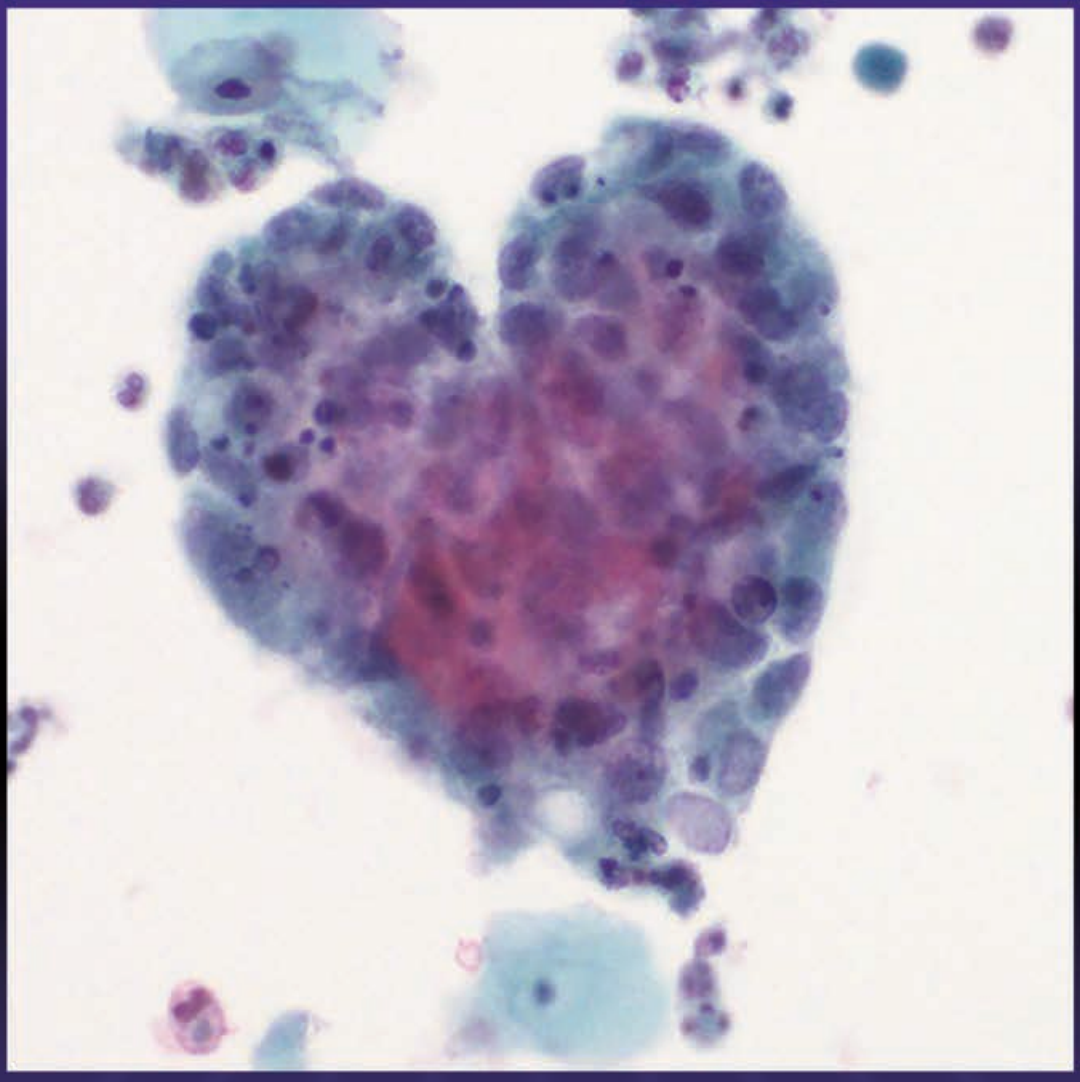
SCAN

VOLUME 29:1 April 2018



BAC British Association for Cytopathology

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please see inside back cover for co-opted members

Editorial

Sharon Roberts-Gant

Our new President and Chairman have taken up their places on their pedestals; you can read their opening columns on pages two and three. We also welcome two new members to the Executive – Dr Yurina Miki and Dr Miguel Perez.

Catherine Witney has explained the role and current work streams of CSET, the Clinical Professional Group for Cervical Screening Education and Training. This piece did send me down memory lane and, alas, I am one of those old enough to remember NAG - see page nine for enlightenment! The proposed UK NEQAS CPT scheme for Interpretative Digital Diagnostic Non Gynaecological Cytology is introduced by Chantell Hodgson. The laboratory I'm working in is embarking on a histology digital pilot (hub and spoke model) as such verification and validation of not only the equipment but also the reporting is a vital part of the process, we have never considered diagnostic cytology as we are unaware of any documentation on it. I'll be watching this iEQA scheme with interest.

Jo's Cervical Cancer Trust shares some of the initiatives from Cervical Cancer Prevention Week in January. There is an interesting biscuit quiz which was designed by the Royal Victoria Infirmary in Newcastle-upon-Tyne – so that you can have a shot I've put the answers on the inside back cover (no peeking!).

I think this edition shows us that Cytology is moving forward, we may not know where we will all be at the end of 2019 (although personally I'm not convinced that date will hold and have taken the precaution of renewing the LBC contract for three years from 1st April, with a break out clause!) but it is clear that the Cytology discipline will continue to provide a diagnostic service and career opportunities for many years to come.

The next edition of SCAN is October 2018. Please may I have copy by August 6th 2018.

Sharon

Editor: Sharon Roberts-Gant

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

Paul Cross

I am writing this as my first President's piece, and I look back with much pride at the way the BAC has developed and become more and more accepted as a responsible professional body in matters cytological. It always takes time as a new association, even if formed from two previous professional bodies, to be recognised and taken notice of. I write this as I head to London as a BAC representative to a meeting at the DoH about Primary HPV matters. The fact that we are involved in this, and many other groups and bodies nationally, is testament to how much we have progressed in being recognised as a body representing cytology nationally. Being asked to take part is the first step, being listened to and having an effect is another. We can but raise the issues that we as cytologists want raising, and try and ensure we represent cytology the best way we can. We rely on members to raise issues, and we also, given the executive members all of whom are involved in delivering cytology around the country, can pick up on the zeitgeist within cytology. We won't always have success, we won't always please everyone, but we will always do our best. As they say in my neck of the wood, "shy bairns get no sweets".

This is a time of much change. The plans to implement primary HPV cervical screening seem to loom large in any discussions these days. Whilst this is hugely important for cytology nationally, it is not the only driver for change. In England the delivery of STP (sustainability and transformation plans) may also impact on lab configuration. Many labs are in talks to rationalise services and potentially merge in the great NHS drive to deliver efficiency savings. As a tax payer I do not object to the best use of my tax money, but likewise I also want the best quality of services across the public sector. Cost savings can go too far, and the need for quality and the right service at the right time can be lost in the push to deliver more and more pound signs.

Changes in service is also affecting the staff at all grades in cytology. Cytology staff are nearly always also part of the general histology services, and the two are intimately mixed. We must maintain services during these changes, and develop them for the future. We must ensure those that want to train in cytology and those that want to retain cytology skills can be accommodated. Whatever our original professional roots, we must work together to deliver the clinical service. This must be collaboratively, ensuring best use of professional skills and expertise. We are working with the RCPath and IBMS in many areas, but one is to ensure that staff are suitably trained and competent now and for the future. This may result in changes to historic roles, but if thought through they can benefit us all, and maintain our services in the long run.

I must thank two members of the Executive who have stood down, Dave Nuttall and Jackie Jamieson, for all their work and contributions. I must also welcome our two new members, Yurina Miki and Miguel Perez-Michado. I am sure they will carry on the contribution of all the Executive members in promoting and developing cytology in Britain. The executive must change and new blood and ideas introduced if we are to take cytology forward. My thanks go to all the Executive members, past and present, for all they have done and are doing. It is a pleasure working with them, and seeing the passion and drive they have for cytology.

