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BAC British Association for Cytopathology

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please see inside back cover for co-opted members

Editorial

Sharon Roberts-Gant

It appears we are still playing the waiting game with HPV rollout, at least in England, Dr Paul Cross has summarised the position of all the countries of Britain for us on pages 4–5. With the exception of the President's Piece and the Chairman's Column the remainder of the issue is devoted to the reports from members who attended the ECC 2016.

There is JBL for those wishing to add to their CEC on pages 14–15 and Prof Mike Sheaff has written a piece in his new position as Editor in Chief of Cytopathology.

Sharon

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INFORMATION FOR CONTRIBUTORS
Articles for inclusion in SCAN can be emailed to the editor if less than 1MB in size or supplied on CD/DVD or memory stick. Text should be in a standard text format such as a Word document or Rich Text Format (rtf file). Please supply images as separate files in tiff or high quality jpeg files at a resolution of not less than 300 dpi (600 dpi if the image includes text). 35mm slides and other hard copy can be supplied for scanning if no electronic version is available. Graphs are acceptable in Excel format.

If you are unable to supply files in the above formats or would like advice on preparing your files, please contact Robin Roberts-Gant on 01865 222746 or email: robin.roberts-gant@ndcls.ox.ac.uk

BAC British Association for Cytopathology

President's Piece

Allan Wilson

Following the high of the Liverpool meeting last October it is vital that our focus has had to move immediately to the complex business of the introduction of HPV primary screening across the four nations. Before the Liverpool congress is a distant memory I must take this opportunity to thank the organising committee for their tremendous effort involved in delivering a highly successful meeting. I am well aware of the personal commitment of particularly Paul, Kay, Alison and Dave without which the meeting would not have been the outstanding success it undoubtedly was. As well as delivering a fantastic meeting with cutting edge science and debate, we also had the opportunity to network with colleagues from Europe and the USA and further afield. The many contacts we have made will serve us well as we seek to learn from the collective cytology experience in the fast changing and challenging environment we exist in.

I have been struck by the different approaches of the four nations when addressing the challenges that the move to HPV primary screening presents to the screening programmes and to the cytology community. Each of the nations have inherent advantages such as the English HPV primary pilot sites, the Welsh centralised laboratory structure, the current review of pathology services in Northern Ireland and the single programme wide IT system in Scotland. Although we are all facing the same problems, the difference appears to focus on two aspects: engagement and communication. Despite the obvious negative impact on cytology staff, the vast majority of the cytology professionals accept that HPV primary screening offers additional protection to women participating in the UK screening programmes. We recognise that the move to HPV is inevitable and have demonstrated our willingness to work with screening programme professionals to ensure a smooth transition from cervical cytology as the primary test to hrHPV testing. This has been recognised in Scotland and Wales where cytology professionals have been key to decision making and the path to HPV primary has been clearly communicated to all programme staff.

It is disappointing that Public Health England and NHS England have not demonstrated the same level of engagement and open communication as their Celtic cousins although very recent email exchanges at the time of going to press appear to suggest an improving situation. My impression is that we are viewed as protectionist. While we will obviously seek to soften the impact on cytology staff and BAC members, the BAC accept that we are all on the same journey and cytology staff simply wish to be consulted and informed as we move towards HPV primary screening. Laboratory staff are facing an uncertain future and the lack of transparency in decision making only increases the tension in labs across the country and the risk of further staff loss to more secure employment. The BAC executive is working closely with the IBMS to ensure that we have adequate representation on the appropriate planning groups and we capture the concerns of our combined membership.

On a more positive note, the Genomics project in England has included "assessment of cellularity" as a workstream and asked for cytology input. It is clear that the use of FNA cytology in genomics and molecular pathology has considerable advantages in staging and monitoring response to therapy. FNA cytology is already used for this purpose in many western countries but the UK has been slow to adopt the use of molecular pathology in FNA cytology. It is well recognised that the genetic make-up of tumours can change post treatment and FNA cytology is the ideal, minimally invasive procedure to sample tumours and assess the molecular response to treatment which can then be used to direct targeted therapy. On a related issue, the IBMS/RCPath cytology conjoint board is considering widening the scope of the Diploma in Expert Practice (DEP) and the Advanced Specialist Diploma (ASD) to include EBUS samples. There is clearly an opportunity to expand the role of biomedical scientists in attending clinics to assess cellularity and to report EBUS samples. To move this forward we must seek out opportunities within our own organisations and ensure we are best placed to deliver what our clinicians need to improve patient care.

Chairman's Column

Dr Paul Cross

If 2016 was a busy year then 2017 shows no signs of letting up. The ECC meeting we hosted in Liverpool last October has now been and passed, and the amount of time and energy spent on organising it appears not to have been in vain. The meeting may now be a memory, but for most (all?) of us hopefully it was a very positive one. We wanted the meeting to help showcase and rekindle cytologists' knowledge and interest in cytology across Europe, but also very much so in the UK. I think we did achieve this. The articles from people who went to the ECC meeting elsewhere in this edition of SCAN I feel show this. The BAC sponsored six people to attend, people who unfortunately may not have been able to attend otherwise given restraints on training budgets and with pressure of work in the NHS. This is a sad indictment on the NHS, and one that we are all working with. We have also had quite a few new members join following the meeting, who appear to have found it professionally and personally invigorating. This can only be good for cytology in the UK as a whole.

The rumblings about Primary HPV screening implementation for cervical screening continue. We are at various stages of this across the UK (see article elsewhere in SCAN) and the issues do vary slightly around the four home countries. The BAC is working hard through the executive and representatives on various groups and bodies to try and ensure that any guidance or polices are aware of relevant issues and are well thought through. I cannot say that this has been easy, or that we always feel our views are heard or received, but try we will. We are all frustrated, especially in England, about the speed of this and about the variable and erratic communication pathways, points we have raised and will continue to do so. We have made a positive difference in this whole process, but there is much more to be done.

Many of you will have seen the updated Duty of Candour (DoC) document released last Autumn by PHE. It gives guidance about DoC in England, but many are struggling with how this applies to the CSP and how cases reviewed for the cervical cancer audit fits into this. We are also very aware of how Trusts can interpret the DoC document differently, and hence how quite variable practice on this can be. We are working with Screening QA Service and the National Programmes Team in PHE to try and make the DoC and cervical cancer audit processes more manageable and give more help around what cases should be subject to DoC. This may take some time, but look out for PHE blogs and hopefully information about both in the near future.

The BAC is now six years old, and the original Constitution that was drawn up when we formed in 2011 from the BSCC and NAC has served us well. However, the Executive felt that the Constitution did need updating and clarifying in various areas, and as such we have drawn up a proposed amended version that will go out for consultation to members during 2017 for discussion at the AGM later this year at the York one day ASM. Keep an eye out for this during 2017.

Whilst 2016 was a busy meetings year, 2017 will be similar. Ash Chandra has again organised a one day tutorial that is as I speak already full (well done Ash!) and shows the need for "hands on" cytology meetings. We also are contributing to a multi-professional body meeting in June in Belfast, where again Ash has largely drawn up an exciting and varied programme as part of this. We also have our own BAC one day meeting to be held at the National Railway Museum in York. We have listed to members' feedback from previous BAC meetings, and this year will be holding on a Saturday, and at a very low rate, to try and attract as many members as possible. See the advert in SCAN and as always look out for BAC emails and look at the website (http://www.britishcytology.org.uk/) for all the latest information.

As always the BAC needs your views, comments and input. If we can help or you want to contribute to what we do, please contact the BAC via the usual route (mail@britishcytology.org.uk). We do field questions people have about a multitude of topics in cytology so if you think we can help then try us!

The move to primary HPV screening — a British Isles update

Dr Paul Cross

The UK National screening Committee (NSC) met in November 2015 and recommended the adoption of Primary HPV screening within the cervical screening programmes within the UK.[1] National population screening programmes are implemented in the NHS on the advice of the UK NSC which makes independent, evidence-based recommendations to ministers in the four UK countries. The NSC makes its decisions based on scientific evidence presented to it and as such makes its recommendation for adoption, but the actual acceptance and ratification of this is left up to ministers in each of the four home countries. Across the UK the four home countries are at different states of implementation of primary HPV screening, and this article aims to try and summarize where we are across the British Isles at the time of writing (February 2017).

