

SCREENING MATTERS Breast

Newsletter of the Northern Ireland Screening Programmes

Issue 3

Produced by the QARC for Health Professionals in the NI Screening Programme

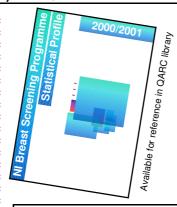
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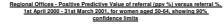


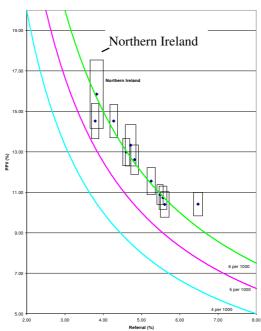
NI Screening Programmes



SCREENING ACTIVITY FOR YEAR 2000/2001

- Over 50,000 women were invited for screening
- Uptake rate 71.4%
- Recall rate 4.0%
- Pre-operative diagnosis rate 89.1%
- 284 women referred for biopsy
- 238 cancers detected, (194 invasive)





NORTHERN IRELAND STILL IN POLE POSITION

We are proud to report that Northern Ireland is, for the second year in succession, in pole position with regard to PPV. Positive Predictive Value is the percentage of ladies who are recalled to assessment and found to have breast cancer. Referral is the percentage of women screened who subsequently are recalled to the assessment clinic. Thus ideally one would wish a low recall rate, to reduce the number of ladies subjected to anxiety, with a high percentage of those recalled to be positive. Some of our success is of course due to the insistence here in Northern Ireland, since 1994, in having a 2-view study of each breast for every examination which has now been adopted as policy in 2001/2002 by the National Programme.

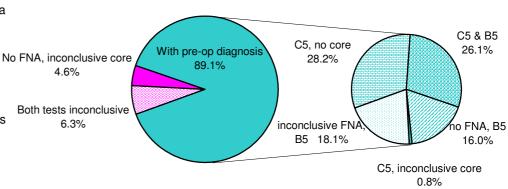
STATISTICS

Uptake for year ending 31 March 2001

	Number Invited	Number Screened	Uptake Rate	Recall Rate
EHSSB	21,284	13,310	62.5%	4.6%
NHSSB	11,598	9,337	80.5%	4.0%
SHSSB	9,853	7,440	75.5%	3.1%
WHSSB	7,636	5,861	76.8%	3.6%
NI	50,371	35,948	71.4%	4.0%

BREAKDOWN OF ASSESSMENT TEST RESULTS (2000/2001)

The <u>quality objective</u> is to ensure that the majority of breast cancers receive a non-operative tissue diagnosis of cancer. The minimum standard is >=70% and the target standard is N >=90%. NHSBSP policy defines preoperative diagnosis as a C5 cytology result and/or a B5 core biopsy result. (Guidelines on Quality Assurance Visits NHSBSP Publication No. 40) N Ireland's rate for 00/01 was 89.1%, the highest figure recorded since the start of screening.



If you know someone else who would like to be added to the mailing list, or if you have an interesting article to submit, please contact Ruth Greenlees at the following address:

QARC

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A recent news story on 15 April told of errors at West London Breast Screening Service. These errors were administrative with confusion arising over the initials used to indicate an x-ray which was normal and one which needed recall to assessment. The inquiry led by CHI (Commission for Health Improvement) made a number of national recommendations including review of "The Right Result" protocol and QA visits. N Ireland's protocol review is already underway and we recently completed an external QA visit from the Scottish Screening Service.

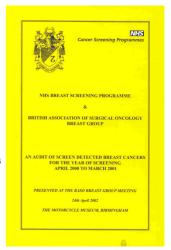
BRITISH ASSOCIATION OF SURGICAL ONCOLOGY (BASO) BREAST GROUP

AN AUDIT OF SCREEN DETECTED BREAST CANCERS 2000/2001

Each year Northern Ireland submits data to the BASO Audit. The audit is designed to reflect the surgical activity which follows the detection of a breast cancer through the NHSBSP. The results are presented annually in Birming-

ham and the report (illustrated) is available for reference in the QARC's library. Once again the results show a variation in clinical practice across the UK. Covering details of 10,000 cancers the data is regarded as an extremely valuable tool for improving the services we deliver to women.

Findings show that 19% of cancers detected this year were in-situ. Over the next 3 years the diagnosis, treatment and outcome for these non-invasive cancers will be examined in the Sloane Project and we look forward to seeing the results of this study in the future.



