Public Health Agency

SCREENING MATTERS

Newsletter of the Northern Ireland Cancer Screening Programmes

Issue 24 Produced by QARC for Health Professionals in NI Cancer Screening Programmes Winter 2012

The Benefits and Harms of Breast Cancer Screening (October 2012)

An independent review of breast cancer screening was published on 30 October 2012. It concluded that the UK breast screening programmes confer significant benefit, by extending lives, and should continue; and that there should be clear communication of the benefits and harms to women. The review reported a 20% reduction in mortality in women invited for screening. This corresponds to one breast cancer death averted for every 235 women invited for screening, and one death averted for every 180 women who attend for screening. It stated that in total about 1,300 breast cancer deaths are prevented each year by breast screening programmes in the UK.

Overdiagnosis is the main harm caused by screening. This is the identification of breast cancers that will never cause any harm to women during their lifetime. As it is not possible to tell in advance which cancers will be life threatening, and which won't, all are treated (overtreatment). These women can have surgical removal of a portion of breast tissue and chemotherapy or radiotherapy; but they do not experience any benefits from a reduced risk of death from breast cancer. The report estimated that for every breast cancer death prevented through screening, about 3 women will have treatment for a cancer that would not have caused them problems.

QARC will be revising the Northern Ireland Breast Screening Programme information leaflets next year.

The full report can be found at http://www.cancerresearchuk.org

Dr Adrian Mairs

MAMMOGRAPHY STUDY DAY 29th September 2012

Radiographers working in the Breast Screening Programme in Northern Ireland were delighted to have the regional study day re-instated after a gap of 5 years. It is hoped that with re-establishment of this invaluable training opportunity it will occur again on a bi-annual basis.

The Study Day was held at Altnagelvin Hospital with radiographers, assistant practitioners and breast care nurses from the screening programme attending, along with radiographers from the symptomatic sector, private sector and Letterkenny Hospital who had also been invited. There was an excellent attendance by 55 delegates.

The day began with a presentation by Mary Jo Thompson, Regional Project Manager NICAN and Martha Magee, WH&SCT on transforming cancer follow up. This was followed by updates from Dr Adrian Mairs, QA Director for Breast Screening (insert) on QARC structure and functions, digital implementation and surveillance of high risk women. Claire Hall, Breast Screening Information Officer, QARC provided a presentation on TC/TP audit findings. However the main focus of the day was on new technologies arising from the use of digital imaging technology with speakers being provided by Hologic, GE, Siemens and Phillips. With the Breast Screening Programme coming towards the end of its use of analogue screening equipment and hoping to implement a digital screening service in Northern Ireland in the near future it was exciting and appropriate for radiographers to hear about new technologies that are being developed for use in the digital era.

This education opportunity was provided by QARC who also provided analysis of the evaluation sheets returned by the delegates. The evaluation indicated a positive response to the study day.

The next study day is provisionally planned for 2014. The staff at Altnagelvin who facilitated this study day in 2012 would like to thank all the staff at QARC for their assistance and support in organizing an enjoyable and successful day. Handouts for study day can be found at the following link http://www.cancerscreening.hscni.net/2061.htm

Dorothy McFaul
Superintendent Radiographer, Breast Screening, Altnagelvin

Statistical data for quarter 1, April-June 2012

Uptake% 50-70

Eastern	68.4%
Northern	78%
Southern	73.4%
Western	75.1%
Region	72.4%
Minimum Standard	**70%**
Target	**80%**

Screen to assessment % within 3 weeks

Eastern	89.7%
Northern	99%
Southern	92.2%
Western	98.3%
Region	93.4%
Minimum Standard	**90%**
Target	**100%**

Round Length % within 36 months, 50-70

Eastern	10%
Northern	99%
Southern	79%
Western	93%
Region	58.%
Minimum Standard within 36months	**90%**
Target	**100%**

Screen to RR%

Eastern	96.3%
Northern	98.6%
Southern	96.8%
Western	99.1%
Region	97.5%
Minimum Standard	**>90%**
Target	**100%**

Reaching out to the community - Northern HSCT Mobile BSU visits pupils at a Magherafelt

On 6th November 2012 staff from the Northern HSCT Mobile Breast Screening Unit will give a talk on breast awareness to girls, aged 16, of St Pius' Secondary School Magherafelt, as part of their health education training.

