



Transformation Zone

PUBLIC HEALTH WALES

On 2nd June 2009, Edwina Hart, Minister for Health and Social Services, announced that a new unified public health organisation for Wales is to be established. This will be an NHS Trust, known as Public Health Wales, and will be in shadow form from 1st August, becoming fully operational on 1st October 2009.

Screening Services is to be part of this new Trust, along with NPHS, The Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit (WCISU) and the Congenital Anomaly Registration and Information Service.

PROCESSING TIMES

In the wake of the sad cervical cancer diagnosis and subsequent death of Jade Goody, there has been a noticeable increase in the number of smear tests being performed.

Whereas many of these are women who have never attended for screening or been lapsed attenders, there is a proportion who are the 'worried well'. These women are not due for screening, but are requesting or even demanding to have their tests early.

We appreciate that it can be difficult to say no in these cases, but screening tests are only meant to be undertaken every three years and too many early tests puts extra pressure on the cytology laboratories.

If you have a woman who is insistent on having a test and will not be reassured, despite not being due, please refer her to the local CSAD who can explain the reasons for this.

POST-PREGNANCY SMEARS

In accordance with European guidelines, CSW advise that smears should not be taken less than 12 weeks before the end of a pregnancy. This also applies to pregnancies ending in termination or miscarriage.

This is to allow for restoration of the normal architecture of the cervix, as smears taken before this time appear to be less sensitive at picking up abnormalities.

If smears are received at the cytology laboratory before this time, they will be processed but will be reported as inadequate if they are negative. The woman will be informed of the reason for her inadequate smear and will be advised to have it repeated in no less than 6 weeks and not before the 12 week post-pregnancy limit. If they are repeated too soon, they will again be inadequate .

SOLID ORGAN TRANSPLANTS

Women who are on maintenance immunosuppression following transplants do not require more frequent screening than the general population. However, they should be referred to the colposcopy service after a single abnormal smear of any grade.

As CSW is often not aware of women who have had transplants and are on immunosuppressant medication, we rely on primary care teams to inform us when this is the case.

Although the most common cases involve renal transplants, this could apply to any solid organ transplant where ongoing medication is required. Please make sure that you check the smear results of these women and inform us if referral is required.

WOMEN WITH TWO CERVICES

This unusual condition is thought to occur in around 1 in 3000 women. In most cases, there will be a vaginal septum separating the two cervixes. Each cervix needs to be fully inspected and sampled, with each sampler being put into a separate vial.

It is also very important that the vials are individually labelled, as it is possible to have an abnormality in one cervix and not in the other.

The HMR form should state that there are two cervixes also.

If either cervix cannot be fully seen, then the woman should be referred to a gynaecology clinic.

HPV POSITIVE SMEARS

We have recently noticed a number of HMR forms being submitted that state 'HPV positive' in the clinical information.

In most cases, these women have actually only had a previous mildly or borderline dyskaryotic smear, where there has been a comment about evidence of HPV infection.

These samples have not actually been tested for HPV and so are not HPV positive, but the cells show some changes that can be seen with HPV infection. This is called **koilocytosis** and is seen in this picture. It is not diagnostic of HPV infection.



There is currently no need to comment on a woman's HPV status on the HMR form, but if she has had a previous smear showing borderline changes or worse, please do continue to write this.

HPV VACCINATION UPDATE

The HPV vaccination campaign in Wales has already been extended to 18-19 year olds in the last academic year. During the next academic year, the routine programme for 12-13 year olds (school year 8) will continue, but a catch-up campaign will target ages 14-18 (school years 10 –13).

If you have any questions about the campaign, please go to

<http://www.wales.gov.uk/beatingcervicalcancer>

A REMINDER

Just a quick reminder of the importance of making sure that the date of a woman's last menstrual period, whether she is taking any hormones and whether she has an IUCD in situ are written on the HMR form.

All of these can affect the interpretation of the smear and are vital pieces of information for the cytoscreeners.

