EIGHTH ANNUAL REPORT OF THE VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE FOR THE YEAR ENDED 30th JUNE, 1973.

Two thousand, seven hundred and fifty medical practitioners throughout Victoria are now registerd with the Service.

From 1st July, 1972 to 30th June, 1973, 176,963 smears were examined. This represents an increase of just over 14 per cent. on the previous year's figure thus maintaining the rate of growth evident for the past five years.

In the period covered by this report 528 "positive" cases were detected, a "positive" case being defined as one in which major cytological abnormalities were detected.

Since the inception of the Service in January, 1965, 966,846 smears have been examined and 3,124 "positive" cases have been detected.

STAFFING:

(a) Medical Staff

On 27th October, 1972, Dr. A. S. Bodey resigned his position as Specialist Pathologist in the Department of Anatomical Pathology, Prince Henry's Hospital. In this capacity he had devoted fifty per cent. of his time to the diagnostic and teaching activities of the Service. His resignation reduces the medical staff to the Director, Dr. Michael Drake, and the Deputy Director, Dr. H. D. Peter Thomson, each of whom is employed by the Service on a quarter-time basis only. The equivalent of one-half of a Specialist Pathologist's time compares very unfavourably indeed with that of comparable units overseas. Indeed, even when Dr. Bodey is replaced, the staff situation merits careful consideration. The equivalent of only one full-time Pathologist must represent the minimal requirement for a cytology service as large as the V.C.(G.)S. The administrative activities alone are considerable and the diagnostic work-load, being derived from up to one thousand smears in a day, does throw a very large burden on the Pathologist's time. The departure of Dr. Bodey highlights just how vulnerable the Service is and consideration must be given to increasing the medical staff.

(b) Technical and Clerical Staff

Staff stability, particularly on the technical side, continues to be a cause of considerable satisfaction. The group of married women, who

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(b) Technical and Clerical Staff

Staff stability, particularly on the technical side, continues to be a cause of considerable satisfaction. The group of married women, who work on a part-time basis, is a good example of this stability. Thus, of the twenty part-time screeners employed, sixteen have been staff members for at least three years and four have been with the Service for six years. Similar stability of employment is also apparent amongst members of the

senior technical and clerical staff. As indicated in previous reports such continuity of employment has a considerable effect on the work of the Service, particularly as regards its technical activities. A considerable increase in work-load has been possible without an equivalent increase in staff numbers and it is hoped that this increasing efficiency can be maintained. This will offset, to some extent at least, the very large increases in the costs of salaries and wages.

At June 30th, 1973, the following staff was employed by the Service:

Technical Staff:

Full-time	One (1)	Laboratory Manager
	Two (2)	Senior Cytotechnologists
	Three (3)	Cytotechnologists
	Five (5)	Trainee Cytotechnologists
	One (1)	Screener
Part-time	Twenty one (21)	Screeners
	Two (2)	Preparation Technicians

Clerical Staff:

One (1)	Secretary
One (1)	Clerical Supervisor
Ten (10)	Typists/Clerks
Two (2)	Key Punch Operators

ACCOMMODATION

The increasing work-load and the changing pattern of some of the activities of the Service is creating some problems of accommodation. Within the near future consideration will need to be given to minor structural alterations necessary to make greater and more efficient use of available space. The problems are particularly acute in the clerical and filing areas. Failure to insulate adequately the diagnostic screening areas from the noise due to clerical activities remains a problem. It seems probable that the final solution will necessitate further partitioning of the clerical area.

DATE PROCESSING

Mr. Edgar Wilson, the Laboratory Manager, has continued his most valuable work in the data processing area.

At the end of June, 1973, the records maintained on magnetic tape file included a master file for the period from the inception of the Service to the end of 1972, and six interim files for the records of smears received between January and June, 1973. The master file contains records relating to the first 876,675 smears examined by the Service and follow-up information

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The 876, 675 smears recorded on this master tape represent approximately 530, 000 women who have been screened at least once. Of these approximately 30, 000 women had abnormal cytology and in 2, 878 of these major cytological abnormalities were demonstrated.

