SCREENING MATTERS
Breast

Newsletter of the Northern Ireland Screening Programmes

Issue 2 Produced by the QARC for Health Professionals in the NI Screening Programme April

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Does Breast Screening Save Lives?

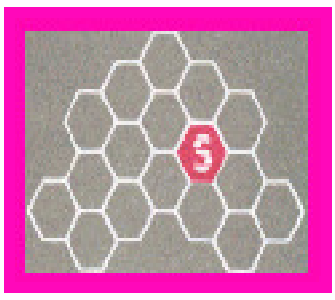
Response to Lancet article (Vol 358, Oct 20 2001)

Last year Gøtzsche and Olsen published a systematic review of seven randomised trials of mammography screening. On the basis of their analysis the authors concluded that breast screening with mammography was not justified. The results of the analysis relied heavily on the way the authors had classified the quality of the seven studies. Two were classified as medium quality, three as low quality and two as flawed. None of them were classified as high quality. It was by re-analysing the two studies classified as medium quality, and excluding the others, that the authors came to their conclusions.

The way in which the seven studies were classified has been criticised by a number of other authors in a series of letters to medical journals. These authors have questioned the quality of Gøtzsche and Olsen's review.

Many investigators believe that the seven studies are all of similar quality and should be considered together. When this is done the studies show that breast screening does reduce mortality from breast cancer.

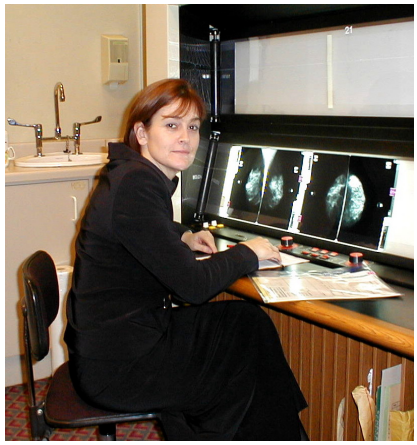
All health service interventions must be subjected to regular reappraisal and reanalysis. In screening it is vital that we know whether the benefits of screening outweigh the costs. *On the basis of the evidence that we have, breast screening is of benefit to women*, who should not be put off attending mammography screening on the basis of a review of a controversial review of questionable quality.



NI Screening Programmes

BON VOYAGE

Dr Noreen Tracey who has worked within the Eastern Board Screening Unit since 1997, has left for Auckland, New Zealand. She is to spend a year in St Mark's Private Breast Centre where they run regular mammotomy clinics with access to breast MRI, for both screening and symptomatic patients. It is hoped she will come back well-equipped for the introduction of mammotome biopsies in N. Ireland in the future. Good Luck Noreen!!



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Launch of New Eastern Board GP Information Leaflet

A need was seen to develop a new information booklet for Health Service staff and Practice staff in order to support the Breast Screening Programme. This up-to-date booklet will help staff to improve their knowledge of the current issues within the Programme and it is hoped they will be encouraged to be more aware of the needs of those women who have been invited for screening.
For more information about the leaflet please contact Susan Savage, Health Promotion Officer, 028 9151 0184

The NHS Cancer Screening Programmes website address is:
www.cancerscreening.nhs.uk

Uptake Rates By Invitation Type [Source: 00/01 KC62]

	Eastern	Northern	Southern	Western
1st invite	67.0%	80.7%	72.0%	76.6%
Previous DNA	13.3%	23.9%	22.0%	17.5%
Re-screen (< 5 yrs)	83.7%	92.5%	90.3%	90.3%
Re-screen (> 5 yrs)	37.9%	52.7%	54.0%	42.4%
Early Recalls	89.3%	100%	100%	100%

Improving Uptake for Breast & Cervical Screening—Workshop

On 11th October a half-day workshop was held at the Beeches Conference Centre. There was good representation from health professionals interested in screening from across the Province.

The objectives were to:

- Share activity and action plans
- Understand why some areas have low rates
- Develop a way forward
- Explore the feasibility of meeting targets within the time-scales
  Breast—75% by 2002 Cervical—80% by now

Representatives from each Board gave informative talks about the activity within their area. Uptake rates were then shown graphically for the first time with the aid of geo-mapping software "ArcView". This illustrated most dramatically the areas of worst uptake, wards clustered around the inner city areas of Belfast and Londonderry. These have always been the problem areas for screening and much work has been channelled in that direction but the focus must be maintained to have a chance of achieving the set targets.

Film Reading by Radiographers

Due to the shortage of Radiologists in our department, it became necessary to train a Radiographer as a second film reader. Hence in Jan 2001, I began the Image Interpretation and Analysis course in Nottingham International Breast Education Centre.

There were eleven Radiographers on the course, ten from various parts of England and myself. The course lasted six months and entailed several visits to Nottingham. We had to complete a log book of 2000 cases, write a 3000 word assignment describing 3 sets of mammograms and sit a practical examination reporting on 100 sets of films. To be successful you need to pass all three.
We all found the course difficult and time-consuming, in fact six of the girls failed, however we all found it extremely worthwhile. I now have regular film-reading sessions and am required to complete the six-monthly 'Performs' tests to demonstrate continuing competence. I have found it has added a new dimension to my job, made it more interesting and enjoyable and has given me a better understanding of breast disease and why certain surgical decisions are made.

Before a Radiographer undertakes this course it is imperative she has the backing of her colleagues and Radiologist. Thankfully, I had the backing of mine and couldn't have successfully completed it without the patience of the other Radiographers and the help and encouragement from Dr David Hill and Dr Miriam Buckley.

