SCREENING MATTERS Breast

Newsletter of the Northern Ireland Screening Programmes

lssue 9 Produced by the QARC for Health Professionals in the NI Screening Programme

Winter 2005

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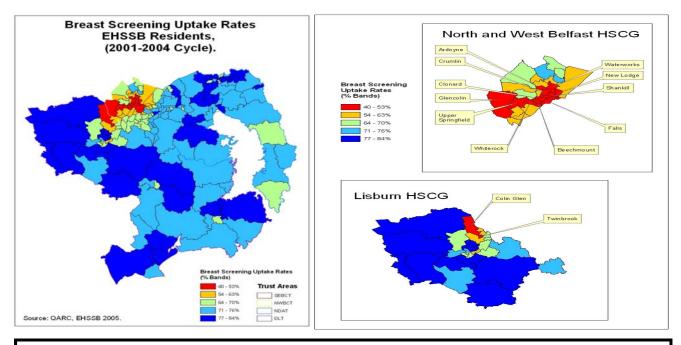
NI Screening Programmes

NHS BREAST SCREENING 2005 REVIEW

he National Breast Screening Programme have recently produced their Annual Review "One Vision". This can be accessed from their website www.cancerscreeing.nhs.uk, or a copy can be borrowed from the Quality Assurance Reference Centre library. This provides comparative data between N. Ireland and other regions within the UK.

Prevalent Screen Age 50—64	Acceptance % Invited	Recall for assessment % screened	Benign Biopsy no. per 1,000 screened	Non-operative diagnosis % of cancers	Invasive cancer detection rate per 1,000 screened
N. Ireland	74.1	6.4	2.3	90.5	5.2
Wales	74.3	8.5	2.3	87.7	5.9
Scotland	75.4	10.8	2.5	-	5.3
South West	75.6	9.9	2.9	86.1	5.6
South East	74.7	9.0	1.9	90.7	5.2
London	57.8	8.5	2.4	83.8	4.2
E of England	74.0	8.9	2.1	90.4	4.7
North West	71.6	9.0	2.7	88.6	5.5
W Midlands	73.9	8.0	2.3	88.7	4.9
E Midlands	78.4	7.5	1.6	89.0	5.3
North East	76.6	7.5	2.3	85.0	4.9

Incident Screen Age 50—64	Acceptance % Invited	Recall for assessment % screened	Benign Biopsy no. per 1,000 screened	Non-operative diagnosis % of cancers	Invasive cancer detection rate per 1,000 screened
N. Ireland	86.7	2.8	0.7	96.5	5.0
Wales	86.7	4.2	0.6	93.6	6.5
Scotland	85.0	4.2	0.6	-	5.1
South West	85.9	4.7	0.7	91.9	6.1
South East	86.4	3.8	0.6	92.9	5.3
London	77.9	3.9	0.9	93.8	5.3
E of England	85.8	3.9	0.9	93.5	5.7
North West	85.0	4.2	0.9	92.3	5.4
W Midlands	86.1	3.4	0.6	92.5	5.3
E Midlands	87.8	3.9	0.9	94.7	5.8
North East	87.0	3.7	0.8	94.6	5.5

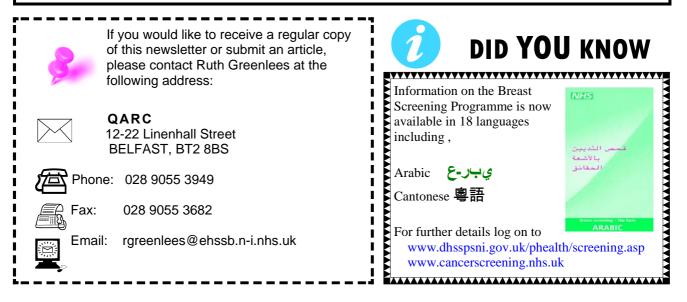


New Era for Action Cancer as they embark on a five-year Strategic Plan

Action Cancer's new five-year Strategic Plan announced some very innovative changes to their future role and exciting proposals to enhance collaboration between the charity and the NHSBSP.

Taking into account the availability of breast cancer screening for women in the 50-64 age range through the NHSBSP Units, the charity plans to discontinue screening new self-referring women in this age group. Action Cancer envisages continuing with early detection work, through the provision of selective mammography, concentrating its resources on self referring women in the 40-49 aged group and over 65.

In addition the Charity would hope to target disadvantaged and marginalized groups and women in geographical areas of known low breast screening uptake (see above map for the wards with the lowest uptake in the Belfast area). Action Cancer proposes to run a pilot project in low uptake areas in Belfast, Londonderry and Newry. They hope to visit these areas just after the NHSBSP has completed a round of screening to identify the recent non-attenders and offer these ladies a second chance to have a mammogram taken. With the agreement of the NHSBSP the details of all women aged 50–64 will be fed into the official statistics.





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Scots Teenagers First to Test Cervical Cancer Vaccine.

YOUNG Scottish women have become the first in the UK to be given a controversial vaccine Gardasil, designed to eradicate cervical cancer.

The 360 young women, between the ages of 16 and 23, from Glasgow were chosen for clinical trials because of the city's high levels of under-age sex and related sexual health problems.

Despite health experts calling for urgent action to tackle Scotland's poor sexual health record, the vaccine faces fierce opposition as the manufacturers say it is vastly more effective if given to patients before they are sexually active and should therefore be prescribed to girls as young as 10.

