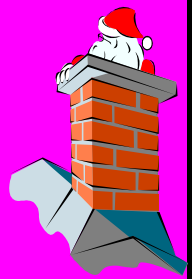




SCREENING MATTERS

Breast

Newsletter of the Northern Ireland Screening Programmes



Issue 11 Produced by the QARC for Health Professionals in the NI Screening Programme

Winter 2006

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Northern Ireland Breast Screening Programme

External Quality Assurance Visit 2006

In October 2006 the Northern Ireland Breast Screening Programme underwent its third external quality assurance visit since September 2000. This time the visiting team were from the East Midlands Breast Screening Quality Assurance Reference Centre with consultant radiologist, Dr Robin Wilson, overseeing the two-day visit.

In addition to Dr Wilson, the visiting team comprised a: QA Surgeon, Pathologist, Radiographer, Breast Nurse, Medical Physicist, Administrative Co-ordinator and NHS BSP Performance Manager. The team visited all four of the Northern Ireland Breast Screening Programme's screening units, beginning with Altnagelvin in the Western Board on the morning of 5th October. Each visit started with uni-disciplinary meetings between individual QA team members and unit staff followed by a management meeting between representatives of the visiting team and unit staff. A tour of the unit was included in the programme and Dr Wilson concluded each visit by giving a verbal report to the Chief Executive of each Trust, screening commissioners and unit staff.

The team concluded their two-day visit with a visit to Craigavon Hospital and screening services in the Southern Board.

Dr Wilson indicated that the team had no major concerns with regard to the delivery of screening services in Northern Ireland but that a number of recommendations would be made in the formal reports.

A key concern was the necessity of implementing computer software to facilitate the collation and analysis of programme data.

The team complimented the region on the setting up of a QA Health Promotion Group and initiatives in development for encouraging uptake amongst ethnic minorities and individuals with learning and physical disabilities.

A comprehensive report on the visit's findings is expected imminently.



DID YOU KNOW

EHSSB Breast screening office at Linenhall Street has been temporarily relocated to Belfast City Hospital (Radiotherapy car park) till early 2007. Contact telephone numbers remain unchanged while refurbishment takes place.



Breast Cancer Cases Have Soared

The number of breast cancer cases has rocketed in the last three decades, but death rates are falling, figures show. *Source BBC News Fri 29th Sept 2006*

The data from the Office for National Statistics showed that from 1971 to 2004 the number of cases of the disease rose by 81% to 36,939 cases in England.

But deaths from the disease have fallen by a fifth since 1989 to 12,417 due to better treatment and earlier detection.

Experts said the rise in cases was being fuelled by lifestyle changes and the start of national screening. Factors such as obesity and drinking alcohol are known to increase the risk of a woman getting breast cancer.

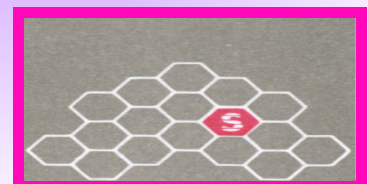
The ageing population is also a factor, but this was taken into account by ONS statisticians when compiling the figures.

But Mark Matfield, scientific consultant for the Association for International Cancer

Research, said the fact that women were having smaller families and breast-feeding less also played a part.

"It is hard to pin down exactly what has caused this rise. These lifestyle factors are having a significant impact, but so has the introduction of the national screening programme in the late 1980s.

Breast	36,939 cases	31.9%
Bowel	13,020 cases	11.2%
Lung	12,337 cases	10.7%



NI Screening Programmes



PERSONAL EXPERIENCE

I retired in May 2006 on my 60th Birthday. I trained as a midwife and for the past 20 years as a practice nurse in a very busy local practice.

Amongst my birthday cards was an appointment for a mammogram at the breast screening clinic. This invite for me was just a bit of reassurance, as I regularly checked my breasts for lumps. I had my mammogram and thought no more about it. Ten days later I got a letter asking me to come back for further tests and to bring someone with me. Do I really need someone with me? My sister-in-law offered and with the promise of a nice cup of coffee afterwards, it all sounded good to me.

I was going back for my second appointment still not unduly worried. There were many women recalled, I knew some of them, as they were patients from the practice where I worked. One by one they came out having had repeat mammograms and FNA biopsies. In my case a FNA biopsy was being taken as my mammogram was showing something suspicious. The Doctor wanted to know if it was benign or malignant. While we were waiting for my results a lady said to me "Aren't you the nurse from the practice?" "I really need my ears syringed. What should I do?" My jaw may have dropped but I told her what to do and to phone for an appointment with the nurse. She then asked "Can I ask you" – "You did it the last time and did a really good job" I suppose I should have been flattered, so instead of explaining that I had just retired, I said that it would be OK to ask for me. By this time the other ladies were starting to get their results and they were all coming out smiling – It's benign, it's only a cyst etc. I still felt that the shadow on my mammogram was just a cyst.

