



# SCREENING MATTERS

## Breast

Newsletter of the Northern Ireland Screening Programmes



Issue 12 Produced by the QARC for Health Professionals in the NI Screening Programme

Summer 2007

## Linenhall Street Refurbishment

The Breast Screening Unit in Linenhall Street has undergone a refurbishment. Since the Screening Programme was established in Eastern Board Headquarters in November 1989, the original unit has required considerable updating. Screening was moved to the Mammography Suite, Belfast City Hospital and the mobile was established in the Cancer Centre car park from the beginning of November 2006 until the end of March 2007.



Following completion of building work, breast screening personnel have now moved back into the ground floor and business is back to normal. A new separate entrance has been constructed, there are now three X-ray rooms instead of two, and two ultrasound rooms in place of one.

Feedback from clients has been generally good and the Unit is now DDA compliant. Signage and shelving is still on-going but hopefully all outstanding work will shortly be completed.

Although there has been no further expansion in size the reconfiguration gives the appearance of additional space and a more tranquil environment.

## Regional Mammography Study Day 2007

The mammography study day for radiographers took place on the 17<sup>th</sup> May at the Dunadry Hotel Antrim.

Seventy delegates working within the Breast Screening Programme and outside bodies such as Action Cancer and the Ulster Independent Clinic attended the study day.

Presentations/ lectures covered were:

- Breast surgery – what's new?
- Interventional breast radiology
- Breast nurse practitioner – defining the role
- Reconstructive breast surgery – adding the finishing touches
- Can touch imprint cytology replace FNA in a clinical setting?
- Health choices for women
- An audit of the triple assessment approach in the diagnosis of infiltrating lobular carcinoma



### NI Screening Programmes

NI Uptake Rate 2005-2006  
NI 73.2%

EHSSB 69.2%  
NHSSB 69.3%  
SHSSB 77.0%  
WHSSB 79.2%

### Fact—Breast Cancer and Lactation

The UK Medical Journal The Lancet recently published a study that calculated that for every year a woman breastfeeds, her risk of both pre and post-menopausal breast cancer is cut by 4.3%

For further information contact Dr Elizabeth Reaney, Senior Medical Officer, DHSSPS

## New Appointments - Say hello to.....

**Mr Robert Kennedy**, Consultant Surgeon at the Ulster Hospital, has recently been appointed as QA Surgical Lead for the Northern Ireland Breast Screening Programme for the next three years. Mr Kennedy was an undergraduate at Dundee University and Medical School and performed his surgical training in Northern Ireland with a 12 month fellowship in The Royal Adelaide Hospital, South Australia. He was appointed as a consultant in 2004 and has been working at the Ulster Hospital since then. As QA Surgical Lead for the NI Region Mr Kennedy will be responsible for representing the region at National QA Co-ordinating Committees for UK Surgeons. Mr Kennedy will also work closely with the NI Regional Director of Screening and the Quality Assurance Reference Centre (QARC) to ensure compliance with all NHSBSP surgical guidelines relating to the detection and treatment of screen-detected breast cancers.



### Clare Hall

Ms Clare Hall has been in post from March 2007 as Regional Information Officer for the Breast Screening Programme. Clare is based in Champion House, Linenhall Street and provides information and support to the Quality Assurance Reference Team and the Regional QA Director.

### Georgie O'Kane

From September 2006 Ms Georgie O'Kane has been in post as Deputy Screening Office Manager of the Eastern Board Breast Screening Unit (BSU). Georgie provides administration support within the Eastern Board Breast Screening Programme and is QA representative

---

## New breast cancer genes discovery

**Scientists have developed a new technique to identify genes that increase the chance of women developing breast cancer.**

Scientists hope it will lead to a single blood test which would reveal a woman's risk of getting the disease. Researchers say the new technique speeds up gene identification and could mean finding all the genes associated with breast cancer.

Cancer Research UK described the development as "hugely significant".

Scientists found two genes responsible for breast cancer two years ago.

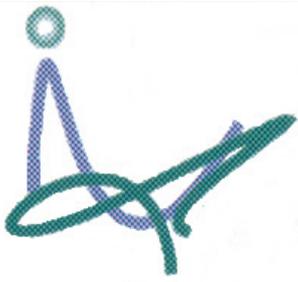
But now new research led by Cancer Research UK's Cambridge Research Institute, published in the Nature journal, has found five more.

It used to take decades to go through a patient's DNA and find faulty genes, but the newly-developed technique now makes the process much faster. It compares significant parts of the patient's DNA with a healthy volunteer's and the differences are judged most likely to be the genes responsible for the disease. This computer-based process can be completed in just a few hours and scientists believe that, within a few months, researchers could find all the genes involved in the development of breast cancer. To find the four new genes, they sifted through the DNA of nearly 50,000 women, half of them breast cancer patients and half healthy.