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Chairman's Column

Alison Cropper

It is not without a little trepidation I write my first Chairman's Column! Having been on the Executive of the BAC since its inception in 2011, and previously the NAC for nearly 10 years, it is still a daunting prospect to be Chairman, but it is a role I am honoured to hold and thank the rest of the executive members for having the confidence in me to undertake the role. It's one thing being conference and meetings organiser for the association but Chairman is a totally different ball-game!

I must also thank the out-going Chairman (now President) Paul Cross and President (but still on the executive as a re-elected member) Allan Wilson, for all their support and encouragement and I look forward to continued working with them as we enter what must one of the most difficult and challenging times for everyone involved in cervical cytology in the UK. As Paul has already mentioned in his President's Piece, it is great news that we also have two new executive members bringing enthusiasm and new ideas to the team – welcome on board Yurina and Miguel!

Being BAC Chairman means I am no longer Chair of the Meetings Sub Committee, a role which has been taken over by Alison Malkin, who introduces herself later on, and is already getting involved in the planning of future BAC educational events – details of what's happening in 2018 can also be found elsewhere in this edition. One of these is the ECC in Madrid, June 10-13th, last hosted by BAC in Liverpool in 2016, which seems so long ago now but which made a lasting impression on the EFCS who have invited us to hold a symposium in Madrid to showcase all that is good about cytology in the UK – and there's so much we could include!

Cytology in the UK has much to be proud of. For example, we now have BMS reporting of both abnormal gynae and non-gynaecological cytology and certain histopathological samples, enabled by the ever evolving and expanding examination structure of the conjoint board of the RCPath and IBMS, and this is a situation aspired to by many other countries, and will be highlighted in Madrid.

However, at the time of writing this article the cervical cytology workload across the UK has rocketed, and whilst we usually see an increase during Quarter 4 each year I have heard from colleagues who are reporting up to 35% increases in workload compared to the same period last year! Whether the well-publicised Jo's Cervical Cancer Trust campaign, which I have described in another article, has had a causative effect on this it is probably too early to tell, but the hike in work has come at a time when many labs can least do without it, and are struggling to keep on top of the 14 day TAT as it is.

The impending procurement of a HPV primary screening service by NHS England in 2018/19 has created a tension and climate of change within our profession, unlike anything I have known in my 35 years working in cytology, and the future is uncertain for all of us involved in the CSP.

Without doubt there are going to be challenging times ahead, and to quote one of the most misquoted movie lines of all time (Bette Davis, 'All about Eve', 1950) - "fasten your seatbelts, it's going to be a bumpy ride (night)"!

It will be difficult for many of us to remember and focus on the positives of our profession, but I can assure you that BAC will certainly continue to try and help support everyone, in whichever way we can, in the coming months. Please get in touch with any concerns you want us to raise and we will keep banging on doors and ensure that our voice keeps being heard.

Reflections on the BAC ASM and AGM York, 4th November 2017

Dr Paul Cross

The scientific meeting is detailed elsewhere, and was well attended, of great interest and finished on time – always a bonus on a weekend meeting! Feedback after the meeting has been incredibly positive, with all talks scoring well. The major problem during the day had been the IT and its unreliability certainly did not help at times. Despite this, the meeting seemed a success. A big thanks to all those involved in helping organise it, especially Alison Cropper, Kay Ellis, Ash Chandra and David Carter. As with all meetings we must also thank our commercial partners and their support for it. The commercial stands were well attended and popular, and most delegates took the opportunity to engage with them. A big thanks to all involved.

Allan Wilson receiving his gift

The meeting also included the BAC AGM, which was also well attended. General updates on BAC matters were discussed, and some changes to the BAC Constitution were passed by the AGM. Allan Wilson stood down as President (having already been instantly re-elected back onto the Exec!) and was warmly thanked for all his work, and given a small gift, including a model of the Flying Scotsman – what else!

Planning for BAC meetings in 2018 and beyond are already well underway, and details of these can be found on the website and elsewhere in SCAN. The talks from this year's ASM will be available on the members' side of the BAC website, so log on and them.

BAC AGM, 4th November 2017, National Railway Museum, York

A post conference reflection by Jenny Davies, FIBMS

Although I have retired, I like to keep up with what is happening in my "old" profession and was enticed to attend this meeting by such a great looking programme. I did arrive in York early though to get my brain fired up with a full English breakfast!

National Railway Museum, York

When I started working in cytology there were no computerised records, reports were typed using a typewriter (and quite a bit of Tippex), no call/recall and immuno-histo/cytochemistry was in its infancy. How things have moved on at an almost exponential rate!

After meeting the all-important commercial partners, the scientific programme began with

Professor Andrew Fischer from USA telling us not to throw away out microscopes (as if we would). It was quite evident that molecular testing is not a cheap alternative to visual microscopic screening and evaluation, given the cost of machines and sequencing/visualisation reagents, but some criteria for malignancy could be linked to the function of certain oncogenes. 96.5% of driver genes have been detected for Papillary Thyroid Carcinoma, but some 36 years later, the activity of RAS oncogene is still not fully understood. Using analogies to nature and Darwin's Finches, he explained that structure is definitely related to function, but it is difficult to determine at which point an important genetic event/modification occurred. The cell to cell variation seen in cancers reflects genetic instability, but there must be something in the transformations which increase cellular fitness that allows the cancer to continue to grow. Although all of this is at molecular level, the testing needs to have an assessment of input material, ie, an affirmation that "cells of interest" are present in the samples to be tested. This is where he said that there was still a place for morphological assessment using a microscope. A platform is being developed so that live cell imaging can be viewed in real time, and may reveal new sets of dynamic structural changes with a diagnostic utility surpassing that of classical static imaging. It was a shame that the IT system did not allow for the running of embedded videos showing the nuclei in motion. Such a fascinating way forward for cytology staff.

Dr Sally Hales and **Dr Paul Cross** gave an overview of the Interpretive Diagnostic Cytology EQA scheme, from its beginnings in the NW region in 1993, through the modifications within the NW to going national. The last sputum case was included in 2004, and the first Trans-bronchial FNA was introduced in 2010. Slides are used from submitting laboratories, and the cases should be unequivocal and preferably have a known clinical outcome (not always the case), as results will only be included in end of round reports for individuals if slides have reached consensus. A few examples of case performance were shown as examples. Because of the difficulty in obtaining good examples and the logistics of circulating fragile slides, digital forms of EQA have been trailed, but so far with limited success. The major advantages of digital images being no loss of slides, and everyone sees the same thing. A new 2 stage pilot will begin in Spring/Easter 2018 , with the intention of going live in 2019. A steering group is being formed and protocols are already being developed. H&E stained slides will not be allowed, but the scheme should be flexible enough to allow for different preparation types, bearing in mind that LBC does not allow for Giemsa stained preparations. Having done EQA in Gynae for years, after having a moan about doing it on occasion when you are busy, it is actually educational in the long run and keeps you on your toes. The same applies for non-gynae, and participation should be encouraged for personal CPD and patient interest.

After break, **Jackie Jamison** gave an interesting and amusing overview of the Molecular Pathology service offered in Northern Ireland. She explained that it is possible to have a fully integrated service incorporating Cytopathology, Histopathology and Molecular testing. She made the transition to the molecular age seem not quite so daunting, by outlining the evaluation of material, DNA extraction and the stages of PCR. On top of this, she pointed out the limitations (eg cellularity, presence of malignant cells, pre & post analysis) and inhibitors (eg fixation, necrosis, polymorphs) to successful molecular testing which linked to the title of her talk "what cytologists must know". To get the best results, there must be a good understanding of the principles, and cytologists/BMS staff are well set up for this. She showed a few cases, a sample request form and highlighted the importance of selection, verification and validation. In summary, teamwork is all important, and clinicians should be included. To be a successful service, staff must know: Cytology, how to maximise material, adequacy, limitations/inhibitors, timescales, molecular technology and finally how to formulate a fully integrated interpretative report.