England

In England, which has the largest eligible population and hence the largest workload and laboratory numbers, a ministerial announcement to implement was made in July 2016. This was first heard of by many of us via the media rather than by an official NHS route.[2] Public Health England (PHE) develop and advise on but is up to NHS England (NHSE) to accept and amend any advice if needs be prior to their agreeing on how this is to be actually done. This reflects the role of PHE which *"exists to protect and improve the nation's health and wellbeing, and reduce health inequalities"*, and the function of NHSE which "*oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists*." in England. The changes with the development of NHSE and PHE have also resulted in many other structural changes within the way in which the screening programmes in general, and the cervical one in particular, are represented and feed into relevant NHS structures.

PHE are advised on cervical screening matters by a range of groups that have been established. There is an HPV implementation group which advises specifically on matters relating to HPV primary roll out. There was a task and finish group which looked specifically at the laboratory model for roll out and this has recently reported.[3] Both groups have had a wide range of professional body input along with experts in their field, of which the BAC has been but one. Both of these groups work with PHE but ultimately it is up to NHSE to accept (or not) the advice put forward by PHE from these working groups.

The regional Quality Assurance structures in England have been replaced by the SQAS (Screening Quality Assurance Service). SQAS ensures screening programmes are safe and effective by checking national standards are met. Groups such as the national laboratory QA group and NCCETC have been reformed and are now called Clinical Professional Groups (CPGs) and deal essentially with the same topics. The group terms of reference have been revamped, as has their membership, but again they have professional body input and expert advice from across the cervical screening programme, and again the BAC is part of this.

The process of HPV primary information gathering and recommendation has seemed tortuous and, at times, opaque. This partly reflects the amount of advice that has to be sought and distilled but also that the decisions ultimately rest with NHSE. Information is shared by PHE via its blogs and also via SQAS and other routes but the evidence on the ground is that these communication routes are not robust and whilst some do reach laboratories, not all do. Signing up to receive PHE blogs (phescreening.blog.gov.uk) is recommended, but this route will not capture all that is issued. The BAC is re-posting any information or guidance as and when we are aware of it, and the BAC website is a useful resource for this (www.britishcytology.org.uk). PHE are aware of the problems about communication and we are working with them to try and improve this in everyone's interests.

We are also working with PHE and other bodies, such as the IBMS, to try and get as many answers to questions that staff and laboratories have about the move to primary HPV. We have passed on a list of these as a joint five page FAQ list which hopefully, when responded to, will help clarify many of the questions raised. A recent PHE blog (3) has confirmed that after some of this work the laboratory model will be one of a reduced number of laboratories, offering both HPV and cytology testing, with somewhere most likely between 4–15 labs in England. PHE's announced mitigation plan to assist labs struggling with backlogs prior to primary HPV implementation[4] has yet to deliver much, if any, meaningful help.

The date given for the implementation of primary HPV is 2019, so in general terms any advice on this has to be available in 2018 at the latest to allow for procurement of this new service. Timescales do slip, but given we are already in the first quarter of 2017 time is moving on.

1. https://phescreening.blog.gov.uk/2016/04/13/hpv-primary-screening-in-the-cervical-screening-programme/

2. http://www.bbc.co.uk/news/health-36701516

3. https://phescreening.blog.gov.uk/2017/01/31/deciding-how-best-to-roll-out-hpv-testing-as-the-primary-cervical-screening-test/

4. https://phescreening.blog.gov.uk/2017/01/16/phe-and-nhs-england-join-forces-to-help-cervical-screening-laboratories-clear-backlogs/

Northern Ireland

The NICSP support the NSC and agree that HPV testing should be introduced as the primary screening test for cervical cancer. However they accepted that there were still too many unknowns including the clinical pathway and issues relating to the IT system, the resource implications and the likely timescales for implementation. Given the impact of this change on laboratory services a NI planning group has been established to start to work on the key areas that need addressing in order to implement this change. The group has been established and met. No changes will be made to service delivery of the NI CSP until this group has reported back to the NI CMO. The projected timescale for implementation in NI has been indicated as 2019. This would be in line with the implementation of a new IT system.

www.cancerscreening.hscni.net/qarc

Scotland

A fully costed business case for the introduction of hrHPV testing in the SCSP has been submitted to the Scottish Screening Committee and is currently being considered. If approved the business case will then be considered by the Scottish health secretary. A decision is expected by July 2017.

Cytology laboratory staff were well represented on the group who prepared the business case. The proposed model is for the hrHPV testing and cytology triage to be delivered from two laboratories with a forecast workload, following complex modelling work, of ~150,000 HPV tests and ~30,000 cytology requests in each lab. This compares to a current workload of 400,000 smears reported in eight laboratories. The laboratory selection criteria have been agreed but will be reviewed before the selection process begins in autumn.

Scotland already has a robust IT system (SCCRS) that integrates cytology and HPV results. The specification to update SCCRS for a programme based on primary HPV testing has been agreed and the costs are included in the business case. Revised screening algorithms have also been agreed following consultation with a wide spectrum of medical and screening professionals. Assuming the business case is approved, it is unlikely that "go live" with HPV primary screening will occur before 2020, given the complexity of the changes to SCCRS. The business case envisages a 'big bang' rollout, with the whole of Scotland converting to HPV primary screening at the same time.

http://www.nsd.scot.nhs.uk/services/screening/cervicalscreening/index.html

Wales

Wales has begun to implement a Primary HPV pilot to begin April 2017. This will cover some 20% of the women invited in 2017/18. Training is underway to deliver this across the Welsh CSP including laboratories. The pilot is expected to report during early 2018 about how Primary HPV will be implemented, not about the principle of Primary HPV screening which is well established. It has already been acknowledged that the move to Primary HPV will reduce cytology reporting across Wales to about 40–50,000 samples with an HPV screening workload of about 200,000. This equates to one laboratory in Wales, and after expressions of interest were sought Magden Park laboratory was selected. Work is underway about how other laboratories function during this

transition and should be announced soon. A laboratory communication group has been established in order to manage all staff affected by the laboratory changes, with HR and staff side input. A regular newsletter is issued with FAQs being answered.

http://howis.wales.nhs.uk/screeningprofessionals/cervical-modernisation-project-faq-s

Ireland

In February 2016, the National Screening Service (NSS) initiated a Health Technology Assessment (HTA) of primary HPV screening by the Health Information and Quality Authority (HIQA).[1] The aim of this HTA is to evaluate the clinical, financial, ethical, societal and organisational implications of implementing primary HPV screening.[2] The assessment was expected to conclude late 2016 and be reported to the NSS. The findings have not yet been published however are eagerly awaited.

Alongside the HTA, a pilot study to evaluate primary HPV testing is being conducted by Cerviva, the Irish HPV Screening Research Consortium[3] in partnership with the NSS. Various methods for triage of HPV positive samples are also being evaluated as part of this study including; cytology, HPV genotyping, HPV mRNA and biomarkers. The study aims to enrol 13,000 women and to date, 5,000 women have been enrolled into the study.[3]

The cytology screening service in Ireland has already undergone major reconfiguration following the outsourcing of cytology services for cervical cancer screening in 2008, and while some of the cytology screening has returned to Irish cytology laboratories, there is still a proportion of the work that is screened outside the country. Until the findings of the HTA are known it is difficult to predict the impact on this arrangement in relation to primary HPV testing although these Irish laboratories would have the capacity to screen the expected number of smears generated, if cytology was selected as a method of triage, as well as the technology and expertise to perform primary HPV testing within a coordinated laboratory service.

1. http://www.cancerscreening.ie/news/news.php?idx=217
2. https://www.hiqa.ie/healthcare/health-technology-assessment/new-assessments/hpv-testing
3. http://cerviva.ie/projects/phase-iii-cerviva-carg/hpv-primary-screening-pilot-study-molecular-testing-potential-triage

Conclusion

The starting gun for Primary HPV has been fired, but across the UK how this is being implemented and the stage of this is variable. The BAC is fortunate in having members of the Executive involved in these discussions across the British Isles and have, and are, influencing the discussions. The different approaches are evident, but all must achieve the same outcome. We will continue to try and make our voice heard and ensure delivery of a safe, deliverable and high quality CSP.

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Mrs Alison Cropper
Mrs Jackie Jamison
Mr Allan Wilson
Mr Dave Nuttall
Ms Alison Malkin

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ECC 2016, From the Outside Looking in

Jenny Davis

Many thanks to the BAC Executive for allowing me to attend this prestigious meeting. It was a strange feeling, after all the years I spent on the Executive Committee of NAC and then BAC, to be at a Conference and not really have anything to do; hence my title of "From the Outside Looking in"! OK, so I put together a presentation for the foyer about the History of Cytology in the UK, but that wasn't really work, and I believe it was well received. (I am aiming to write that up in more detail at some point in the near future).