Professor Douglas Easton, director of Cancer Research UK's genetic epidemiology unit in Cambridge, said: "Now we know these search methods are effective, we think that many more breast cancer genes can be found."

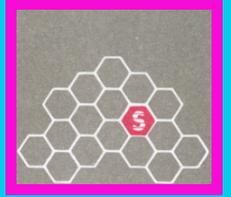
He told BBC Five Live that if more genes were identified it may help prevent the disease because people who were at "particularly high risk of the disease" could be identified.

Overall, inherited cases make up between 5 and 10% of all breast cancer cases in the UK which total 44,000 a year. Currently, doctors only test for four genes: BRCA1, BRCA2, TP53 and PTEN, as these are associated with high risks of developing cancer. But they believe there are hundreds more breast cancer genes to be found. "By risk-banding women we will be able to target screening programmes far more effectively as well as developing tailored prevention strategies just for those most likely to get cancer." *Source, BBC News*



# SCREENING MATTERS

## Cervical



Newsletter of the Northern Ireland Screening Programmes

Issue 12 Produced by the QARC for Health Professionals in the NI Screening Programme

Summer 2007



NORTHERN IRELAND Cervical Call & Recall is now operational on NHAIS Exeter Computer System

**NHS**  
Connecting for Health

## N.I. moves to Liquid Based Cytology

The long awaited move to Liquid Based Cytology (LBC) in the Northern Ireland Cervical Screening Programme is now well under way. All four cervical cytology laboratories will use Cytoc ThinPrep® system, according to Dr Neil Anderson.

The changeover period is a major challenge both for the laboratories and sample takers (because of the new method of preparation, we should use the term *sample* rather than smear). In the laboratories all staff are required to undertake extensive training before they are certified in LBC. The training includes a three day course, review of more than 400 slides and a formal test. Some of Northern Ireland's laboratories have completed the training period, but others are still working through this, and as a consequence there are delays in the production of results.



Training for sample takers is well under way and is seen as vital to the success of implementation. Broom-type sampling devices are used (see inlay) and the sample is transferred to a liquid preservative before being sent to the laboratory.

In other regions, the introduction of Liquid Based Cytology has resulted in a decrease in the number of unsatisfactory samples (from 9% to <3.5%). There has also been a reduction in reporting times in most laboratories. LBC will also allow the Cervical Screening Programme to introduce other new technologies in the coming years.

The introduction of LBC has been challenging but in the near future, laboratories, sample takers and patients will all experience the benefits of this new technology.

Early 2008 will see changes to screening age bands. At present, women are invited from 20 to 64. When the new schedule begins, women aged between 25 and 49 will be invited for screening at 3 year intervals, for women aged between 50 to 64 the screening interval will remain once every five years.

**- and wave (not quite) Goodbye to..... Dr Linda Caughley, NI Regional QA Director**

**LATEST FIGURES**  
COVERAGE 2005-2006  
NI 71.54%

EHSSB 70.07%  
NHSSB 73.69%  
SHSSB 74.75%  
WHSSB 68.87%

Dr Linda Caughley took up her consultant post in 1985 at RVH Laboratory. Over the years Linda developed a special interest in gynaecological cytopathology and became the lead for the Cervical Screening Programme for BCH Trust in 1994. With the introduction of a formalised QA Programme, she was asked to undertake the additional role of NI Regional QA Director in 1999. Linda was a Pathologist whose vision and ability extended beyond the confines of the laboratory and she was able to contribute to the overall development of the programme within N Ireland and was also an external visitor to laboratories throughout the UK.

Linda retired in April 2007 to spend more time with her family but will be found on occasions at NI Cancer Registry. A regular visitor to the NI Quality Assurance Reference Centre, her cheeriness and wit will be missed by the staff who wish her well.



# AUDIT OF INVASIVE CERVICAL CANCER

## SHORTS

### FACT

People who have had more than five oral-sex partners in their lifetime are 250% more likely to have throat cancer than those who do not have oral sex, a new study suggests

### Fact

HPV is a virus that is mainly transmitted through sexual contact. The use of condoms has however shown no significant and important protective effect

### HPV Immunisation

Simulation models have shown that the frequency of HPV 16 and 18 will decrease a few years after introduction of the vaccination and that HPV 16 and 18 will theoretically be eradicated after 33 and 50 years respectively with a vaccination coverage of 70%. This observation may be attributed to the effect of herd immunity, i.e. the likelihood of being infected decreases significantly even though not everybody has been vaccinated.



One of the biggest changes to the Cervical screening programme is about to be implemented across Northern

Ireland. A national audit of invasive cervical cancer will look at all areas of a patient's treatment from invitation onwards.

