

1 Jan 1965 - 30 June 1966

FIRST REPORT

The Honorable the Minister of Health,
295 Queen Street,
MELBOURNE.

Dear Mr. Minister,

By-Law No. 17 of the Victorian Cytology (Gynaecological) Service reads:-

"The Board shall each year prepare and submit to the Minister and the Commission a general report on the affairs of the Service together with a statement of accounts duly audited, for the twelve months ended on the thirtieth day of June preceding. The first such report and audited statement shall be prepared for the period from the inception of the Service to 30th June 1966."

In accordance with the above By-Law we have the honor to submit to you the first Report of the Victorian Cytology (Gynaecological) Service covering the period from the inception of the Service to 30th June 1966, together with audited Statements of Account relating to the same period.

The Report is one of achievement; the Statements of Account present the reverse picture.

The establishment of this Service followed much discussion between the Minister of Health (then the Hon. R. W. Mack, M.L.C.) the Hospitals and Charities Commission, the Anti-Cancer Council of Victoria, and the Board of Management of Prince Henry's Hospital. During these discussions, it was made abundantly clear that, if established, finance required to operate the Service and which was not subscribed by the Anti-Cancer Council of Victoria, would be found by the Government of Victoria. At the outset of these discussions, the Anti-Cancer Council promised to subscribe \$50,000 (£25,000) during the first three years of operation. Prince Henry's Hospital was involved as thought was being given to the location of the Service at that hospital. Subsequently it was decided that it would be located there, and it is in fact operating from that point today.

The Victorian Cytology (Gynaecological) Service was formulated by Order-in-Council dated 9th December, 1964, the Order being promulgated on page 3682 of the Victorian Government Gazette; No. 97 of 9th December, 1964. Its original members, numbering ten, were:-

Professor S. L. Townsend (Chairman)

Dr. E. V. Keogh

Dr. E. Macknight

Dr. H. G. Furnell

Dr. W. P. Holman

Dr. M. Drake

Dr. J. F. Funder

Sir John Jungwirth

Mr. Milton F. Gray

Mrs. M. A. Prytz

and its Objects are:-

- (a) To provide in Victoria facilities for research and investigation with respect to the cytological examination of gynaecological specimens associated with cancer detection and to undertake such research and investigation;
- (b) to provide a free laboratory service for examination of specimens submitted;
- (c) to provide for collection of material for examination and the notification of results of such examinations through the legally qualified medical practitioner submitting such material;
- (d) to make arrangements as are necessary with any public or private hospital or the Cancer Institute of any other body or any person having a similar or allied purpose.

The Service immediately swung into action, Dr. Michael Drake, M.B., B.S., M.C.P.A., M.C.Path., Assistant Pathologist and Cytologist at Prince Henry's Hospital was appointed Director of the Service on Friday, 11th December, 1964. Immediate arrangements were made to recruit staff, and officially the Service commenced to function on 1st January, 1965.

DEVELOPMENTAL ACTIVITIES

The first eighteen months operation of the Victorian Cytology (Gynaecological) Service has been, to a large extent, a period of development, although a considerable volume of diagnostic work has also been carried out.

In developing the Unit, four major problems had to be overcome, namely:-

- (a) The recruitment and training of technical staff.
- (b) The education of both the Medical Profession and the public to an acceptance of the value of routine cytological screening.
- (c) The provision of a system of records and files that will cope efficiently and economically with the considerable amount of data that will accrue from a wide-scale cancer detection programme.
- (d) The accommodation of the staff and equipment of the Service.

(A) Staffing of Cytology Service:

The efficient staffing of a cytology laboratory such as the Victorian Cytology (Gynaecological) Service is difficult for the following reasons.

- (i) Because Cytology is a new branch of laboratory medicine, virtually no trained technicians were available in Melbourne.
- (ii) A period of up to 6 months intensive training and practice is necessary before a cytology technician or "screener" is sufficiently reliable and accurate to cope with the routine diagnostic work. Hence the work load must be predicted 6 months in advance in order to maintain an economical and efficient staff/work ratio.
- (iii) Intelligent, highly motivated technicians are required to perform a task that is repetitious and frequently tedious. The maintenance of the interest and enthusiasm of the technical staff is undoubtedly the greatest problem in developing a mass cytology service. This has been achieved by the following methods:-

1. The organisation of several minor investigational projects to which groups of technicians are allocated.
2. Regular discussions of cases of interest. These discussions have been facilitated greatly by the installation of closed

Initially 10 technicians were recruited in January, 1965, and by May of that year these technicians were able to commence screening at a relatively slow rate. Subsequently, further technicians were appointed according to a predicted increase in work-load, and also to replace those technicians who resigned.

On 30th June, 1966, the technical staff consisted of :-

One (1) half-time Cytotechnologist.

Three (3) full-time Cytotechnologists.