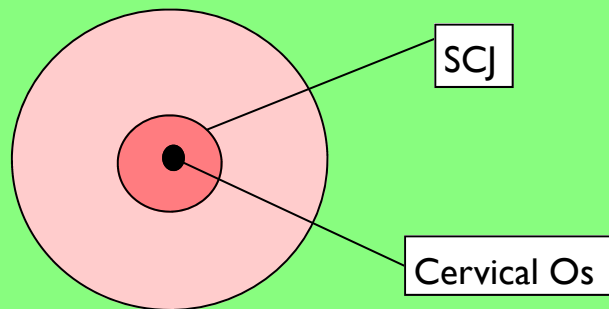
If you have any comments, suggestions or items that you would like to see covered in future issues, please contact Dr Louise Pickford, North Wales Programme Coordinator at louise.pickford@cswmold.wales.nhs.uk

TRANSFORMATION ZONE TYPES

You may sometimes see a reference to the Transformation Zone (TZ) on the cervix being of a certain type. This refers to the position of the Squamocolumnar Junction (SCJ) and the classification is as follows: -

Type 1

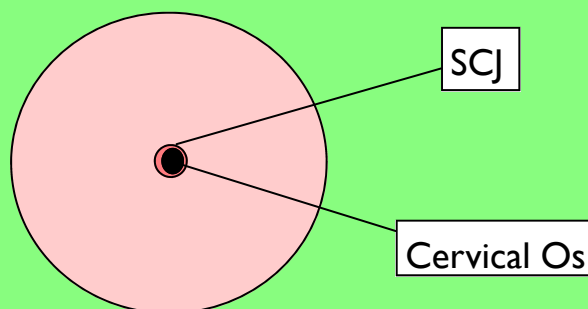
SCJ fully visible on the ectocervix and endocervical epithelium exposed (as an ectropion)



(Consider using 2 Cervex brushes to ensure TZ sampled)

Type 2

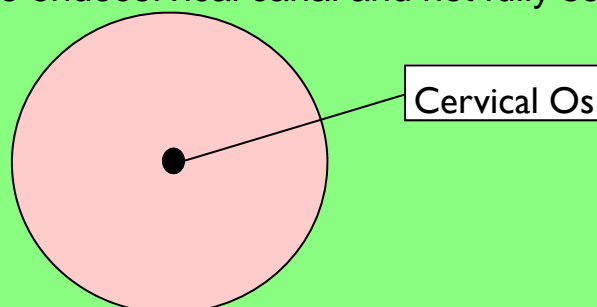
SCJ visible but at cervical os



(A single Cervex brush should be adequate to sample the TZ)

Type 3

SCJ entirely inside endocervical canal and not fully seen



(Consider whether to use an endocervical brush as well as a Cervex brush—especially if pinhole os or previous glandular abnormalities)

INCIDENTS

CSW encourages the reporting of incidents to help improve the service that is provided to the women of Wales.

All incidents that are reported to us are now held on a new database and we receive regular reports about the type and severity of incidents occurring.

We have noticed a large increase in the number of samples that have needed to be discarded because they were either unlabelled or there was no sampler in the vial. From GP surgeries alone, the number was 155 in the first six months of 2009.

These samples have to be repeated, causing extra workload for the smear taker and the laboratory, and inconvenience for the woman involved. Smear takers in these cases are contacted by the Regional Nurse Coordinator to advise them of the incident and to remind them to leave at least six weeks before repeating the test.

We would therefore like to take this opportunity to remind all smear takers to check that: -

- The sample vial is labelled
- There is a brush head in the vial
- The information on the vial matches that on the HMR form

to help reduce the occurrence of this entirely preventable incident.

SMEAR TAKER TRAINING

Due to the popularity of the non-academic smear taker course, we are not currently running any academic courses.

Places for the non-academic course are not limited.

For an application form or further information contact:-

Linda Hughes – Nurse Co-ordinator

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Email: Linda.hughes2@cswmold.wales.nhs.uk