The talk is a chance for the team to promote breast awareness, and breast health to the girls. It is also a opportunity for the girls to ask any questions which they might have regarding breast development, or our services. By educating girls early about the benefits of breast awareness, and getting them to talk openly about it, we will hopefully help dispel any embarrassment or myths surrounding this topic. The girls will then hopefully pass on what they learn to their mums and grandmothers.

The staff feel privileged to have been asked to share thier knowledge with the girls. In the past the unit has benefited financially from the tremendous fundraising efforts from community groups in the Magherafelt area and we see this as a way of giving something back to the community.

The NHSCT Mobile Breast Screening Unit visits Magherafelt every three years, screening ladies aged 50 years up to the age of 70. Eligible ladies will automatically receive an appointment. However, we would like to encourage ladies who are over 70 to come along by contacting us themselves for an appointment.
We are also planning a Ethnic Minorities Open Day on the Mobile Screening Unit in Ballymena on 30th Nov 2012. This is following on from a QARC sponsored workshop at KnockBracken Healthcare Park, Belfast. We will publish the findings in a future bulletin.

Kathryn Williamson & Suzi Moore, Radiographers, NHSCT

A QUALITY MANAGEMENT SYSTEM (QMS) FOR BREAST SCREENING

The Quality Assurance Reference Centre arranged a training day on 22nd March 2012 on *How to Implement a Quality Management System*. Training was provided by *Warwickshire, Solihull & Coventry Breast Screening Service.*

The aim of a documented Quality Management System (QMS) is to develop a culture of continuous improvement in an organisation. This includes understanding current and future stakeholder needs, meeting customer requirements and striving to exceed customer expectations. The key requirements for an effective QMS are:

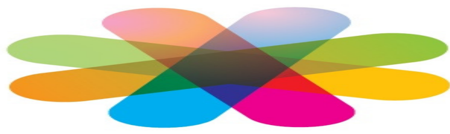
- commitment from the management team;
- a representative responsible for the integrity of the QMS with sufficient resources to support him/her;
- documented procedures and records; and
- periodic rigorous review of the system.

The focus of the training day was documentation requirements of a QMS; including process mapping, procedure style, structure and amendment. There are eight quality management principles:

- Customer Focus
- Leadership
- Involvement of people
- Process Approach
- System approach to management
- Continual Improvement
- Factual approach to decision making
- Mutually beneficial supplier relationships

Breast Screening Office Managers, Superintendent Radiographers and their deputies attended the training day, which gave an overview of quality management principles and the benefits of setting up a quality management system.

Individual breast screening units are now working to introduce local quality management systems.
Mrs Georgie O'Kane, Breast Screening Office Manager, Eastern Breast Screening Unit, Regional Link for NHAIS/NBSS and QA Lead for Administration & Clerical



Cervical Screening

NEW SCREENING PATHWAYS - HPV TRAIGE AND TEST OF CURE

Testing for high risk human papilloma virus (HR-HPV) as triage and test of cure will be introduced into the Northern Ireland Cervical Screening Programme in early 2013. This policy change will significantly alter the screening pathway for women with a mild dyskaryosis or borderline smear result and it is important that all smear takers are fully aware of these changes and can advise women appropriately.

Human Papilloma Virus and cervical cancer

The link between HR-HPV infection and the development of cervical cancer is now clearly established with almost 100% of cervical cancers containing HPV DNA. About 14 high risk subtypes of HPV are associated with cervical cancer. Women with no evidence of HR-HPV infection are extremely unlikely to develop cervical cancer in the short to medium term.

There is robust evidence to support testing for HR-HPV in the management of women with low grade cervical abnormalities and testing is now recommended at two distinct points within the cervical screening pathway.