Cytopathology has been at the forefront for the further development of the role of the Biomedical Scientist (BMS), not least with the introduction of the Consultant Biomedical Scientist; a well-recognised and respected post. It is further being extended with the introduction of BMS cut-up and histopathology reporting. Although I knew about it, I have had no first-hand experience of this development in my time on committees or as training manager, so it was with interest that I listened to **Dr Angus McGregor** as he talked us through the background of the need for this role to be introduced. It has been a long time in development, but results from a pressurised expensive workforce, increased volume and complexity of workload, cancer agenda and financial efficiency; more medical pathologists is not necessarily the answer. Also, career advancement for BMS staff in Cellular pathology has been limited, and this is a huge opportunity. The first proposal was given to Histopathology training committee and SAC in 2010; a conjoint

board was formed with IBMS and RCPath with the first exam being held in 2013. This is not intended to qualify for RCPath, even though the curriculum is largely the same, but leads to a role for Consultant BMS staff to work alongside Histopathologist colleagues. Unfortunately, at this moment in time, there are no resources to support the project and training, and there is no formal recognition in workforce planning. **Karen Ezard, Consultant BMS**, bravely (and proudly) went through her personal experience of the process, explaining that anyone who wishes to undertake this training should be aware of what it entails and not enter lightly. There was a high drop-out rate in the first two years, and the study path is different to that required by IBMS qualifications. The curriculum has expanded throughout the pilots, and she described it as challenging, intensive and all consuming. She gave advice about access to histopathology and the correct range of specimens, and to consider a rota and secondments to achieve it. Candidates have to be self-motivated; don't underestimate the time input, learn dissection to an appropriate standard and read around the subject. Protected time is very important, which I understand from many years delivering training. It can be difficult, so candidates should have support from managers, colleagues and family. There were concerns that, after formal selection, if this is a stand-alone role "what if I fail". However, it does demand a separate job description that reflects the complexities of the role. I wish anyone who goes down these routes to extended roles every success, and thank Karen for the tips!

Trade Show

After lunch in the trade exhibition and visits to the train museum, the scientific programme resumed with **Professors Fischer** and **Vaux** talking about **The Cell Biology of Cancer**, but "*not as we know it*". They showed the dynamic changes in cells as they altered shape, highlighting alterations in appearance of the nuclear lamina. Post translational modifications can alter the function of the nuclear envelope and regulation of gene expression, and may be a target for cancer related proteins. They also showed that nuclei are not static within the cell, but move back and forth in the cytoplasm, or with a rolling motion. Nuclear movement related to cell division tends to occur before the metaphase plate is laid down. These observations in cells cultured on a plastic plate may occur to a greater extent being outside the natural environment. It was very disappointing for delegates, and frustrating for the speakers, that the IT facilities failed to cope with the video clips, which showed the dynamic images of cells. It is hoped that these new imaging techniques will expand the current criteria for malignancy to include the dynamic features. In some respects, it is hard to believe how cell imaging and research has moved on since I started my career. Those entering our profession now could bear witness to, and play a part in, a fascinating future.

The penultimate session saw the audience be brought up to date on **HPV Primary Screening from a Five Nations Perspective**.

Alison Malkin reported that the screening programme is still very young in Southern Ireland, having started in 2008. At that time the cervical screening was out-sourced to the USA, but approx. 50% has now returned to Ireland. Currently, data shows 88 deaths per year from cervical cancer and 79.6% coverage. The HPV vaccination programme began in 2010, HPV Test of Cure 2012, and HPV triage for low grade disease began in May 2015. Following the HIQA HTA report on HPV testing as the primary screening method for prevention of cervical cancer , it is projected that €35 million will be saved in the first 8 years 2018 – 2025 (€3m in vaccinated women, €32m in non-vaccinated women). The report supports implementation of primary HPV testing at 5yr intervals at ages 25 – 60yrs, with Cytology as triage for HR-HPV positive women, and states this should improve efficacy of CervicalCheck. Two subgroups of women were also considered; where women that were 50 year or older in 2008, screening will be extended to age 65, and non-vaccinated women under age 30 will be offered primary HPV screening at 3 yearly intervals. Alison says she is optimistic that there is now an opportunity for cervical cancer screening services to be returned and provided within Southern Ireland. Their website is www.cervicalcheck.ie

Jackie Jamison gave a brief report from **Northern Ireland**. Currently there are five Trusts and four cytology laboratories covering a population of 1.6 million. As yet there is no policy decision, but it is

most likely that one laboratory will ultimately provide this service. Reasons for delay include Exeter call/recall system, LIMS and risk balance. The lack of policy backing and computer support means that NI cannot move forward. However, an HPV planning group has been established, with a view to beginning in 2019. At the moment they are watching progress in the UK.

Steve Court updated everyone on the situation in Wales. Cervical Screening Wales (CSW) has been running since 1999. 236,000 women are invited with an uptake of 77%. CSW rolled out TOC in 2014, and in 2015 an all Wales decision led the screening service to move from Surepath to ThinPrep, with a requirement for conversion training of staff across the cervical screening/primary care sectors, with 2500 sample takers needing training. 2016 saw the introduction of Triage and TOC, and the introduction of a pilot 20% primary HPV testing in April 2017. Results from the pilot showed a +ve rate of 12%, referral rate of 4.2%, with 42.5% of HPV +ve tests having abnormal cytology. Logistically, there are 4 laboratories operating a hub and spoke model; 1 processing site based in South Wales, and 3 screening laboratories, with transport occurring daily. Wales is currently working with Thinprep LBC + Aptima. It was anticipated that there would be full roll out of HPV testing by October. Challenges to face include a single processing centre serving the whole of Wales, a reduction in sample numbers due to HPV vaccination and extended recall and resulting laboratory mergers leading to the loss of experienced staff.

Allan Wilson reported on the current status in Scotland. There are 7 laboratories offering a cervical cytology service, but this does not include Triage; 2 of these should be ready for HPV primary screening with Cytology Triage from 2019/early 2020. Working towards this has meant the development of a project plan with 5 work-streams, and monitoring impact on SCCRS. Laboratory selection criteria have been produced; labs will have to satisfy the required entry criteria before they can bid for the service of one of the two afore mentioned labs. Problems which will have to be faced are limited HPV experience, and the service is already working at full capacity. By Spring 2018, it should be announced which laboratories will deliver the service.

Kay Ellis reported for England. There is currently an emphasis on the management of turn-around times (TAT), and HPV screening is being expanded to non-pilot sites. Hot off the Press and with perfect timing, an announcement was made on 3rd November by NHS England, on laboratory configuration for Primary HPV screening. Notification was sent to heads of Public Health commissioning, with a letter to the Chair of the BAC. An update of key decisions included centralisation of between 10-15 laboratories, with a maximum of 13 being selected by the end of 2019. Information about this announcement is available on the BAC website. This will be a two stage process up to the selection of the maximum 13 labs, but it is on a very short timescale with week by week progression. Timeframes will be communicated throughout.

Erica Wachtel Lecture

Following the afternoon break, the finale of the meeting was the Erica Wachtel Lecture, this year delivered by **Professor Julietta Patnick** – a very well-known and admired figure in the field of cytology. Many delegates were interested to hear her experiences during her time with the screening programmes from 1979 to 2015, taking the banner of cervical screening in 1994. She has seen many staff and structural changes, with difficult internal markets and competition rather than co-operation all having an impact on the service, and she thought that the Cervical Cancer Audit actually became a major trauma for the service. She has also witnessed huge developments:

Progress in cancer management includes improvements in prevention, early detection, pain management and palliative care. Some cancers are being treated more successfully, and there are no more frozen section mastectomies. Bowel screening has seen the introduction of the flexible sigmoidoscope, and prostate and ovarian cancer screening are at the research stage.

Revolutions in cervical screening include optimum coverslip sizes (she didn't get involved), and guidance on sample adequacy. LBC brought an improvement in productivity and

reproducibility and 2003 saw changes to age and frequency of screening; and audit was carried out to standardise the frequency and "conspiracy theories abounded"!

Other major milestones include HPV testing and vaccination, and changes to RCPath examinations. She thinks that cervical cytology is becoming more isolated, and the "need for expertise is increasing".

Management of the programme has undergone massive change, from National Co-ordination and National Office to incorporation into Public Health England and restructuring. She thought it important that the BAC should have a large part to play going forward. As a final note, she thinks the NHS is under severe financial strain, and problems to be faced include the outcome of Brexit and the programme being within the remit of PHE which is a civil service setting.

