

Issued by JPAC: 19 January 2021

Implementation: To be determined by each Service

## Change Notification UK National Blood Services No. 52 - 2020

### Cervical Carcinoma in situ

These changes apply to the Whole Blood and Components Donor Selection Guidelines

Please make the following changes to the entry:

#### Cervical ~~Carcinoma in situ~~ Dysplasia

*Obligatory*

**Must not donate if:**

a) Undergoing investigation or treatment.

b) Diagnosed with invasive cervical carcinoma.

*Discretionary*

~~a) If this was a cervical carcinoma in situ (cervical intra-epithelial neoplasia – CIN), treatment is completed and a follow up smear, if performed, did not show abnormal cells, accept.~~

If the donor had colposcopy treatment for abnormal cervical cells and has been discharged to routine screening, accept. It is not necessary to wait for a normal smear result before donating.

b) If only having regular review of smears, accept.

*Additional Information*

~~By definition, cervical carcinoma 'in situ' has not spread. For that reason it is not considered to be a potential risk to any recipient of donated material.~~

Cervical screening includes testing for high risk Human Papilloma Virus (HR-HPV). Women who are positive for HR-HPV may be called for routine smear tests at more frequent intervals. They can donate provided they are not undergoing other tests or awaiting colposcopy investigation.

Women with abnormal cells on a smear test are triaged according to their risk of developing cervical carcinoma. Women at higher risk will be referred for investigation and treatment via colposcopy.

A colposcope is an instrument used to view ~~more easily~~ the neck of the womb (cervix). It is not a flexible endoscope so its use is not a reason for

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deferral if the donor is otherwise eligible to donate. ~~Care should be taken to ensure that the donor is well and not waiting for further tests or results.~~

Abnormalities identified at colposcopy include cervical intra epithelial neoplasia (CIN, Grades 1-3) and cervical glandular intra epithelial neoplasia (CGIN). CIN-3 is also known as cervical carcinoma in situ. By definition, patients with CIN or CGIN do not have invasive cervical carcinoma, so can be accepted once treated, fully healed and discharged. There is no need to wait for the results of their next routine smear, usually at 6 months post treatment, unless the donor has been advised that follow up will be necessary at the colposcopy clinic.

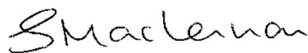
*Reason for Change*

~~Updated to ensure consistency with the WBDSG entry for Malignancy.~~  
Updated to clarify the scope of entry, when donor can return after treatment for cervical dysplasia and the significance of HR-HPV testing.

**Please also update:**

“See if Relevant” in the Malignancy topic

Malignancy -> Cervical ~~Carcinoma in Situ~~ Dysplasia



**Dr Sheila MacLennan**  
**Professional Director - Joint UKBTS Professional Advisory Committee**  
☎ Direct Dial: (0113) 820 8638    ✉ [sheila.maclennan@nhsbt.nhs.uk](mailto:sheila.maclennan@nhsbt.nhs.uk)