It was widely believed that the success of the screening programme should be measured by highest coverage rates achieved over the eligible population. However, the aim of the Invasive Cervical Cancer Audit is to look more closely at all aspects of the programme.

The objectives of the audit are to:

- Identify screening uptake in women who developed cervical cancer.
- Have accurate comprehensive data on the disease that essentially represent the outcome of the screening programme.

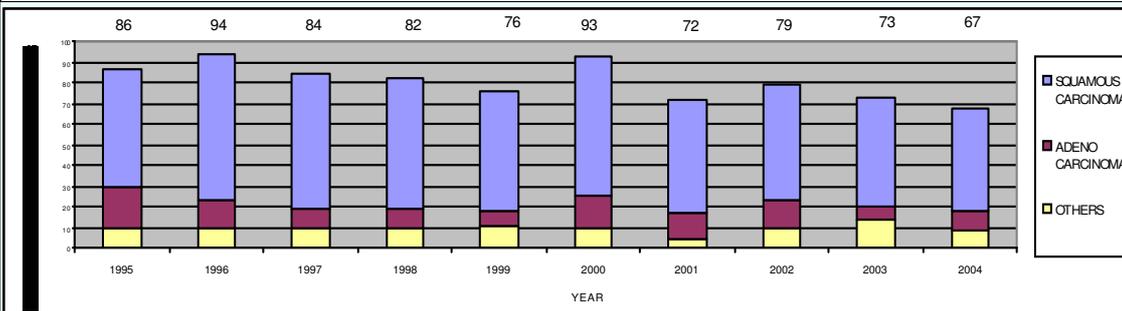
- Develop a protocol driven by Quality Assurance (QA) offices, based on standard reporting systems.
- Identify where systematic improvements may be made in national policies, laboratories, call and recall systems and colposcopy clinics.
- Compare screening histories of those women who have cervical cancer with those women who do not.

Dr Philip Donaghy, (NI) Regional QA Coordinator, will spearhead the audit rollout in Northern Ireland.

The audit will involve Hospital Based Programme Coordinators (HBPC's), Consultants in Cytology, Histology and Colposcopy, Call and Recall Managers, Primary Care teams, QARC, NI Cancer Registry and Cancer Research UK

The audit is expected to begin in October 2007.

*Photo BBC NI*



## MOBILE SCREENING

The 4<sup>th</sup> of May saw the launch of the Women's Health Action Team Mobile Screening Unit, a concept pioneered by Louise Logan, Mobile Screening Coordinator within the Belfast Health and Social Care Trust.

The project has been commissioned by the Eastern Health and Social Services Board to address the identified health needs of socially vulnerable women. Its aim being to ensure that cervical screening and reproductive health services are accessible and tailored to the needs of marginalized groups of women within the area covered by the board.

The unit is staffed by two Nurse Practitioners who provide cervical screening, sexual reproductive health services, blood pressure readings,

Body Mass Index advice, dietary, exercise and smoking cessation advice. The project works in partnership with The Women's Resource and Development Agency whose community facilitators provide Breast and Cervical Screening Awareness training to various women's groups across the EH&SSB area.

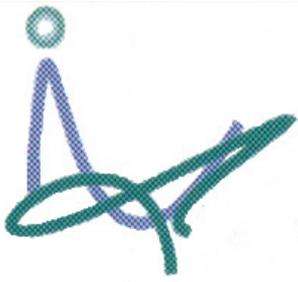


The Screening Unit has targeted such groups as the Shankill Women's Group, the Travelling Community on the Glen Road, the Fall's Women's Group, Ballymacarret Women's group and The Chinese Community.

The Girl's Model School hosted the Screening Unit for two days when parents of the pupils were able to avail of the services on offer. Uptake has been excellent with over 150 people attending in just over four weeks.

Other groups targeted have been women with learning disabilities and the homeless, who have also booked sessions with the screening unit.

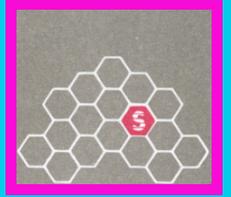




# SCREENING MATTERS

## Colposcopy

Newsletter of the Northern Ireland Screening Programmes



# Colposcopy Computerisation

## Advantages of a Regional Computerised Colposcopy Information System

All Colposcopists and others associated with the NI Cervical Screening Programme will be aware that the Regional Computerised Colposcopy Information System planned for all 16 colposcopy clinics throughout Northern Ireland is well under way.

The need for a computerised colposcopy system for Northern Ireland was first recommended following a Regional Audit of Colposcopy Services, carried out May 2000. It was clear from this report that the system should fully support the colposcopy care process, and assist healthcare professionals to deliver accurate quality care for colposcopy patients.

