

FIFTH ANNUAL REPORT OF THE VICTORIAN CYTOLOGY  
(GYNAECOLOGICAL) SERVICE FOR THE YEAR ENDED  
30th JUNE, 1970

The year under review has been yet another milestone of achievement. A record number of smears was received and processed by the Service which has operated with considerable efficiency since occupying the third floor of the new building at Prince Henry's Hospital in March 1969.

Financial and Statistical

A deficit of \$6,805 was the financial result this year, compared with a surplus of \$8,742 in the previous year. This had the effect of reducing the accumulated surplus of \$12,989 at the 30th June, 1969 to \$6,184 at the 30th June, 1970.

Salaries for the year increased by \$18,538 to \$83,389 a 20% increase. This is largely the result of increases in the various wage awards which took place during the year under review, and also because of additional staff appointed during the year. The total maintenance expenditure this year was \$132,822, that is 23% higher than last year, whilst income received was \$125,860, a 3% increase.

The year under review has seen the full impact of expenses associated with the occupation of the area in the new building. Direct expense has also increased as the result of a 16% increase in the number of smears received this year compared with last year.

The number of smears examined during the year totalled 124,857 which, by division into the year's maintenance cost of \$132,822 gives a cost per smear of \$1.06¢ compared with the previous year's cost of \$1.05¢ per smear.

From inception of the Service to the 30th June, 1970, 496,882 smears have been examined for a net maintenance cost of \$503,514 or \$1.03 per smear.

Staffing

The staff situation continues to be most gratifying. As indicated in earlier reports the staffing of a large cytology laboratory does present considerable difficulties. However, despite these difficulties, a stable, well-trained, and competent staff has been achieved. Certain "key" positions have been established and these have been filled by well qualified and experienced technologists. These technologists are directly responsible for the supervision of all diagnostic procedures and also for the continuing

training activities that are inseparable from the work of the unit. The greater part of the routine screening activities is carried out by a small number of full-time, and a larger number of part-time screeners. Thus, two large diagnostic "teams" have been established, each comprising eleven part-time, and three full-time screeners, and each directly supervised by a Senior Cytotechnician and a Senior Cytotechnologist.

The policy of employing married women on a part-time basis has been maintained and continues to be a source of considerable satisfaction. As indicated previously, these women have shown great enthusiasm and willingness to learn, and all those employed have developed into most accurate and responsible screeners. This success is partly due to the large number of applicants for the positions available thus allowing for very careful selection of suitable people. The relatively stable nature of this group of part-time screeners is also of great importance. Since part-time screeners were first used in July, 1967, there have been 28 appointments and only 6 resignations. This contrasts most strikingly with the instability of technical staff experienced in the initial years of operation of the Service.

The recent appointment of a third Senior Cytotechnologist has relieved the most senior of the Science graduates for teaching and follow-up activities and for the over-all supervision of the quality control of the unit's diagnostic work.

Activities designed for continuing education have been maintained. These comprise diagnostic discussions, utilizing the closed circuit television equipment, microprojection and film sessions, and seminars where subjects of interest are presented and discussed. Such activities are essential in order to maintain the skill and motivation of the technical staff. They are also in accordance with the recent recommendations of the International Academy of Cytology for the maintenance of an "approved" cytology laboratory.

At June, 30th, 1970, the following staff was employed by the Service:-

Technical Staff:

<u>Full-Time</u>	One(1)	Laboratory Manager
	Three(3)	Cytotechnologists
	One(1)	Senior Cytotechnician
	One(1)	Cytotechnician
	Two(2)	Trainee Cytotechnicians
	Four(4)	Screeners

<u>Part-time</u>	Twenty-two(22)	Screeners
	Two(2)	Preparation Technicians

Clerical Staff:

<u>Full-time</u>	One(1)	Secretary
	One(1)	Clerical Supervisor
	One(1)	Senior Typist
	Four(4)	Typists
	One(1)	Senior File Clerk
	Two(2)	File Clerks

Data Staff:

<u>Full-time</u>	One(1)	Data Clerk
	Three(3)	Key Punch Operators
<u>Part-time</u>	One(1)	Data Clerk

Accommodation

As predicted in earlier reports, the occupation of planned laboratory space has achieved much greater efficiency in the operation of the Service and has also resulted in a considerable improvement of staff morale. Some problems have been encountered due to a lack of smaller rooms for senior staff members but it is considered that the most efficient use has been made of the available space. In particular, the large open screening areas have been most successful.

Data Processing and Follow-Up

Work is proceeding on the problems of data processing and follow-up. These problems are considerable but it is hoped that by the time the next annual report is written the various procedures will be fully established.

