

SCREENING MATTERS

Cervical



Newsletter of the Northern Ireland Screening Programmes

Issue 6 Produced by the QARC for Health Professionals in the NI Screening Programme Christmas 2004

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The Screening Programme works!

The Lancet recently published an article by Peto, Gilham, Fletcher and Matthews titled 'The cervical cancer epidemic that screening has prevented in the UK'.

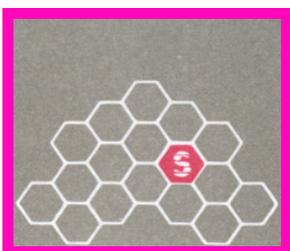
The authors looked at the trends in mortality from cervical cancer in England and Wales before the Department of Health issued the national policy guidelines in 1988 that initiated the start of an organised screening programme. Peto et al. analysed these trends to predict what the rate of death would have been without a National Screening Programme in England and Wales.

They estimate that without a properly organised screening programme up to 5,000 women would be dying each year in England and Wales. If figures for Scotland and Northern Ireland were included the number of deaths prevented would be even higher. Before 1988 the rate of cervical cancer in England and Wales was amongst the highest in the world, now it compares favourably. The authors finished the article by saying "Despite unjustified criticism and occasional widely publicised failures, the UK cervical screening programme is already remarkably successful and is still improving."

(www.thelancet.com; July 17, 2004; issue 9430; vol. 364: pp 249-256)

National Cervical Screening Programme Open Day.

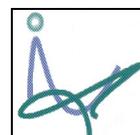
On 30th November a small group of people from the NI Cervical Screening Programme travelled to the Royal College of Physicians in London to attend the national programme's Open Day. Statistical information presented supported the achievements of the cervical screening programme in continuing to reduce the incidence of and mortality from cervical cancer in England. Among the speakers the highlights were Professor Julian Peto and the Chief Medical Officer for England, Dr Liam Donaldson. He personally thanked all the attendees who worked in the national cervical screening programme for all their hard work.



NI Screening Programmes

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A fact sheet detailing statistics on uptake and coverage for both Breast and Cervical Screening can be obtained by contacting Clare Privilege at the QARC

Update on Liquid based cytology (LBC) - Dr Linda Caughley, QARC

Some of the clinical medical, nursing and laboratory staff in the NI CSP will now be familiar with the new method of cervical smear test preparation which we hope to see introduced over the next few years. Although liquid based cytology (LBC) as such is not new, it is new to cervical screening and should bring a test which is now about 50 years old, up to date. In Scotland, transfer to this new method is just about complete, and England and Wales are about to roll it out to the laboratory sector over the next five years.

The method has been endorsed by the National Institute for Clinical Excellence (NICE) and on this basis the Northern Ireland Cervical Screening Programme Regional Advisory Group has recommended to the Dept. of Health, Social Services and Public Safety that we change over to LBC too. The current challenge is to identify the necessary funding to set the change-over going. Like anything new there is a cost involved, but the main benefits will be to the women in the programme as LBC preparations give a much reduced unsuitable rate for smear tests and so women are called back less often for repeat smears. Laboratory staff, once they are retrained and become used to the "new look" smear tests, seem to prefer them over the old ones, and there is some evidence to indicate that actual examination of the slide can be done a little more quickly.

In the meantime however we will still be relying on traditional or conventional smear tests, and once the way forward is clear there will be a huge task to update and retrain everyone involved with the delivery of cervical screening to the women in N Ireland.



