



Issue 18 Produced by QARC for Health Professionals in the NI Cancer Screening Programmes **SUMMER 2010**

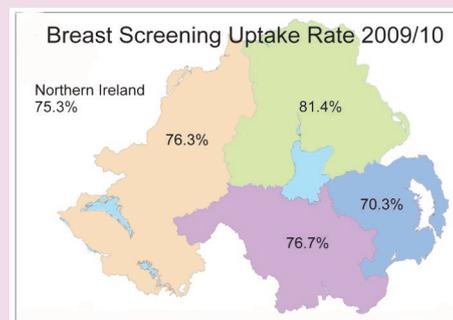
Audit Shows High Quality of Care for Screen Detected Breast Cancers

Each year the Northern Ireland Breast Screening Programme participates in an audit of screen-detected breast cancers run by the NHS Breast Screening Programme (BSP) and the Association of Breast Surgery (ABS). The audit is designed to assess clinical performance by comparison of data with as many as possible of the clinical quality assurance (QA) standards recommended by the UK NHS BSP.

The most recent audit covers the period April 2008 to March 2009. It was published in May of this year and shows that Northern Ireland has produced its most comprehensive and robust set of data to date. This in turn confirmed that, as well as having a good quality breast screening service, the treatment service to which women are referred within the province is also of high quality.

In particular, the results from the national audit showed that:

- The quality of the data was good;
- 100% of women with invasive cancer had their diagnosis established before surgery;
- 96% of these women required only a single visit for a definitive result.
- Waiting times for surgery were comparatively short (eg 80% of women had surgery within 31 days of attending the assessment clinic, and 23% within 2 weeks).



These results are excellent and compare favourably with results from other regions within the UK.

The QARC would therefore like to extend its appreciation to all NI BSP staff whose hard work and dedication has helped ensure the provision of high quality breast cancer care. Specific thanks are due to Mr Robert Kennedy (QA Lead Surgeon), Ms Clare Hall and Ms Claire Armstrong (NI QARC staff) and Office Managers at the four breast screening units within the region for the significant efforts made in collating data for the audit.

The audit is available at www.cancerscreening.nhs.uk/breastscreen/publications/baso2008-2009.pdf

Why Breast Screening Matters

Breast cancer remains the most common cancer in women. The risk of developing breast cancer increases with age. In Northern Ireland screening is offered to women between the ages of 50 and 70. Women older than 70 can request breast screening by contacting their local breast screening unit.

In Northern Ireland's breast cancer screening programme, care is taken to invite all eligible women, offer screening at facilities that are convenient to reach and pleasant to use, with well trained staff and modern equipment. The programme is closely monitored to ensure that it provides a good quality service and women should have every confidence in using it.

The success of the screening programme in reducing the risk of death from breast cancer depends on women coming forward for screening. The decision to attend can be affected by a women's life situation, amongst other things. When life is busy or difficult, it can be hard to make the time and arrangements to go for a breast cancer screening appointment. However, all women aged 50 and over should make an informed choice about attending for breast screening.

When you receive an invitation to attend for breast screening:

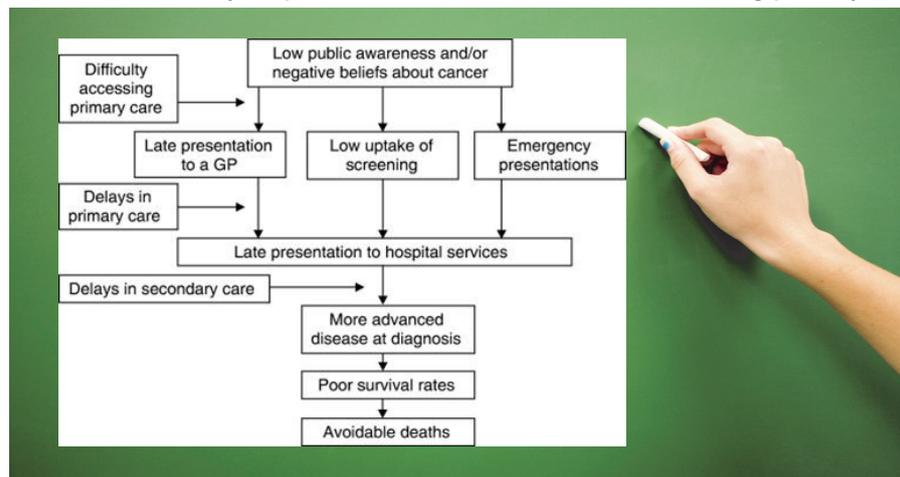
- Read the information leaflet that comes with the invitation. It is called "Breast Screening Can Save Lives"
 - If you want more information or advice speak with your GP.
 - If you have special requirements, speak to the breast care nurse.
 - Plan in advance. How you will get to the appointment on the day, including transport, time off work, someone to look after the children or other dependents and consider whether you want to bring a companion
 - If the appointment doesn't suit you, phone the breast screening unit and arrange to attend at a different time.
- if you are aged over 70, you can phone the breast screening unit to arrange an appointment.

