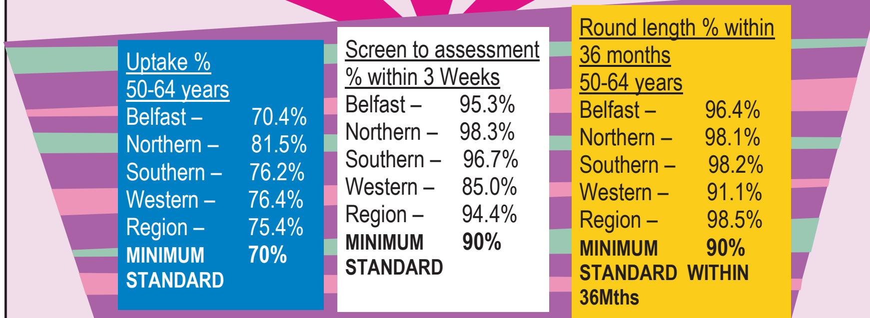
Public Health Agency

SCREENING MATTERS

Newsletter of the Northern Ireland Cancer Screening Programmes

Issue 19 Produced by QARC for Health Professionals in the NI Cancer Screening Programmes **WINTER 2010**

2009 2010



Uptake % 50-64 years	
Belfast –	70.4%
Northern –	81.5%
Southern –	76.2%
Western –	76.4%
Region –	75.4%
MINIMUM STANDARD	**70%**

Screen to assessment % within 3 Weeks	
Belfast –	95.3%
Northern –	98.3%
Southern –	96.7%
Western –	85.0%
Region –	94.4%
MINIMUM STANDARD	**90%**

Round length % within 36 months 50-64 years	
Belfast –	96.4%
Northern –	98.1%
Southern –	98.2%
Western –	91.1%
Region –	98.5%
MINIMUM STANDARD WITHIN 36Mths	**90%**

The Role of QARC

The aim of quality assurance in the NI Cancer Screening Programmes is the **monitoring and maintenance of minimum standards** of service and the **continuous improvement in the performance of all aspects** of cancer screening to ensure that women have access to a high quality service wherever they reside.

The role of the NI QARC is to ensure effective QA is undertaken within the breast, bowel and cervical cancer screening programmes.

Each cancer screening programme within QARC is led by a QA Director who is accountable to the Regional Director of Public Health. The QA Director is supported by specialist information and administrative staff within the QARC and representatives from professional groups (eg surgeons, GPs) involved in screening. In turn, each professional representative is responsible for liaising with his/her colleagues within and outside the region. Each professional representative also sits on his/her professional group's national committee which is serviced by the National Office NHS Cancer Screening Programmes. These committees update professional guidelines, review current and new methodologies, update national standards and identify research and training requirements.

The main functions of the Northern Ireland QARC are to:

- Collect, validate & monitor accurate, timely statistics.
- Maintain effective working relationships with call/recall services, host Trusts (for breast screening units, laboratories, colposcopy and colonoscopy), primary care staff, the DHSS&PS, NI Cancer Registry and other key individuals/ organisations at local and national level.
- Organise QA multi-discipline Team Visits to screening services.
- Organise and facilitate regional professional QA meetings.
- Participate in local and national audit.
- Facilitate the implementation of new initiatives.
- Arrange education events/training as appropriate for staff working in the screening programmes.
- Provide information to a wide variety of stakeholders within the screening services.

Over 70s want more information about breast cancer screening

British Journal of Cancer Press Release: Wednesday 12 May 2010

Most older women want more information about breast cancer and want to continue to be invited to breast screening, according to the results of a survey published in the British Journal of Cancer today.

The survey, completed by 400 women aged 70 and over, found that 75% felt they would benefit from continued breast screening and would attend screening if invited every three years. In the UK all women between the ages of 50-70 are invited for breast screening every three years. Once a woman reaches 70 she can request to continue to have screening, with information about this supplied at her final screening.