HPV triage

Only 15-20% of women with a borderline or mild smear result have a significant abnormality that needs treatment. HR-HPV testing is effective in identifying which women may need treatment. The triage process involves:

- all routine borderline/mild samples are tested for HR-HPV
  (includes 'borderline changes query high grade' and 'borderline changes query endocervical')
- HR-HPV positive women are referred immediately to colposcopy
- HR-HPV negative women can be safely returned to routine recall (i.e. 3 or 5 yearly recall dependent on age)

HPV test of cure

At present, women who have received treatment for cervical abnormalities at colposcopy are followed up by annual smear tests for ten years. It is now known that women with a normal or low grade smear test and who are HR-HPV negative at 6 months after treatment, are at very low risk of residual disease. These women do not need to be recalled for another screening appointment for three years. The test of cure process involves:

- all post-treatment smears (at 6 months) which are reported as normal, borderline or mild dyskaryosis are tested for HR-HPV
- HR-HPV positive women remain at colposcopy
- HR-HPV negative women can be safely returned to recall in 3 years

It is estimated that the HR-HPV test of cure will allow approximately 80% of women who have been through treatment to avoid undergoing annual smear tests. The test of cure process is not suitable for use in women who have been treated for glandular disease or invasive cervical cancer.

Benefits and impact of HPV testing

The main benefits of HPV triage and test of cure are:

- the number of repeat smear tests is reduced – reducing patient anxiety;
- women with abnormal results have a markedly shorter patient journey time to a definitive outcome;
- colposcopy resources are targeted at women who are most likely to have significant disease;
- there is faster return to routine recall for women who have undergone treatment.

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Implementation

HR-HPV triage and test of cure will be introduced to the Northern Ireland screening pathway in early 2013. Detailed information, including the confirmed start date, will be issued shortly. All smear takers need to be aware of the following key points:

- HR-HPV testing protocol will only routinely apply to samples from women within the screening age range (25-64).
- The HR-HPV test is carried out on the same sample – a repeat smear is not required.
- HR-HPV triage will be carried out on all routine samples originating from primary care/ community clinics where cytology is reported as borderline changes or mild dyskaryosis.
- HR-HPV test of cure will be carried out on all post treatment smears originating from colposcopy clinics where cytology is reported as normal, borderline changes or mild dyskaryosis.
- HR-HPV test results and appropriate management recommendations will appear on the same report as the cytology result.
- All women with a negative HR-HPV result should be returned to routine recall as per the pathway.
- All women with a positive HR-HPV result should be referred to colposcopy as per local operational arrangements

Detailed information on the new pathway will be distributed to all primary care practices and other smear takers in the coming weeks. Information sessions are also being arranged for January. New patient leaflets will be made available which include information on HPV testing and results. All smear takers are asked to look out for the correspondence and ensure they familiarise themselves with the new pathway. It will also be accessible on our website www.cancerscreening.hscni.net. The contact point for any patient specific queries on HR-HPV testing pathways or results remains with your local cytology laboratory.

Dr Tracy Owen

Updated guidance

In preparation for the introducing HPV testing. The Northern Ireland Cervical Screening programme has updated current leaflets used to inform women participating in the programme. The updated leaflets are now being distributed by Trust Health Improvement units.

The updated leaflets now contain additional information, and will replace the present leaflets. A "**updated guidance**" logo will appear in the top left hand corner of all updated leaflets to avoid confusion with the current leaflet. All cervical screening leaflets you currently have in stock, should **not** be used after HPV testing starts. **Please destroy/recycle all out of date documents**

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 311611 or write to Public Health Agency QARC, Ormeau Baths Office, 18 Ormeau Avenue, Belfast BT2 8HS. For further information and back issues, please visit our website at: www.cancerscreening.hscni.net.

REQUEST FOR MEDICAL INFORMATION

The bowel cancer screening programme will sometimes ask GPs to confirm an individual's medical history. This is needed to allow the person to be suspended from the current screening round or to be permanently ceased from future invites.

On receiving a test kit, individuals may contact the programme helpline to query if they should be exempt from screening. The call recall office will send a request for medical information to the relevant GP Practice. It is important that the requested information is fully completed and returned quickly. This may prevent your patient from having an unnecessary hospital appointment.

Individuals with no functioning large bowel are not suitable for screening and can be ceased permanently from the programme. This would include those who have undergone a total removal of the colon and rectum (panproctocolectomy) and those who have had a total colectomy but retain a non-functioning rectal stump. Screening by FOBt is not appropriate for those with a permanent ileostomy or colostomy. Confirmation that an individual has no functioning large bowel must be sought from their GP prior to ceasing taking place.

Those who retain part of a functioning bowel (e.g. hemicolectomy) or those who have had a temporary bowel bypass (e.g. temporary colostomy or ileostomy) and are waiting for restorative surgery should remain within the screening programme, with the current screening episode suspended if appropriate.