An examination of this file indicates that the following portions of the population have been screened:

More	than	50	per	cent.	of	women	in	the	age	group from 20 - 24
"	"	70	"	"	"	"	"	"	"	25 - 29
"	"	70	"	"	"	"	"	"	"	30 - 34
"	"	70	"	"	"	"	"	"	"	35 - 39
"	"	60	"	"	"	"	"	"	"	40 - 44
"	"	50	"	"	"	"	"	"	"	45 - 49

The follow-up information received to date is not complete but the details of the histological findings in those cases with significant cervical lesions is of interest. The histological diagnoses in these cases was as follows:

Mild to moderate cervical dysplasia	10.8%
Severe cervical dysplasia	12.8% (some degree of abnormality)
Carcinoma-in-situ	50.0%
Micro-invasive carcinoma	4.6%
Invasive squamous cell carcinoma	20.1%
Adenocarcinoma of cervix	1.8%

Thus, approximately 75 per cent. of the significant conditions detected were preinvasive carcinomas or "pre-cancerous" lesions. In evaluating the significance of this figure it must be appreciated that, as indicated above, the screening programme has been most concentrated in the younger age-groups where the "earlier" cervical lesions would be most prevalent.

During the next financial year an "abnormal master file" will be created. This will be a small, high-interest, file comprising records of those patients only who have had significant abnormalities. It is hoped that this material will generate investigational activities within the unit. This should be a logical development of the data processing which to date has been used mainly for clerical procedures such as the replacement of card files by more manageable print-out listings.

REPORTING AND FOLLOW-UP PROCEDURES

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REPORTING AND FOLLOW-UP PROCEDURES

The revised method of reporting described in last year's report remains in use and continues to represent a considerable improvement on the method used previously. Communication with the medical practitioners using the Service has been improved greatly and more meaningful information

is now available for data processing and correlation with follow-up information. The co-operation of the medical practitioners in the detailed follow-up of patients is extremely gratifying.

TEACHING:

The teaching activities of the combined laboratories of the V. C. (G.)S. and Prince Henry's Hospital continue to attract the attention of people throughout Australia and overseas. During the past year two pathologists, Dr. Wagini Ambarwati Muljanto and Dr. Wirasmi Johanna Marwoto, and one gynaecologist, Dr. Soepardiman, have received extensive training in cytopathology. All three were W. H. O. Fellows from Jakarta, Indonesia. Four technologists, three W. H. O. Fellows and one privately sponsored, have also received prolonged training in the techniques of diagnostic cytology. These are Misses Indra Nair and Usha Raman from Kancheepuram, Tamil Nadu, India, Miss Retno Wardhani Sastrosuwignjo from Jakarta, Indonesia, and Mr. Khor Kim Teck from Singapore.

In addition, the School of Cytotechnology, formed by the two laboratories, continues to conduct the subject Clinical Cytology I, for the Royal Melbourne Institute of Technology and this year commenced the subject, Clinical Cytology II also. Both these subjects have been introduced into the Diploma of Medical Laboratory Technology thus creating an appropriate formal qualification for career cytotechnologists. The absence of such a qualification was a major problem previously, and of considerable concern to large cytology laboratories such as the V. C. (G.)S.

A six-month full-time course in cytotechnology was commenced in February, 1973. This is being attended by the overseas technologists listed above, a technologist from the Royal Melbourne Hospital, and by members of the staff of the Service.

The various teaching activities are of great benefit to the Service. In addition to providing essential training for technical staff employed by the Service they do a great deal for the morale of senior staff members. As indicated in earlier reports, a major problem in conducting a cytological population screening programme is to maintain the enthusiasm, interest, and technical competence of senior technologists. The association of the Service with a vigorous teaching programme has done much to overcome this problem. Indeed the impact is on all staff members and is considered to be a major factor in the staff stability referred to previously.

OVERSEAS INTEREST

The activities of the Service have attracted interest from overseas countries. On August 28th, 1972, the laboratories were visited by Dr. Budiono Wibowo and Dr. Rahadi Santi from Indonesia. On 23rd November, 1972, a visit to the laboratories was made by Professor A. K. Khan of Bangladesh, Dr. H. Kusnadi of Jakarta, Dr. M. L. Mehrotra of India, and Dr. Iqbal Yad of Pakistan.