But most women surveyed had not attended screening after they turned 70 and had assumed that breast screening was no longer necessary as they had not received an invitation. Just over half were unaware that they could request ongoing screening.

Those interviewed wanted increased information about the benefits and risks of screening to make informed decisions about whether to attend. But around a fifth of women simply 'did not want to be bothered' with breast screening at their age.

“Fathers family history is often overlooked!”

Women at risk of breast cancer miss out on tests and early diagnosis because their father's family's health history is disregarded.

Canadian researchers say in Lancet Oncology that women were more likely to report a history of the disease on their mother's side.

They found women with a maternal cancer history were five times more likely to be referred by family doctors.

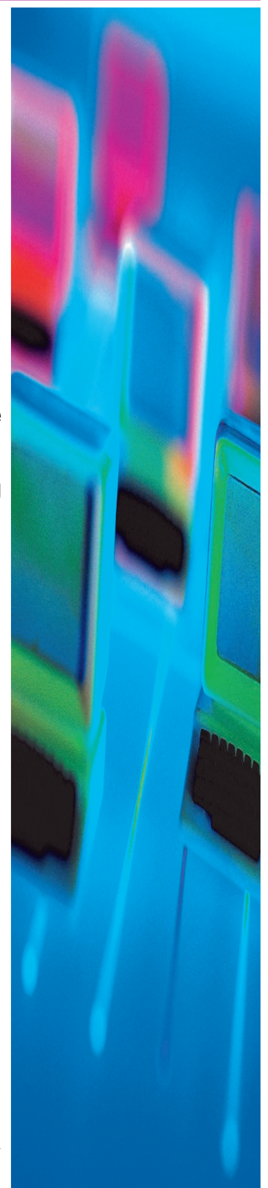
A UK cancer charity said a father's history was "often overlooked". It is thought that between 5% and 10% of breast and ovarian cancers are the result of a genetic inheritance. This is equally likely to have come from either the father or mother.

A significant chunk of this genetic risk is known to come from defects on either the BRCA1 or BRCA2 genes, which make it much more likely that a woman will develop breast or ovarian cancer in her lifetime.

If a woman has a strong family history of breast cancer, she can be referred for further testing to see if she has a known gene defect. She can then take steps to reduce the risk, or simply get checked more regularly to catch the cancer early.

Source: *BBC Health 25/10/2010*

New Arrangements for Inviting Women for Breast Screening



As per a letter sent to GPs on 8th November from Dr Adrian Mairs, QA Director of the NI BSP, the establishment of an electronic link between NHAIS* and the NBSS# means it will no longer be necessary for GPs to complete and return prior notification lists to their local Breast Screening Unit before women in their practice can be invited for screening. Instead the link, from which screening invitations are generated, will facilitate the automatic transfer of demographic data (including all recent changes to women’s personal details and screening histories) between the NHAIS and NBSS databases. Please note, **eligible women can only be invited for breast screening if their correct name and address are included on NHAIS (EXETER).** It is thought that a number of women in the greater Belfast area do not receive breast screening invitations as their details on NHAIS are incorrect.

This will bring the NI BSP in line with all other NHS breast screening programmes in England. In three years’ time, the NI BSP will also be able to run failsafe batches to ensure women are invited before their 53rd birthday and that they are recalled within three years’ of their last invitation.

Your local BSU will forward a GP Information Pack approximately six weeks before screening commences within your practice. The pack will include the following:

- Month(s) of screening for women in your practice
- What Breast Screening Unit (BSU) women should attend
- Contact points at the BSU
- Key personnel within the BSU
- Flow chart showing what happens at a BSU when women attend for screening
- Role of GP Practices in breast screening
- Recent data for your practice showing uptake, cancers detected & coverage
- Information on when your practice was last visited & numbers of women screened
- Key facts about breast screening
- Frequently asked questions
- Family History
- Key research
- Additional local and national contacts

* National Health Applications and Infrastructure Service which underpins primary care

National Breast Screening System which contains information on womens’ screening history

If you have any queries regarding any of the above please contact Jaqueline Mcdevvitt at QARC 028(90)-553-949 or your local BSU.

