SCREENING MATTERS - Issue 25

Cervical Screening | BOWEL CANCER SCREENING | Breast Screening

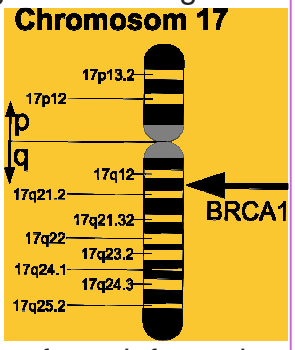
What's in this issue?

Breast Screening - Higher Risk Women

The Breast Screening Programme has introduced a surveillance screening programme for women at higher risk of developing breast cancer.

Higher risk is defined as x 8 the normal risk and applies to women with one of the following genetic mutations: **BRCA1, BRCA2, TP53, ataxia-telangiectasia (A-T) homozygotes, ataxia-telangiectasia (A-T) heterozygotes;** or because they have had **supradiaphragmatic radiotherapy** treatment before the age of 30.

Eligible women will normally be invited for annually screening and offered MRI and/or digital mammography depending on their specific risk factors and age. An information pack has been sent to each Practice Manager containing:



- **Information for Health Professionals**
- **FAQs**
- **Patient letters and information leaflets**
- **Patient pathway**

You can access this at
http://www.cancerscreening.hscni.net/2081.htm

The service has been collating a list of eligible women from information provided by the genetics service, GP Practices and returns from Trusts on the women under their care.

There are some women who have been seen by the genetics service but have not been under the care of a Trust, we suspect this is because they have subsequently had risk reducing surgery.

We will be writing to relevant GP Practices with a list of their patients to confirm if they have had risk reducing surgery (bilateral mastectomy) and are therefore not eligible for the surveillance programme.

We estimate that there will be about 400 women across Northern Ireland we will need to seek confirmation for, so it should not be an erroneous task for individual Practices.

If you are aware of any woman who is in one of the higher risk categories and has not been invited for surveillance screening please notify the Breast Unit in Antrim Area Hospital to ensure that her details are on the breast screening IT system. Please call 028 94 424428.

Dr Adrian Mairs, Quality Assurance Director, NI Breast Screening Programme

QA Visits

Quality assurance is integral to the 3 cancer screening programmes in Northern Ireland. It aims to ensure the maintenance of minimum standards and the continuous improvement in all aspects of the services to the population in the eligible screening age ranges.

The performance of the cancer screening programmes is measured in a variety of ways such as review of statistics, compliance against national standards and regional meetings, all of which offer valuable insight into the activity of the programmes. However, formal QA visits provide the only forum for a review of the whole screening process on a multidisciplinary basis.

Joan McSorley, Quality Assurance Coordinator

Visits have been scheduled for all three screening programmes in 2013, they are as follows:

MAY 2013	**Breast Screening Programme QA Visit to Southern HSC Trust**
OCTOBER 2013	**Bowel Cancer Screening Programme QA visit to South Eastern HSC Trust**
DECEMBER 2013	**Cervical Screening Programme QA visit to Southern HSC Trust**

Retirement of Marie McStay, Superintendant Radiographer, Southern HSC Trust

Marie was born and educated in Lurgan County Armagh before embarking on her career as a therapeutic radiographer at Montgomery House in Belfast.

On qualifying in 1975 another recession was impacting career opportunities and Marie resilient as always embraced diagnostic radiography. She travelled to Derry and on qualifying one year later took up a position at Craigavon Area Hospital. Marie's travelling bug was probably germinating at this time, as she decided to travel to Norway to avail of a therapeutic opportunity there. Career advancement, Norwegian men and a penchant for cross country skiing failed to keep Marie in Scandinavia.

Marie returned to the UK and continued her therapeutic pathway in a unit in Cheltenham, but the call of home prevailed and Marie turned full circle returning to her native Ireland and Craigavon Area Hospital in 1979.

In 1983 Marie resumed her studies gaining her Diploma in Medical Ultrasound and thereafter ultrasound became her chosen area of expertise.

