

SCREENING MATTERS

Breast

Newsletter of the Northern Ireland Screening Programmes



Issue 15 Produced by the QARC for Health Professionals in the NI Screening Programme

Autumn 2008

CLINICAL MODULE TRAINING

In September 2008, Ms Kim Stoddard, Deputy Programme Manager of the Warwickshire, Solihull & Coventry Breast Screening Service, undertook four days training within the four Breast Screening Units. This included training in the use of: Bar



Coding, Quality Management Systems, the New Clinical Module and KC62 reports.

The training was attended

by: Directors of Breast Screening, Radiologists, Radiographers, Breast Care Nurses, Pathologists and Administration Staff from the Northern Ireland Breast Screening Programme.

Bar coding is currently being used within the Western Board Screening Unit, and will hopefully be fully implemented throughout the province by the end of 2008. Bar coding will be used by staff and is a directly



entering information onto the NBSS system without the need to fill out clinical forms.

All that participated in the training felt it was beneficial to their area of work.

LATEST NEWS

AGE EXTENSION PROGRAMME

In April 2009, the N.I. BSP will extend the age range for women eligible for breast screening from 50-64 to 50-70. This is in line with guidance issued by the NHS cancer screening programmes and currently a majority of the regions in England have implemented age extension.

At the moment within Northern Ireland, significant efforts are being made to ensure all four breast screening units are prepared for the extended programme, this includes making sure that all eligible women are invited to screening at the appropriate interval.



In addition a health promotion campaign is being prepared to alert both primary care teams and women of the changes to the programme. This includes alterations to existing breast screening leaflets.

As happens currently, women over the upper age limit for screening will continue to be encouraged to self refer after the age of 70

BREAST SCREENING NI Uptake Rate 2006 –2007

N. Ireland 76%

EHSSB 65.8%

NHSSB 82.6%

SHSSB 78.6%

WHSSB 80.1%

Interim QA visits See page 2

Contact Northern Ireland Screening Programmes on (02890) 553-949 or email chall@ehssb.n-i.nhs.uk

BEST WISHES FOR THE SEASON FROM QARC

SCREENING LEAFLETS

The Quality Assurance Reference Centre is working with the DHSS&PS and Health Promotion Agency to redesign the 4 existing NI Breast Screening Programme information leaflets. These are: Your Early Warning System; Breast Awareness (Looking Out for Changes); What to Expect at Your Second Visit, and Satisfactory Test Results: What Now?.

To date, the leaflets have been reviewed and changes made, taking into account the content of breast screening leaflets from the English and Welsh breast cancer screening programmes. Amendments have also been made to reflect the introduction of age extension in NI; national guidance on consent to cancer screening and the use of women's data.

In addition, a new leaflet on breast screening for ladies with implants is being produced.

Currently the group is considering in what languages and other formats the leaflets could be made available to ensure equal access for all sections of the community.

A new brand and logo has been designed to make individual leaflets easily identifiable.

The updated leaflets should be available in March 2009.

Breast screening



Your early warning system

Interim QA Visits

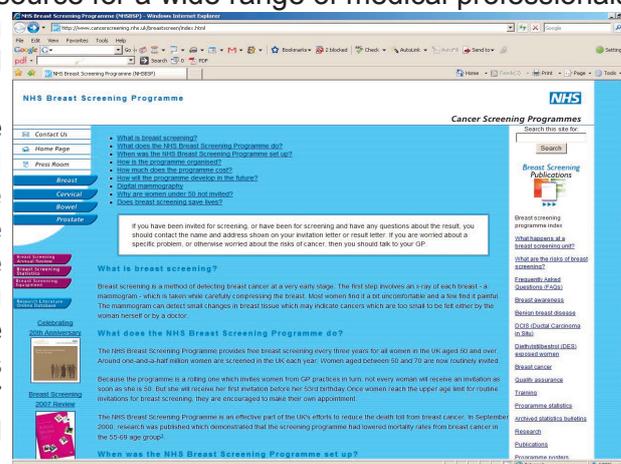
November 2008 saw Interim QA Visits being carried out within the Breast Screening service in Northern Ireland. The visits were undertaken by a team consisting of representatives from Radiology, Breast Care Nursing, Administration and the QARC in NI. They were looking at various aspects of the programme including preparation for age extension, staffing and the monitoring of standards and quality data. Each of the 4

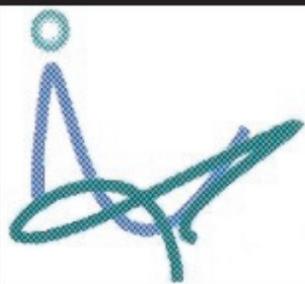
Units in Northern Ireland were visited over 2 days and invitations were also extended to key members of Trust management and Commissioners to attend a verbal report of the key issues from the QA Director at the end of each visit. This round of interim visits formed the basis for formal visits in Autumn 2009 which will encompass all aspects of the programme.