More information can be found at www.cancerscreening.n-i.nhs.uk, including information leaflets translated into Irish, Cantonese, Mandarin, Lithuanian, Polish, Portuguese, Russian and Slovak. These can be found under "publications".

Cancer Awareness & Early Diagnosis

The Public Health Agency hosted a conference on cancer awareness and early diagnosis on 21 June 2010. Professor Sir Mike Richards CBE, the National Clinical Director for Cancer in England, gave a lecture on promoting awareness and early diagnosis. He outlined a pathway developed by the National Awareness and Early Diagnosis Initiative (NAEDI) across the water. This provides a framework for testing various hypotheses regarding late diagnosis and its impact. The first step in the pathway proposes that low awareness of the signs and symptoms of cancer among the public in general, or within specific subgroups, combined with negative beliefs about cancer will lead to late presentation to primary care services and to low uptake of cancer screening services. Indeed there is evidence to support this. In addition, there may be perceived or actual barriers to accessing primary care services.

The NAEDI Pathway.



Br J Cancer. 2009 December 3; 101(S2): S1-S4. Published online 2009 December 3. doi: 10.1038/sj.bjc.6605382.

The pathway illustrates the important role of screening in reducing mortality from breast, cervical and bowel cancer. The effectiveness of these screening programmes is, however, dependent on individuals participating in the programmes. Intervention is needed at a number of levels, from regional to local, to change public awareness and attitudes, and to ensure people can make an informed choice about attending for cancer screening. The Public Health Agency will be developing a strategy to address health inequalities in cancer screening by improving uptake and coverage. This should be completed by March 2011.

Ceasing Women from Breast Screening

Women who are ceased from call / recall will not receive any further invitations to be screened. The only circumstances under which a woman should be ceased from breast screening call and recall are:

- if the woman has had a bilateral mastectomy;
- if the woman has made her own informed decision that she no longer wishes to be invited for breast screening (informed dissent); or
- if the woman lacks the mental capacity to consent to screening and a decision has been made appropriately that it is in her best interests to remove her from the screening list.

In all other circumstances, the woman should be kept in the recall programme and sent another invitation for screening (assuming she is still eligible) so that she has the opportunity to make an informed decision about whether to accept on each and every occasion when screening is offered.

In the case of informed dissent we ask the woman for her written instruction to remove her name from the list of women invited for breast screening. The woman is asked to confirm that she has understood the leaflet Breast Screening Can Save Lives. This explains the benefits and disadvantages of breast screening, and the importance of screening in reducing deaths from breast cancer. The women can restore her name on the screening list, at any time, by contacting her local breast screening unit (assuming she is still eligible). More information is available at www.cancerscreening.nhs.uk/publications/cs4.pdf

Dr Adrian Mairs
QA Director for Breast Screening



Screening age range and intervals – new policy announced.

On 27 July 2010, the DHSSPS announced plans to change the cervical screening policy in Northern Ireland. By January 2011, the age at which cervical screening is first offered to women will increase from age 20 to 25. In addition, the screening interval will be reduced, with women aged 25-49 being offered screening every 3 years and those aged 50 to 64 every 5 years.

These policy changes follow recommendations from the Regional Advisory Group on Cervical Screening who considered the current research evidence at an extra ordinary meeting in November 2009. The CMO letter outlines a number of key points:

- Cervical cancer is rare in young women
- Evidence indicates that screening is not effective in women aged 20-24 as women who developed cervical cancer under the age of 25 were as likely to have been screened as unscreened.
- Data also suggest that there is very low progression potential in young women
- Young women (under 25) who have been treated for CIN are at increased risk of having a subsequent premature birth.

The policy change will bring Northern Ireland into line with screening policy in England, where age ranges and screening intervals were changed in 2004 on the recommendation of the National Advisory Committee on Cervical Screening in England. It is also based on the recommendations of the International Agency for Research on Cancer (IARC), part of the World Health Organisation.