Figure 1

I remember the first steps of preparation for this event and secretly rooting for Manchester as a venue (well, I would, wouldn't I?). However, after being at a QA Conference at ACC in Liverpool previously, I knew this would be a superb choice (fig1). Its aspect, the variety and number of rooms and theatres, on-site hotels and proximity of attractions all added to the experience. I congratulate the Executive (on its 5th Anniversary) (fig2) and Event Organisers for such a professional event.

Figure 2

Being an "outsider" this time meant I didn't have to be at a meeting or be ready to chair a session, and yet still help to make sure things run smoothly — as is the lot of the Executive (fig3, 4). I tried to attend as many sessions as possible, hopefully discreetly taking photos of the proceedings and speakers. Some of these will be posted on the website.

Figure 3

Figure 4

There was a great selection of topics for the gynae and non-gynae enthusiast, together with a wide range of slide workshops. HPV and screening featured prominently in the gynae programme, and it was great to see the involvement of a patient representative in one of the keynote lectures. There were sessions on the use of ancillary techniques and molecular testing, education/training, statistics and audit, but what really caught my eye was the use of remote speakers and telepathology. How things have moved on since I started teaching with the use of OHPs, 35mm slides, VHS and typewriters! My first teaching notes were written up on a word processing typewriter — the introduction of word processing software and Powerpoint was a godsend! It was something of a revelation to see a chairperson in the lecture room with a full lecture being performed by an external speaker connected via Skype (fig5). There was also a remote session transmitted from Europe on the use of telecytology for teaching purposes (fig6). What a brilliant way of expanding the repertoire of available resources and experts and likely to be used increasingly.

Figure 5

The crowning glory of the programme for me has to be the Practical Application of U/S to Perform FNA. The set-up was excellent, and it seemed to be thoroughly enjoyed by participants and tutors alike.

Figure 6

This was a hands on session allowing participants to scan a willing volunteer and view it in real time on a monitor (fig7), after which a guided FNA was performed on a stuffed chicken (fig 8) — brilliant.

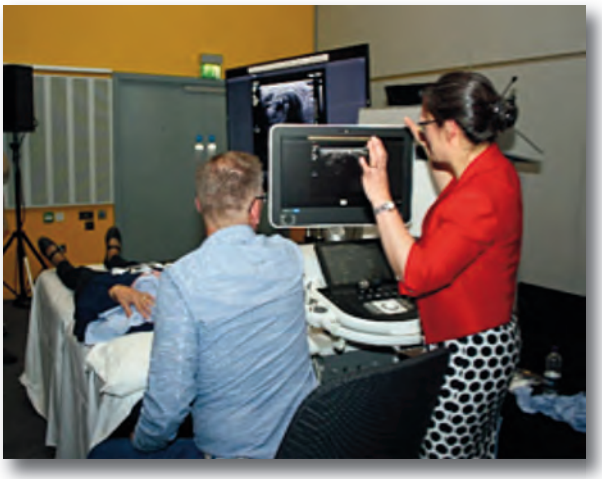


Figure 7

Figure 8

After being out of circulation for 18 months, it was lovely to catch up with so many friends and colleagues, and to see how cytology is continuing to move forward to embrace an exciting future. Although I wasn't "in at the finish" for organising this conference, I do know the amount of time and effort that will have gone into such a successful event.

ECC 2016

Andrea Taibi, Advanced Biomedical Scientist, Cellular Pathology, Great Western Hospital, Swindon

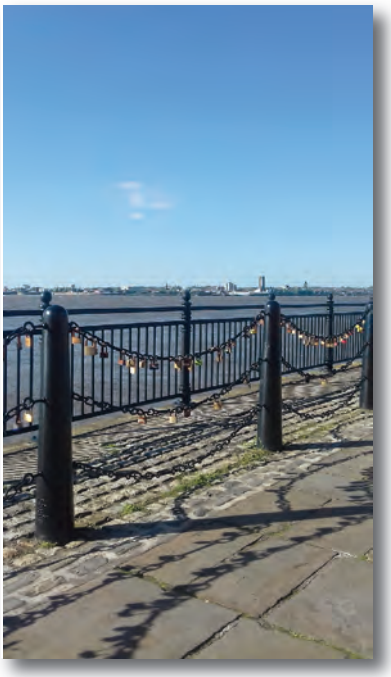
Thank you to BAC for sponsorship to attend the 40th European Congress of Cytology in Liverpool. If you have any interest in cytology the ECC was the place to be. The EEC was held in Liverpool, the city of culture, fine architecture, cobbled pathways, museums and heritage. It was quite an experience to spend time in Albert docks, exploring cafes and museums. The shopping centres were just few meters away from hotels and the Exhibition Centre. It was exceptional event with 37 separate sessions on all aspects of cytology including oral paper sessions and microscopy workshops over 4 days. 547 delegates attended the ECC from medical, scientific, academic and quality background. We all had an opportunity to come together, discuss the move to HPV testing, recruitment issues and delivery of cytology service. Thank you for providing cutting edge seminars, session and oral presentation from cytology experts from all around the world. Yet again the ECC proved to bring people from cytology background together. I met colleagues and friends that I lost contact with long time ago.

I'm Non-Gynae cytology section lead in Great Western Hospital, Swindon. The Non-Gynae cytology is part of the Cellular Pathology department, which incorporates Histology, Andrology, Non-Gynae cytology and Mortuary. I just returned from my maternity leave last year and I took on this new and challenging role. The role covers not only the leadership responsibilities but it's also about providing high level of cytology expertise to my colleagues. I did apply for the BAC bursary to attend ECC and I was delighted to receive 4 day pass, children free! I was very excited! Well, more easily said than done and I missed my little ones very much.

The scientific programme was varied including all aspect of cytopathology. Even though, I'm not involved in cervical cytology any more, I could not miss the presentation of my dear friend Rajvinder Dhillon — What is the borderline for low grade changes in colposcopy. Fascinating as always!

I found extremely valuable to have been explained the Paris system for reporting urine cytology by Dr Antonio Figueiredo and Dr Rosario Granados. I did note all their recommendations. I was very impressed with the range of audits and research topics in Non-Gynae cytology. However, the Non-Gynae symposium : Digital cytology, made me really think how we can run our cytology service more efficiently in near future, using digital slides. Non-gynae cytology slide seminar — the Sherlock Holmes cases kept the little grey cells going for quite a while. Really enjoyed that!

I must say I feel privileged to have had the opportunity to be at the ECC in Liverpool. Thank you BAC!



Ferry At The Mersey — A Liverpool Experience

Katharine Ferry, Biomedical Scientist

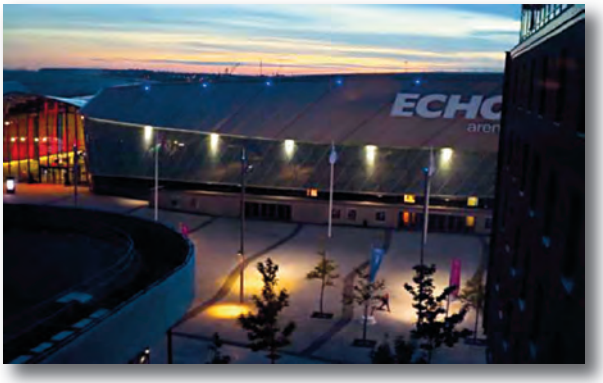
I arrived at the Jury's Inn Hotel Liverpool on Saturday in a taxi with a very loquacious driver, proud of his city, who pointed out the sights chatted about the night life and the Labour Party conference the week before and its effect on hotel prices. They were sky high for the few hotel rooms left! The regeneration of the docks has been really well done with good hotels and shopping centre close by. I was really looking forward to the conference. It was an exciting prospect and so I had a quick look at the schedule. There was such a choice — what to choose? There was so much. Time for dinner and a glass of wine!

Sunday morning dawned bright and sunny, and I went to register with the conference organisers. I met Lou whom I had spoken to several times on the phone. She was friendly and helpful and it was good to match face and voice. I picked up the conference bag which contained a pen, notepad, post it notes, conference guide and leaflets from our sponsors. Using the guide, I roamed around to find where things were, bumping into Kay and team in hi-vis vests busily sorting things out. They wished me well for the meeting.

Negotiating the rooms was fun as A and B rooms were not necessarily together, and I found myself in the non- gynae lecture, not the glandular one I wanted! I swiftly moved to the right room getting one of the last seats. It seemed to be a popular talk.