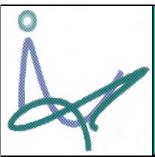


Pictured are: Denis Desmond, Jackie Durkan, Daphne Trimble and Stella Burnside.

The Western Board's static breast screening unit has recently moved to larger, refurbished accommodation within the Altnagelvin site. The new unit was officially opened on 31st May 2002 by Mrs Daphne Trimble and Mrs Jackie Durkan, wives of the First and Deputy First Ministers. New equipment including a Mammography unit with digital stereotactic attachment has been purchased with money from the New Opportunities Fund.

OPENING OF NEW PREMISES AT ALTNAGELVIN





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NI Screening Programmes

NI Cervical Screening Programme Coverage Rates

Coverage rates for the NI Cervical Screening Programme are now available (see table below). The coverage rate for Northern Ireland for the year 2000 - 2001 was just over 70%. This compares favourably against the figure for the previous year which was just over 69%. In fact, coverage has been making a steady increase of 1% year on year since 1998. However, in the DHSS&PS Strategy Priorities for Action 2002/2003 the objective is set for Boards, Trusts and Family Health Services to increase the uptake rate for cervical screening of eligible women (aged 25-64) to 72% by 31 March, 2003.

STATISTICS

Coverage for 5 year period ending 31 March 2001

	Eligible Population	Coverage	Percentage
EHSSB	163,439	109,493	66.99%
NHSSB	101,037	75,755	74.98%
SHSSB	74,870	54,310	72.54%
*WHSSB	72,820	49,503	67.98%
NI	412,166	289,061	70.13%

*Currently under discussion with Western Board personnel



If you would like to receive a regular copy of this newsletter or submit an article please contact:

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Email: kbriggs@ehssb.n-i.nhs.uk

A fact sheet detailing statistics on uptake and coverage for both Breast and Cervical Screening can be obtained by contacting either Kevin or Ruth at the QARC



Cervical Cytology at

New developments for Cervical Screening include assessment of Liquid based Cytology (LBC) and Human Papilloma Virus (HPV) testing. Pilot studies on implementation are currently underway in England and Wales under the guidance of NICE (National Institute of Clinical Excellence). Scotland has already decided to implement LBC. The Antrim Hospital Cytology Laboratory has undertaken a research project to determine the merits of application of LBC and HPV testing. To date over 3,000 have been taken and reports will be compared with the conventional smear. A molecular technique (PCR) is being applied to determine a HPV test methodology.

Antrim Cytology Laboratory have received full accreditation by Clinical Pathology Accreditation (CPA) for the second time. Congratulations to all the staff for achieving this high standard of quality.

For any information with regards to the above research or if you wish to visit the laboratory

LIQUID BASED CYTOLOGY IN SCOTLAND

Results from four successful pilot schemes carried out in Scotland:

- Staff taking the smear tests found LBC, simpler, convenient and easy to use.
- LBC reduced the workload and increased productivity in laboratories. While there was a small increase in processing time, this was compensated for by a faster smear reading time.
- LBC reduces the unsatisfactory smear rate by 6% a year. For Scotland, this means that around 24,000 women a year will not be required to undergo a repeat smear.

BSCCP ANNUAL SCIENTIFIC MEETING

The British Society for Colposcopy and Cervical Pathology held its Annual Scientific Meeting in the Waterfront Hall, Belfast on 25th-27th April 2002. About 320 delegates from throughout the British Isles and beyond attended the meeting.

The programme covered every aspect of Colposcopy within the Cervical Screening Programme. A number of lectures were given on new methods which may become available in cervical screening and Dr E McGoogan's presentation on "Liquid Based Cytology and its Future Role in the NHSCSP" was particularly interesting.

There were several short presentations on a wide variety of topics including 'Patient Anxiety at Colposcopy' and 'Ways of Improving Colposcopy Outcomes'. These presentations all made some practical contribution to this part of the screening programme.

Overall, it was a very enjoyable event and a great opportunity to learn about future challenges and developments in Cervical Screening.

COLPOSCOPY TRAINING COURSE

Venue: Belfast City Hospital
Organiser: Dr Stephen Dobbs

Date: 24th /25th October 2002

Cost: £.200.00

Contact: Ms J McCullagh Telephone: 028 9026 3894

E-mail: Janice.McCullagh@bch.n-i.nhs uk