Currently I am completing the 'Using Research at Work' module, necessary to receive my certificate of competence in film reading. This however is definitely not as enjoyable but unfortunately has to be done!

Carol McConkey,

ARTICLE CORNER

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Northern Ireland Cervical Screening Awareness Day

A Cervical Screening Awareness Day took place in the Dunadry Hotel, Templepatrick on Wednesday 21st November 2001. Invitations were sent to all GPs, Practice staff and all others working within the Northern Ireland Cervical Screening Programme. The aim of the Awareness Day was to inform and update staff on current arrangements within the Cervical Screening Programme and to give GPs and others an opportunity to put forward views on issues impacting upon them. Presentations were given on current arrangements for ensuring Quality Assurance within the Programme, current cervical coverage rates for the Province, potential changes with regard to Information, Communication and Technology (ICT) and advice and treatment of women diagnosed as having an abnormal smear. The conference was extremely well attended and general feedback, on the whole, was very positive.

DATA ACCURACY IN CERVICAL SCREENING

The Call/Recall System can only work efficiently and effectively when the information processed is correct and up-to-date. To that end, it is most important that all GPs adhere to the following procedures:

1. Inform CSA of any change of address of patients within their practice and any changes made to the surnames of patients.

2. GP Practices should ensure the prompt return of Prior Notification Lists. These are the lists each GP receives monthly detailing those women who will be screened in the forthcoming 4-6 weeks. I cannot stress how important these forms are as a source of up-to-date information on smear histories, changes to address, and those women who have had a recent hysterectomy. At present, 70% of PNL's are returned to the Regional Screening Office. It is recognised that the completion of PNL's in a busy Practice is time consuming but this exercise is vital in maintaining meaningful data. The introduction of new software (Electronic PNL's) will make completion and returns easier.

The new software will mean an improvement to the present system.

Dr Michael Chambers,
General Practitioner
SH&SSB

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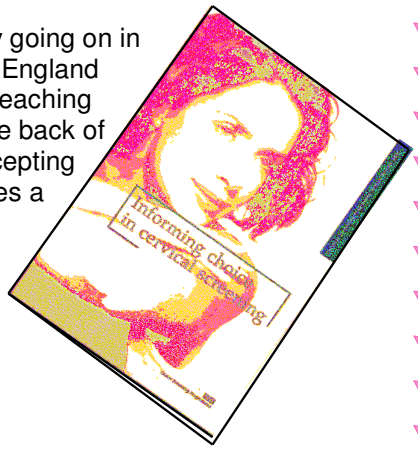
The first Report for Northern Ireland Cervical Screening Programmes is being prepared for publication.
The report will detail

NI Screening Programmes

NHSCSP Review on Informing Choice in Cervical Screening

This review illustrates the breadth of activity going on in the NHS Cervical Screening Programme in England and highlights the progress being made in reaching Cervical Screening Targets. Statistics at the back of the review reveal the number of women accepting invitations for cervical screening and includes a breakdown of smear test results.



Other items featured include a new information leaflet giving women the facts about cervical screening, misplaced fears affecting cervical screening uptake and direct referral from cytology to colposcopy.

Anyone wishing to obtain a copy of the NHSCSP Review on "Informing Choice in Cervical Screening" should contact Kevin in the QARC

PROGRESS REPORT ON THE SMEAR TAKERS GUIDE

It is anticipated that the Smear Takers Guide will be launched around the end of March 2002. Each GP Practice within the Province will receive a copy of the guide. Other areas such as Family Planning clinics, GUM clinics and the voluntary sector ie: Action Cancer will also be provided with a copy. For further details contact:-

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COMMON MYTHS IN CERVICAL SCREENING

Myths contribute to women's anxiety about screening. For example, where they believe it is a test for cancer they are frightened to attend in case they are told they have the disease.
In a report on "Take Up of Cervical Screening from a North Belfast Practice" *(Inge Radford –January 1991)* women gave reasons for not attending as—"Afraid they would tell me something was wrong", "afraid test would be painful" and "felt embarrassed".

Most Commonly Held Misconceptions

Cervical screening is a test for cancer
Cervical screening is 100% effective
A negative smear means you are not at risk from cervical cancer in the future
Cervical screening prevents all cancers
Cervical screening is not necessary because female relatives who have had a smear taken are fine

Facts

Cervical screening is not a test for diagnosing cervical cancer
Cervical screening reduces the risk of developing cervical cancer
For most women the test result shows that everything is fine
Cervical screening prevents 8 out of 10 cervical cancers developing
Cervical screening does not pick up every abnormality of the cervix and it does not prevent every case of cervical cancer developing

NEW TERMINOLOGY

The Cervical Screening Programme has been using the same system of classification and terminology to describe cervical smears for about 15 years now. While it has served the programme well enough, the British Society for Clinical Cytology (BSCC) felt it was time to revisit cervical smear reporting. America revised the Betheseda Classification last year and so the BSCC will be holding a meeting in March to discuss changes.

Opinion will have been gathered by a variety of means prior to the meeting. It is hoped to encourage debate to see if any change or improvement can be made to the present system.

Dr Linda Caughley

New Information Leaflets help women make an informed choice

Three new leaflets:

1. A Postive Approach to your Smear Test
2. Colposcopy
3. What your Abnormal Smear Test Means

have been developed to give women the facts about cervical screening helping ensure they are properly informed.

The new leaflets are being distributed to all GPs, Family Planning Clinics, Colposcopy Clinics, and GUM Clinics throughout