The Public Health Agency will be working with the regional call/recall centre and others over the coming months to ensure that these changes are implemented by January 2011. We will also be taking this opportunity to revise the programme information leaflets for women to take account of these changes and ensure that women can make informed decisions on screening.

Further information on specific operational arrangements relating to the policy changes will be issued in due course. All smear takers should note that women aged 20-24 will continue to receive their invites for screening in the interim period.

The full CMO letter is available at www.dhsspsni.gov

Cervical cancer charity launches;
**Cervical Screening
Awards**



Jo's Cervical Cancer Trust, has launched an award scheme to find the best local cervical screening awareness campaigns.

The charity believes the award scheme will provide the opportunity to share best practice with all professionals working in the field of cervical screening as well as rewarding excellence in increasing awareness and uptake of cervical screening in local communities.

Robert Music, director of Jo's Cervical Cancer Trust said, "We know there is fantastic and really creative work happening at a local level. We felt this competition would be the perfect way to highlight and reward that quality and, of course, share it so that others can learn from the winners and take these examples back to their own communities."

"Developing creative and targeted cervical screening education campaigns is still so very important. Twenty percent of women nationally still do not take up their invitation to attend cervical screening, with uptake figures for women under 35 even worse where around one in three do not attend screening. What is also a worry is that the recent increase in screening attendance due to Jade Goody's diagnosis with cervical cancer may already be going back to levels before Jade Goody was diagnosed."

"We need to think about how best to reach and educate the many differing age groups and communities, about the importance of screening and remind women that cervical cancer is a largely preventable disease where they can take proactive steps to reducing their risk."

The judging panel will include: Julietta Patnick, Director, NHS Cancer Screening Programmes; Tim Elliott, Team Leader: Cancer Screening and Male Cancers at the Department of Health and Maggie Luck, Screening Coordinator - Public Health, Camden PCT
Applicants can find more information on <http://www.jostrust.org.uk/news/screeningawards>

CANCER JAB 'COULD SAVE MORE LIVES'



A jab which protects against cervical cancer could save more lives than previously thought, research suggests.

A school vaccination programme is ongoing to protect young girls against sexually transmitted human papillomavirus (HPV), which causes most cases of the disease.

The jab guards against two strains of the HPV virus - 16 and 18 - which previous research has shown cause around 70% of cases of cervical cancer.

Now, however, experts believe the jab could prevent between 73% and 77% of cases, and could offer cross protection to other strains of HPV.

This means the number of cases of cervical cancer across the whole of the UK could fall from almost 3,000 at the moment to fewer than 700 a year.

With almost 1,000 women dying from the disease every year, more lives could also be saved.

The latest research, published in the British Journal of Cancer, was carried out by scientists at the Health Protection Agency, the University of Manchester and Manchester Royal Infirmary.

Their study focused on England and involved analysing which types of HPV women had, taken from more than 6,000 samples.

The women were from all age groups and were at various stages of disease, from normal to advanced cancer.

The study also showed how many cancers in England are due to HPV types other than 16 and 18.

Source The Press Association.

DIRECT REFERRAL IN NORTHERN HEALTH AND SOCIAL CARE TRUST (NHSC Trust)

The NHSC Trust has introduced Direct Referral from the Cytopathology Laboratory to the Colposcopy clinic. Following a successful pilot in 2007 the Direct Referral system went live in February 2010.

The results of the pilot indicated reduced referral times and a decrease in DNAs. The NHSC Trust has found that Direct Referral streamlines Failsafe processes, and improves links between the laboratory, colposcopy and smear taker.

As with the pilot the feedback has been very positive. A lot of interest outside of the NHSC Trust was generated when the protocol and methodology were presented to the NI Colposcopy Conference in May 2010.

The system remains under review and will be audited following 12 months of operation.

Old referral process Average of 30 days

- Lab reports smear recommending Colposcopy
- Report sent to GP
- GP contacts patient
- Patient makes appointment and visits surgery
- GP writes referral letter
- Letter lands on Consultant's secretary's desk
- Consultant's secretary passes letter to Colposcopy booking clerk
- Booking clerk makes appointment
- Consultant's secretary writes appointment letter to patient
- Patient attends for Colposcopy

Colposcopy Direct Referral Process Average of 9 days

- Lab reports smear recommending Colposcopy.
- Lab sends copies of report to GP with comment and to Colposcopy clinic.
- Colposcopy clinic book appropriate appointment based on available slots and LMP of patient.
- No action by GP unless needed.
- After 1 week Colposcopy clinic send appointment letter with information to patient.
- Patient attends for Colposcopy