(These are senior technical staff who are required to check and supervise the work of the screeners.)

Sixteen (16) Screeners.

One (1) Preparation Technician.

(B) Educational Programme:

The educational programme has been carried out most successfully by the Anti-Cancer Council of Victoria. This programme was based largely upon meetings held in conjunction with bodies such as the Country Women's Association. The interest shown in these meetings has been very considerable, and the attendance far in excess of expectations. The Anti-Cancer Council has also done much to inform the Medical Practitioners throughout Victoria of the facilities provided by the Service. In addition, all Medical Practitioners in Victoria were contacted by letter when the Service commenced full-scale operation in May, 1965, and subsequently every effort has been made to maintain good communications with those doctors using the Cytology Service.

(C) Records and Filing System:

This has been a major problem. However, on the basis of the initial 18 months operation of the Victorian Cytology (Gynaecological) Service and with the help of administrators of cytology services (and comparable medical services) in Australia and Overseas, a record and filing system has been devised. When implemented, this system will facilitate the storage, retrieval and analysis of data with the maximum economy in clerical staff and

laboratory space.

Economy of clerical staff is a matter of some concern in any cancer detection programme. In British Columbia, for example, where the adult female population is only half that of Victoria, the cytology service has as many clerks as technicians.

On June 30th, 1966, the clerical staff of the Victorian Cytology (Gynaecological) Service consisted of:-

- One (1) Secretary
- Four (4) Typists
- Two (2) File-Clerks

(D) Accommodation:

Although accommodation, in terms of floor-space, is sufficient for the present activities of the Service, the wide dispersion of laboratories and office areas does lead to considerable difficulties in achieving a smooth work-flow and efficient use of staff. In addition, considerable inconvenience has been caused to the Pathology Department of Prince Henry's Hospital by the presence of the Victorian Cytology (Gynaecological) Service.

The fact that this Service has been accommodated so adequately within an already crowded Pathology Department is a tribute to the very considerable co-operation of the Board of Management of Prince Henry's Hospital.

Early in the next financial year tenders will be called by Prince Henry's Hospital for an eight floor building on the Wells Street frontage. One floor of this building has been allocated to the Victorian Cytology (Gynaecological) Service. This floor will provide 5,300 square feet of floor space at an estimated building cost of \$122,129.

DIAGNOSTIC ACTIVITIES

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DIAGNOSTIC ACTIVITIES

Approximately 1200 medical practitioners through out Victoria are now using the Cytology Service.

From January 1st, 1965, to June 30th, 1966, 70787 smears were examined. Relatively few of these were "repeat" smears, and hence

approximately 7% of the adult female population of Victoria has now been screened.

The number of "positive" cases detected to June 30th, 1966, was 213. In evaluating this figure, it must be realised:

- (a) That all cases reported as "cells strongly suggestive of malignancy" (i.e. "Class 4") and "malignant cells identified" (i.e. "Class 5") are regarded as "Positive" cases for statistical purposes. This is a standard procedure in other units throughout the world. Actually it would probably be legitimate to include in this figure, in addition to those categories listed above, those cases reported as "cells suggestive, but by no means diagnostic of malignancy" (i.e. "Class 3") when histological examination is carried out as a result of this abnormal report.
- (b) That, as yet, follow-up information is incomplete, and hence the validity of the cytological findings is yet to be established. However, the follow-up material that is available indicates a high degree of reliability of the cytological findings. A considerable number of individual cases illustrate the value of cytology in the detection of pre-invasive or early invasive cervical cancer in women who have no symptoms at all and who appear completely normal on clinical examination.

The detection of 213 cases in approximately 70,000 people examined represents a prevalence of cervical cancer of 1 in 330. This figure is somewhat lower than in other countries, although it is probable that insufficient work has yet been done to establish a true prevalence rate for Victoria.

It must again be stressed that the initial eighteen months of operation of the Victorian Cytology (Gynaecological) Service has been largely a period of development. Despite the difficulties associated with this development, over 70,000 tests have been carried out. A well trained technical staff is now available and the capacity of this staff will

filing methods of the Service and with occupation of planned laboratory space, the Cytology Service should be capable of a significant increase of efficiency and economy of operation.

Ultimately, of course, the success of the cancer detection programme must depend upon the co-operation and interest of the Medical Profession, and of the adult women of this State. However, the achievements of the first eighteen months of operation of the Victorian Cytology (Gynaecological) Service must represent a significant, if small step in the direction of achieving the ultimate aim of that Service, namely, the elimination of cancer of the uterine cervix as a cause of death of women in Victoria by means of cytological screening.

FINANCE

Contrary to what we were led to believe would be the case, sufficient funds to sustain this vital Service have not to date been forthcoming from Government sources. But for a financial prop from Prince Henry's Hospital in the form of a cash advance of \$20,000 in April 1966, this Service would have collapsed. And, as this Report is being written, a further cheque from Prince Henry's is about to change hands - this time for \$10,000 - for the express purpose of keeping the Service afloat. It is not pertinent for us to ask how the hospital can supply these loans, but obviously they cannot continue indefinitely.