Later came the first of two workshops covering glandular lesions and invasive cancer audit. It felt good to be behind a microscope after the talks, even a non-ergonomic one! This reminded me of the difference ergonomics has made to our jobs—no bad backs, necks or wrists. These, however, were certainly good enough for our needs. There were plenty of abnormal slides to look at but as usual, never enough time. These workshops give us the opportunity to see rare examples as well as the more usual ones.

The afternoon session was followed by a civic reception at which the Mayor of Liverpool welcomed us and the ECC to the city. Also at this event was the Trade show comprising sponsors and exhibitors. Each of the companies that were exhibiting were well attended and we all grabbed handfuls of goodies from them. Hologic were celebrating 20 years of Thin Prep with cupcakes and their own hot drinks machine — a very popular arrangement! All companies were well visited and we circulated several times around them as well as the poster exhibition.

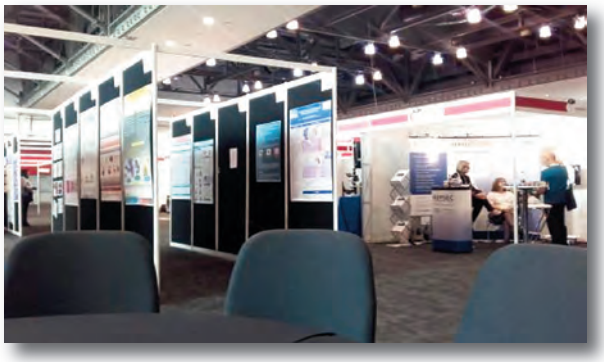


Monday brought even more interesting topics. The free oral paper session had a variety of talks in which the speakers discussed perspectives different from the usual e.g., the effects of hormones on women's reproductive health rather than cancer, the colposcopist's viewpoint, HPV Triage and its follow up. Also discussed was the recurrence of CIN after treatment, CA.E.S.A.R. from Wales — could this be the future of screening? Speakers from the US, UK, Europe and Australia featured, and all had different and challenging concepts for us to think about.

A very emotive part of the meeting came with talks from two women who related their experiences of diagnosis and treatment. Communication, understanding and listening were key factors during their progress through the system which had perhaps not been as good as they should. It was a reminder to us all that treatment may be routine to us but to the patient it is an earth shattering step into the unknown. I was taught to remember that a patient was at the end of the smear, and it is easy for us to forget as we hunt for those dyskaryotic cells.

The talks were all about 15–20 minutes long which was enough to get quite a lot of information across. I was impressed with the fluency and confidence with which our European speakers presented their subjects. I know my French is nowhere near that standard!

Monday's workshop later on was borderline/ascus cytology which I had already committed to and had to miss the BAC meeting. Whilst annoyed with myself I enjoyed the workshop. Borderlines are always a problem and you can never get enough of them.



Tuesday started again with more challenging talks such as the effects of immunisation on infection and disease. This covered the emergence of other HPV sub types as 16 and 18 decline, how many doses of vaccine are needed, and the rise of HPV related non-cervical cancers. How HPV affects the screening programme, the use of a screening programme to monitor effects of the vaccine as well as the use of genotype assays were all discussed. All this and more! After such an intense morning we were ready for lunch. A few of us wandered outside to look at the river and passing ships in the sunshine.

Some attended sponsor's lunchtime presentations from Hologic one day, and Roche the next, whilst BD's was at the end of an afternoon session. These usually had a company presentation followed by one from a user so that we could see how a particular product worked in a particular set-up.

A new way of recording talks appeared in the use of cameras and phones to photograph relevant information. At one point there was a forest of hands and cameras —I hope they got the right pictures!

The afternoon workshop was a multidisciplinary one for HPV, histology and colposcopy. Another relaxing session of slides, both cytological and histological. As always those in charge were helpful and often sat to talk at length to anyone who needed it, or even trying to find out where to get equipment.

That evening was the Gala Dinner at the Rum Warehouse. We trundled off in our glad rags on a bus that got lost but with a little help got us there. We were greeted with champagne or orange juice and sat at our tables ready for action. I joined Kavitha from Romford for an enjoyable evening, and we ended up talking with our Australian counterparts about Christmas in Australia — makes a change from cytology! Things were really buzzing thanks to wine regularly topped up. A very nice meal was served after which the Mersey Beatles turned up to play — and so did everyone else on the dance floor!

Next day quite a few sore heads turned up for more talks. What is it about cytologists — we cannot keep away can we. They started with the Bethesda System and its development, the colposcopist's view and reporting in general. Cell biology of cancer followed. This was fascinating insight into activities at the cellular level and opened up another challenging area to think about. Indeed, the video of a gyrating nucleus prior to mitosis looking like a beating heart was incredible.

The conference was wrapped up by Dr. Paul Cross after which everyone departed. He and the rest of the BAC team did a superb job pulling this together, and along with the professional organisers produced a stimulating, memorable and highly enjoyable meeting.

The ECC was an exciting event, presenting us with many challenges for the future. Next year will mark 30 years in cytology for me with occasional forays into the non gynae side. I have seen things change from the single slide thickly spread to the monolayers of today. This was revolutionary, and we are about to undergo another with the introduction of primary HPV screening. Cytology will continue to evolve and develop, and this conference has shown us various ways of dealing with the challenges to come. I am extremely grateful to the BAC for enabling me to go by selecting me for the free pass. It is something I never otherwise have had the opportunity to do, and it was a tremendous privilege to be able to attend.

Now it's back to earth as I return to work and my industrious colleagues at St. Peter's in Chertsey.

ECC 2016 — Liverpool, UK

REMEMBER THE PATIENT!

Caron Roberts
Clinical Cytologist/Cytology Manager, Royal Derby Hospital

I travelled by train on Sunday 02 October (my birthday!) to attend my second international cytopathology conference, the ECC. It had a lot to live up to as the IAC I had attended in Edinburgh, Scotland, in 2010, was a successful, enjoyable experience both socially and scientifically, despite problems the 'Icelandic ash cloud' had caused to some people's travel plans and to some of the lecturer's presentations!

As I looked through Conference Programme on the train, I noted a couple of lectures entitled 'Patient Perspective' and decided that I would make them a key part of my itinerary.

On Monday morning within the 'Cytopathology in the Public Eye' Key Note Lectures, we heard from a young Scottish woman who started her screening experience at the age of 21, in line with the Scottish Programme, and had a normal result. When she attended for her next routine test in 2010 she found the procedure painful but had no abnormal symptoms. The next thing to happen was an invitation to attend the hospital, although she had not yet received her screening result. Even when she attended the appointment she felt that she was not clearly given the outcome of her screening test, she felt it was all a little vague; she was informed she needed biopsies but even then wasn't sure why. It was clear that poor communication had added to her anxiety. The biopsies taken were painful and shortly afterwards she was asked to return for a Loop biopsy. It was explained to her that she would need a hysterectomy although her ovaries would be retained due to her age. To me listening to her talk, it wasn't really until this point that the realisation that she had cancer was clear.

She described how she underwent the surgery and shortly afterwards she and her partner married, but, in her words she was 'grieving' her fertility which deeply affected her mental recovery both from the surgery and the cancer diagnosis.

At the end of her talk she announced that, thanks to surrogacy, she is now the mother to a beautiful little girl born in May 2016 whom was actually in attendance at the lecture along with her husband.

The woman had used Jo's Trust for support during her treatment and recovery, and found them extremely helpful. It was evident that this charity has been key to her well–being. I know that my own Trust's colposcopy unit recommend Jo's Trust to our patients, and having looked at their website it is good to see there is such a wide range of useful, relevant and accurate information available for patients and families affected by Cervical cancer.

The second patient perspective talk was on Tuesday afternoon within a session entitled 'How can we improve uptake and save lives?'. Again the patient was young, being only in her twenties when she was diagnosed. This woman had had a child before diagnosis and like the previous patient was told that she needed a radical hysterectomy with retention of her ovaries. Her long term partner proposed and they were married before the surgery. She delivered a strong but very emotional talk and explained that even 10 years later she still fears hearing that her 'cancer' has returned.

It is all so easy for us in the profession to not think about the mental impact on the patient that our diagnoses have. Both the patient speakers came across as strong and composed, and yet, the feeling of fear and anxiety that they endured from diagnosis to treatment, and still experience today was evident.

Food for thought for us all.