One of the breast care nurses called me in and said the doctor would speak to me. When I sat down in the consulting room the doctor asked me if I had someone with me. For the first time I felt really scared. He said he didn't have very good news but he would like my sister-in-law to hear what he had to say, in case I missed anything.

With my sister-in-law at my side all I heard him say to her was I had a malignant tumor on my left breast. I remember very little after that. Thank goodness I had my sister-in-law with me she held my hand, kept calm and asked all the questions I should have asked. I just cried, this wasn't the way it was supposed to be. I had just retired having worked 20yrs in a G.P. practice without one day sick leave – a record.

Surely there has been a mistake, I don't have breast cancer, I don't even have a lump – but no, I had breast cancer.

The screening staff were very good. The breast care nurse gave me an appointment to see the surgeon, as well as names and phone numbers in case we had any questions when we got home. The nurses were so sympathetic and understanding and my opinion of the girls was reinforced as treatment progressed

The next step was to tell my family. My husband, 5 grown children and a 90 year old mother as well as an extended family and close friends which helped me so much, I wouldn't have got this far without them.

The main thoughts going through my mind that night was, breast as soon as possible and, what legacy am I passing

Surely there has been a mistake, I don't have breast cancer, I don't even have a lump – but no, I had breast cancer.

I need to get rid of this to my daughter.

I was devastated. The family gathered and we talked and things have moved swiftly from that day. I met my my surgery and aftercare. I was very reassured by him.

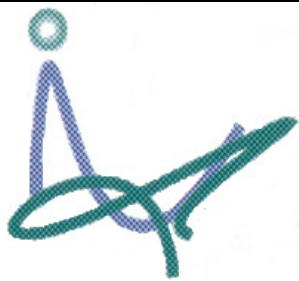
I cried a lot, however consultant, discussed One week after

diagnosis I had my mastectomy. I recovered well and was supported all the way by the breast care nurses. 5 weeks later I started chemotherapy. My Oncologist was great. The treatment and side effects were discussed in great detail - sickness, tiredness and hair loss. For me the most distressing was hair loss. I wasn't quite prepared seeing the floor of the shower covered in my hair. I cried and cried. Since then I have come to terms with hair loss and my sisters and daughters all bought me lovely coloured scarves to match my clothes.

My family set up a rota to accompany me to the chemotherapy treatment centre. It was really nice to have family support. Chemotherapy is not pleasant. The tiredness was all enveloping. I felt washed out both physically and emotionally for about a week after the treatment. The lethargy was unbelievable. On the 2nd and 3 weeks I picked up but as treatment has progressed I feel worse after each one. The breast care nurses continue to be a great support

I have two more treatments to go and I can't wait to finish with chemotherapy. I have got used to wearing my scarves and wig and feel much better with myself since getting a prosthesis.

My family and friends have been a great support to me since I was diagnosed . I now feel I am cured. I have no cancer now. – it was removed with my breast. The chemotherapy and herceptin are backup. I am looking forward to a long cancer free future. One of my daughters is getting married next summer and I am going to be a healthy mother of the bride.



SCREENING MATTERS

Cervical

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Winter 2006

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- Dr M Chambers
Chair, Regional Primary
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- Marie Carey
Chair, Regional Health
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- **QARC Team**

NI Screening Programmes



COVERAGE 2004-2005

NI	70.99%
EHSSB	67.49%
NHSSB	76.52%
SHSSB	73.25%
WHSSB	69.56%

DID YOU KNOW!

This publication is also
available online at

www.cancerscreening.ni.nhs.uk

SPRINGVALE WOMEN'S HEALTH FAYRE

On June 23rd 2006 a 1 day Women's Health Fayre was held at Springvale Training Centre in West Belfast. This event was partly sponsored by the EH&SSB. The event was organised by Louise Logan, a Nurse Practitioner from the EH&SSB, and assisted by members of the North and West Belfast Trust Family Planning Team headed by Dr Olga Elder.

AIM

The aim of the project was to provide a Smear-Taking and Breast Awareness service to women in West Belfast thereby increasing uptake in cervical screening within an area which has consistently had poor uptake rates in both the breast and cervical screening programmes.

Members of the travelling community, the homeless, commercial sex workers and mature students from Springvale Training Centre had been invited to attend the Health Fayre.

THE EVENT

On the day, various health promotion events took place with stands provided by The Northern Ireland Fire and Rescue Service, Action Cancer, The Ulster Cancer Foundation, who promoted 'Care in The Sun', and North & West Belfast Podiatry Service.