At present all current "normal" and "abnormal" records are transcribed on to punch cards before filing. In addition, the coding clerks are systematically working through the old "abnormal" files, and all "abnormal" records since the inception of the Service should be punched by the end of 1970.

The current programmes available will only allow for editing (i.e. the checking of the validity of the information that is punched by excluding incompatible codes), sorting into alphabetic and chronological order, and then printing out of this edited and sorted material.

These programmes utilize a magnetic tape on which currently are stored all records, both "normal" and "abnormal" for the period January to March, 1970, and all "normal" records for 1969. An attempt is being made

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to convert, to punch card, all "abnormal" records in detail since the inception of the Service, and all the "normal" records are being punched with identification information only. These activities should be completed early in 1971 when it will be possible to form an initial master file from which some basic analyses could be made. As indicated previously, the earlier records are of fundamental importance in the analysis of the activities of the Service. In their absence even such basic calculations as the number of patients screened, and the prevalence of abnormalities detected, would be impossible.

The follow-up procedures also appear to be largely established with only a few problem areas remaining. Currently all patients with "positive" and "inconclusive" reports are routinely followed up by the sending of cards to the referring medical practitioner, requesting details of subsequent investigations and treatment. These cards are designed to facilitate coding of data and all information received is punched so that it can be added to the computer files. The enthusiastic co-operation of the medical practitioners in this follow-up programme is greatly appreciated.

This section of the report would not be complete without tribute being paid to Mr. John O'Donohue, Research Officer of the Department of Health, and Mr. Edgar Wilson, Laboratory Manager, and Mrs. W.M. Swaffield, Senior Cytotechnologist, of the Service, for the work that they have done in setting up the data processing and follow-up procedures. The progress that has been made is due largely to their efforts.

#### Educational Programme

As in previous years the Anti-Cancer Council of Victoria has been responsible for publicising the activities of the Service and for encouraging the women of Victoria to have a regular "cell-test" for the detection of cervical cancer.

There is no doubt that the continued support of the Anti-Cancer Council in this way has been one of the major factors in the success of the cervical cancer detection programme.

#### Research

Previous reports have referred to the need for an active investigational programme, both to utilize the data generated by the cancer screening project and also to maintain senior staff interest and enthusiasm.

However, there seems no doubt that the existing staff is fully committed to the routine diagnostic and teaching activities of the unit and can make no significant contribution to a research programme.

It is probable that the nature of the Service is such that there is little scope for "basic" research activities. Conversely, it is highly desirable that the information, resulting from a systematic study of the total adult female population, be used for the study of the natural history of cervical cancer. In addition, the opportunity exists for a detailed study of cytological techniques and their application to the general problem of cancer control.

It is probable that no significant progress will be made until the output from the electronic data processing programme is available for study. At this time the scope of investigational activities within the Service will become clear and specific recommendations will be possible.

#### Teaching

The teaching programme of the Service is of necessity active and continuous. As emphasized previously no supply of trained cytotechnicians is available in our community, and hence virtually all technical staff must be trained after appointment. The combined laboratories of the V.C.(G) S. and Prince Henry's Hospital form a "School of Cytotechnology" which is structured along the lines of those operating in the U.S.A. and other countries. This school provides training for the technicians employed in the Service and also for technicians from elsewhere. There has been a considerable demand from other hospitals within Victoria and also an increasing requirement for training of technicians for interstate and overseas hospitals. An opportunity thus exists for the Service, whilst serving its own immediate interests, to make a significant contribution to the overall problem of cancer control.

#### Diagnostic Activities

Approximately 2,400 medical practitioners throughout Victoria are now registered with the Service.

From 1st July, 1969 to 30th June, 1970, 124,857 smears were examined. Thus, a total of 496,882 smears have been examined by the Service since its inception.

In the period covered by this report 367 "positive" cases were detected, making a total of 1,490 since the commencement of the Service. Again the total number of "positive" cases includes all those cases in which the cell findings were regarded as "strongly suggestive of malignancy" as well as those in which there were "malignant cells identified".

As indicated above, a more detailed analysis of these figures should be possible in the next report when the results of the electronic data processing are available for study. In particular, it will be of interest to know what percentage of the total female population has been screened, and the incidence of detection of cases of unsuspected cervical cancer.

#### Conclusion

The year ahead will not be without problems, but we have no doubt that these will be overcome in the same way as the problems of the past. That is, by the dedication of the Director - Dr. Michael Drake - and his enthusiastic staff and helpers, and the co-operation of the Department of Health, the Anti-Cancer Council of Victoria and Prince Henry's Hospital.

Lance Townsend,  
Chairman.

W.A. Cross,  
Manager & Secretary.