Jo's cervical cancer trust

CEC: Journal Based Learning

Cytologic Findings in Stratified Mucin-producing Intraepithelial Lesion of the Cervix: A report of 34 cases (Diagn. Cytopathol 2016;44:20–25)

1. What is SMILE and from where does it originate? (2 marks)

2. Describe the histological features that characterise SMILE (2 marks)

3. What was the principal aim of this study? (1 mark)

4. How had the majority of the cytology preparations been classified when they were initially reported? (1 mark)

5. What features were assessed on review of the cytology preparations in this study (4 marks)

6. Of these features, which were seen in all of the cases? (3 marks)

7. How many cases showed cytoplasmic mucin vacuoles? What comments do the authors make about these? (2 marks)

8. What features do the authors suggest might help distinguish SMILE from reactive endocervical cells? (2 marks)

9. What variants of CIN may mimic the cytoplasmic vacuolation seen in SMILE? (2 marks)

10. In your opinion, how important is it to be able to recognise cells from SMILE in a cervical sample and why? (1 mark)

Please send or email your answers to me. I can also provide a copy of the article if required.

Helen Burrell (BAC CEC Officer)
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ECC Report

Hilary Diamond MSc FIBMS CSci
Belfast Cellular Pathology

A quick flight 'across the pond' took us to a venue of surprisingly, almost Mediterranean weather conditions. We walked along to the Conference at 8am in the mornings wearing light summer clothing, and sat outside late at night for lovely meals, chatting and catching up with colleagues whom we had last seen disappearing off to posts in Saudi many years ago. Conference organisers had included welcome discount vouchers for some Liverpool attractions, which added to the keenness to try new restaurants.

A detailed Conference Programme booklet clearly defined the wide-ranging array of knowledge to be gleaned, with up to five activities to choose from at any particular time including lectures and workshops; one lecturer's flight was cancelled due to runway blockage, but organisers quickly set up tele-conferencing to enable this talk to go ahead — a quick and professional solution. Even lunch-times were filled with Trade Symposia, poster viewing and Trade shows.

I seized the opportunity to provide a powerpoint presentation on my accepted Oral Session submission, having settled for poster-submission-only at previous conferences.

It was so interesting to hear updates on the variety of world-wide approaches to HPV-primary screening, with an Australian speaker informing of 132 management algorithms — hopefully this level of complexity will not extend to the UK!

Many avenues for learning and development were suggested for the future: training and competency assessments in ROSE, to include interpretive EQA and technical EQA; digital and tele-cytology; increased role of molecular pathology; roll-out of self-sampling to reach cervical smear non-attenders; HPV genotyping courses; Histology reporting training programmes to facilitate possible pre-screening of biopsies.

All decisions for the future require on-going engagement, communication and enthusiasm — we look forward to the rapidly evolving cytology of the future.

The 40th European Congress of Cytology

Padmaja Naik
Senior Medical Scientist, Coombe Women and Infant Hospital, Dublin, Ireland

This was my first time visiting Liverpool to attend the ECC. I took the opportunity to arrive early on Saturday so as to be able to explore the city before the conference started. Although the Saturday was wet, I explored the shopping area near the city centre which was close to my hotel. On Sunday the weather was sunny and warm, so I took the opportunity to spend some time to explore along the Albert Dock area, took a boat trip on the Mersey and wandered around the city centre in wonderful sunshine.

On that afternoon Shivani at the reception desk kindly completed my registration formalities and directed me to the trade show and poster area, where I was assisted in displaying my poster. The congress venue looked elegant, well designed and well facilitated on the banks of the river Mersey.

On my way to the venue for the opening reception, the dock area and surroundings looked very beautiful in the evening light. I was delighted to see my colleagues Mary and Nadine from the Coombe Women and Infants University Hospital and my friend Alison Malkin. Following a brief welcome speech by Dr Paul Cross and inauguration by the Lord Mayor, We enjoyed catching up with other people. After mingling for an hour or so we headed for dinner at Smuggler's Cove in Albert docks, the relaxing atmosphere and good food with enjoyable company made my evening complete.

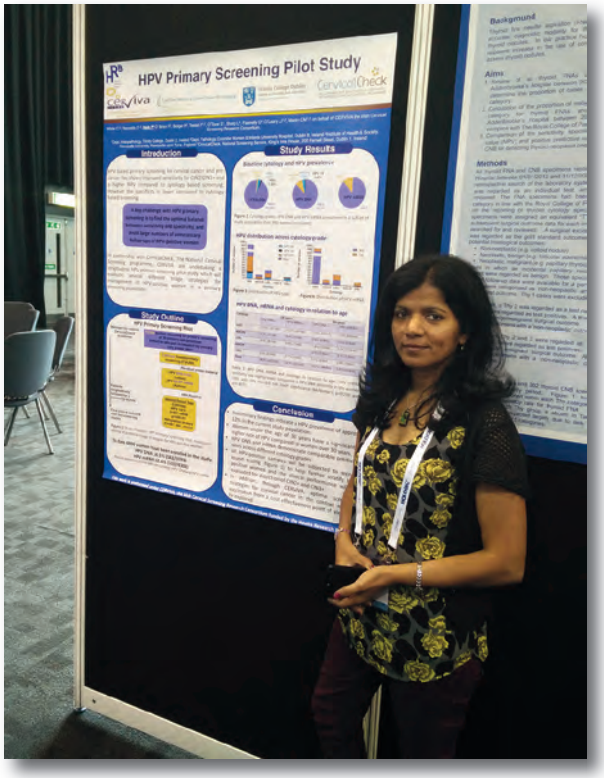
Monday the 3rd was a very busy and fully packed day. Everywhere you looked you could see the buzzing atmosphere, people moving from one auditorium to other and going up and down the escalators during the breaks to the trade and poster area.

It was difficult to select which sessions to attend throughout the day due to the availability of so many options. I started my morning with the Gynae symposium as it is always good to know how other countries in the world work towards cervical cancer prevention. The changes and advancement in cervical screening in Australia was astonishing. The free oral paper session in Gynae Cytology highlighted the experiences of different regions and their input in diagnosing pre-cancerous lesions. It was interesting to hear about HPV triage of low-grade and borderline cytology. Afterwards, I took some time to go around the poster area before attending the Hologic trade symposium. The posters were interesting with many non-gynae cytology related topics.

I was keen to attend the Hologic Trade symposium on 'The value of Cytology in Future Screening: Approach and Performance Differences.' This symposium was very well attended and the topics covered were related to many of us. Dr. Amanda Herbert covered current and future challenges to a successful Programme for Cervical Screening in UK. Mark Fischer shared the Luxembourg Experience regarding conversion from conventional to liquid based cytology with HPV triage. Alison Copper described their experience regarding improving quality and efficiency while changing LBC suppliers in a high volume laboratory. At the end of the session members of the audience took the opportunity to ask questions relating to triage strategies and HPV testing as a primary screening method.

After lunch I attended the Colposcopy symposium which highlighted issues in the HPV era. Speakers from Croatia, Australia, United States and UK shared and discussed future challenges in dealing with patients with HPV positive and low grade cytology results. It was interesting to see the success of the Australian vaccination programme resulting in a high reduction in the prevalence of HSIL and new screening and referral to Colposcopy in Australian population.

The BAC Annual General Meeting was held following the afternoon break. This was my first time to attend a BAC AGM as well. This meeting brought old memories of cervical cytology laboratories closing in Ireland in 2008. Some of the same feelings were apparent, such as worries about the future, uncertainty about cytology profession, the shadow fear of HPV primary testing and overall anxiety about people's future in the sector. But there were some positive vibes as well.



I liked that there was systematic thinking, regular discussions, acceptance of the decision and a move towards centralised laboratories in the UK. The BAC symposium which followed after the AGM started with the Erica Wachtel lecture. Professor Amanda Herbert presented this lecture and it gave the audience a glimpse of her dedicated life to Cytopathology. The lecture did address important questions regarding the role and structure of cytopathology laboratories in a post "HPV-first" scenario with regards to staffing, workload and planning.

After spending the whole day pursuing knowledge from different speakers we headed for dinner organised by Hologic at 30 James Street. I was very impressed to know that we were dining in the former waiting room for First Class passengers awaiting to board White Star Line ships. There was a lovely atmosphere at the table with Stuart, Daniel and the 'Irish Crowd'.

On Tuesday I started my congress with the session: HPV primary screening and vaccination. The emphasis was on monitoring of HPV based primary screening projects and national HPV vaccination programmes. The important point I took from this was that the prevalence and diversity of HPV types are changing due to vaccination and it will have significant implication on cervical screening. Future planning for cervical screening in Ireland must take all these points into consideration.