An holistic approach to the event was adopted. Women were seen on a one-to-one basis by an experienced senior nurse who offered all attendees a smear test, blood pressure recording, body mass index measurement, blood sugar and cholesterol checks. Women were also shown how to check their own breasts to promote breast awareness.

Sexual health advice and smear tests were offered by senior experienced nurses along with smoking cessation and dietary advice. Indian head massage was also provided.

The guest speaker, Dr Maureen McFarland, gave a well-received talk entitled 'Sex in the City' which covered women's health in detail. The event was well attended by over 100 women. At least one woman has quit smoking, several elevated levels of cholesterol and blood sugars were detected and, most importantly, 3 severe abnormalities were detected in women who had never had a cervical smear taken previously. Of the three severe abnormalities, one contained cells which suggested a lesion within the endocervical canal. Where appropriate, the client was encouraged to attend her GP for follow-up care regarding the blood results and colposcopy treatment.

As a result of information gained from the event, several clinics have been set aside for women who qualify for mammograms at Action Cancer. Feedback from the event was excellent. One woman, with a severe abnormality detected on her smear test, stated that her GP told her that she did not realise how lucky she was that the abnormality had been discovered in time.

The Chief Executive of Springvale Training Centre has asked for a repeat event as soon as possible. On-going smear clinics for small groups of women who attend the Training Centre have been organised to take place with College Street Family Planning Clinic. New intakes of students to the training centre have requested another event and the three women with the severe abnormalities have expressed sincerest gratitude to the event organisers.

Louise Logan, Nurse Practitioner, Senior Health Development Officer.

NI Cancer Screening Programmes **Screening website for Northern Ireland**



Welcome to The NI Cancer Screening Programmes Website

The Breast and Cervical Screening Programmes are important public health initiatives which have significant impact on reducing the number of women who die in Northern Ireland each year from breast and cervical cancer.

Contents

- Breast Screening
- Cervical Screening
- Quality Assurance
- Publications
- Statistics
- Useful Links
- FAQ
- Staff Access
- Contacts and Feedback
- Home

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Latest News

- [Cervical Screening Statistical Profile for 2003 - 2004 is available.....click here](#)
- [Colposcopy Latest News.....Click Here](#)
- [Breast Screening Annual report 2004/5 Click Here.....](#)

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HTTP://WWW.CANCERSCREENING.N-I.NHS.UK

Do you have access to the internet? If so, please visit the NI screening website, where you will find a wealth of information at your fingertips. The site is devoted to the Breast and Cervical screening programmes in Northern Ireland, and carries a section on Colposcopy and Gynaecological Oncology .

The website went "live" in May 2006 and is updated frequently. Once inside you will find:

Search facilities and **FAQ's** for casual browsers wishing to find out more about the screening programme.

The site also has a **Glossary of terms** that a user might find helpful when searching for answers to questions about screening matters. The site maintains **links** with similar professional bodies. Once inside the website there is an

archive containing **published documents**, **factsheets** and **reports** from both screening programmes.

A **feedback** feature has been included that allows members of the public to contact the screening service if they wish to make comment or enquire on something they have seen on the website.

If you have any comments, or suggestions on the site content, or would like to contribute an article for publication, please use the contact form.

There has been a lot of interest in the site. To date, it has generated 100,129 hits. In November 2006 alone there were 1095 visitors. This figure has risen steadily since May.

SHORTS

TEENAGERS

Most questions about cervical screening come from teenagers and those in their early twenties. They are often consulting on other matters such as gynaecological problems or requesting the contraceptive pill. They ask about when they should start having a smear. How frequently is the smear taken, and how do they get the results. Few understand how a smear sample is processed.

Fact

70.99% of eligible women in N. Ireland aged 25 to 64 have been screened at least once in the last 5 years.

Latest News

Doctors in "sex" warning over cervical cancer.

Belfast Telegraph 1 September 2006

A team of scientists at the Medical Research Council have found that tumours grew in the presence of prostaglandins which is 1000 times more highly concentrated in semen.

It was shown that it was prostaglandins in the semen that was driving tumour growth forward. Sexually active women who are at risk of cervical or uterine cancer should encourage their partners to wear a condom to prevent increased exposure to the prostaglandins that may make their condition worse.

If you would like to submit an article to Screening Matters, or request additional copies, please contact:

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Attention: Practice Nurses

The facts on HPV and cervical cancer are available at the RCN website

www.rcn.org.uk/publications/pdf/hpv_leaflet.pdf



Human papillomavirus (HPV) and cervical cancer – the facts