REGIONAL COMPUTERISED COLPOSCOPY INFORMATION SYSTEM (Update)

The RCCIS system has successfully gone through the procurement process. The implementation phase of the project is the next stage and in preparation for this, a meeting of the Regional Lead Colposcopists Group has been arranged to take place on **Tuesday 17th August 2010 from 9 am – 12 noon in the Seminar Room, Antrim Hospital to:**

- Discuss, agree and finalise versions of templated letters to be put onto the system
- Agree data fields for the collection of data onto the system

It is of the utmost importance that Lead Colposcopists make a concerted effort to attend this meeting as agreement on the version(s) of templated letters to be used and the data to be collected is vital for the smooth functioning of the Colposcopy System. As is routine, Lead Colposcopists will be kept updated on each stage of this process as it progresses.

GA AUDIT (Northern Ireland)

A final proforma is currently being agreed for Colposcopists to audit GA use in Northern Ireland colposcopy clinics. The audit will begin in September 2010 and run for one month. All colposcopists will be expected to participate in this audit.

Colposcopy Conference May 2010, Causeway Hospital Coleraine

The following Powerpoint presentations are available by contacting QARC
Quality Assurance "Pushing the Boundaries" Dr Tracy Owen

Radical Vulval Excisions and Tissue Flap Reconstruction Dr MH McComiskey

The Diagnosis of Gynae Cancers : Can we do better? Dr Meabh Cosgrove

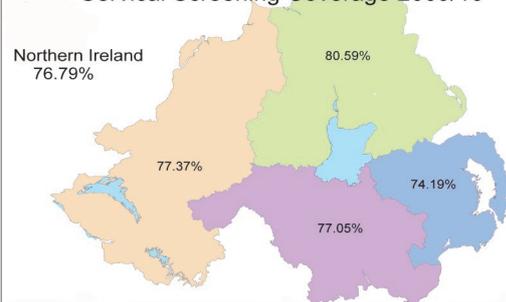
Direct Referral, NHSC Trust Mrs Geraldine Esler

Delivery of Quality Assured Colposcopy Services

for the CervicalCheck Programme Dr Grainnè Flannelly

Colposcopy in the Sudan Dr Ahmed Hussain

Cervical Screening Coverage 2009/10





BOWEL CANCER SCREENING

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New programme up and running

The Northern Ireland Bowel Cancer Screening Programme was launched by the Minister for Health, Social Services and Public Safety on 22 April 2010. Screening initially commenced in the Northern and Western Trust areas and was further extended to the South Eastern Trust from the week beginning 28 June 2010.

To the end of June, nearly 8000 invites and test kits had been issued to individuals across the 3 Trusts, and the first set of reminder letters had been distributed to non-responders. Initial indications are that there has been an encouraging response from the public with over 40% of those invited in the first few weeks having now returned a completed test kit. As expected, 2-3% of participating individuals have had a positive screening result and have been referred to colonoscopy.

A number of cancers have already been detected through the screening programme, including individuals with no reported symptoms of disease.

All aspects of the programme appear to be operating smoothly so far. The benefit of starting with a phased approach and small

and GP letters being issued. No major problems have occurred and all is working well to date.

The freephone helpline has also been busy since April, with the majority of queries focusing on whether or not the individual should complete the test kit. There have been very few callers seeking practical guidance on how to complete the test kit: which we hope reflects the high quality and clarity of the instruction leaflets issued with the test kits. We will of course keep this under review and use the helpline calls to inform any future revisions to the public information leaflets.

Now that the screening programme is up and running, one of the key challenges is to maximise uptake. While the PHA has worked with participating Trusts to achieve local media interest and publicity, a wider health information campaign will be needed to raise public awareness across Northern Ireland once the programme is fully rolled out. The PHA will be taking forward development work on a campaign over the coming months. In the meantime, all health professionals should take advantage of any appropriate opportunity to encourage men and women in the eligible age range (60-69 years) to participate in the programme whenever they receive their test kit.



numbers is that excellent communication links have developed between the call/recall centre, the laboratory and the Specialist Screening Practitioners (SSPs). As each new branch of the screening pathway was utilised, we were also able to track individual patients through the Bowel Screening Information Management System (BSIMS) to ensure that all triggers and failsafe mechanisms are working appropriately, with the correct patient

DID YOU KNOW

The Northern Ireland bowel cancer screen programme produces information leaflets in ten different languages.

All versions of the leaflets can be downloaded as .pdf's from the publication section of our website

www.cancerscreening.hscni.net