The **NHS Cancer Screening Programmes'** website (www.cancerscreening.nhs.uk)

is an invaluable resource for a wide range of medical professionals working within the cancer programmes. It also provides useful information for those who commission, provide and use the service. The site covers breast, cervical, prostrate screening and a wide range of publications on each of these programmes. With breast and cervical screening programmes the following can be downloaded: Cancer in up to 19 different languages; 2007 Annual Reviews for both programmes, and of discipline-specific good practice guides. Contact details for National Office Staff can also be found on the site.





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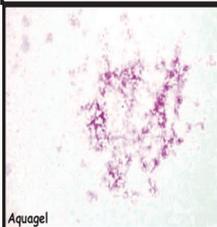
Cervical



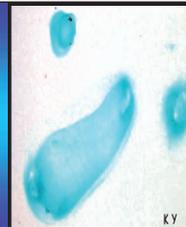
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The Effect of Lubricant Contamination on ThinPrep cervical cytology samples



The effect of lubricant contamination on ThinPrep cervical cytology samples

A recent study presented by Dr Tanya Levine, Director of the London Regional Cytology Training Centre, has highlighted the effect of lubricant contamination on Liquid Based Cytology samples.

Aims

The study aimed to:

- Established the extent and type of lubricants used by smear takers;
- Review the morphological appearances of lubricants microscopically; and
- Quantify the effect of lubricant contamination on the overall cellularity of LBC prepared slides.

The methodology involved a questionnaire sent to all GP practices and family planning clinics, and a laboratory based study of lubricant contaminated smear samples.

Conclusions

The study found that many smear takers continue to use lubricants, even though this is not BSCC recommended practice. Lubricant contamination can reduce the overall cellularity of the processed slide, which has implications for sample adequacy. The effect on cellularity varied by type of lubricant and the amount used.

Implications for practice

Use of lubricants may increase the risk of obtaining an inadequate result.

All smear takers are reminded that lubricants should be avoided.

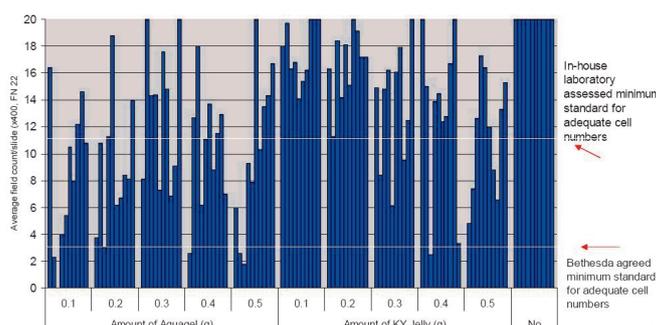
Warm water or a small amount of a water soluble lubricant should only be used 'when absolutely necessary' and should not be placed at the tip of the speculum.

RESULTS

94/115	PRACTICES RESPONDED	82%
24/94	NEVER USED LUBRICANTS	25.5%
46/94	RARELY USED LUBRICANTS	49%
24/94	FREQUENTLY USED LUBRICANTS	25.5%
9/70	USED AQUAGEL	12.8%
61/70	USED K-Y	87.2%

The study has been published in *Cytopathology* 2008 Aug; 19(4):236-43.