In 1993 circumstances caused Marie to take a change in direction and embracing a new role led the new Breast Screening service for women in the Southern Trust. Expansion of the service was rapid and a new symptomatic service was incorporated in 1995. The role of ultrasound advanced exponentially in the differential diagnosis of breast disease and Marie again met this challenge head on. She subsequently attended Leeds University gaining further qualifications in breast ultrasound, film reading and intervention. It was during this time that Marie gained her Post Graduate Diploma.
Marie has competently led the Breast Unit in the Southern Trust for twenty years advancing the unit with her own unique and innovative style. Her dedication, professionalism, strong work ethic combined with common sense has driven the unit forward time and time again.

Marie's exceptional clinical experience and expertise qualified her for her latest role as lead QA radiographer for the Northern Ireland Breast Screening Service. She has successfully carried out this role for several years.
In May of this year Marie decided to retire from her position as Superintendent Radiographer although currently she remains a valued colleague and member of the Breast Team working on a part-time basis.

Over the years Marie has become an enthusiastic and frequent traveller and her new role facilitates her passion for travel especially cruising.

By Margaret Holland , Superintendent Radiographer, SHSCT

Raising awareness of Bowel Cancer Screening in the west

The uptake for the Northern Ireland Bowel Cancer Screening Programme (BCSP) was 47%, well short of the Ministerial target of 55%. The regional breakdown showed that the Western Trust (WHSCT) population had the lowest take up rates, with only 40% of men and 44% of women participating.

As one of the SSPs I felt that we should do something to promote awareness within the Trust area. Following discussion we opted to hold promotional days in two local shopping centres, Foyleside in the northern sector of the Trust and Erneside in the southern sector.

To support and publicise this initiative Dr William Dickey, BCS colonoscopy quality assurance lead, compiled a press release in conjunction with the WHSCT Communications Office. The PHA supplied promotional material. All WHSCT SSPs participated and Dr Graham Morrison, BCS colonoscopist, spent some time at the Foyleside stand. Publicity for the events was placed on WHSCT and Shopping Centre websites a week in advance. Dr Dickey's press release was published in local newspapers and he gave several interviews to local radio stations.

We chose 20th November for the Foyleside event as this was local pension day and attended the Erneside on 29th November. People were reluctant to approach the stand and a degree of active engagement was needed. Those with whom we spoke were aware of the programme but not all had completed their kits. We encouraged them to participate and explained how they could attain another kit if they had discarded their first one.

We were encouraged by the number of people who told us they had completed the test and had been impressed with the efficiency of the programme. We encouraged them to promote the programme among family and friends who were within the target age range. We were also gratified to receive comments from people about the service provided by the Altnagelvin endoscopy unit. We had two requests from community group representatives for leaflets to promote the BCSP.

Overall we felt that both days offered great opportunities to promote the programme. The effect of these two days and the associated publicity in the local press and radio will be quantified by uptake statistics for the WHSCT area in the months to come. Direct engagement with the public meant that those who had not returned their kits yet were encouraged to do so and a number of non-responders were identified and re-enrolled in the programme. We hope to participate in further awareness raising events in the future.

Amanda Blair
SSP, Altnagelvin Area Hospital

QARC WEBSITE

A new look website for the Northern Ireland cancer screening programmes was launched a few months ago. If you have not already visited the site please set your home page to HTTP://WWW.CANCERSCREENING.HSCNI.NET

You will find lots of information on all three programmes, as well as up-to-the-minute information on the location of Breast Screening mobile units and a diary of forthcoming QA visits. Please feedback comments on the site using the portal or contact QARC

SMEAR SAMPLE BATCHING

There is some evidence that a number of GP practices are batching smear samples. In some instances it is taking up to 14 days before the samples reach the laboratory. This is unacceptable, and we remind all practices that samples should be dispatched to the lab **on the day** that they are taken. We are continuing to monitor and audit this situation.

HPV Update

All smear takers should now be well aware that high risk HPV Triage and Test of Cure was introduced into the Northern Ireland Cervical Screening Programme from end January 2013. You should now be receiving smear reports which include HPV results and follow the new management recommendations. We would encourage everyone to familiarise themselves with the new pathways and ensure that they are followed in your practice. This is particularly important for GP practices that continue to operate their own call/recall invitation systems. The new pathways are automatically applied for women invited through the regional call/recall office. Any smear taker with a query about the recommended management of an individual patient is advised to contact the reporting laboratory to discuss.