Patients attending hospital for regular endoscopic surveillance who have had a full colonoscopy within the last 12 months will not need to complete a screening kit on this occasion and will be suspended from the current screening round. Although they do not need to complete a screening kit at present, we will continue to invite them to participate in screening every two years. This would include people with inflammatory bowel disease.

Full guidance on ceasing and suspending individuals from the screening programme can be found on the publications section of our website www.cancerscreening.hscni.net

Audit of Persons Currently Ceased

When a person is ceased they will no longer receive invitations asking them to participate in the Bowel Cancer Screening Programme. Those individuals eligible to take part will be sent an invitation to participate every two years.

The criteria for eligibility have changed since the programme commenced in April 2010. When the programme was launched, some individuals were ceased on the basis that they had inflammatory bowel disease and were under regular colonoscopy surveillance. National guidance now suggests that such individuals should be temporarily suspended from their current screening episode, rather than permanently ceased to ensure they are not lost to follow up.

The QARC office recently audited the patients currently ceased from screening and is in the process of reinstating the small number of individuals who are now eligible under the revised criteria.

- Any patient already ceased on our system following GP confirmation of having no functioning large bowel will remain ceased.
- Those who were previously ceased on the basis of having inflammatory bowel disease will shortly receive a letter informing them of the change in criteria and that they may now be appropriate to continue to receive screening invites after all.

The letter states that they will not need to complete a screening kit if they have a permanent colostomy or ileostomy but should still contact the free helpline to inform us of their condition. We may need to seek confirmation from their GP prior to permanently ceasing them on our system.

Those with a temporary bowel bypass or who have had a full colonoscopy in the last 12 months will be reinstated to the programme, but will not need to participate in this round of screening. They should still contact the free helpline to inform us of their condition. We may need to seek confirmation from their GP before suspending them for this round of screening. They will continue to receive an invitation to participate every two years.

Patients not wanting to participate will still have the option to opt out of screening for this episode or from the programme completely.

We will assume that those who do not contact the free helpline are happy to continue to participate in screening. They will receive a test kit in due course.

Dr Tracy Owen

BOWEL CANCER SCREENING

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Northern Ireland CT Colonography course

The Dunsilly Hotel Antrim was the venue for the first Northern Ireland CT Colonography course on Thursday 4th October 2012.

The course was jointly organised by Dr Myles Nelson, Consultant Radiologist, Antrim Area Hospital and the Northern Ireland Bowel Cancer Screening Group.
Delegates were educated by local experts on varying aspects of CT Colonography including lectures on the indications for the investigation, preparation protocols, image acquisition techniques, imaging analysis and interpretation.

After the lecture programme in the morning, the afternoon session was workstation based with cases available for teaching the practical skills required for accurate CT Colonography assessment.

The event was kindly sponsored by SECTRA, Synapse Medical, Clonallon laboratories and Medical Imaging (N.I.) Toshiba/Vital images.

The programme attracted Continuing Professional Education points from the Royal College of Radiologists.

Computed Tomography Colonography (CT Colonography) sometimes referred to as virtual colonoscopy, is a test that uses a CT scanner to produce detailed pictures of the inside of the colon and rectum with images similar to those obtained by colonoscopy.

CT Colonography is less invasive than a colonoscopy because the test does not involve inserting a tube all the way around the colon. CT Colonography is an integral part of the Northern Ireland Bowel cancer screening programme which began rollout in June 2010.

Where patients are unable to under go or have had an incomplete colonoscopy CT Colonography is the preferred modality for screening the colon rather than Double Contrast Barium Enema.

To date approximately 84,000 individuals have participated in the screening programme, of these approximately 1,850 have received a positive test kit result and 158 cancers have been diagnosed. Approximately 50 CT Colonography have been performed, the majority of these are in the older age range, with the planned role out of age extension to Age 74 in 2014 the numbers of CT Colonography carried out are likely to increase.

Dr Myles Nelson, BCSP QA Lead Radiologist, Clinical Director for Medical Diagnostic Specialties, NHSCT
Dr Paul Rice, Consultant Radiologist, SHSCT

ACTIVITY UPDATE
end of October 2102

Population invited	177,989
Completed Kits	86,310
Screen detected cancers	164