Average cell count per slide with or without varying amounts of lubricant



Cell counts were significantly different between non-contaminated and lubricant contaminant vials ($p < 0.001$)

Aquagel: 12% inadequate TBS, 52% inadequate by in-house protocol

KY: 2% inadequate TBS, 18% inadequate by in-house protocol

If you would like to submit a news item, or would like to publish the results of an audit in **Screening Matters**, please contact Ken McInnes on 02890-553-949 or QARC, 4th floor Champion House, 12-22 Linenhall Street, Belfast BT2 8BS For further information and back issues, please visit our website at : www.cancerscreening.n-i.nhs.uk

HPV vaccine (NI)

SHORTS

FACT

BOWEL SCREENING

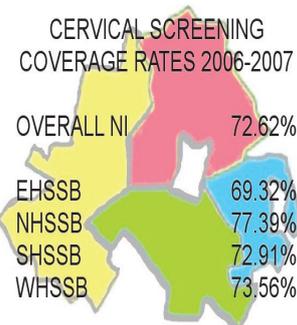
Professor Max Parkin at the Wolfson Institute, London, calculates that there will be 20,000 fewer deaths from bowel cancer over the next 20 years thanks to the roll-out of the bowel cancer screening programme.

Fact

Cervical cancer is a major health problem in the world today. In some developing areas such as Eastern and Southern Africa incidence is greater than 38 per 100,000.

The UK incidence rates (8.8 per 100,000) is ranked 141st of the 172 countries worldwide and the mortality rate ranks 148th

Fact



Over 99% of cervical cancers are caused by persistent genital infection with high-risk types of Human Papilloma Virus (HPV). The time span between being infected with a high-risk HPV and the development of cervical cancer is, in most cases, many years. While infection with genital HPV is most common among young adults, cases of cervical cancer peak in women in their late 30's.

New HPV vaccines offer tremendous potential for improving public health as they prevent up to 70% of cervical cancers by targeting high risk HPV types 16 and 18.

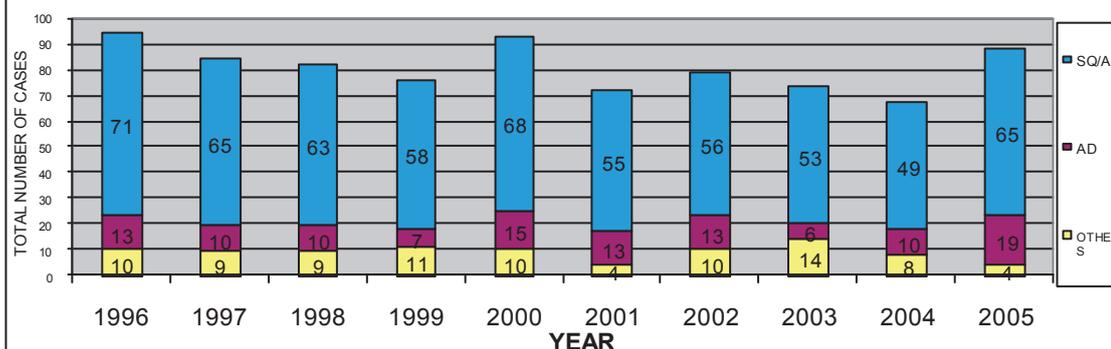
Following recommendations made by the Joint Committee on Vaccination and Immunisation (JCVI) in 2007, all four countries in the United Kingdom have introduced a routine programme to vaccinate girls aged 12 – 13 years. This programme was launched in Northern

Ireland on 3 September 2008. In addition to the routine programme, a 3 year catch-up programme is taking place from September 2008 for girls up to the age of 18. The first year of this catch-up will take place in primary care settings for those girls aged 17 to 18.

This vaccine has the potential to markedly change the cervical screening programme in the future and we will be closely monitoring the impact of the vaccine in coming years. In the meantime, women should still be advised that screening offers the best protection against developing cervical cancer and they should continue to attend for screening on a regular basis.

Further detailed information on the immunisation programme is available on the DHSSPS website, including a Q&A leaflet for girls and their parents/guardians.

Incidence of Invasive Cervical Cancer 1996 - 2005

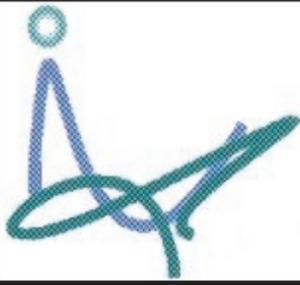


QA Site Visits

A team from QARC NI will conduct a regional site visit to a laboratory within the next few months. The visit is designed to ensure the laboratory is maintaining quality standards as described in the NHSCSP guidelines. The visit team will comprise of a Cytopathologist a BMS and a Lead Colposcopist.

The team will use the newly developed national QA toolkit for Cervical Screening to evaluate the service.