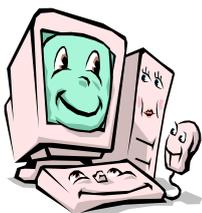
A reminder that the National Screening Programme's leaflet 'Having a Smear Test' is available in a picture leaflet format for women with learning difficulties. It can be downloaded from www.cancerscreening.nhs.uk/cervical/publications/wwd-smear.html

RECENT TRENDS IN CERVICAL CANCER MORTALITY IN BRITAIN AND IRELAND

An article which was published on the British Journal of Cancer website in November supports "the case for population-based cervical cancer screening". This was written by Dr Anna Gavin of the Northern Ireland Cancer Registry and Dr Comber of the National Cancer Registry in Ireland. They looked at the number of deaths from cervical cancer in England and Wales, Scotland, Northern Ireland and the Republic of Ireland and compared the mortality rate of each region. They found that the death rate in England, Wales and Scotland dropped significantly after cervical screening was organised into a National Programme. The rate in Northern Ireland also decreased, albeit not in the same dramatic way, but the most significant difference was that the rate of death from cervical cancer in the Republic of Ireland had not decreased but in fact had increased. They concluded that "opportunistic screening at present carried out in Ireland appears to be having little impact on the overall rate of mortality from cervical cancer" and that an organised screening programme should reduce the number of deaths.

British Journal of Cancer, November 2004, (91, 1902-1904) 29.11.04 (doi:10.1038/sj.bjc.6602236)

WWW.CAPRICORN-NI.ORG



A new local website has been launched by the Cancer and Palliative Care Online Resource Network at

www.capricorn-ni.org

Aimed at a range of people including patients, carers and health professionals, it lists all statutory and voluntary service providers in Northern Ireland involved with cancer and palliative care.

!! Congratulations !!

to Jacqueline McDevitt,
QARC Administrator, on
the birth of Theo in July.



At the same time there were babies born to two staff in the West Midlands QARC. The rest of the staff in Jacqueline's office are trying to work out which national publication all the Mums-to-be were reading at the time...



SCREENING MATTERS

Breast



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CANCER TRIAL RESULTS "EXCITING"

Doctors researching breast cancer have reported "exciting" results with a drug designed to stop the disease recurring. The team at Manchester's Christie Hospital showed tamoxifen femara (letrozole) reduces the likelihood of a woman dying by 39%.

Currently women with breast cancer undergo standard tamoxifen treatment, which must stop after 5 years, when the disease is likely to recur.

The trial showed femara reduced the chance of the cancer recurring by 42%.

Researchers have shown that currently more than a third of sufferers will experience a relapse after surgery, with half of those relapses happening after the 5 years of standard tamoxifen treatment. Femara can be prescribed after the standard treatment finishes and also reduces the risk of the cancer spreading by 39%.

Dr Paul Ellis, leading cancer specialist and research spokesman said "These results and the improved survival benefits are exciting for both patients and doctors."

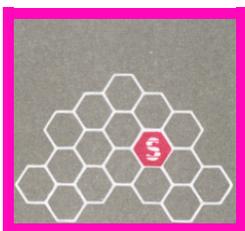
The results were shown after an international breast cancer study of more than 5000 women, with the Christie Hospital one of the main UK research centres.

A spokeswoman said the study began in about October 2001 and should have run for 5 years

"However, because the results were so positive, it was halted at the 2 year mark to allow women to go on the drug."

"The licence is now through a year later and the drug can be prescribed." Femara is now being made available to women with breast cancer who have undergone the standard 5 year tamoxifen treatment.

BBC NEWS, Tuesday 14 September 2004
<http://news.bbc.uk/1/hi/england/manchester/3654254.stm>



NI Screening Programmes

If you would like to receive a regular copy of this newsletter or submit an article, please contact Ruth Greenlees at the following address:

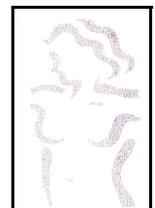
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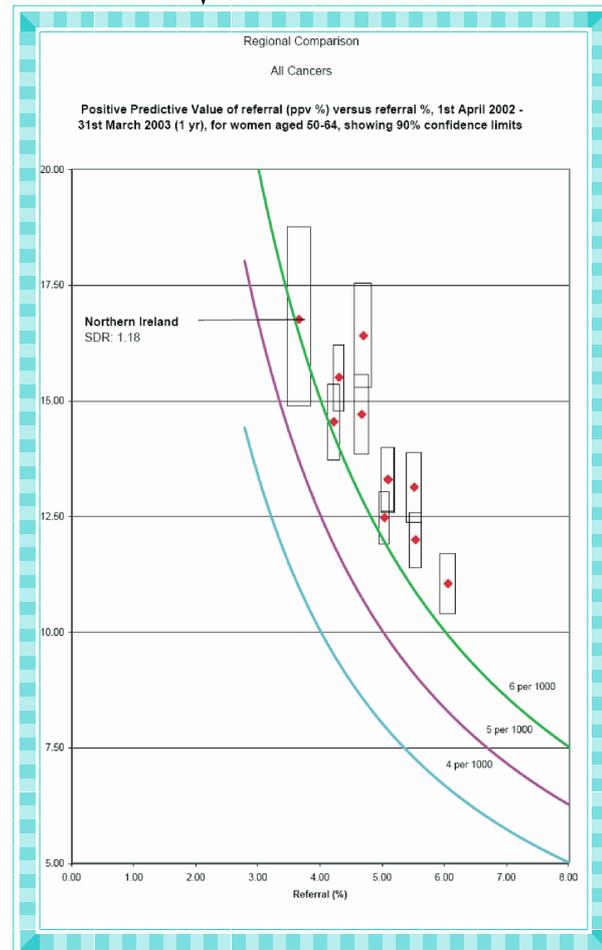
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This graph relates PPV with referral. PPV is the percentage of ladies who are recalled to assessment and found to have breast cancer. Referral is the percentage of women screened who are recalled to an assessment clinic. Thus ideally one would wish a low recall rate with a high percentage of those recalled to be positive, to reduce the number of ladies subjected to anxiety. The graph demonstrates that the N Ireland Breast Screening Programme is performing well.



STATISTICS For year ending 31 March 2003			
	Min. standard	Target	N. Ireland
Uptake Rate	>= 70%		73.2%
Referral Rate Prevalent screen Incident screen	<10% <7%	<7% <5%	6.5% 2.8%
Pre-op Diagnosis	>=70%	>=90%	88.3%
Benign Biopsy Rate Prevalent screen Incident screen	<3.6 per 1000 <2.0 per 1000	<1.8 per 1000 <1.0 per 1000	3.0 0.3
Invasive Cancer Rate Prevalent screen Incident screen	>= 2.7 per 1000 >= 3.0 per 1000	>= 3.6 per 1000 >= 4.0 per 1000	5.6 4.5
Small Inv Cancer Rate Prevalent screen Incident screen	>= 1.5 per 1000 >=1.65 per 1000	>=2.0 per 1000 >=2.2 per 1000	2.4 2.3

Breast Screening Service – Quality Assurance Visit - September 2003

In September 2003 a Quality Assurance Visit to the Northern Ireland Breast Screening Programme took place. During the review the four breast screening units across Northern Ireland were visited to assess the performance against the Breast Screening Standards, published in 2002.

Firstly, the review teams were struck by the dedication and hard work of the staff involved in providing the Breast Screening Programme which is responsive to the needs of the users where possible. In addition to this a number of innovative service developments were seen. Secondly, there was clear commitment to carrying out systematic review and audit across the service. Thirdly, of particular note was the effective multidisciplinary team working in all 4 units.

Key achievements include:-

- Innovative ways to improve attendance – taking the service to those in inner city areas and working in partnership with primary care teams to encourage attendance.
- Using clinical and non-clinical audit activity to inform changes in clinical and administrative practices
- Pushing back the barriers and further developing ways to include women who are ‘out of the system’ – including ladies from the travelling community and those in long stay institutions.

The QA report is designed to support and encourage the process of continual improvement in the NHSBSP. A considerable momentum for quality assurance in the NIBSP has been built up since it's inception and it is important to use this enthusiasm to take forward work on strengthening and improving breast screening services.

In conclusion the NIBSP has demonstrated that it is possible to provide care that is both safe and effective – based on comprehensive process management and safeguarding mechanisms, efficient data collection and systems in place to address any service issues that may arise.

A copy of the National Report and each individual Board Report has been sent to each Breast Screening Clinical Director. A copy of each report will be held in the Quality Assurance Reference Centre for reference purposes.

Helen Hamilton, QARC