

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE
ANNUAL REPORT FOR YEAR ENDING 30 JUNE 1987

In this year there has been a very small reduction in the number of cases referred to the Service, undoubtedly reflecting consumer "dissatisfaction" with the "turnaround" time in a market place where private pathology services are able to out-perform the Service in this regard. That this dissatisfaction is not directed at the scientific quality of the Service is manifest in the large number of cases in which we are requested to confirm predictions of abnormality made in the private sector. It is only with improvement in resources of space, staff and equipment that we can hope to reverse this trend in this highly competitive area.

Board of Management:

The composition of the Board of Management has altered slightly reflecting the amalgamation of Prince Henry's Hospital with Moorabbin Hospital and the Queen Victoria Hospital to form the Monash Medical Centre.

Professor R.J. Pepperell - Chairman
Mr L.P. White - Board of Monash Medical Centre
Ms Eileen Sims - Board of Monash Medical Centre
Dr N. Gray
Assoc. Professor E.P.Guli
Mr A. Bond
Dr P. Ironside
Mrs D. Sargeant
Dr P. Dennis - Chairman Pathology Services, Monash Medical Centre
Dr M. Drake - Director of the Service

Resignation of Director of the Service:

The announcement of Dr. Drake's impending resignation from early July, 1987 and his actual departure on April 13th, 1987 to enter private practice in cytology and histology came as a considerable shock to the Board and staff of the Service. Dr. Drake has guided the Service since its inception and the achievements of the Service are in no small measure a reflection of his qualities in this role. Dr. Drake has created for himself and the Service a distinguished reputation in the scientific community of the world, manifest in the many honours conveyed upon him, including that of President-Elect of the International Academy of Cytology. Dr. Drake has been an invited participant at many scientific meetings in his discipline over the past twenty years and has represented the Service with great distinction in this arena.

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Within the Service Dr. Drake has inspired the confidence and affection of his staff, and his encouragement in the current difficult times has enabled the work of the Service to continue under conditions which are conceded by many to be "unworkable". As a mark of respect a farewell luncheon attended by present and past staff of the Service was held. In recognition of his inestimable contribution to the Service, and in the hope that his expertise would not be totally lost to the Service, Dr. Drake was invited to become a Consultant to the Service.

The Deputy Director, Dr Gabriele Medley, also announced her intention to resign but has delayed her departure until a new director can be found and has settled into the Service. She has assumed the role of Acting Director of the Service until the position has been advertised and filled.

Diagnostic Activities:

From 1st July 1986 to 30th June 1987 the Service received 281,344 specimens, a decrease of 2.8% over the previous year. Since an increasing number of "specimens" comprise two or more smears, as a consequence of recent emphasis on the role of "sampling" in cervical cancer screening, approximately 290,000 actual smears have been processed during this period. This brings the Service to a total of 4,437,451 specimens since its inception. There is no doubt that an increasing number of smears are being processed in the "private" sector, however unfortunately it is currently impossible to incorporate results of these smears in order to obtain meaningful epidemiological data. The concept of a State Wide Registry of all smears has been proposed and during the next year the co-operation of the private sector will be sought, and funding possibilities will be investigated to bring this concept to reality. This would provide a realistic step forward towards achieving ongoing population statistics which are necessary to formulate appropriate strategies for cervical cancer screening on a national basis.

Financial Aspects:

The operating cost of the VC(G)S and cash basis for the year ending 30 June 1987 was \$1,909,438 or \$6.78 per specimen. This represents an increase of 17% over the previous year.

The increased costs which resulted in a deficit of \$86,697 were predominantly due to an increase in salaries and wages. A significant item was to cover the cost of employing a group of unfunded trainee screeners. As has been repeatedly pointed out to the funding authority, it is absolutely necessary that funding be achieved to allow creation of a training pool of six to eight persons each year who require between 6 and 9 months of "non-productive" training before release to the screening pool. Screener loss due to retirement and resignation, in a personnel market where such scientists cannot be recruited into the

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"public" laboratory arena, is disastrous for the Service. Whereas it can be argued that we should not be so funded since we are training personnel only to relinquish them to the private sector, this is not valid since the average stay of such scientists within the Service is well over two years. It must also be remembered that even if such persons do find their way into the private sector, it is infinitely preferable for the welfare of the women of Victoria, that there is in that sector, where supervision may be only nominal, a population of well trained scientific staff. The annual cost of maintaining such a training pool and training personnel outside our "productive" activity is of the order of \$110,000 per annum.