Recent figures from the National Cancer Intelligence Centre revealed that most regions of Scotland had incidence rates of up to a third higher than the national average.

Researchers will now carry out regular tests on the women for a further two years to see if the vaccine protects them against the disease.

Drugs firm, Sanofi Pasteur, claims that its vaccine would be most effective if given to girls as young as 10 years old, so they have immunity against the viruses before they become sexually active. "Scotland has cervical cancer death rates that are slightly above the rest of the EU," said Nicholas Kitchin, the company's medical director. "This is partly due to the higher levels of underage sex and lower uptake of screening."

NEW HEALTH PROMOTION GROUP

Earlier this year a new Quality Assurance Group was formed to help the Breast and Cervical Screening Programmes. At the moment the Health Promotion Group is made up of Health Promotion staff from the

four Health Boards, ad hoc representation from consumer groups and voluntary agencies. Part of the remit of this group will be to act as a forum for the exchange of Health Promotion ideas and to advise on issues relating to uptake in target populations, especially with regard to special groups such as Ethnic groups and those with Learning or Physical disabilities. See over the page for details of some of these activities.



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

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Phone: 028 9055 3949 Fax: 028 9055 3682 Email: KMcInnes@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 Ken McInnes at the QARC

NI Screening Programmes

WOMEN'S CANCER AWARENESS PROGRAMME LIFTS TRAINING AWARD

A pioneering programme, developed to increase breast and cervical screep breast and cervical screening awareness among women, received a National Training Award on 18th October at a glittering ceremony held in Belfast City Hall.

The Women's Resource and Development Agency (WRDA) targets women living in areas of social need and those with learning disabilities and mental health problems in the Eastern Health and Social Services Board (EHSSB) area. Research by the Disability Rights Commission suggests that less than one in five women with a learning disability have cervical screening and that people with mental health problems are four times more likely to die from a treatable illness than other patients.

The project is a partnership between statutory and voluntary bodies. The WRDA is the lead organisation and is supported by The Eastern Health Board, Trusts within the Eastern Health Board, Action Cancer and the Ulster Cancer Foundation. The project was made possible with funding from the Big Lottery Fund.

ongratulations!

Special Smear Taking Clinics

People with learning disabilities often have the focus of care directed towards their social needs. They also have higher than average incidences of ill health and disability compared with the general public. Problems may be aggravated by patients' difficulty in communicating, and it may be perceived that people with learning disabilities are not sexually active and do not work, smoke or drink.

I have recently set up 'Special Community Smear Taking Clinics' for clients with learning and/or physical disabilities and for women from ethnic minorities. This service mirrors what is already happening within Action Cancer where a mammogram service is also provided for these same client groups.

Dr Olga Elder has provided sessions within the Family Planning Clinic in College Street Belfast. These sessions run on the second Thursday of each month, the first clinic starting in December 2005. Another Clinic will be provided in Bangor Hospital Outpatients Department on alternate Tuesdays beginning in January 2006. Longer appointments have been facilitated to cater for the widely varying levels of disability.

Community Facilitators from the Women's Resource and Development Agency have been invaluable in raising awareness amongst Muslim and Indian women. A group of women from the Mandarin Chinese Community have been booked into a January 2006 Clinic.

It is hoped to replicate this service to other areas once its value has been shown. Demand is high at present and negotiations are taking place to provide a parallel clinic in College Street Belfast.

Plans are also underway to provide a Board Wide Update Programme to all GPs commencing in January 2006. It is also our intention to draw up guidelines for a Regional CD Rom, which will target both carers and clients from the learning disability community. A section will also target the sensory impaired client group.

Louise Logan, Health Promotion Officer (EHSSB)

2 New UK Research Projects — Investigating New Ways of Spotting or Fixing Cervical Abnormalities

Three thousand women in the Cardiff area are being invited to take part in a trial to see if a dietary supplement can help abnormal cervical cells heal or fix themselves. The trial will involve the women, who have had a borderline or mild smear test result only, taking the supplement called BioResponse DIM twice a day for six months. DIM, or Diindolylmethane, is found in broccoli, cabbage, sprouts or cauliflower and, it is hoped, will induce abnormal cervical cells to self destruct. The research team is headed by Professor Alison Fiander, Head of the Department of Obstetrics and Gynaecology at Wales College Of Medicine, Cardiff. The project is sponsored by Cancer Research UK and is being run in conjunction with Dr Hilary Fielder, Director of Cervical Screening Wales. More details are available on the Internet at:

> http://www.cancerresearchuk.org/news/pressreleases/cervicalcancer_25jan05 http://www.cardiff.ac.uk/newsevents/9209.html

In Sheffield, 400 women with abnormal smear test results have been recruited from the Colposcopy clinic to take part in tests of an electrical probe which has been developed by a group of consultant gynaecologists led by Mr John Tidy and the Medical Physics Team from Sheffield Teaching Hospital. The probe is about the size of a pencil and uses electrical currents to identify abnormal cervical cells - the information is then sent via wire to a computer which offers an immediate diagnosis. It is hoped that with improvements the probe could be used in developing countries around the world where there are high levels of cervical cancer and no national screening programme. More details are available on the Internet at:

http://www.sth.nhs.uk/news/5-3-cervicalcancer.php

The theory behind this work has been known to the Cervical Screening Programme for some time but only now has the technology been available to utilise it.