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Colposcopy



Newsletter of the Northern Ireland Screening Programmes

Colposcopy ICT

Project Update

NI Computerised Colposcopy Information System

The project continues to make steady progress towards procurement. The Business Case received full support from the HSC ICT programme Board and was submitted to the Business Case Unit, DHSSPSNI on 20th June 2008. The Business Case Unit forwarded a letter to DIS with 29 required amendments. The Project Team, Project Board and DIS have been working through these.

When changes to the Business Case are implemented, approved and sent back to the Business Case Unit - £30,000 is to be released to DIS in preparation for procurement for:

- The employment of a Procurement Specialist to advise the Evaluation Team on compiling a Statement of Requirement Procurement Framework and Questionnaire.
- Legal fees



The Evaluation Team held two separate meetings in September and October 2008 to review the Operational Requirements Specification and have recommended a few minor adjustments in preparation for the procurement phase of the project.

KC65?

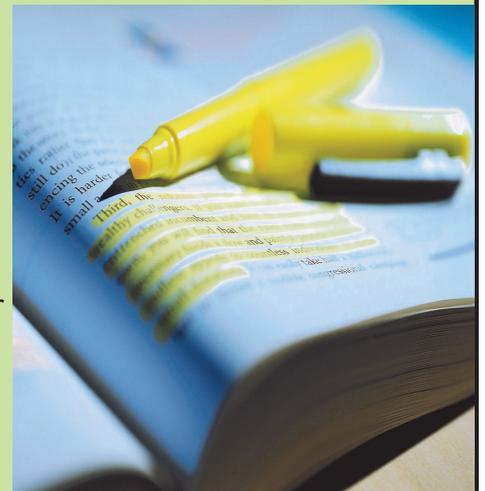
A central return for Colposcopy Clinic referrals, treatments and outcomes.

Northern Ireland Smear Takers Guide (2008 update)

The Northern Ireland Smear Takers Guide was initially composed in 11 sections with associated appendices in 2002 and placed on the Northern Ireland Cervical Screening website for users to focus on sections that are relevant to their practice. It reflects best practice in the taking and management of quality smears for women.

With the introduction of Liquid Based Cytology (LBC) and other such developments in practices and guidelines, it was felt that the Smear Takers Guide required updating.

The guide has been completely enhanced. Once approved the Smear Takers Guide should be accessible through the website at the usual address: <http://www.cancerscreening.hscni.net/reference/SMEARTAKERS%20GUIDE.pdf>



COLPOSCOPY CONFERENCE 2008

On 22 May 2008 Colposcopist and Health Professionals from across the province gathered for the Annual Colposcopy & Gynaecological Oncology Conference.



Dr John Price formally opened the education seminar and after an address by the Meeting Chair, **Dr Orla Conlon** the seminar began.

Gwen Thompson	The Audit of Under 25s Attending Colposcopy Jan -June 2006
Dr Ann Hamilton,	Grading Referral Letters Compared with NICaN Guidelines
Dr Stephen Dobbs	Cancer Statistics in Northern Ireland 2007
Dr Raj Naik	Disclosure of National Invasive Cancer Audit to Women?
Dr Jessica Gomersall	Audit of Suspected Gynaecological Cancer Referrals to Belfast City Hospital'
Jackie Jamison	HPV Subtypes Found in a NI Population from Liquid Based Samples with Normal and Abnormal Cytology
Dr James Carson	Cervical Smear Follow Up Following Punch and Cone Biopsy
Dr Husein	"Colposcopy in Sudan"

A very successful poster presentation was exhibited in the main foyer both before and after the first session of the educational conference.

Dr Louise Meehan, Dr Brooke Lawson, Dr Janithia R Costa, Dr Lynsey Hinds, Dr Meeta Kamath, Dr A McNally, Dr Nithya Ratnavelu, Dr Sirisha Valusa, Dr Mohamed Salim, Dr Khaled El Hayes, Dr M Essajee and Dr Kate Johnston

The panel judged **Dr Kate Johnston's** "*Local Recurrence of Endometrial Carcinoma – 3 case reports*" to be the best poster presentation of the day.

If you would like to attend or perhaps participate in next year's Annual Colposcopy & Gynaecological Oncology Conference please email QARC after 5th January to express your interest. The venue for the 2009 conference, is Lisburn Trinity Methodist Centre, Knockmore Road, Ballymacoss, Lisburn. The date for the event is 29th May 2009.