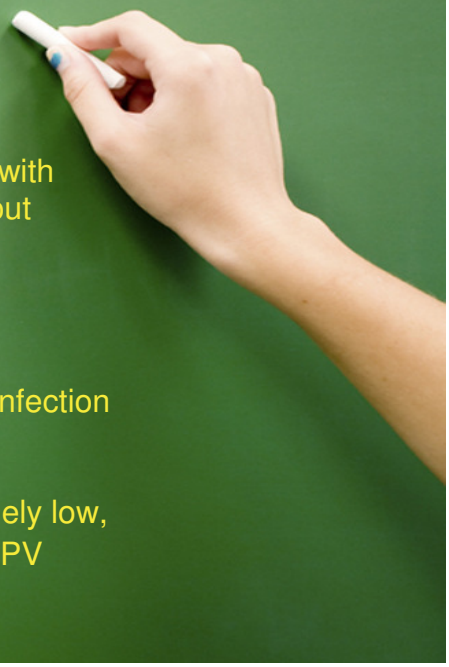
The new patient leaflets which include information on HPV testing should now be in use across Northern Ireland. Please dispose of any remaining copies of the old leaflets if you still have these in your store or on display.

Information on HPV testing and the new pathways can be downloaded from the cervical screening section of our website at www.cancerscreening.hscni.net.

The laboratories have identified a number of frequently asked questions they have received since the introduction of HPV testing and we have attempted to clarify the answers to these below:

Dr Tracy Owen, Quality Assurance Director, NI Cervical Screening Programme

CYTOLOGY HPV FAQ'S



WHY IS THERE NO RECORD OF AN HPV TEST RESULT ON SOME SMEAR REPORTS?

HPV triage testing is only being carried out on smears which are reported as mild dyskaryosis or borderline cytology.

Normal cytology does not require an HPV test for triage and those with moderate or more severe cytology are referred to colposcopy without HPV testing.

I HAVE A "BNC/HPV NEGATIVE" REPORT FOR A WOMAN– IS IT DEFINITELY OK TO RETURN THIS LADY TO ROUTINE RECALL?

Yes. Over 99% of cervical cancers are associated with persistent infection with high risk HPV.

If high risk HPV is not present, the risk of cervical cancer is extremely low, so women with low grade cytological abnormalities who are HR-HPV negative can be safely returned to routine recall.

Northern Ireland Breast Care Nurses Breast Cancer Study Day

Following on from the success of the study day that was organised by the N.I. Breast Care Nurses in 2007, it was decided to organise another educational event. This was held on 18th October 2012 in the Dunsilly Hotel, Antrim.

Delegates comprised nursing staff and allied health professionals from the community, and departments and wards from local hospitals that had an interest in the field of breast disease.

The programme was based upon feedback from the study day in 2007 and included topics such as referral to a breast clinic, lymphoedema awareness, post-operative complications, psychological care/ body image issues and work/life balance.

The speakers were mainly local breast care nurses working across the Province, a psychologist and a counsellor. Sponsorship was received from pharmaceutical and prosthetic companies, who provided a very informative and educational exhibition which delegates were able to view at coffee time. Their generous sponsorship enabled the delegates' fee to be kept to a nominal £20. Local charities also contributed to the exhibition.

The day was again heralded a success based upon the positive evaluations received, with suggestions given for future events.