Cervical Screening

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Screening age range and intervals from January 2011

Following the announcement by the CMO, THE Northern Ireland Cervical Programme has started to put into place all necessary arrangements to make the transition to invite women for a cervical smear test between 25 and 49 every three years beginning January 2011. The process began by suppressing invitations for women who have reached 20 and have not already entered the screening programme. These women will now be invited when they reach 24 3/4. The first screening episode should have been completed by the woman's 25th birthday. Woman will be invited every three years until 50, when the frequency of invitations will change to once every five years up until 64. Women who have provided an abnormal sample prior to their 65th birthday can continue in the programme until follow-up is complete.

GPs are reminded that the regional screening office will be sending out invitation letters and information leaflets corresponding to the new invitation cycle. GPs wishing to opt into the regionally managed call/recall system can do so by contacting Mrs Norma Magee 028(90) 532967 who will outline the benefits of using the free service offered to GPs.

To accompany changes to the screening policy, a new set of leaflets is being developed to give women more information to help them to make an informed decision on whether screening is appropriate for them. Three leaflets are being revised and will come under the headings;

1 **It's best to take the test** (*replaces* A Positive approach to your smear test)

2 **Your results explained** (*replaces* What your abnormal smear test result means)

3 **Colposcopy Information for women** (revised leaflet)

Practices who opt out of the call/recall system are reminded that all women should have relevant programme information sent out with every invitation.

Copies of the new materials will be issued to all GP practices in the near future.

Further stocks of leaflets can be obtained from Trust distribution points. *(see below)*

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Clunie Road,
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health.improvement@
westhealth.n-i.nhs.uk

If you would like to submit a news item, or would like to publish the results of an audit in **Screening Matters,** please contact Ken McInnes on 02890 553949 or @ Public Health Agency', QARC, 4th floor Champion House, 12-22 Linenhall Street, Belfast BT2 8BS. For further information and back issues, please visit our website at: www.cancerscreening.hscni.net.

HPV testing and vaccination could cut cervical screening to twice in a lifetime

Wednesday 10 November 2010

National Cancer Research Institute Press Release

Women who have had the human papillomavirus (HPV) vaccine could need only two HPV screening tests for the rest of their lives according to new calculations being presented at the NCRI Cancer Conference in Liverpool. HPV testing is a more accurate cervical screening method than the current smear test, which looks for abnormal cells. Professor Peter Sasieni, a Cancer Research UK scientist at Queen Mary, University of London, will urge the UK governments to consider making HPV testing the main method of cervical screening across the health service as a priority.

He believes women who have been vaccinated will no longer have to go for screening every three to five years, as is the current practice.

Research suggests that the HPV vaccine will prevent at least seven out of 10 cervical cancers and new vaccines currently being evaluated should prevent even more. It typically takes over 10 years for a cancer to develop after HPV infection. Research shows that cancer caused by HPV types not prevented by the current vaccines take even longer. This could allow the first cervical screen to be safely offered much later than at age 20 or 25.

Professor Sasieni said: “The UK cervical screening programme has done a fantastic job in reducing cervical cancer, but it is based on an old screening test. HPV testing could prevent an even greater proportion of cervical cancer with just half the number of screens over a lifetime. If HPV testing were to be rolled out from next year, it could be used nationally by 2015.

“With continued high coverage of HPV vaccination and targeting of screening resources towards unvaccinated women, cervical cancer should become a truly rare disease. And if the government plan for this change now, they could save hundreds of millions of pounds in the long run.”

Cervical cancer is the second most common cancer among women under the age of 35, and the majority of cases are caused by two strains of HPV, types 16 and 18.

In the UK, girls aged 12 to 13 are offered the HPV vaccine. Girls have three injections over six months given by a nurse. A two year catch-up programme also started in Autumn 2008 to vaccinate girls aged between 13 and 18.