The EFCS symposium created a lot of discussion regarding HPV primary screening and alternatives. All four speakers presented their experiences and

understanding of HPV triage and worldwide quest to find the best triage method in order to predict cases of high grade cervical lesions. Different pathways such as HPV screening followed by cytology/biomarkers or HPV genotyping were discussed with current data analysis and pros and cons of each.

The Molecular Diagnostic Cytopathology presentation was given by Professor Manuel Salto-Tellez from Queen's University Belfast. It was an online presentation due to some difficulty at Belfast Airport. He did highlight the importance of training in molecular diagnostics, expertise and application in day to day pathology with particular emphasis on training new pathologists.

My allocated poster review slot was during the lunch break. The poster, entitled 'HPV primary screening pilot study', presented data from the joint project between the Coombe Women and Infants University Hospital, Trinity College Dublin, Cerviva and the National Cervical Screening Services, Ireland. There was fair amount of interest in the poster and I had a good chance to interact with different delegates/speakers/colleagues and trade show representatives during this poster session. Some of the questions were in relation to the HPV technologies that were used in the study as well as the study format employed.

My last session on Tuesday was the Agatha Christie Mysteries- Gynaecological Cytology Slide seminar. Needless to say that it was my most favourite session as it was based on morphology. Unfortunately I was returning to Dublin that afternoon, so was not able to attend the Gala dinner that evening or the Wednesday sessions.

There was a mixture of emotions and questions when I was leaving Liverpool and heading towards the airport. What will be the focus of the next European cytology congress when most countries will be adopting HPV primary testing? Although there was lot of emphasis on involvement of cytology staff in Non-gynaecological cytology in the HPV primary testing setting, will it be enough to keep any young people in this field? Would integration and implementation with molecular analysis with cytology will create new scientists called Molecular Cytologists? What should be the best triage method for the Irish Cervical Screening population? How many years will it take to find the best triage method for different populations in the world? And finally, how many more years will I be doing cervical cytology and will it be in a diagnostic setting rather than as a primary screening test?

Overall I had a very enjoyable experience over my 3 days at the conference. The proximity of the venue to the surrounding hotels was very convenient and the location, so close to the city centre and the Albert Docks made it easy to enjoy pre and post conference time.

There was a balanced social aspect to the conference, where delegates could meet colleagues, friends and new people with a similar interest.

Finally I would like to thank the BAC for providing me with the Bursary so that I could attend this conference.

Cytology in a Social World

Sarah Saxon

This year's ECC was at the ACC in Liverpool (2nd–5th Oct). It mingled professionals from across Cytology, all polishing their crystal balls hoping to provide some insight into our collective future. From re-asserting our professional sense of purpose by introducing us to the patient's experience of cervical cancer to Maggie Morgan's impassioned speech on the need for 'enthusiastic, optimistic leaders'. The ECC managed to lighten the mood and provide guidance in a time of great uncertainty.

In Monday's keynote speech about Cytology in the public eye, Ian Sturdgess (Institute of Biomedical Science (IBMS) President) reaffirmed the pivotal role of Cytology. Both in bringing about advanced roles for Biomedical Scientists and a new era of collaboration between the IBMS and the Royal College of Pathologists. Professor Tim Helliwell then spoke of the need to engage the public in discussion about screening at every opportunity.

Cytology is a group that, in my experience, often has minimal interaction with the departments surrounding it. Never mind the general public. We are physically distanced from our patients. Some may even say many of us prefer it that way. No difficult conversations, no sample collecting, no need to have a degree in counselling the worried well, or unwell. So, if, as a profession, we have a high number of introverts how do we go about putting ourselves forward?

How do we get ourselves a positive public image? This is important not just for our own sense of significance but, more importantly, to gain and retain the trust of every woman who consents to screening.

The death of Jade Goody in 2009 was a double-edged sword for our public image. Uptake rose significantly, particularly in the socio-economic groups most at risk but so too did fear. Fear of what the test results may bring, fear of what the test would involve, and let's not forget the fear of the system getting it wrong. As part of the system it is necessary to understand the massive impact on an individual's life that tiny errors in transcription or interpretation can have. But we also have had to accept that, as individuals at least, we cannot fix or avoid every single potential source of error.

The introduction of HPV primary testing could be a brilliant opportunity to encourage women to come for testing. The positive image that HPV testing, and molecular testing generally, has in the general populace could be a boon for us. But as with 'the Goody effect' there are counter effects, faith in a test that while reliable is still fallible may lead to disillusionment. Consent issues may cause women to give more thought to, and so worry more, about testing.

Prof. Helliwell noted that internet searches for keywords relating to cytology yielded few results in the last year. Many of those retrieved did not accurately reflect the science behind or purpose of the screening program.

We are clearly not a profession that is regularly newsworthy. As with so many professions we are mostly heard about if things have gone wrong. Unless we are to make major changes to the screening program on a regular basis we cannot expect to retain headline positioning, and that would be far from wise. We can, however positively affect how the public see us on an infinite number of smaller stages. For example, are you a member of a local parents group? Great, talk about your job and why you do it, show women that we do care about them and their result. If the subject of screening comes up give professional, honest information. Let people know where they can find reliable information to make an informed decision. Talking to a relative or friend who's been called up for screening or colposcopy? Answer their questions, consider their doubts, reassure them. Sometimes we need to agree that screening isn't for everyone, but explain why it's offered.

It is important to reflect at this stage on the many professions involved in provision of the cervical screening program. From policymakers and commissioners to practice nurses and screeners, colposcopists and pathologists. Approaching public engagement without understanding our intertwining roles may lead to misrepresentation, misunderstanding and ultimately fear. Fear in the minds of the very women we want, and need, to encourage to take part in screening. We have a duty to fully understand the screening system to be able to represent it well.

Admittedly few of us have the time or the mental energy to read every NHSCSP guidance document in full and retain that information but even small aspects make a huge difference. Such as being supportive of our sample takers and their abilities. We can, in small ways, make a huge difference on the world stage that is conversation and social media. If we as lab staff pass the blame every time there is a problem without constructively looking at the root cause, then we create mistrust of our colleagues in the women using our service.

There is no doubt that Cytology is underappreciated in the grand scheme of things. We are a small subset of laboratory testing, an often-overlooked part of the care pathway. But if each of us can enthuse about, or explain, the cervical screening program to even one person we can make a difference. Through social networks in this interconnected world of ours we can make a difference to Cytology's place within the world and to the health and well-being of the women we serve. Because after all, isn't that why we're all here?

Useful links
Jo's Trust Resource page: https://www.jostrust.org.uk/resourcecentre
https://blogs.scientificamerican.com/guest-blog/effective-communication-better-science/
http://www.sciencemediacentre.org/
http://www.sirc.org/messenger/

For talks from the ECC:
http://www.britishcytology.org.uk/go/bac-cytology-meetings/ecc-2016

Images taken from https://pixabay.com/

Cytopathology

Prof Mike Sheaff

Cytopathology continues to be one of the leading international Cytology journals available and we can be rightly proud that it is the official journal of the BAC. Since becoming Editor-in-Chief in January I have become aware just how important this relationship is for Cytopathology and the BAC. I have been extremely impressed by the quality of publications submitted and the passion, dedication and hard work of the Associate Editorial team (all BAC members). The focus on state-of-the-art clinical practice, novel cytology findings and education is there for all to see. Maintaining and increasing the impact factor (currently 1.761) highlights the strength of the journal and this encourages authors to submit the very best articles to Cytopathology. Although principally a medium for education and information provision for Cytologists the world over (emphasised by the global distribution and International Editorial Board) there remains a UK focus. With our roots firmly in the BAC, I heartily encourage you to read Cytopathology from cover to cover (or e-cover to e-cover) and be amazed by the quality of the articles published by BAC members. I also hope that you are inspired to consider submitting your own contributions to Cytopathology, whether they are original articles, educational cases or correspondence — we welcome all forms of high quality publications. I and

the Editorial Team are enormously grateful to all those BAC members who give up their valuable time to review submissions and encourage all members to become involved in the reviewing process which can be enlightening and is always informative. Please help us to keep Cytopathology going from strength to strength.

CEC Local Officers
(Spring 2017)

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In the absence of a local officer in your area, please send CEC items directly to me at the address below.