Julietta Patnick being presented with Erica Wachtel medal

The meeting closed after after questions, and presentation of the Erica Wachtel medal. All in all this was a very well organised and well attended meeting, for which the organisers are to be congratulated.

The BAC ASM 2017 and my new role as Chair of the BAC Scientific Meetings Committee

Alison Malkin

I knew the BAC ASM in York was going to be a very different meeting for me, in comparison to previous years, for a number of reasons. Not only was this my first ASM as a member of the BAC Executive, I was presenting in the afternoon session on the status of HPV primary screening in Ireland, and I was also aware that, after the AGM, I would be taking over the role of Chair of the Scientific Meeting Committee. I am glad to say that the day went well and was a great experience, providing me with an opportunity to learn from the Scientific Meetings Committee first hand as well as from the speaker's perspective.

It does help that I know and previously worked with some of the members of the BAC Executive, although that was over 20 years ago (where did the time go?). My cytology career started in 1992 when I moved from the Histology Department, Northern General Hospital, Sheffield, to a full-time post in cytology, at what is now Burton Hospitals NHS Foundation Trust. This is where I developed my love of cytology and when I became a member of the NAC. My time in Burton was short lived however, as in 1995 I moved to Dublin, first in a locum position for 2 months in the Royal College of Surgeons, Ireland and then as a 'Senior Technologist' in St James's Hospital, managing a busy clinical cytology laboratory. During this time I became a member and then Chair of the Irish Association for Clinical Cytology (IACC) and was involved in organising many of their Annual Scientific Meetings. I moved into my current position as Lecturer in Biomedical Science in the Dublin Institute of Technology, Ireland, in 2005, specialising in Clinical Cytology and Cellular Pathology. I am a member of the Academy of Clinical Science and Laboratory Medicine, the professional body for Medical Scientists in Ireland and am currently on the ACSLM Cellular Pathology Advisory Body, promoting education and continual development in both cytology and histology by organising and facilitating scientific conferences, educational workshops and seminars.

While I look forward to my role as Chair of the Scientific Meetings Committee, it does feel slightly daunting especially as I am following in the footsteps of the past Chair, Alison Cropper, who alongside the other members of the Scientific Meetings Committee has done a fantastic job of organising many successful BAC ASM's and BAC affiliated events over many years. These will be big shoes to fill, however I am hoping that my past experience will help me to continue the good work.

Thankfully, I am happy to say that much of the organising and planning for this year is underway.

The Cytology Study Day will be held on Monday 16th April in Guy's Hospital, London. Registration for this event is now open with links to registration and programme information on the BAC, Royal College of Pathologists and IBMS websites. Programme details are also published in this edition of SCAN and as you can see is particularly focused on FNA and ROSE.

The BAC is also delighted to have a symposium session at the ECC 2018 in Madrid. This conference is on from Sunday 10th to Wednesday 13th June and the BAC Symposium will be held in the afternoon of Monday 11th June. The programme for the BAC Symposium is currently being finalised and will be circulated to members and posted on the BAC website once finalised. The programme and registration links for ECC 2018 are available on the BAC website and on the ECC 2018 website –

www.cytology2018.

Another date for your diary is the IAC Tutorial which will be on the 3rd – 5th December, in London. I know I am early with this notice; however the BAC AGM is likely to be held sometime during this meeting. Details will be released nearer the time.

Finally, I would like to thank the BAC Executive for welcoming me on to the team and I look forward to working with the Scientific Meetings Committee.

Education and training in the Cervical Screening Programme

Catherine Witney, National Education and Training Manager Cancer Screening Programmes

A biomedical scientist by profession, I'm qualified in both cytopathology and histopathology with over 30 years of experience in the NHS. My last operational post was Cellular Pathology Deputy Manager at the Queen Elizabeth Hospital NHS Trust in Norfolk. Before taking up my current post with the PHE Screening Information Education for Public and Professionals (IEPP) team, I was a member of the NHSCSP national team working as joint laboratory coordinator for the cervical and bowel screening programmes before their transition to PHE.

I now hold the post of National Education and Training Manager for the Breast, Bowel and Cervical Cancer Screening Programmes. This is still a relatively new role and I work closely with the 3 programme managers to make sure the education and training needs of all staff groups in the screening pathways are met. The IEPP team supports all 11 screening programmes covering education and training, producing patient information leaflets and letters, professional guidance, writing blogs and providing the screening helpdesk.

The expertise of clinical groups has always been a key strength in supporting the Cervical Screening Programme (CSP). PHE screening was keen to retain and channel this valuable resource and set up national clinical professional groups (CPGs) to streamline governance, advice and stakeholder input to the Programme. The CPGs for the laboratory and colposcopy networks were the first to be established. Their membership is drawn from the clinical and scientific professional organisations, the national Programme, SQAS and colleagues in Wales, Scotland and Northern Ireland. Members use their individual professional expertise and experience to advise the CPG. The CPG chairs are appointed by PHE and offer practical and clinical advice to the Programme on current issues and guidance on how best to achieve its overall aims.

The CPG model was adopted to establish the Clinical Professional Group for Cervical Screening Education and Training (CSET). CSET aims to build on the work of the former National Cervical Cytology Education and Training Committee (NCCETC) and has extended both its remit and membership to reflect the educational needs and training pathway for sample takers. The group includes representation from PHE, BAC, IBMS, RCGP, RC Path, RCN, UK Cytology training centres, and cervical sample takers/trainers.

Many of you will be familiar with NCCETC, and some of you will be old enough to remember its predecessor - national advisory group on cervical cytology education and training (affectionately known as NAG). Initially set up in 1995, NAG brought together for the first time the 3 main professional cervical cytopathology organisations of that era to develop a single examination for cytology screeners.

Under Richard Winder's chairmanship, that group evolved to form NCCETC and went on to accomplish

many initiatives all of which contributed to the high standard of education, training and its delivery across the UK. The committee produced several laboratory resources, including an education workbook and a log book aimed at trainee cytology screeners. A bench top atlas was produced to supplement the national roll out of LBC conversion training. National guidance was developed and set out job profiles, qualifications and training requirements for non-medical laboratory staff working in the Programme. This also included standards for the cytology training centres and in 2003 a three-yearly programme of assessments was rolled out.

The cytology training centres are managed by highly qualified specialists and they provide training which allows the Programme to maintain a highly skilled competent workforce. Compulsory core training and regular update sessions for staff working in the NHSCSP ensure they can carry out their professional responsibilities. In 2007, one of the most notable achievements was for the cervical cytology training programme to successfully transfer to a formal qualification. This became the benchmark for all staff screening and signing out negative samples for the CSP.

In 2014 Karin Denton became the interim chair of NCCETC following Richard Winder's retirement. On a personal note, I'd like to thank Karin for her support and advice in setting up CSET. I have much to live up to.

There's lots of work going on at the moment, and as the newly appointed Chair of CSET, I'm confident that with the continued support of our cervical screening colleagues, CSET can emulate NCCETC and build on its achievements to date.

Sharon Whitehurst, Cytology Education Manager, supports and co-ordinates the work of CSET and its subgroups and is ably assisted by Kirsty Bennett. CSET members bring a wealth of knowledge and experience to the table, and for an up-to-date list of who's who, please email kirsty.bennett@nhs.net .
CSET has been around now for just over a year and has a busy work schedule.

The following are examples of some of the work streams we are undertaking.

- A national eLearning resource for sample takers was successfully launched in October 2017 and CSET is responsible for keeping it updated in line with professional guidance. The resource is designed to meet the 3 yearly update training requirement for sample takers working in the CSP. The module is free to access and is hosted on the E Learning for Health website https://www.e-lfh.org.uk/ .

  Since the module was launched it has been the most visited of all the PHE screening eLearning resources. User feedback has been very positive.

- As a first step towards meeting the requirements of the national sample taker training guidance issued in December 2016, 4 of the cytology training centres providing theoretical training for sample takers collaborated to standardise the main components of this course. As the main delegates are nurses, the Royal College of Nursing (RCN) was the obvious organisation to approach for accreditation. The application was successful and accreditation of the training was achieved in August last year.

- Concerns about the lack of access to and availability of sample taker training for general practitioners (GPs) have been raised, as well as difficulties in keeping informed and finding relevant update courses. CSET has embarked on a number of initiatives to try and address these concerns.