Elaine Heaney, Breast Care Specialist NHSCT

Breast screening statistics for quarter 2, July - Sept 2012

Uptake% 50-70

Eastern	68.1%
Northern	80%
Southern	77%
Western	75.1%
Region	72.3%

Minimum Standard 70%

Target 80%

Screen to assessment % within 3 weeks

Eastern	76.2%
Northern	99.3%
Southern	95.7%
Western	89.1%
Region	85.8%

Minimum Standard 90%

Target 100%

Round Length % within 36 months, 50-70

Eastern	65.4%
Northern	99.6%
Southern	98.7%
Western	97.9%
Region	81.%

Minimum Standard 90% within 36 months

Target 100%

Screen to Routine Recall: Normal report letters % issued within 2 weeks

Eastern	94.6%
Northern	99.3%
Southern	89.1%
Western	98.8%
Region	94.9%

Minimum Standard >90% Within two weeks

Target 100%

Cervical Screening STATISTICS FOR 2011-2012

NI Cervical Screening Programme: Coverage by age group (25-64), and HSC Trusts 2011/12

2011-12

HSC Trust	ELIGIBLE POPULATION	COVERAGE %
NORTHERN IRELAND	475847	77.99%
BELFAST	111106	72.62%
South East	78335	79.32%
Northern	109903	81.09%
Southern	95673	79.06%
Western	80830	78.60%

KC53 Part A2 2011-12

BOWEL SCREENING ACTIVITY UPDATE April 2010 to end of March 2013

Population invited	198,916
Completed Kits	98,634
Screen detected cancers	211

Carcinoembryonic Antigen (CEA) measurement in colorectal cancer: no value in diagnosis or screening?

Measurement of serum carcinoembryonic antigen (CEA) is readily available and one of the most frequently requested tumour markers worldwide. Its association with colorectal cancer may prompt its measurement both in primary and secondary care. Patients are often referred when a raised CEA level is obtained after they present with altered bowel habit, anaemia, or are asymptomatic but report a family history of bowel cancer. Unfortunately CEA has limited sensitivity and specificity for colorectal cancer and a negative test may provide false reassurance; conversely, positive testing may result in inappropriate referral and investigation. Irrespective of result, waiting for a CEA test may lead to delay in diagnosis.

Sensitivity for colorectal cancer: A commonly quoted study of CEA levels in 358 patients with colorectal cancer found levels raised in only 4% of Duke's A cases, 25% of B, 45% of C and 65% of cases with Duke's D. The likelihood that it will identify early stage, good prognosis colorectal cancer is therefore low, and its value is further limited by the large number of benign diseases which raise CEA. CEA levels also tend to be lower in right sided (proximal) colon cancers which tend to present later with symptoms than those arising from the left. Paradoxically, CEA levels are higher in well differentiated than in poorly differentiated tumours.

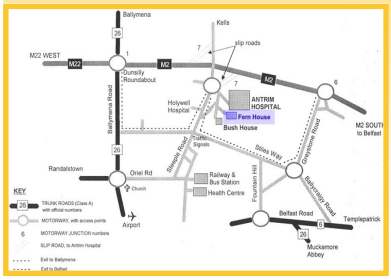
Specificity for colorectal cancer: A wide range of cancers are associated with raised CEA, including those arising from breast, lung, thyroid, stomach and pancreas. There is also a long list of benign conditions which can raise levels above the reported normal range. Smoking is the most commonly seen cause of a modest rise.

Role in monitoring after diagnosis and treatment: where there is evidence of value is as part of the monitoring of patients, particularly with advanced disease, after therapy. This should be performed as part of a formal follow-up protocol; there is no evidence that arbitrary checks are of benefit.

Conclusions: Serum CEA is raised in smokers, in a large number of benign conditions and in a range of cancers as well as colorectal. It has poor sensitivity for early stage colon cancer. Its measurement is therefore of no value in the initial investigation either of bowel symptoms or as a screening test, and should be discouraged.

William Dickey, Colonoscopy QA Lead, BCSP

Colposcopy Conference Friday 17th May 2013



The annual meeting of Northern Ireland Lead Colposcopists takes place in Antrim this year, followed by full educational programme. Registration begins at 1pm in the conference suite, Fern House, Antrim Area Hospital.

A rich variety of speakers is lined up for the conference The topics range from Changes in the National Colposcopy Guidance, Issues related to HPV Triage and Test of Cure..

If you would like to attend, and have not received an invitation you are requested to contact QARC kenneth.mcinnes@hscni.net to register. Submissions are also still been taken for Poster Presentations.

Produced by QARC for Health Professionals in NI Cancer Screening Programmes, Spring 2013

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.

HSC Public Health Agency