programmes should be based within, or be closely associated with, a recognised breast unit[37].

It is essential to define standards for breast cancer screening in order to improve the quality of healthcare available to all women in Europe.

1. Patient Focus

1.1 Information provided should be easily understandable and adapted for high risk and vulnerable groups.

1.2 Women should be informed about the benefits and the adverse effects of screening. The concept of false positive and false negative tests should be discussed.

2. Accessibility

2.1 All women should have access to established and validated methods of screening.

2.2 Screening should be offered to all women in a defined population, based on age.

2.3 Screening should take place in well established screening units.

3. Environment

3.1 Women should be seen in a friendly, warm environment to relieve their anxiety and ensure privacy.

STANDARD 17

Cervical Cancer Screening

Rationale

Screening for cervical cancer can reduce the morbidity and mortality associated with the disease.

Screening is defined as the examination of asymptomatic individuals with a view to identifying those who have occult disease or who are likely subsequently to develop the disease, and would therefore benefit from further investigations or treatment.

In many countries in Europe, population screening has not been well structured or implemented. Opportunistic screening is inevitably less effective than well organised nationwide population screening programmes. [35-36]

1. Patient Focus

1.1 Women should be made aware of options available for screening.

1.2 Population screening should be led by professional bodies, specifically resourced to cover large and diverse populations.

1.3 Population screening should use modern methodology of communication to reach the target population.

1.4 Women should be informed about the benefit sand the adverse effects of screening. The concept of false positive and false negative tests should be discussed.

1.5 Information provided should be easily understandable and adapted for high risk and vulnerable groups.

1.6 The information should be given in such a fashion that confidentiality and efficiency are ensured.

STANDARD 18

Gynae-Oncology Services, Including Breast Cancer

Rationale

It is well recognised that the outcome of oncological intervention depends on both the volume and the expertise of the service providers*. Specialised cancer services offer high quality evidence-based care. It is reported that they have reduced morbidity and better survival rates.

In certain countries in Europe, breast cancer care is provided by gynaecological oncologists. Standards of care should also be defined for these services, in line with those of the European Society of Breast Cancer Specialists (EUSOMA) [39-40].

1. Patient Focus

1.1 Patients should be informed about the level of specialisation of the service and the level of expertise. This information should be available publically.

1.2 The patient should be informed of a named and dedicated health care professional (case manager) who will assist her through diagnosis, therapy and follow up.

1.3 The patient should be informed of all treatment options, even if they are not available in the service.

1.4 The patient should be informed of any support services available in the hospital and in the community.

1.5 The patient's spiritual/religious and cultural needs should be met, especially in terminal care. Each woman has a way of coping with the diagnosis and treatment of her cancer, and needs specific psychological support and follow-up.

*** There is no clear definition of a cancer centre. According to the US (NCI) model (adopted also in Europe), cancer centres have a scientific agenda that primarily focuses on basic, clinical or population based research, or any two of the three. In the UK the NHS defines centres on the basis of population Specialised cancer services are those services, treatments and interventions which either require service planning for populations of between one and five million as specified in the relevant NICE guidance. Dedicated services for gynaecological oncology should be distinguishable from general hospitals providing basic care for gynaecological oncological patients. ESGO has clearly defined gynaecological oncological training centres, and similar criteria should be applied to clinical gynaecological oncological services.**

VM darba grupa: par kolposkopiju

- 2013.gadā VM izveidota darba grupa izvērtēja dzemdes kakla vēža skrīninga efektivitāti
- Tika identificētas problēmas un izstrādāts rīcības plāns, kas pamazām tiek ieviests dzīvē
  - Kolposkopijas references centru izveidošana
    - Speciālistu apmācība
    - Dzemdes kakla pirmsvēža saslimšanu diagnostikas un ārstēšanas vadlīniju izstrādāšana
    - Kvalitātes kontroles mehānismu ieviešana

Kolposkopijas references centrs RAKUS

- Speciālistu apmācība
  - Divi speciālisti apguvuši apmācības UK un ieguvušas ECF sertifikātus
  - Kolposkopijas metodes sertifikāta iegūšana Latvijā
  - Apmācīti speciālisti no Daugavpils un Liepājas
- Dzemdes kakla pirmsvēža saslimšanu diagnostikas un ārstēšanas vadlīniju izstrādāšana
  - Izstrādātas un ieviestas RAKUS
  - Uzsākts reģistrācijas process NVD
- Kvalitātes kontroles mehānismu ieviešana
  - Izstrādāti standartizēti protokoli
  - Tiek aprobēta ECF kvalitātes nodrošināšanas programma

Kvalitatīvu pēcskrīninga pakalpojumu nodrošināšanai - kolposkopijas references centru definēšana un izveidošana ar 2016.gadu

- Pēc Eiropas Komisijas rekomendācijām uz 1mlj iedzīvotāju ir nepieciešams viens diagnostikas&ārstēšanas centrs

Kolposkopijas izmeklējumu kvalitāti noteicošie faktori

1. Apmācīti speciālisti
2. Pieejams digitāls kolposkops ar attēla arhivācijas iespējām
3. Pietiekošs kolposkopijas izmeklējumu skaits gadā vienam speciālistam, kas atļauj uzturēt kompetenci
4. Kolposkopijas izmeklējumu un dzemdes kakla priekšvēža ārstēšanas kvalitātes indikatoru nepārtraukts monitorings
5. Pacientes skrīninga vēstures izsekojamība
   - Saderīga reģistru IT platforma

Zaļais koridors pēcskrīninga izmeklējumiem

Kolposkopija

- Nav finansiālu ierobežojumu, ja sievietei patoloģija atklāta skrīninga ietvaros
- Nepieciešams definēt un attīstīt centrus
- Nepieciešams pacientu loģistikas algoritms
- Pakalpojuma pieejamības problēmas rada nepilnvērtīga resursu izmantošana un to izskaušana ir skrīninga kvalitātes vadība s uzdevums

Apstiprināts invazīvs dzemdes kakla process skrīninga ietvaros vai ar klīniskām aizdomām – zaļais koridors uz padziļinātiem izmeklējumiem un ārstēšanu