  One of our CSET members has been including sample taker training for local GPs at ST2 level using a modified model of the national Programme guidance allowing training to be accessed in higher numbers and over a shorter duration at an earlier stage of their training. This model is due to be evaluated in spring and the outcome will inform the review of current Programme guidance.

- CSET will be reviewing the assessment criteria and process for cytology training centre approval. It's anticipated that there will be some key changes in view of the future developments in the cervical screening programme. This is a major piece of work and will start in the spring ahead of the next round of assessments which is due to start in 2019.

- We're working with the cytology training centres on a number of training projects. High on the list of priorities is making sure staff are updated on the primary HPV screening pathway and supported to maintain high quality and efficiency in an HPV primary screening environment.

- A training course for the new cervical screening provider lead (currently hospital-based programme coordinator) will be required to be modelled on the new guidance being developed for this role. Individuals are likely to have a more complex role than previously and appropriate training is essential to make sure that those new to the role meet the desired competencies.

It's already well documented that these are busy and challenging times with major changes affecting the cervical screening programme. The English cervical screening programme is known to be one of the best in the world and the training and education of our workforce is a vital element. Whatever changes take place in the coming months and years, we will continue to deliver a highly trained and competent screening work force.

Finally, my plug for the PHE Screening blog! This is the best way for you to know what's going on in the cervical programme.

Articles on the PHE Screening blog provide up to date news from all NHS screening programmes. You can register to receive updates direct to your inbox, so there's no need to keep checking for new blog articles.

Meet our new Executive members!

We are delighted to have two new members to the BAC Executive. They are Dr Miguel Perez-Machado, and Dr Yurina Miki.

Miguel moved from Madrid to London after finishing his PhD in Immunology. He studied Medicine in his country of origin (Cuba) were he used to teach and lead a research group dedicated to developing monoclonal antibodies for diagnostic purposes. In London he became a Histopathologist and full member of the Royal College of Pathology. He underwent a period of specialist training in FNA cytology at the Karolinska Institute in Stockholm, Sweden. He has years of experience reporting histopathology and cytopathology specimens. He has published his research in international journals and is actively involved as speaker and organizer in national and international Cytology meetings. Miguel is the lead Cytopathologist at the Royal Free Hospital where he works as a consultant; he is also an Honorary Senior Lecturer at University College London. Miguel is passionate about teaching and developing new diagnostic tools in the area of Cytopathology, particularly in the area of pancreas and thyroid gland.

Yurina is a Consultant Histopathologist and Cytopathologist at Guy's and St. Thomas' NHS Foundation Trust. She has had the good fortune of experiencing life in various parts of the world, including Japan, Singapore, China, Hong Kong and the USA, before finally settling in London, where she attended Barts and The London medical school. She completed her specialty training in histopathology in London and, as a Consultant, she subspecialises in non-gynaecological cytopathology and haemato-pathology. She has a keen interest in education and training, delivering teaching on regional cytopathology courses for the BAC and RCPath as well as organising workshops and lectures at the Birmingham Cytology Training Centre. Her clinical projects in cytopathology have so far focused on the field of urine cytology, and she is a peer reviewer for Cytopathology. However, at present, she is a little preoccupied, having recently given birth to twins (shortly after the BAC ASM)! Nevertheless, she is looking forward to getting involved in the work of the BAC.

CEC: Journal Based Learning

Evaluating the Genomic Yield of a Single Endobronchial Ultrasound-guided Transbronchial Needle Aspiration in Lung Cancer: Meeting the Challenge of Doing More With Less

Leong, T. *et al*. Clinical Lung Cancer Vol 18: 6, e467-72

1. How is EBUS-TBNA used in the investigation of patients with lung cancer? (2 marks

2. What is the optimal number of passes required for a cytological diagnosis and molecular analysis? (2 marks)

3. Why is it sometimes not possible to carry out molecular analysis in some cases? (2 marks)

4. What were the findings of this study with regards EBUS-TBNA and molecular analysis? (2 marks)

5. List 2 limitations of the study (2 marks)

Name…… CEC Number……

Please post or email your completed JBL to me at the email/address below

Helen.burrell@nbt.nhs.uk

Helen Burrell (BAC CEC Officer)
Consultant BMS & Manager
South West Regional Cytology Training Centre
Pathology Sciences Building
Southmead Hospital
Bristol
BS10 5NB

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

Cervical Cancer Prevention Week

This annual publicity event, run by Jo's Cervical Cancer Trust, ran earlier this year, 22 - 28th January, and saw the charity to launch its '#SmearforSmear' campaign to raise awareness of cervical cancer and the cervical screening programme, and to try and encourage more women to attend for screening when invited. With coverage at an all-time low in the UK, and with approximately one third of CCGs and Local Authorities not undertaking any local activities to increase access and attendance, Jo's Cervical Cancer Trust are hoping the new campaign will help, especially in the lower age groups where uptake is lowest.

And it looks like several Cytology and Colposcopy departments across the UK helped promote the campaign and raise awareness in their own localities, with some really novel ideas being used - at the Royal Victoria Infirmary in Newcastle-on-Tyne, for example, the Colposcopy nursing team held a 'Guess the Cervix' competition, using biscuits they had made and decorated in the shape of various appearances of cervices!

Jilly Goodfellow and Jill Fozzard, Nurse Colposcopists at the RVI (seen in the picture below with Frances Workman), had the brilliant idea of making cervix shaped shortbread biscuits and had a stand at the main entrance to the hospital to engage with staff and members of the public in the fun quiz to raise awareness.

They made and decorated biscuits to represent normal and abnormal appearances and for a small donation people could purchase a biscuit, Jo's Cervical Cancer Trust badge or shopping trolley coin and they raised over £120. Members of staff who were overdue their smear were also given the opportunity to have their smear taken in colposcopy at a time that suited them, and 11 staff have so far been screened.

The RVI Biscuit Quiz (answers inside the back cover!)

Similarly, at Gloucestershire Hospitals Trust, clinics have been set up in Colposcopy for Trust staff due or overdue screening which means that 5000 female staff now have access to an on-site service rather than having to go to their own GP at inconvenience to them – and the Trust!

At York Teaching Hospital NHS Foundation Trust, a social media post was put together for the Hospital's Facebook page, giving a little publicity to the Cytology laboratory and the service provided by their Trust. The post also included key messages about the importance of cervical screening and for

women to ensure they made appointments when invited, as the biggest cause of cervical cancer is through failure to attend an appointment and have missed early diagnosis. The post performed well, generated lots of engagement and can be viewed here:

https://www.facebook.com/YorkTeachingNHS/photos/a.551226058281615.1073741827.141788145892077/1708972745840268/?type=3&theater
Staff from Cytology and Colposcopy at the Royal Derby Hospital had a stand near the main hospital entrance, where they gave out Jo's Cervical Cancer Trust leaflets and chatted to staff and visitors about screening:

Interestingly, what they found was that many women, especially in the younger age groups, are embarrassed to even talk about going for a 'smear test' let alone going to have one, as shown in a recent Jo's Trust survey of non-attenders which found that 35% were embarrassed to attend because of their body shape/image or didn't attend an appointment because they hadn't had a bikini wax or shave beforehand!

Jo's Cervical Cancer Trust run an annual award scheme, recognising excellence and innovation in cervical screening across the UK, and this year's top prize was awarded to the NHS Tayside Colposcopy service based at the Ninewells Hospital in Dundee. The team (comprising medics, admin and cytology staff, GPs, Cervical Cancer patients group, Macmillan staff, the communications team) organised daily awareness stalls and "drop in" smear sessions in hospitals, had awareness stalls around local shopping centres (with cakes, as pictured), shared posters and posts across their social media platforms and had a cervical cancer survivor speak to the local media about the importance of cervical screening.

The initiative enabled NHS Tayside to secure a year's worth of funding from Scottish government to run 'pop up' evening clinics which saw more than 150 women screened and incentivised more to attend at their GP. They targeted areas in the Health Board where cervical cancer incidence is higher and were able to engage with more hard-to-reach groups of women to increased awareness and attendance of screening.