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Please remember to make a copy of everything before it is sent — there have been one or two losses in the post. Thank you

40th European Congress of Cytology — an epilogue

Individual views on the 40th ECC are well represented in this edition of SCAN. The meeting has now been and gone, but the feedback we have had has been very positive. It started as a discussion in 2014 when we were approached to see if the BAC would organise, on behalf of the EFCS (European Federation of Cytology Societies), the meeting for 2016. After much Executive discussion we did agree to do so. This started what turned out to be over two years' worth of work, and a very steep learning curve. Many meetings and emails culminated in the meeting held last October. An important early step was the finding of a suitable city and meetings venue, with good accommodation nearby, and after several such trips by Ali, Kay, David and Allan Liverpool and the ACC were selected. We also needed to appoint a Professional Conference Organiser (PCO), and after a series of interviews we selected Conference Partners, with several offices in the UK. This was essential, as none of the Executive had the time or necessary knowledge to organise details such as hotels, catering, AV, commercial requirements etc., etc. for such a big meeting . We met regularly with our PCO, and we are truly grateful to Conference Partners, and the team of Sarah, Louise, Nicky and Shivani in particular, for coping well with all our queries and always managing to smile despite all that was going on. Ali's knowledge of meetings organisation helped keep us on the straight and narrow, although this was the biggest meeting any of us had been involved in since the IAC meeting in Edinburgh in 2010. Topics such as production of conference booklet, delegate bag or how much coffee to order soon took over all our lives.

Setting up the commercial stands

Our main desire was to organise an informative yet enjoyable meeting. We feel we achieved this. We spent many a long hour discussing the scientific programme to try and get the right balance of topics and interests, as well as attract world class speakers. We will be forever indebted to Mina and Ash for all their knowledge and never ending list of contacts, and ideas, on this. The programme went through many iterations, and reached version 37 for one day. I remember well myself, Ash and Kay moving large sheets of the draft programme on the floor at Coldbath Square, with Mina on the phone from abroad. Who needs computers when you have paper, pens and a floor!

BAC stand set-up

We also wanted to make the meeting fun. We rested heavily on Kay's input for this, along with David and Ali, to draw up the opening ceremony with the Lady Mayor of Liverpool, and the Gala Dinner where we were royally entertained by the music of the Mersey Beatles and the magic fingers of magician Ben Williams. To see eminent cytologists doing air guitar on stage was a sight to behold and one that will not be forgotten!

No meeting can function without a strong commercial presence and input, and their contribution does allow costs to be contained. We are, as always, indebted to David for his vast knowledge of the commercial sector, and ability to anticipate all their needs. The many commercial stands we had, and their input, enabled delegates to mix and learn whilst taking their refreshments. The posters were situated amongst the commercial stands and the refreshment stands, allowing for easy mixing. The posters were

Dawn breaks at the ECC

generally of very high standard and presentation, and many a conversation could be heard from delegates from between the poster boards.

We are still working on the final accounts at the time of writing, but given the potential financial impact and risk, we envisage a breakeven — not bad on a turnover (of income and expenditure) of about £800,000!

European map at a European meeting!

I will be eternally grateful to the whole team who helped make this meeting such a success and fun. All the effort was worth it. We now move on to other BAC meetings. For those who came, and many did from across the British Isles, the next ECC meeting is in Madrid in 2018. Now that many home based cytologists have had their appetite wetted by possibly their first experience of an international cytology conference do go to Madrid. Hope to see you at BAC meetings, and possibly Madrid also!

ECC banner at ACC

And now the facts…

Local Organising Committee:
Dr Paul Cross
Professor Mina Desai
Dr Ash Chandra
Mr David Carter
Mrs Alison Cropper
Mrs Kay Ellis
Mr Allan Wilson

Number of delegates:	547
Number of countries represented:	43
Numbers of workshops :	26
Number of sessions :	35
Number of posters:	156
Number of oral presentations:	17

The ECC talks and more detailed feedback are currently available on the BAC website — see: http://www.britishcytology.org.uk/go/bac-cytology-meetings/ecc-2016

BIRMINGHAM CYTOLOGY TRAINING CENTRE

All BCTC gynaecological cytology courses are provided in SurePath *and/or* ThinPrep LBC

Please see our website for a full list of courses:

www.bwnft.nhs.uk/healthcare-professional/courses-and-training/cytology-training-centre/courses-2

Courses CPD accredited as appropriate

INTRODUCTORY COURSES FOR NHSCSP DIPLOMA IN CERVICAL CYTOLOGY

2017-2018 dates to be arranged if required

FOLLOW-ON COURSES FOR NHSCSP DIPLOMA IN CERVICAL CYTOLOGY

2017-2018 dates to be arranged if required

PRE-EXAMINATION COURSES FOR THE CITY & GUILDS/NHSCSP DIPLOMA IN CERVICAL CYTOLOGY

31 August—1 September 2017

UPDATE COURSES IN GYNAECOLOGICAL CYTOLOGY (ThinPrep & SurePath)

15 March 2017 (Review cases + atrophic changes),
6 April 2017 (Review cases + small cells), 10 May 2017 (Review cases + reactive changes),
22 June 2017 (Review cases + atrophic changes), 18 July 2017 (Review cases + small cells)
16 August 2017 (Review cases + HCCGs), 21 September 2017 (Review cases + atrophic changes)
17 October 2017 (Review cases + small cells)

NON-GYNAECOLOGICAL CYTOLOGY MASTER CLASSES

Non-Gynae Cytology Master Class - Diagnostic cytology and the basics of investigation (Respiratory and Transbronchial Aspirates) - 16 March 2017

September 2017—*topic and date to be confirmed*

Ideal for BMS or medical staff requiring an update

GYNAE HISTOPATHOLOGY COURSE FOR BMS UNDERTAKING RCPATH/IBMS ASD IN HISTOPATHOLOGY REPORTING

27 February 2017, 24 March 2017 and 5 May 2017

BIRMINGHAM HISTOPATHOLOGY COURSE

5-16 June 2017

(plus optional personal revision time during course weekends & Mon-Tues 19-20 June 2017)

This two-week course provides topic based lectures on systemic pathology, slide review of selected cases followed by discussion and a revision session including mock exam in preparation for the FRCPath Part 2 exam.

GYNAECOLOGICAL CYTOLOGY FOR TRAINEE PATHOLOGISTS

20-21 February and 11-12 September 2017

The programme for this course is a combination of lectures workshops and multiheader sessions. Includes a mock exam and is particularly suitable as revision for the Certificate in Higher Cervical Cytology Exam

NON-GYNAECOLOGICAL CYTOLOGY FOR TRAINEE PATHOLOGISTS

13-17 February and 4-8 September 2017

The programme for this course is comprehensive and includes the salient aspects of diagnostic non-gynaecological cytology. This course includes a mock exam and is particularly suitable as revision for the FRCPath Part 2 exam

AUTOPSY PATHOLOGY COURSE

2017 date to be arranged

INTRODUCTORY COURSE FOR ST1s

5-9 December 2016

Introduction to Gynaecological and Non-Gynaecological Cytology including Autopsy element

TRAINING OFFICERS' MEETINGS: 19 May 2017 and 17 November 2017

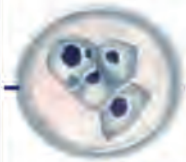
LBC Conversion Courses, Ad hoc workshops and Off Site workshops can be arranged on request—please contact BCTC
LBC Sample Taker Introductory and Update Training sessions are arranged regularly throughout the year

For further details and reservations please contact Louise Bradley or Amanda Lugg

Birmingham Cytology Training Centre, Birmingham Women's Hospital, Birmingham, B15 2TG, Phone: 0121 627 2721

Email: Louise.Bradley@bwnft.nhs.uk or Amanda.Lugg@bwnft.nhs.uk

Website: www.bwnft.nhs.uk/healthcare-professional/courses-and-training/cytology-training-centre



London Regional Cytology Training Centre

London North West Healthcare NHS
NHS Trust

2017 COURSES

All course information and online booking form can be found on our website
www.lrctc.org.uk

Pre-Registration Gynaecological Courses

INTRODUCTORY COURSE IN GYNAECOLOGICAL CYTOLOGY (Thinprep®)

- *30th January – 24th February*
- *2nd October – 27th October*

Course fee:
- Contracted London regional students: No charge
- All other students: £1100

FOLLOW UP COURSE (Thinprep®)

- *24th – 28th April*
- *17th – 21st July*

Course fee:
- Those who attended the Introductory Course at LRCTC: No charge
- Other participants: £400

PRE – EXAM COURSE (Thinprep®)

- *9th – 13th January*
- *21st – 25th August*

Course fee:
- Contracted London regional students: Free
- Non-Contracted students: £400

Medical Practitioner Courses

PATHOLOGISTS COURSE – GYNAE

This two day course covers gynaecological cytology.