Dr Lesley Walker, Cancer Research UK’s Director of Cancer Information, said: “HPV vaccination has been a huge step towards reducing the number of women that will be diagnosed with cervical cancer in future years. And the very high uptake of the vaccine in the UK has been a real success story.

“This is exciting and poses interesting questions for the screening programme in terms of the best way to screen women in the future who have been vaccinated.

“But for now it remains vitally important that all women continue to take up the invitation to go for screening when they receive it.”

SMEAR TAKER TRAINING - 2010 / 2011

This is to remind all practice managers that courses are available to smear takers requiring initial training. The courses are run by Queens University Belfast (QUB) and at the Ulster University (UU) in Jordanstown and Magee. Individuals wishing to arrange initial smear taker training please contact either;

Dr Jill Stuart Moore (QUB)
Tel 028(90) 795 837

Louise Logan (UU)
llog7@aol.com

For more information on QUB courses for smear takers The following information can be downloaded at http://www.qub.ac.uk/schools/SchoolofNursingandMidwifery/FileStore/Filetoupload,173586,en.pdf.

The next scheduled course at QUB is October 2011

UU have the following course dates available. The next date is 10th January 2011 to Friday 14th January 2011, for the breast and cervical screening course. Classes start at 9.30am and finish at 5pm in room 16G25. The module (NUR 775) runs over a 5 day period followed by 6 months to complete the practical aspect, with a practical assessment at the end. There is a consolidation day at the end of this period.

Please contact QUB or UU directly for course fees and availability.

Pregnancy, abnormal smears and colposcopy:

Women who are pregnant but due a smear during the course of their pregnancy as part of the follow-up of a previous abnormality, should be reassured and advised that it is most important that they have their smear as scheduled during the pregnancy. Likewise, where a pregnant patient is due to be seen at colposcopy it is vital that they attend the colposcopy clinic. The examination carries no risk to the pregnancy but it is important that any abnormality is assessed particularly to exclude an invasive lesion. It also allows treatment to be planned for the most appropriate time, depending on the severity of any abnormality identified.

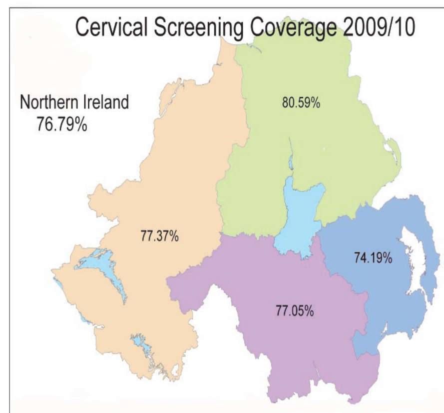
Where a patient is due a routine smear it may be reasonable to defer this until after the pregnancy provided she has a previous history of satisfactory cervical screening.

An information leaflet on colposcopy and smears for pregnant women is available on the QARC website www.cancerscreening.hscni.net

Alison Love FRCOG
Lead Colposcopist Lagan Valley Hospital

GA AUDIT (Northern Ireland)

Following a recent GA audit by the BSCCP in England, Northern Ireland colposcopists agreed to undertake a one month audit in October 2010. The audit looks at the use of general anaesthesitic (GA) when treatment is offered in colposcopy clinics and theatres. The preliminary findings will be presented at the Lead Colposcopists meeting in the summer of 2011.



A date has been agreed for the 2011 Colposcopy Conference. The meeting will be held at a venue that will allow our colleagues from the Irish Cervical Screening programme to participate. The meeting is planned for Friday 20th May 2011. A full programme consisting of a variety of topics from speakers both local and international is planned. As soon as we have a draft programme, it will be emailed to you. If you would like to submit a paper for consideration, please email QARC for further details. As this will be a joint programme conference, space will be limited so please book early.