Preparations for an International Tutorial on Clinical Cytology, to be held in Melbourne in August of this year, are now well advanced. This tutorial will be sponsored by the International Academy of Cytology in collaboration with the Australian and New Zealand Societies of Cytology. It is anticipated that an overseas faculty of approximately twenty eminent cytopathologists, drawn from the United States of America, Canada, and Sweden, will visit Melbourne to conduct the tutorial. The course will be attended by approximately 200 Pathologists and Senior Technologists from Australia, New Zealand, and some South-East Asian countries. The Director of the Service, Dr. Michael Drake, who is currently President of the Australian Society of Cytology, is the local Course Director for the tutorial and hence senior members of the staff of the Service are involved in preparations for the tutorial. It is anticipated that this tutorial will be an invaluable learning experience for all who participate and will also provide a tremendous stimulus to the practice of cytology in this city.

In the latter part of 1972 and the earlier part of 1973 the Laboratory Manager of the Service, Mr. Edgar Wilson, was appointed a short-term consultant to the World Health Organization. In this capacity he was assigned to Indonesia where he assisted with the establishment of a school of cytology in Jakarta. It is hoped that this school, aided by those pathologists and technologists trained in Melbourne, as indicated above, will be instrumental in developing cytological diagnostic services throughout Indonesia.

RESEARCH

When the V. C. (G.)S. was established one of its objectives, and indeed the one listed first among the four objectives, was "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".

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Two years after the formation of the Service a small research project was initiated, this project involving the study of the chromosomal content of cells in cancer and precancerous lesions of the uterine cervix. From the outset, however, this project was hampered by a shortage of

laboratory space, equipment and, most importantly, senior technologist and pathologist time. Eventually it was decided to postpone all research work until the diagnostic activities of the Service and the closely related problems of data processing, follow-up procedures, etc. were fully under control. This decision was taken with reluctance and regret since it is felt most strongly that a diagnostic service such as the V. C. (G.)S. should maintain an active, if small, research programme. The data processing activities are now yielding a great deal of information that requires investigation. Using this information it is hoped to recommence a small investigational programme involving as many senior staff members as possible.

EDUCATIONAL PROGRAMME

The educational programme of the Anti-Cancer Council of Victoria has again been responsible for publicising the activities of the Service and for maintaining a high level of interest in cytological screening amongst the medical profession and the women of Victoria. Regular meetings are still being held at which women are advised on the benefits of regular cytological examination for early cervical cancer. The support of the Anti-Cancer Council of Victoria in this area and indeed its interest in, and support of, all the activities of the Service is acknowledged with gratitude.

ASSISTANCE FROM AUXILIARIES

For some years now members of the Floral Group of the Prince Henry's Hospital Auxiliaries have spent several hours each week packing the kits of materials that are sent to the medical practitioners who use the Service. This work has been of immense value to the Service and the assistance of the Auxiliary members is very gratefully acknowledged.

FINANCIAL AND STATISTICAL.

For the eighth year in succession, the Service has experienced an increased intake of smears. The increased work load in 1972/73 was financed throughout the year from income considerably less than the budgeted expenditure, and it was not until late in the year that an additional $6,000-00 was approved to meet an expected deficit. However, the Service was still unable to meet the financial obligations it had incurred during the year and once again has closed the year with a deficit, which this year amounted to $666.89 compared with $120 in 1971/72.

Total Maintenance expenditure rose by $26,402 to $206,884, an increase of 14.71% on the previous year.

Due to the 14.25% higher level of smear intake for the year increases occurred in administration expenses, the major items being postage and superannuation

Once again the largest cost increase was in wages which has climbed from $117,954 to $137,854. The 16.87% increase was a result of significant increases under Determinations of various Wages Boards and a National Wage increase.

It is of significant interest to note that the average cost per smear this year increased by only one cent to $1.17. This is no mean achievement in these days of escalating costs and is a great and silent tribute to the staff of the Service.

Relevant statistics for the past five years are as follows:-

	1968/69	1969/70	1970/71	1971/72	1972/73	EST 73/74
Total Maintenance Expenditure	113,721	132,832	156,314	180,482	206,884	267,18
Total Smear Intake	107,794	124,857	137,717.	154,884	176,963	191,000
Cost Per Smear	1.05	1.06	1.13	$1.16	$1.17	$1.39

Lance Townsend
Chairman.

W.A. Cross,
Manager & Secretary.

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