Also in Scotland, a Highly Commended award was given to NHS Greater Glasgow and Clyde Cancer Research UK Facilitator Programme. A second Highly Commended was awarded to Middlesbrough and Redcar and Cleveland Councils, for their 'Screening Saves Lives' campaign. For more details see the Jo's Cervical Cancer Trust website

https://www.jostrust.org.uk/node/1073162

and if you have any local campaigns or events please consider submitting an entry for the awards next year.

Proposed Interpretative Digital Diagnostic Non Gynaecological Cytology Scheme

Background

Dr Sally Ann Hales was the Scheme Organiser for a Diagnostic Non Gynaecological Cytology Interpretative EQA (iEQA) scheme run from the Countess of Chester Hospital Cellular pathology department, in the North West of England, which was established in 1999. This scheme started as a regional scheme but developed over the following years as it acquired participants from additional regions in the UK and some overseas. Due to the expansion in the number of participants, organising runs and providing timely feedback were becoming problematic for the existing scheme. It became apparent that the current scheme membership has outstripped its organisational capacity. Dr. Hale's scheme had piloted a digital version alongside the slide based circulation in 2005/6 from CPA pilot funding, to try and overcome problems such as slide breakages and laboratory delays in circulation, but these preparations were found unsuitable for the technology at that time. This was due to the problems with visualising cytology samples, especially those with three dimensional cell clusters.

One major issue with a cytology based EQA scheme is the difficulty in producing enough identical/similar samples for use by participants. Many histology interpretative EQA schemes use digitally scanned slides in their schemes, but cytology samples do not all lend themselves well to this due to the variety of sample preparations and staining. However the ability to be able to use digitally scanned material would be hugely advantageous if technical issues can be overcome.

It must also be borne in mind that this is an individual interpretative EQA scheme, not a technical one and not one that represents a whole laboratory. Such a scheme will be familiar to those doing cervical cytology and also histology EQA schemes.

The proposal for a revamped iEQA scheme was launched as part of the BAC Annual Scientific Meeting held in York on November 4th 2017, and was also discussed as part of the UK NEQAS CPT Annual Participants' meeting in Edinburgh, 31st October 2017. There was resounding support for such a scheme at both meetings. Several meetings have been held between UK NEQAS CPT and members of the original scheme committee, and other leading experts, to help develop the ideal behind the scheme and to develop a workable protocol, which would use UK NEQAS CPT's expertise and experience to help run such a scheme.

Proposed scheme

The scheme aims to promote quality and education for all those involved in screening and reporting diagnostic cytology. It will be open to all those who screen and report diagnostic cytology, both medical and non-medical, as well as cytology trainees. It will provide good examples of cytological entities which will allow for individual feedback and education, and promote education within cytology.

The proposed scheme will work with UK NEQAS CPT administrative staff who will provide office support, using the original scheme contact list with details of the participating consultants, biomedical scientists and specialist trainees. Expressions of interest emails will be sent out to all contacts for taking part in the first pilot.

Good case selection will be key. The criteria for case selection MUST be:

- Good cytological examples of the condition being used (normal, benign or malignant)
- Diagnosable on the material provided without recourse to ancillary tests/stains
- Using clinical cytological material that will be useable to the majority/all of scheme participants for assessment and diagnosis
- Using cytological preparations and stains that will be useable to the majority/all of scheme participants
- Able to be scored and evaluated using the marking scheme developed
- Be suitable for digitally scanning and use within the scheme
- Ideally provide clinical and histological outcomes for all cases to allow for participant education

Using the experience of the UK NEQAS CPT Diagnostic Non Gynae Technical EQA it would seem the best material initially to use would be derived from the following cytology specimen types;

- serous fluids,
- respiratory,
- head and neck
- urine

From a number of surveys issued by UK NEQAS CPT these specimen types appear to be widely prepared and diagnosed in UK and laboratories.

The UK NEQAS CPT Diagnostic Non Gyn Cytology (technical) EQA scheme assesses only Papanicolaou and Romanowsky stains, and a large proportion of samples are prepared as thin layer LBC samples, with some cytospins and direct smears. H&E stained cytology slides will not be used in the scheme. Others preparation techniques are used, but are relatively less common.

The pilots will use 8 scored cases for individual assessment and 2 un-scored cases purely for education. The pilot scheme will utilise a simple approach initially to allow for ease of use and for test of overall proof of concept of the scheme.

It is proposed that scoring will be two tier: Benign vs malignant, with a drop down list of possible specific diagnoses relevant to that case. Participants will then categorise using benign/malignant diagnosis, and can opt to give a specific diagnosis if they feel they can.

If the scheme achieves its aims, this scoring system can be developed further.

The scoring system must allow for analysis and statistical evaluation in line with the scheme aims and objectives. This must be by case, by peer relevant group and with feedback to each participant on their own performance and as compared to their relevant peer group. A participation certificate will be produced as evidence of participation.

Development of the software will allow the digitised material to be seen by each participant on input of their unique access information (e.g. personal identifications (IDs) and password). It is intended to make the scheme as educational as possible, with on line access to cases and associated details, histology etc.

The scheme proposes to use only digitised scanned cytology slides in the scheme. The use of digitised material (scanned slides) would allow for a far easier distribution and also allow for instant feedback and education if allied to a short educational package for each case (histology, clinical background, ancillary tests etc.). This would also ensure the scheme fulfilled its educational value.

Development of software will be required and will be made to the current UK NEQAS CPT EQA programme management and online assessment system, for data collection /analysis and production of reports, to move away from paper based systems. The above proposals need to be discussed and developed into a working protocol to be piloted in 2 runs during 2018 / 19. These are proposed to be June 2018 and Winter 2018. These dates may need to be amended if necessary based on software and digital system development.

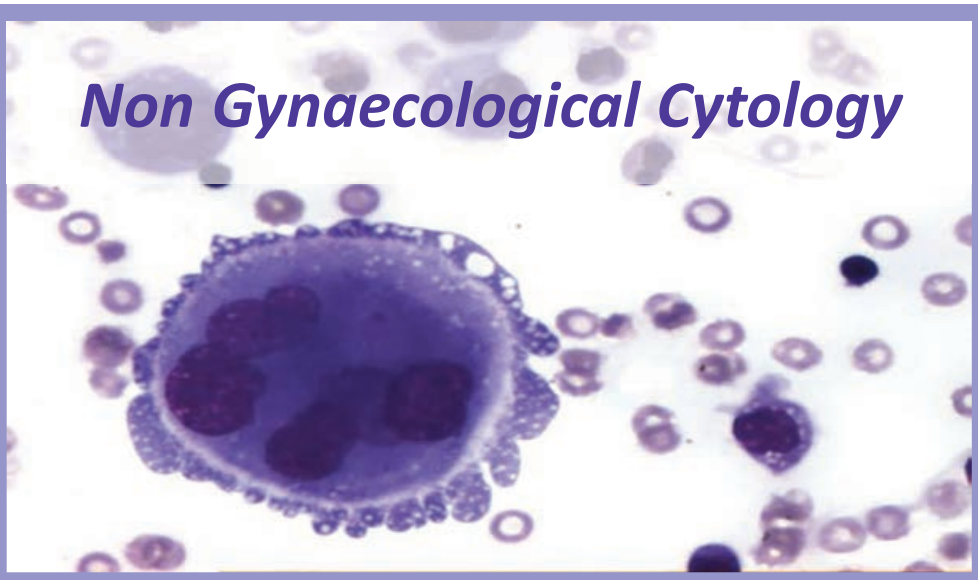
Conclusion

There is a great need for increased quality initiatives and monitoring within diagnostic non gynaecological cytology. This is not only for compliance with new standards, but also to ensure good adequate material for diagnostic purposes. The proposed scheme will be able to build on the success of the existing Diagnostic Non Gynaecological Cytology technical EQA scheme, which has helped promote and raise the technical quality of diagnostic cytology, aiding the ability to assist in diagnosis. Time will tell if it works and delivers these aims, and is accepted by the wider cytology community. We work hard to try and ensure it does.