Staff:

During May, 1987 Dr. John Vattuone joined the staff of Monash Medical Centre, Prince Henry's Hospital Campus as a Locum Cytopathologist being seconded to the Service for 75% of his time. Thus with the retirement of the Director the establishment remains at 2.75 equivalent full-time Pathologists. At the urgent request of the Hospital in February, 1987 the Acting Director assumed the additional responsibility of Acting Director of the Hospital Department of Tissue Pathology for a total period of eight and a half months, which, in addition to the hiatus prior to Dr. Vattuone's appointment created an almost intolerable burden for the cytopathologists, demonstrating the inadequacy of staffing at this level. Follow-up review and cytotechnologist teaching were the casualties of this period, as was the transit time of abnormal smears through the cytopathology group. The under resourcing of this aspect of the Service has once again been brought to the attention of the Health Department, since annual leave, sick leave or any other contingency superimposed on an already highly vulnerable area can simply not be accommodated without serious interruption to work flow.

Expressed as equivalent full-time staff members, the staff as at June 30th, 1987 comprised -

Medical Staff

2.75 EFT Pathologists derived from 4 persons employed by Prince Henry's Hospital and seconded to the Service.

1 Medical Epidemiologist.

Scientists, technologists and technicians

35 full-time equivalent persons

Administrative and clerical staff

23.73 Full-time equivalent persons

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Teaching Activities:

The Service together with the Cytology Department of the Monash Medical Centre, Prince Henry's Hospital Campus continues to provide the cytology component of the Royal Melbourne Institute of Technology course for the degree of Bachelor of Applied Science (Medical Laboratory Technology). Although partial re-imburement for staff and facilities is achieved, severe cost-cutting at the R.M.I.T. has resulted in a situation in which this activity is in fact highly subsidised by our institution. However, it is recognized that the increasing pressures on provision of cytology services in the community demands provision of trained scientists to perform these services. Failure to provide such training will result in severe reduction in the quality of medical care in this important aspect of Preventive Medicine.

In addition both in-house training of staff and continuing education of trained staff to keep up with changing concepts in cytology form a demanding load which must be taken into consideration in funding protocols. The medical staff also are involved in lectures, education programmes for family physicians, community groups, nurses and other scientific groups, in a constant endeavour to maintain and elevate understanding and standards of cytology and its role in a healthy community.

Research Activities:

Although in the past the Service has undertaken basic research, particularly with respect to immunogenetic aspects of viral carcinogenesis, more recently it has been decided that it is appropriate that the major research activity should be of an epidemiological nature. The Service maintains one of the largest cervical cancer screening data bases in the world with details of over 4 million smears over a period of twenty two years now on a single "on-line" facility. This resource has the potential of providing invaluable information with regard to trends in prevalence and incidence of carcinoma of the cervix and screening "habits" of Victorian women. In addition patterns in other aspects such as infections, hormone usage and contraception are a useful by-product of the rather detailed clinical and cytological recording system, and provide useful data for researchers in the more general field of "gynaecological" health.

Areas of special focus within the Service have included research on the prevalence of human papilloma virus infection among women who have been screened by the V.C.(G.)S., a study of age trends in "Pap" smear rates within the V.C.(G.)S. since 1970, an analysis of cancer, pre-invasive cancer and pre-cancer rates among women currently being screened by the V.C.(G.)S., and a study of delay times between issuing of a significantly abnormal smear and the subsequently definitive histopathological diagnosis of the patient. A case control study on the degree of protection given by a negative smear against squamous cell

carcinoma was commenced to determine whether an age variation in protection was apparent, and whether an alteration in the natural history of cervical cancer has occurred in the 1980's in Victoria.

The V.C.(G.)S. has continued to participate in the New Zealand Contraception and Health Study, acting as the Central Study Laboratory for the project. However as Dr. Drake was central to the project, acting as a personal consultant with responsibility for reviewing all cervical smears and associated histopathology, in order to maintain continuity it is anticipated that he may elect to remove the project from the Service. It is possible that the Service may be able to retain the sophisticated D.N.A. quantification equipment used to validate the cytology in tandem with a similar installation in the University of Chicago who also participate in the project; and thus not wholly lose its interest in the study.

Papers published from the Service during 1986-1987:

Drake M., Medley G., Mitchell H.
Cytologic Detection of H.P.V.
Obstetrics and Gynaecology Clinics of North America, June 1987.
Editor L. Beradi, W.B. Saunders, Philadelphia.

Drake M., Mitchell H., Medley G.
Human papilloma virus infection of the cervix in Victoria, 1982 - 1985.
Medical Journal of Australia. 1987; Vol. 147 - pg. 57-59.

Mitchell H., Drake M., Medley G.
Screening costs associated with saving a life from cancer of the cervix.
Medical Journal of Australia. 1987; Vol. 146 - pg. 52-53.

Mitchell H., Drake M., Medley G.
Prospective evaluation of risk of cervical cancer after cytological evidence of human papilloma virus infection.
The Lancet. 1986; Vol. 1 - pg. 573-575.