Entonox

Referral for colposcopy produces significant anxiety and stress for many patients making the examination particularly painful and unpleasant for some. Having access to patient-delivered Entonox (Nitrous oxide: oxygen as a 50:50 mix) gives excellent analgesia and relaxation without impairing the patient's ability to drive etc. after the procedure. It has made a significant difference to patients' comfort and confidence at our colposcopy clinic. It allows patients who are very nervous to undergo colposcopic examination and to consider outpatient treatment where this may otherwise have been difficult or even impossible.

Alison Love FRCOG
Lead Colposcopist
Lagan Valley Hospital

REGIONAL COMPUTERISED COLPOSCOPY INFORMATION SYSTEM (RCCIS)

The Business Services Organisation (BSO) has completed the procurement phase of the project, with Axsys Excelicare winning the contract to provide a RCCIS system for Northern Ireland.

The Axsys Excelicare Colposcopy Information System is currently operational in Northumberland NHS Trust and is also used at St Mary's NHS Trust London. The system:

- Facilitates the production of KC65 quarterly returns.
- Collection of the Minimum Dataset for Colposcopy Services.
- Integrates with each Trust's PAS System.
- Is capable of integrating with each Trust's Cytopathology system.
- Produces 'failsafe' reports automatically to ensure mandatory timescales are met.

The RCCIS will be implemented into colposcopy units at the following locations:

(Rollout of the system will begin with Antrim Area Hospital and has been tentatively scheduled for January 2011).

Antrim Hospital	Altnagelvin Hospital	BHSCT Bradbury Health and Care Centre	Causeway Hospital	Craigavon Area Hospital	Daisy Hill Hospital	QARC for KC65 data collection
Downe Hospital	Erne Hospital	Lagan Valley Hospital	Tyrone County Hospital	Ulster Hospital	Whiteabbey Hospital	

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The NI Bowel Cancer Screening Programme has now been in operation for over six months and is already demonstrating its benefit. All staff involved in delivering the programme were invited to an educational seminar on 18 November to get an update on how the programme is performing so far, and also to share their experiences and challenges to date.

One of the main challenges has been to manage the demand on screening colonoscopy and pre-assessment services. In some Trusts, additional clinics and colonoscopy lists have had to be put in place. As we start planning for year 2 of the programme, we now have actual uptake and screening positivity rates for Northern Ireland on which to base the plans, ensuring that capacity is available to meet the requirements of the programme.

Remaining priorities are to roll the programme out to the outstanding two Trust areas (Belfast and Southern) as soon as possible and to establish our Quality Assurance structures and procedures, in line with the other cancer screening programmes. As a first step a QA support officer has been appointed to the programme (Mr Kevin Briggs) and will take up post in the QARC from 1st December.

A public information campaign is also being planned to raise awareness of the bowel screening programme and the importance of participating. It will be targeted at the eligible age range and use a range of media. Look out for the campaign which is scheduled to run from February 2011.

Activity to date

To mid November, over 26,000 people across three Trust areas had been invited to participate in screening and over 10,000 have initially returned a completed test kit to the laboratory. Based on an eight week turnaround from sending out test kits, early indications point to uptake rates for the region of 45-49%. The reminder letters to initial non-responders are particularly having an important impact. This is very encouraging, considering that more established programmes elsewhere in the UK are achieving uptake rates of 50-55% and that we have had no significant promotion of the programme so far. Eighteen individuals have been identified with screen detected cancer – some at very early stages of disease. Those with high and moderate risk adenomas are also being identified and placed on a polyp surveillance programme where they will have a follow-up colonoscopy.

PROGRAMME FACTS AT A GLANCE

BOWEL CANCER SCREENING

Invitations sent out = 26,000

Completed kits returned = 10,000

Programme identified
Screen detected cancers = 18

Public response

Working in the Bowel Cancer Screening Programme also has its lighter side. The laboratory has received completed test kits from as far away as Thailand and the helpline has responded to some interesting questions about collection of the faeces sample. Most surprising has been the thank you letters and phone calls received from participants, expressing appreciation for the opportunity to be screened and the efficiency and quality of the service they have received.