Mrs Chantell Hodgson
UK NEQAS CPT
Dr Paul Cross
Scheme Organiser

NEPSEC North of England Pathology and Screening E

Non Gynaecological Cytology



Training Opport

Non-Gynae Cytology Workshops

Ideal for non-medical staff new to diagnostic Cytology

18th – 20th April 2018

17th – 19th October 2018

Courses in Expert Practice Diagnostic Cytology

These one-day courses cover serous fluids, urine and respiratory cytology and ideal for anyone wishing to further their experience

20th, 21st, 22nd, 23rd November 2018

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

-Ideal for anyone taking the Diploma of extended Practice in Non-gynaecological Cytology

17th – 18th May 2018

Your Role as a Cervical Scr Lead/Hospital Based Progr

Day one is aimed specifically at two more suitable for those alr

6th & 7th June 2018

HPV. Its role in cervical ca to Detect it

Aimed to give anyone involved of basic cell biology, the role of techniques used to detect it

18th April 2018

One/Two Day Update Spe and Experienced BMS staf

-Aimed specifically at those inte as Checkers. This course is suita SurePath™ or Thinprep®

21st & 22nd May 2018

For further information contact our Admin Team: www.nepsec.org.uk

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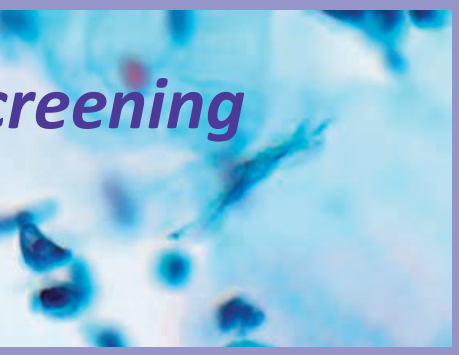

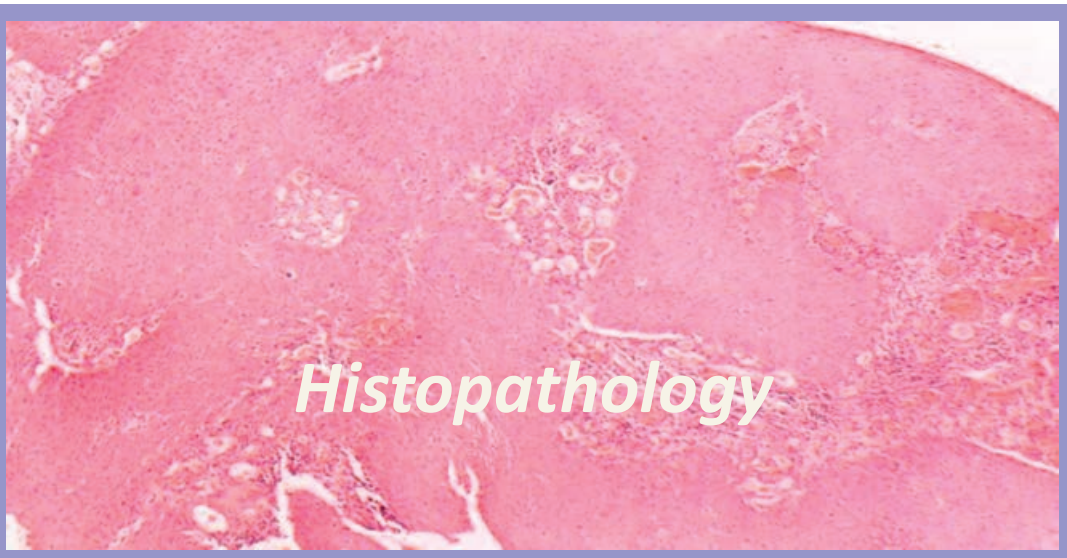

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BMS Reporting in Histopathology

Stage A & C GI & Gynae Exam Preparation Day

These days are specifically for those working towards stage A or C part of the BMS reporting qualification

Dates to be confirmed

Histopathology Workshop - Liver Pathology

This workshop is devised for both consultants working outside specialist liver centre and trainees in stage C or D who have an interest in Liver pathology

13th April 2018

A Course for the Expert Role in Specimen Dissection

-This course is suitable for BMSs who intend to train as histological tissue specimen dissectors, in particular those undertaking the RCPath/IBMS Diploma

Specialist modules scheduled throughout 2018

Tel: 0113 2466330

kathryn.hawke@nhs.net

The Royal College of Pathologists
Pathology: the science behind the cure

In association with
BAC British Association for Cytopathology

Cytopathology Study Day

Monday 16 April 2018
CPD: 6 Credits

To be held in the General Classroom, Hodgkin Building,
KCL, Guy's Hospital, Great Maze Pond, London SE1 9RT

The study day covers aspects of FNA practice including the value of onsite assessment and provisional reporting in H&N, EBUS and EUS suites. There will be a talk on digital cytology covering EUS pancreas and H&N cytology. The workshops will also include a selection of cases as a practical demo of ROSE. A range of glass slides on the topics covered will also be available for individual microscopy. The meeting is suited for all grades of pathologists and BMS but particularly for those interested in FNA and onsite triage.

09:00 **Registration**

09:55 Welcome

10:00 FNA, ROSE and ancillary tests. Principles and practice - **Dr Anthony Maddox**

11:00 FNA & ROSE: BMS experience - **Ms Laxmi Batav**

11:30 Stage D Trainee experience in cytology - **Dr Benita Stevenson**

12:00 **Lunch**

13:00 Digital cytology: EUS FNA pancreas and head & neck - **Dr Roberto Dina**

14:00 ROSE workshop: H&N and EBUS - **Ms Laxmi Batav**

15:00 ROSE workshop: EUS FNA - **Ms Nuha Abdelatif**

Delegates can select which session they wish to attend from 2pm – either the Rose workshops or Microscopy workshop. The room is available till 6pm if attendees require additional time for microscopy session

14:00 Microscopy workshop: H&N, EUS and EBUS cases

17:00 **Close**

[Refreshments available throughout the afternoon session]

INVESTOR IN PEOPLE

BIRMINGHAM CYTOLOGY TRAINING CENTRE

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

Please see our website for a full list of courses:

https://www.bwc.nhs.uk/cytology-courses

Courses IBMS CPD registered as appropriate

NHSCSP TRAINING IN CERVICAL CYTOLOGY

NHSCSP Training Introductory Course in SurePath LBC - 8-19 January, 5-9 February, 26 February–2 March 2018

Follow-on Course - 12-16 November 2018

Pre-Exam Course - dates to be confirmed

UPDATE COURSES IN GYNAECOLOGICAL CYTOLOGY

7 March 2018 (MDT Cases and Squamous Lesions)

19 April 2018 (HPV Update and Glandular Lesions)

30 May 2018 (MDT Cases and Squamous Lesions)

27 June 2018 (HPV Update and Glandular Lesions)

28 September 2018 (MDT Cases and Squamous Lesions)

22 October 2018 (HPV Update and Glandular Lesions)

23 November 2018 (MDT Cases and Squamous Lesions)

NON-GYNAECOLOGICAL CYTOLOGY FOR CONSULTANTS, CONSULTANT BMS & BMS

2018/19 course programmes and dates to be confirmed

BIRMINGHAM HISTOPATHOLOGY COURSE

4-15 June 2018 (FULLY BOOKED)

(plus optional personal revision time during course weekends & Mon-Tues 18-19 June 2018)

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

19-20 February 2018; 10-11 September 2018

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

12-16 February 2018 (FULLY BOOKED); 3-7 September 2018 (FULLY BOOKED)

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

24-25 September 2018

This two-day course addresses the fundamentals of the autopsy including external examination, dissection techniques, post-mortem toxicology and suspicious deaths. The course is aimed at Stage C/D trainees in Histopathology and Consultant Pathologists practicing autopsies.