The immediate areas of benefit to be gained by implementing a Regional Computerised Colposcopy Information System are:-

### Service

- Improve care through greater accuracy of patient information.
- Standardise care through promotion of clinical governance.
- Improve processing of patient referral and discharge.
- Improved access to the services offered.
- Faster patient turnaround through rapid processing of records and test results.
- Better management/clinical information to support improved decision-making.

### Efficiency / Productivity

- Reduce administrative time by eliminating the need to retrieve information from several system areas.
- Reduce administrative time from not re-entering data on multiple systems.
- Speedier access to information by using modern technologies and user-friendly interfaces.
- Automated discharge and referral letters.

### Data Quality

- Significant improvement of data quality through:-
  - Mandatory completion of data items.
  - Integrated approach (pull through of data items, from other systems).
  - Menu driven architecture (look-up tables etc).
  - Controlled data fields (checks on data entry).
  - Reduction in duplicated records.
  - Single Master Patient Indexing.

Availability of information for reporting purposes.

### Educational

- Information for research easily accessible.
- Relevant information available at point of care.

### Risk

- Reduced risk of:-
  - Data entry error, by reducing re-entry of data
  - Data interpretation error, through easier to use interface
  - Records being misplaced or lost.
  - Error, by reducing manual records.



An Evaluation Team has been established whose primary task will be to select a Regional Colposcopy Computerised Information System. The team will be made up of four Consultant Colposcopists and four IT Managers.

There are a number of requirements laid down by the team for any colposcopy system chosen. It must firstly be user friendly, and be designed specifically to generate relevant information for performance reports and audit purposes i.e: BSCCP Minimum Dataset for Colposcopy Services, KC65 reports, etc.

The system should fit in with the way each clinic works although it is expected that staff may have to make some minor changes to operational procedures and working practices to enable the capture of standards of information required. Consistency of data is important, not only national and regional reporting but it would also be important for clinicians to be able to view the information for clinical decision-making.

Kevin Briggs: Project Officer

# Project Update

## *NI Computerised Colposcopy Information System*

### **Project Update - NI Computerised Colposcopy Information System**

As reported at the last Regional Colposcopy Meeting (May 2007) the above-mentioned project is continuing to make steady progress towards the delivery of a new regional colposcopy system.

In this edition of Screening Matters (see Colposcopy Computerisation) the positive impact a Regional Computerised Colposcopy System would have on the delivery of the colposcopy service in general has already been detailed.

Everyone involved appreciates that the emphasis of this project is on the delivery of a quality ICT solution for Colposcopists and for the Cervical Screening Programme in Northern Ireland. The Project Team and Project Board are working tirelessly to ensure that this is achieved.

It remains the Project Board's intention to submit the completed Business Case to the DHSS&PSNI Business Case Unit at the end of June 2007, in the hope that funding will be released to enable procurement for the system to commence.

This should enable the Project Board to formally assess the various colposcopy system solutions available out there. Through this newsletter they will keep you informed on progress with the project.

In future editions the Project Board will also provide details on key elements of the project such as the Colposcopy System chosen, procurement and implementation information, roll out of the system throughout the province and matters in relation to training.

In the meantime, for further information, please contact any member of the Project Team or Project Officer at the numbers below .....

<b>Mr A Cowie (Chair)</b>	<b>Planning and Contracts - EHSSB</b>	<b>02890 321313 Ext: 2323</b>
Mr M Eustace	ICT Manager – EHSSB	02890 321313 Ext: 2228
Dr S Dobbs	Consultant Gynaecologist – BCH	02890 329241 Ext: 3810
Mrs Gwen Thompson	Nurse Colposcopist – BCH	02890 329241 Ext: 3810
Mr K McInnes	Information Officer – QARC	02890 321313 Ext: 2467
<b>Mr K Briggs</b>	<b>Project Officer</b>	<b>02890 321313 Ext: 2483</b>

## COLPOSCOPY CONFERENCE 2007

May 2007: Last month, Colposcopists and health professionals from across the province met for the annual Colposcopy & Gynaecological Oncology Conference 2007. The meeting was held in Antrim Area Hospital and attracted a wide variety of speakers for the event. Dr R. Clarke opened the programme with a presentation on changes to the screening age. Dr. M. Cosgrove and Dr G. Dorman's presentation looked at "See and Treat v Surveillance." In the second session Prof. H.C. Kitchener of Manchester University presented HPV "It all starts in the teens." The meeting also saw presentations from Dr L. Doherty, Prof. G. McCluggage, and to close the meeting Dr. S. Dobbs presented Gynaecological Cancers in NI August 2005—July 2006. In closing remarks Dr J. Price, Chairman of the QA Colposcopy Group, thanked both speakers, and all those who had contributed to the organisation of the conference. Copies of presentations can be requested by contacting QARC. tel 028 9055 3949 or email [KMclInnes@ehssb.n-i.nhs.uk](mailto:KMclInnes@ehssb.n-i.nhs.uk).