- *1st – 2nd + 3rd* (Optional Mock Exam) *March*

Course fee: - £200 Mock exam - +£50

PATHOLOGISTS COURSE – NON GYNAE

This four day course covers non-gynaecological cytology.

- *13th – 16th + 17th* (Optional Mock Exam) *March*
- *11th – 14th + 15th* (Optional Mock Exam) *September*

Course fee: - £ 400 Mock exam - +£50

Please indicate on the online booking form if you wish to attend the mock exam.

MEDIC'S 1-DAY UPDATE COURSE

A refresher course for consultant pathologists/AP's

- *22nd May*
- *27th September*

Course fee
– Contracted London regional participants: Free
- Non-Contracted participants: £150

Post Registration Courses

BMS/CYTOSCREENER UPDATE COURSE

- *17th – 19th January*
- *27th – 29th March*
- *15th – 17th May*
- *6th – 8th June*
- *12th – 14th July*
- *20th – 22nd September*
- *21st – 23rd November*
- *13th – 15th December*

Course fee:
- Contracted London regional participants: Free
- Non-Contracted participants: £350

Non-Gynaecological Courses

RESPIRATORY CYTOLOGY COURSE

- *22nd – 23rd March*

SEROUS FLUID CYTOLOGY COURSE

- *9th – 10th May*

URINE CYTOLOGY COURSE

- *5th – 6th July*

Course Fees
- Contracted London regional participants: Free
- Non-Contracted participants: £200

Medical Laboratory Assistant (MLA) Courses

INTRODUCTORY MLA COURSE

This is an Introductory course designed to cover topics such as overview of the NHSCSP, terminology, role of an MLA and audit.

- *18th April*
- *15th November*

Course Fee
- Contracted London regional participants: Free
- Non-Contracted participants: £150

Book online at www.lrctc.org.uk

All courses above are CME and/or IBMS CPD accredited.

Further details/information can be obtained by contacting **0208 869 5270**

NEPSEC North of England Pathology and Screening Education Centre

NHS

NEPSEC is the name for the merged NW and East Pennine Cytology Training Centres

We are excited to be able to announce a joint course programme and welcome individuals from our new merged areas and beyond…

One-Day Update Courses in ThinPrep® Cytology+

One-day updates covering areas such as HCGs glandular lesions and challenging and interesting cytological presentations from both squamous and glandular lesions

1st May, 12th September 2017 (W)

Course Fee*: £15 / £95

One/Two Day Hospital Based Programme Co-ordinators Course+

Aimed at Hospital Based Programme Coordinators (HBPCs) both experienced and new from any specialty. Includes an introductory session covering your role and responsibilities as well as governance, lines of accountability, incidents, invasive cancer audit and the link between the audit and disclosure

7th & 8th June 2017

Course Fee*: £15 / £120 per day/£200 for both

Three-Day Update Course for AP/Consultant BMSs+

Includes sessions on cervical histopathology, recent developments in colposcopy, HPV self-sampling and a whole session on the NHSCSP cancer audit. Suitable for Thinprep® or Surepath™ users

2017 Dates to be confirmed

Course Fee*: £45 / £275

One-Day Update Courses in SurePath™ Cytology+

One-day updates covering areas such as Negative vs High Grade, Glandular and Squamous lesions

5th, 6th & 20th June/ 4th, 5th, 17th, 30th & 31st Oct/

1st Nov 2017

Course Fee*: £15 / £95

Exam Practice for the Diploma of Extended Practice in Non-Gynaecological Cytology+

This is a two day course ideal for anyone intending to sit the Diploma of extended Practice in Non-gynaecological Cytology. Day one will cover both the written and practical components with self-assessment sessions and practical advice on how to achieve the best results. Day two comprises a marked mock exam with a review session.

4th & 5th May 2017

Course Fee*: £15 / £200

Update Course specifically for Checkers & Experienced BMS staff+

Aimed specifically at those intending to, or already acting as, Checkers. Includes a session on basic histopathology and microscopy sessions on what can be called negative and what can't!

17th & 18th May 2017

Course Fee*: £15 / £120 per day or £200 for both days

+Courses run from both the East Pennine and North West Cytology Training Centre sites. Please check with our admin team for exact details

***Participants from the North West, North East, Yorkshire and East Midlands will incur £15 administration fee per day on all courses listed. All prices are subject to change.**

Further information and application forms for any of our courses are available from our Administration Team:

Wakefield: Kathryn Hawke / Sally Collins – 0113 246 6330 kathryn.hawke@nhs.net / Sally.Collins2@sth.nhs.uk

Manchester: Isabelle Caillet / Jen Bradburn – 0161 276 5114 jennifer.bradburn@cmft.nhs.uk / Isabelle.Caillet@cmft.nhs.uk

NHS Lothian

Scottish Cytology Training School

Programme 2017-2018

No course fee is charged for Gynae cytology courses to employees of Scottish NHS Trusts

Training School Director
Sue Mehew
Tel: 0131 242 7149
Email: sue.mehew@nhslothian.scot.nhs.uk

Training School Manager
Fiona McQueen
Tel: 0131 242 7149
Email: fiona.mcqueen@nhslothian.scot.nhs.uk

Training School Administrator
Cheryl Kisacik
Training School Administrator
Pathology Department
Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh EH16 4SA

Tel: 0131 242 7135
Email:scts@nhslothian.scot.nhs.uk

Application forms available on request from:
scts@nhslothian.scot.nhs.uk

NHSCSP Accredited Training Centre

Courses held at
The Bioquarter, Royal Infirmary of Edinburgh, 1st Floor, Building 9, Edinburgh Bioquarter, 9 Little France Road, Edinburgh. EH16 4UX

Unless states (QEUH) Glasgow

Non-NHS Labs – price on application
All courses are Liquid Based Cytology (ThinPrep)
Courses are CPD accredited

SCOTTISH CYTOLOGY TRAINING SCHOOL

Introductory Course
4th September – 29th September 2017
19th February – 16th March 2018
£1000

Introductory Course Part 2
20th November – 24th November 2017

Update Course
7th June – 8th June 2017 (QEUH)
7TH November – 8th November 2017 (QEUH)
6th December – 7th December 2017
7th February – 8th February 2018
£100 per day

Pre-Exam Course
21st August – 23rd August 2017
(for October Exam)
£250

Workshops – BMS Medical/Consultant Staff
28th November 2017
£100

ST1 Intro to Cervical Cytology
4th September – 8th September 2017

Non-Gynae Courses - for Trainee Medical ST3/BMS
19th September – 21st September 2017
£100 per day

Course for Colposcopists
10th May – 11th May 2017
£100 per day

SOUTH WEST REGIONAL CYTOLOGY TRAINING CENTRE BRISTOL

2017 Course Schedule

Date	Gynae Courses	Fee*
9 – 20 January 20 February – 3 March	Introductory in Gynae Cytology – Part 1 Introductory in Gynae Cytology – Part 2	NHS £1000 Other £1200
21-23 March 13-15 June 5-7 September 5-7 December	Three Day Update in Cervical Cytology	NHS £300 Other £350
9 May 18 October	One Day Update in Cervical Cytology	£100
4 April 8 November	Update in Cervical Cytology for Pathologists & Consultant BMS's & Holders of the Advanced Specialist Diploma in Cervical Cytology	£100
12 July	Cervical Histology for Technical Staff	£100
13-15 March	Gynae Cytology for Trainee Pathologists	£300
10-11 October	Gynae Pathology for Trainee Colposcopists	£200
22-23 May FULL 18-19 September	Cervical Sample Taker Training	£300
8 June 5 October	½ Day Update in Cervical Screening for Sample Takers	£25

Date	Non-Gynae Courses	Fee*
13 April	A Guide to IBMS Non Gynae Examinations	£100
16 May	Serous Fluid Cytology	£100
14 November	FNA Cytology	£100
25 April	Respiratory Cytology	£100
4 July	Urinary Tract Cytology	£100
13-16 March 12-15 September	Non-Gynae for Trainee Pathologists	£100

PLEASE NOTE THAT NO FEE IS APPLICABLE FOR NHS STAFF BASED IN THE SOUTH WEST REGION

South West Regional Cytology Training Centre

Department of Cellular Pathology
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Southmead Hospital
Bristol BS10 5NB

Tel: 0117 414 9808

Email: SWRCTC@nbt.nhs.uk

www.cytology-training.co.uk

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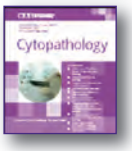

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BAC British Association for Cytopathology

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