INTRODUCTORY COURSE FOR ST1s

November/December 2018

Introduction to Gynaecological and Non-Gynaecological Cytology including Autopsy element for regional ST1s

TRAINING OFFICERS' MEETINGS

18 May 2018; 28 November 2018

LBC Conversion Courses and *ad hoc* workshops can be arranged on request—please contact BCTC

LBC Sample Taker Initial and Update Training sessions are arranged regularly throughout the year

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

Birmingham Cytology Training Centre, Birmingham Women's Hospital, Birmingham, B15 2TG

Phone: 0121 472 1377 Ext 5081/5082 | Email: bctcenquiries@bwnft.nhs.uk

Website: https://bwc.nhs.uk/cytology-training-centre

London **R**egional **C**ytology **T**raining **C**entre

London North West Healthcare NHS
NHS Trust

2018 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®)

- *1st October – 26th October*

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

FOLLOW UP COURSE (Thinprep®)

- *23rd – 27th April*
- *9th – 13th July*

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

PRE – EXAM COURSE (Thinprep®)

- *20th – 24th August*

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

Medical Practitioner Courses

PATHOLOGISTS COURSE – NON GYNAE

This four day course covers non-gynaecological cytology.

- *12th – 15th + 16th (Optional Mock Exam) March*
- *10th – 13th + 14th (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

- *18th May*
- *28th September*

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

Post Registration Courses

BMS/CYTOSCREENER UPDATE COURSE

- *19th – 21st March*
- *14th – 16th May*
- *6th – 8th June*
- *18th – 20th July*
- *19th – 21st September*
- *21st – 23rd November*
- *12th – 14th December*

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

Non-Gynaecological Courses

SEROUS FLUID CYTOLOGY COURSE

- *9th – 10th May*

RESPIRATORY CYTOLOGY COURSE

- *19th – 20th June*

URINE CYTOLOGY COURSE

- *24th – 25th 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*
- *14th 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**

Scottish Cytology Training School

Programme 2018-2019

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

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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

Introductory Course
19th February – 16th March 2018
3rd – 28th September 2018
£1000

Introductory Course Part 2
19th November – 23rd November 2018

Update Course
21st March – 22nd March 2018
6th June – 7th June 2018 (QEUH)
7th November – 8th November 2018 (QEUH)
5th December – 6th December 2018
6th February – 7th February 2019
£100 per day

Pre-Exam Course
20th August – 22nd August 2018
(for October Exam)
£250

Workshops – BMS Medical/Consultant Staff
27th November 2018
£100

ST1 Intro to Cervical Cytology
3rd September – 7th September 2018

Non-Gynae Courses - for Trainee Medical ST3/BMS
18th September – 20th September 2018 (tbc)
£100 per day

Course for Colposcopists
9th May – 10th May 2018 (tbc)
£100 per day

SOUTH WEST REGIONAL CYTOLOGY TRAINING CENTRE

BRISTOL

2018 Course Schedule

Date	Gynae Courses	Fee
8 – 19 January 19 February – 2 March	Introductory in Gynae Cytology – Part 1 Introductory in Gynae Cytology – Part 2	NHS £1000 Other £1200
20-22 March 12-14 June 4-6 September 4-6 December	Three Day Update in Cervical Cytology	NHS £300 Other £350
9 May 17 October	One Day Update in Cervical Cytology	£100
11 April 7 November	Update in Cervical Cytology for Pathologists & Consultant BMS's & Holders of the Advanced Specialist Diploma in Cervical Cytology	£100
24 May	Cervical Histology for Technical Staff	£100
9-10 October	Gynae Pathology for Trainee Colposcopists	£200
21-22 May 17-18 September 29-30 October	Cervical Sample Taker Training	£300
7 June	½ Day Update in Cervical Screening for Sample Takers	£25

Date	Non-Gynae Courses	Fee
16 May	Serous Fluid Cytology	£100
25 April	Respiratory Cytology	£100
14 November	FNA Cytology	£100
4 July	Urinary Tract Cytology	£100
12-15 March FULL 10-13 September	Non-Gynae for Trainee Pathologists	£400

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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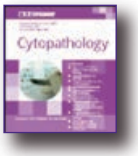
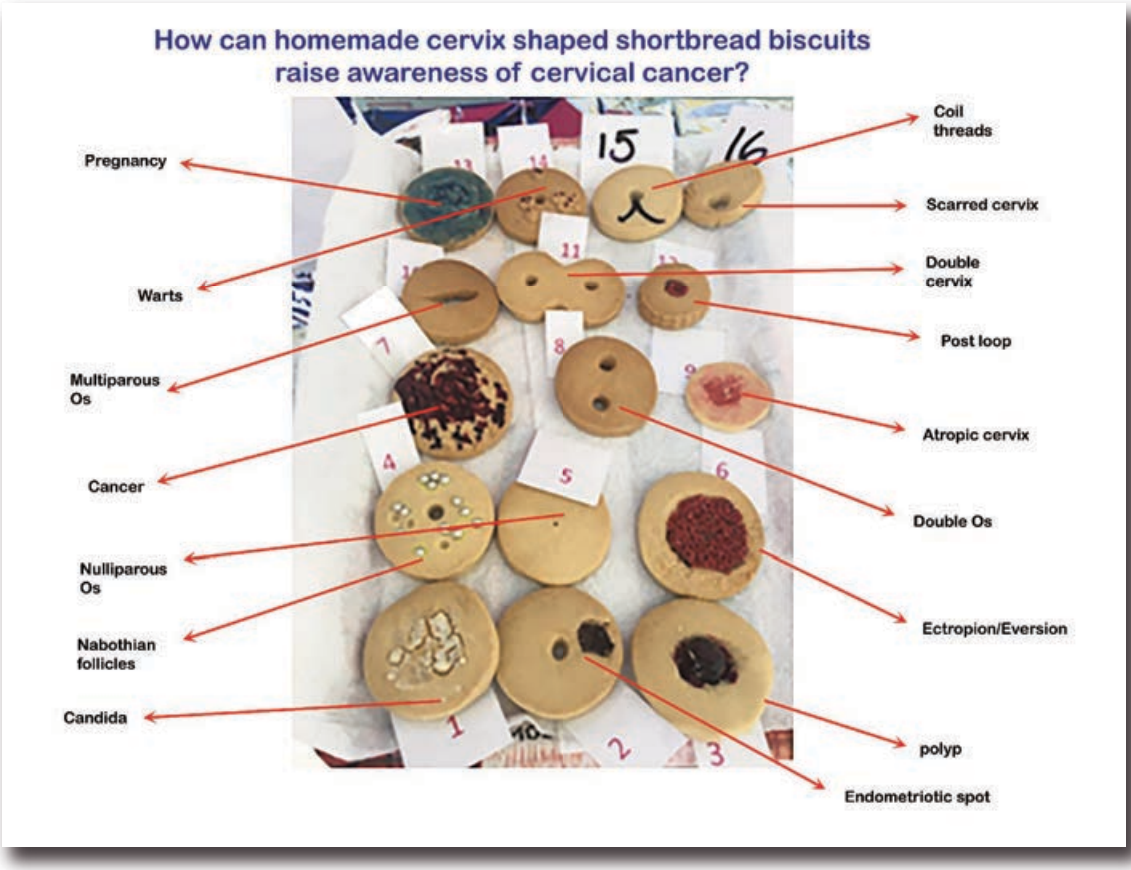
Miscellaneous



Cytopathology Journal
Publisher: Hollings, Danielle — Oxford
Email: dhollings@wiley.com
Administrator: Tom Broomfield.
Email: tbroomfield@wiley.com



Answers to the Biscuit Quiz on page 14

SCAN
ISSN 2050–8891

BAC British Association for Cytopathology

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Vol 29 No 1 2018

SCAN is published by the British Association for Cytopathology (BAC) in England and produced by the Medical Informatics Unit, NDCLS, University of Oxford.

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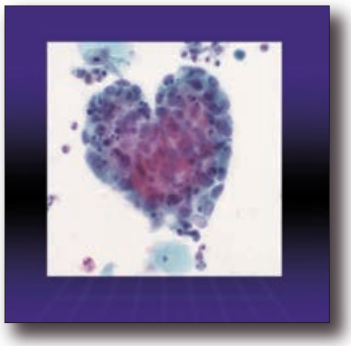
Material for publication should be sent direct to the Editor; all other correspondence with the Association should be addressed to the Secretary.

Front Cover image:
Severe dyskaryosis in a ThinPrep cervical specimen.
The editor is indebted to Sonja Aylward, Cytology Department, Medlab Pathology, Ireland, for the supply of the front cover image.



www.britishcytology.org.uk