During the six months to 30th June, 1965, the Anti-Cancer Council paid over one third of its promised subscription (\$16,666). Nothing was received from the Government in this time. Perusal of the audited accounts for this period will show it was again Prince Henry's Hospital that kept the Service going.

In August 1965, the Hospitals and Charities Commission advised that it would provide funds for the Service to the same extent as the Anti-Cancer Council, namely \$50,000 (£25,000) over three years. Two thirds of this amount was received during the year ended 30th June, 1966, plus a supplementary grant of \$9,320 to meet the cost of special equipment. Thus it is that, for the first

eighteen months of its life, \$76,064 was received from the Commission and the Anti-Cancer Council; during this same period expenditure amounted to \$100,728. The deficit of \$24,664 has been covered by Prince Henry's Hospital - \$23,169 - and a book bank overdraft of \$1,495. In point of fact, overdraft facilities are not available to the Service; the book figure of \$1,495 results from the simple procedure of drawing cheques in favour of our creditors, and then locking them away in the safe.

Obviously this state of affairs cannot continue, and it appears that if the necessary funds are not made available in the course of the next few months, the Service will have no alternative but to cease functioning. For a Service of this nature, which was launched with such high hopes less than two years ago, this will be a major tragedy; for a number of our womenfolk it will be a personal tragedy. It will mean that women will die from cancer of the cervix; a form of cancer which can be detected by the smear test at such an early stage that, in almost, and perhaps 100% of cases, it is completely curable.

As stated earlier, 70,787 smears have been screened to 30th June, 1966; apart from the \$24,324 spent on equipment and building alterations the cost of these smears was 108 cents per smear.

As the number of smears increases, and our technicians gain further skill and experience, this cost can be expected to decrease.

To restate these figures in another fashion, it can be said that, to 30th June, 1966, the detection of 213 positive cases cost a total sum of \$100,728; that is \$473 per case. Is this considered too high a price to pay to detect a cancer at a stage when complete cure is possible?

The accompanying audited financial statements are so compiled to reveal a deficit of only \$3,328 as at 30th June, 1966. Whilst this is technically correct, it in no way alters the basic fact that we need a grant of \$24,664 to liquidate outstanding liabilities as at that date. The Victorian

Anti-Cancer Council; during this same period expenditure amounted to \$100,728. The deficit of \$24,664 has been covered by Prince Henry's Hospital - \$23,169 - and a book bank overdraft of \$1,495. In point of fact, overdraft facilities are not available to the Service; the book figure of \$1,495 results from the simple procedure of drawing cheques in favour of our creditors, and then locking them away in the safe.

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The accompanying audited financial statements are so compiled to reveal a deficit of only \$3,328 as at 30th June, 1966. Whilst this is technically correct, it in no way alters the basic fact that we need a grant of \$24,664 to liquidate outstanding liabilities as at that date. The Victorian Cytology (Gynaecological) Service provides a free service to the women of this State, and it has no separate income to bridge, or even help to bridge the gap between what is received from Government sources and the Anti-Cancer Council of

Victoria and what is spent in providing the service which it was formed to provide. Assets in the form of furniture and equipment is not money in the bank, and without money in the bank we can not continue.

This report would not be complete without tribute being paid to one of the original members of the Board of Management, the late Mr. Milton F. Gray, and to the Director of the Service, Dr. Michael Drake. Mr. Gray, who at the time was President of Prince Henry's Hospital, was one of the two nominees of that Hospital as members of the Board of Management of the Victorian Cytology Gynaecological Service, and was appointed Vice-Chairman at its inception. We were all saddened at his death on 23rd February, 1966. He was succeeded by Mr. A. L. Chambers, a Vice-President and Honorary Treasurer of the Hospital.

Dr. Drake, whilst abroad in 1961/62 on leave of absence from the Hospital, studied cyto-pathology for 5 months at the Johns Hopkins Hospital in Baltimore, U.S.A. Shortly after his return from abroad, the decision was made to create the Service and locate it at Prince Henry's Hospital. Dr. Drake was the logical choice as Director, and the progress that has been made is largely due to his outstanding ability and indefatigable energy.

In conclusion, we re-iterate what was said earlier. Great strides forward have been made in our first eighteen months of existence, but the financial morass into which we have fallen threatens to destroy this vital undertaking in its infancy. We can only hope that this year will see the end of our financial difficulties and the Service enabled to proceed vigorously, free of financial worries, towards the attainment of the objectives for which it was created.

S. L. Townsend,
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S. L. Townsend,
Chairman.

W. A. Cross,
Honorary Manager & Secretary.