Frazer I.H., Medley G., Crapper R.M., Brown T.C., Mackay I.R.
Association between anorectal dysplasia, human papilloma virus and human immunodeficiency virus infection in homosexual men.
The Lancet. September 1986; pg. 657-660.

Assistance from other Organizations:

The Service has continued to enjoy an extremely close relationship with the Prince Henry's Hospital Campus of the Monash Medical Centre. Despite the amalgamation process that has proceeded between Prince Henry's Hospital, Queen Victoria Hospital and the Moorabbin Hospital, to form the Monash Medical Centre, and the associated uncertainties that have beset the Prince Henry's Hospital site, the co-operation that has developed both specifically within Pathology Services, and generally in the hospital community has been maintained.

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Much of the strength of the Service has been derived from this association. It is extremely difficult to attract pathologists to the discipline of cytopathology without providing the opportunity also to practice histopathology. This has been recognized world wide, and the upgrading of the discipline over recent years has been associated with the creation of cytopathology as a "postgraduate" activity for well trained histopathologists, rather than a separate "stand-alone" specialty.

Similarly it is extremely difficult to recruit cytotechnical staff to a gynaecological cytology unit if there is no opportunity to participate in non-gynaecological cytology including the cytology of the lung, urinary tract and the practice of Fine Needle Aspiration.

Thus the working relationships between the hospital department of Tissue Pathology and department of Cytopathology has enabled the V.C.(G.)S. to continue to attract staff in an extremely difficult "man-power" market.

In the more general hospital community the appointment of the Acting Director, Dr Gabriele Medley, to the role of Chairman of the Division of Diagnostic Services of the hospital has been instrumental in maintaining the cooperative spirit which had its genesis in Dr. Michael Drake's very considerable involvement within the hospital, culminating in his appointment as Chairman of the Senior Medical Staff in 1982.

It must be stressed that in consideration of the future of the Service, the implementation of such associations constitutes a vital requirement in any relocation proposal.

The association between the Service and the Anti-Cancer Council of Victoria has played an important role since its inception. Since the appointment of the Epidemiologist there has been ongoing communication and interchange of data beneficial to both institutions, and we welcome the continuation of this renewed more active relationship, being grateful for the support of the Anti-Cancer Council in the augmentation of the epidemiology facility.

The Service continues to be grateful to the members of the Floral Group of Prince Henry's Hospital who pack the "Kits" supplied to users of the Service for collection of specimens. The loyalty of this group despite frequent moves prior to their present location in the Staff Residence, and their cheerfulness in the performance of their task make them a much loved and valuable part of our Service.

Problems relating to Space, Staff and Equipment:

Although the Data Processing Facility, central to the work of the Service continues to function efficiently without any significant problems, the other difficulties listed in this report over past years continue.

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With respect to space, there has been an allocation by the hospital of 174 square metres on the sixth floor of the Clinical Sciences Block and a request has been made to the Health Department for funds to develop this area and create a new filing area, follow-up area, epidemiology unit and teaching complex. This would relieve much of the serious congestion in both clerical and technical areas and we look forward to a favourable resolution to this request.

Despite continuing evaluation of routines in all areas of the Service, the labour-intensive activities of the Service continue to be under-resourced. Unfortunately the "productivity" within the Service has over recent years been reduced by a number of factors, the predominant one being the recognition of the importance of the sample provided, with specification of the presence of endocervical cells and cervical metaplastic cells and frequent provision of separate endocervical smears more than doubling the time taken to screen each specimen. Coupled with a new emphasis upon relatively minor "benign" changes as pointers to increased "risk" of development of significant abnormality the output per screener per hour has reduced significantly.

In addition, with the "outbreak" of work related pain syndromes in 1984, there has been specified a maximum expectation of output from screeners in the vicinity of 50 smears per day, whereas in years gone by this expectation was between 70 and 100. It is rewarding to note that we have had no further loss of time with work related injury since the constellation of measures advised following our assessment by the Victorian Rehabilitation Service.

The Service continues to be aware of the need to reduce its "Turnaround Time" of smears if women are to be encouraged to have smears and doctors are to be encouraged to refer these smears to the Service. A specific resource area which is continually drawn to the attention of the funding body is the need to maintain a pool of trainee screeners, an absolute necessity if we are to maintain a satisfactory staffing level in a manpower climate in which it is impossible to recruit trained staff to replace the fairly high losses occasioned by the poor working conditions and high expectations currently existing in our institution.

CONCLUSION

The Service continues to function despite its many difficulties. Regrettably due to increasing development of private cyto-diagnostic services providing rapid "turnaround time", free courier services, reply-paid postage and associated encouragement to users of the Service, the percentage of total screening of the State within the Service is diminishing. The responsibility for maximising available resources lies squarely within the Service. However the responsibility of deciding whether to increase the resources of the Service to "compete" more effectively must lie with the funding authority.

VCSAAN

(Chairman)

(Director)