

# SCREENING MATTERS Breast

Newsletter of the Northern Ireland Screening Programmes

Issue 8 Produced by the QARC for Health Professionals in the NI Screening Programme

Summer 2005

#### **Regional Contacts**

- Dr G Crothers Regional QA Director
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   Nurse
- Mrs F Houston
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- Mrs A Roberts
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**NI Screening Programmes** 

### GOOD NEWS FOR THE NORTHERN BOARD

he Northern Board Breast Screening Service and Symptomatic Breast Service have been under tremendous pressure recently with the whole service supported by locum consultants since the departure of our sole breast Radiologist. We have been able to appoint **Dr Miklos Barta**, a Hungarian Radiologist with specialist training in Breast Radiology, on a 12 month contract to supplement the already excellent locum cover that exists. Dr Barta works at the National Medical Centre in Budapest and



works along with the leading Breast Radiologist in Hungary, Dr Gabor Forrai. Dr Barta was interviewed in Vienna in conjunction with BlueCare, a company specialising in Eastern European Medical Staff recruitment. Dr Barta will be starting on the 12th September 2005. Both he and his wife will be coming over to Northern Ireland shortly and are excited by the opportunities this post offers.

# ASSOCIATION OF BREAST SURGERY AT BASO 2003/2004

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The annual "Audit of screen detected breast cancers for the year of screening April 2003 to March 2004" was launched at the BASO conference in Birmingham on 11th May 2005. Anyone interested in the findings from this report can access the full document from

#### www.cancerscreening.nhs.uk or www.wmpho.org.uk/wmciu/

Areas of excellence for the Northern Ireland BSP are high pre-operative diagnosis rates and short waiting times. Northern Ireland, along with 3 other regions, had the highest pre-operative diagnosis rate of 94%, with only 3% (UK 12%) having to return for a second visit to obtain their diagnosis. For women with a pre-diagnosed cancer, the median wait from assessment to therapeutic surgery was 18 days compared to the UK median of 28. Looking at the median time from assessment to first diagnostic surgery—Northern Ireland women had a wait of 21 days compared to the UK median of 33 days.



If you would like to receive a regular copy of this newsletter or submit an article, please contact Ruth Greenlees at the following address:



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The Quality Assurance

Reference Centre welcomes a new member of staff. *Miss Orla O'Reilly* has taken over as PA to Dr Philip Donaghy and Secretary within the OARC.

## MAMMOGRAPHY STUDY DAY

On Thursday 9th June, a one day professional development day was held for Radiographic staff involved in Mammography across Northern Ireland. 55 participants enjoyed lectures on advances in:

- "Dígítal mammography"
- · "Sentinel lymph node imaging"
- "Sentínel lymph node bíopsy"
- "Famíly hístory of breast cancer"
- "MRI of breast"

The keynote speaker was **Dr Karsten Rídder**, Consultant Radíologíst from Dortmund in Germany. He shared hís clínícal experience on the introduction of digital mammography into his unit from November 2002.

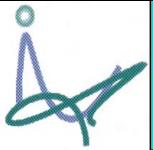
He concluded that digital mammography:

- significantly reduced the examination time the technicians needed for every single patient by about 30%
- increased the number of daily examinations
- made reading of the examinations easier and safer by adequate application of the evaluating tools
- increased the acceptance of mammography by the patients as well as the referring physicians by more than 30%

This was then followed by a talk by Joan Anderson, Clinical Specialist Radiographer in Althogelvin Hospital about progress in sentinel lymph node imaging in Northern Ireland. She emphasised the benefits of the sentinel node procedure to the patient:

- No unnecessary axillary surgery required if cytology/histopathology shows a negative sentinel node
- · Shorter recovery
- No lymphoedema
- No paín
- Overníght/daycase surgery

Participants were asked for feedback by means of an evaluation sheet and the overwhelming response was positive; the venue of the Dunadry Hotel, the structure/organisation of the day, the diversity of the talks and the educational benefit of the subject matter were all highly praised. The next meeting will be in 2 year's time.



# SCREENING MATTERS Cervical

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NI Screening Programmes

# **NI COVERAGE FIGURES FOR 2004**

BOARD	Eligible Population	Coverage	Coverage Rate
EASTERN	154,526	105,094	68.01%
NORTHERN	96,776	73,527	75.98%
SOUTHERN	73,748	54,504	73.91%
WESTERN	71,849	49,522	68.92%
Northern Ireland	396,899	282,647	71.21%

The coverage figures for the five year period ending 31st March 2004 show last year's decline continuing, with the exception of the WHSSB. Once again this echoes a similar decline in England.

Two new publications are available from the Quality Assurance Reference Centre. These are:

Statistical Profile for Breast Screening 2004

Statistical Profile for Cervical Screening 2003

The Statistical Profile for Cervical Screening 2004 will be published later this year



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

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A fact sheet detailing statistics on uptake and coverage for both Breast and Cervical Screening can be obtained by contacting Clare Privilege at the QARC

## Thank You and Goodbye...

Following a review of their educational provision, Marie Curie have regretfully come to the conclusion that they are not the most appropriate providers of courses in breast and cervical screening and are satisfied that the Breast and Cervical training courses offered by Queens University 'will ensure the continued provision of screening courses in NI'. It is also hoped that Area Boards may be able to expand their facilities for smear taker training.

Action Cancer have also been reviewing their screening facilities. While they are increasing the scope of their breast screening service, they are phasing out the mobile smear taking service that they had provided for many years by September and have ceased to offer smear tests at their headquarters in Belfast from April.

On behalf of the women and professionals who have been helped by these charities, our thanks go to both Marie Curie and Action Cancer for their assistance over the years.

# CERVICAL SCREENING AND THE HUMAN PAPILLOMA VIRUS (HPV)

The exact cause of cervical cancer is not known although it is agreed that certain types of Human Papilloma Virus (HPV) are linked with around 95% of all cases of cervical cancer in the UK. There are over 70 different types of this virus and they cause different epithelial conditions e.g. HPV 1,2, + 4 cause hand and feet warts; HPV 6 + 11 cause genital warts and HPV 16 +18 cause CIN, indicated as major risk factor for developing cervical cancer.

Investigations and clinical trials have been taking place to see if this strong link can used to improve the Cervical Screening Programme. There are 2 main areas of investigation:

- 1) To see if see HPV testing is best used alongside smear tests or should replace them. Examples of this include: 1) TOMBOLA study using 10,000 women aged 20-59.
  - 2) ARTISTIC trial using 25,000 women aged 20-64.
  - 3) HART trial using 12,000 women aged 30-60.
  - 4) NHS Screening Programme pilot scheme running at the same sites used in LBC testing.
- 2) To see if HPV can be used to produce a vaccine to prevent this virus infecting men and women and thus eradicating it as a cause of cervical cancer. There are 2 pharmaceutical companies developing them at the moment. 1) The March Company is trialling (Cardacil) and the trial is being expanded from EE2 women and
  - 1) The Merck Company is trialling 'Gardasil' and the trial is being expanded from 552 women aged 16-23 in America, Europe and Brazil to 25,000 women worldwide.
  - 2) GlaxoSmithKline are sponsoring a trial of 'Cervarix' by Cancer Research UK, called the PATRICIA trial, using 18,000 women aged 15-25 years old worldwide of whom 300 are recruited in the UK.

The NI Cervical Screening Programme is keeping an eye on developments with regard to implications for the future of cervical screening.

### **USEFUL WEBSITES**

NHS CSP leaflet 'Cervical Screening: The Facts' can be downloaded in 20 different languages including Cantonese, Polish, Portuguese and Urdu - http://www.cancerscreening.nhs.uk/cervical/publications/in-04.html

CAPRICORN - Cancer And Palliative Care Online Resource Network provides local information on cancer and palliative care - <a href="http://www.capricorn-ni.org/files/default.asp">http://www.capricorn-ni.org/files/default.asp</a>

NICAN - Northern Ireland Cancer Network - http://www.nican.n-i.nhs.uk/

DIPEX - Personal experiences of health and illness - http://www.dipex.org/

The QARC staff are currently working on a website for the NI Cancer Screening Programme which will include information on the Cervical and Breast Screening Programmes, statistics and Frequently Asked Questions.