

SEVENTH ANNUAL REPORT OF THE VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE
FOR THE YEAR ENDED 30TH JUNE, 1972

FINANCIAL & STATISTICAL

For the seventh year in succession, the Service has experienced an increased intake of smears. The increased work load in 1971/72 was financed throughout the year from income geared to the previous year's level of activity until late in the year when an additional grant of \$33,000.00 was approved. This Financial uncertainty created considerable difficulties in the management of the Service during the year.

A measure of efficiency able to be related to the use of funds made available almost entirely from Government Grant is the average cost of each smear received since the inception of the Service. Maintenance expenditure incurred since the commencement of the Service totals \$840,320 which, divided by the 789,483 smears received for the same period produces the average cost per diagnosed smear of \$1.06. A useful comparison is possible between our cost of \$1.06 and "the most common fee" of \$7.00 per examination, set down by the Commonwealth Department of Health. It is also pertinent to note that the Commonwealth Medical Benefit payable in respect of each cervical smear is \$6.00. The average cost per smear for the year under review was \$1.16.

The financial deficit incurred this year was \$120 compared with the previous year's deficit of \$8,969. Total expenditure rose by \$24,415 to \$186,482 an increase of 15.06%. The wages bill is the largest item of expense and, although the number employed actually decreased by 3 comparing this year with last, the expense climbed from \$105,647 to \$117,954. The 11.64% increase was a result of significant increases under determination of various Wages Boards.

Due to the higher level of smear intake for the year increases occurred in administration expenses, the major items being, increases in the costs of postage, superannuation, stationery, overhead costs and Data Processing supplies.

Financial gains were made from P.M.G. rebates on prior years charges and concessions received in Data Processing expenses.

DIAGNOSTIC ACTIVITIES

Two thousand, six hundred and forty-eight medical practitioners throughout Victoria are now registered with the Service.

From 1st July, 1971, to 30th June, 1972, 154,884 smears were examined. This represented an increase of almost 10,000 on the estimate of 145,000 made at the time of compiling the budget submissions for the year. It also represents a 12.5 per cent. increase on the previous year's figure, a rate of growth that has now been maintained for the past four years. In the period covered by this report 619 "positive" cases were detected, a "positive" case being defined as one in which major cytological abnormalities were detected.

Since the inception of the Service in January, 1965, a total of 789,883 smears have been examined and 2,596 "positive" cases have been detected. Some comments on the significance of these figures will be made in the section on data processing.

STAFFING:

(a) Medical Staff

In January, 1972, Dr. A. S. Bodey was appointed as Specialist Pathologist in the Department of Anatomical Pathology, Prince Henry's Hospital. Dr. Bodey will spend fifty per cent. of his time assisting with the diagnostic and teaching activities of the Service. Dr. H. D. Peter Thomson, Deputy Director of the Service continues to take part in these activities on a quarter-time basis as does the Director of the Service, Dr. Michael Drake.

In February, 1972 Dr. Drake visited Chicago as a guest of the University of Chicago in order to participate in the "Fifth Tutorial on Clinical Cytology", an eight-day tutorial sponsored by the International Academy of Cytology. The main purpose of this visit was to see how this tutorial was conducted and to discuss in detail the possibility of staging a similar tutorial in Melbourne. As a result of these discussions and subsequent negotiations the International Academy of Cytology has agreed to sponsor a tutorial in Melbourne in August, 1973. It is anticipated that at least fifteen eminent cytopathologists from the United States of America, Canada, and Sweden, will visit Melbourne at this time and, in collaboration with local pathologists, conduct the tutorial. This event should provide an immense stimulus to the practice of cytopathology in this area and will have a great impact on the activities of our Service.

(b) Technical and Clerical Staff

The continued stability of technical staff is most gratifying in that it achieves greatly increased efficiency and considerable economy of operation. This stability is particularly notable in the group of married women employed on a part-time basis. Of the nineteen part-time screeners currently employed all have been with the Service for over a year and eight remain from the first two groups recruited nearly five years ago.

We were unfortunate to lose Mrs. Danielle Stievano who resigned in December, 1971 for family reasons. Mrs. Stievano had been with the Service for approximately eighteen months as one of our three cytotechnologists. At the time of her appointment she had already had considerable experience in diagnostic cytology and held the South African National Diploma for Medical Technology. She was an extremely competent and valuable technologist and will be difficult to replace. Replacement has not yet been attempted because of financial restrictions but cannot be delayed indefinitely. With the staff structure of the Service the cytotechnologists make a vital contribution to the control of quality of diagnostic and teaching activities.

Progress in data processing has enabled us to dispense with one key-punch operator and one part-time coding clerk.

At June 30th, 1972, the following staff was employed by the Service:

Technical Staff:

<u>Full-time</u>	One (1)	Laboratory Manager
	Two (2)	Cytotechnologists
	Two (2)	Senior Cytotechnicians
	Three (3)	Trainee Cytotechnicians
	One (1)	Screener
<u>Part-time</u>	Nineteen (19)	Screeners
	Two (2)	Preparation Technicians

Clerical Staff:

<u>Full-time</u>	One (1)	Secretary
	One (1)	Clerical Supervisor
	Seven (7)	Clerk/typists

Data Staff:

<u>Full-time</u>	One (1)	Data Clerk
	One (1)	Senior Key Punch Operator
	Two (2)	Key Punch Operators

ACCOMMODATION:

The increasing work-load is creating some problems of accommodation. This is particularly so in the clerical and filing areas. Problems relating to filing have been alleviated to some extent by the use of computer facilities.

Perhaps the greatest problem being experienced at the moment is that due to inadequate soundproofing of the screening areas. Increased activity in the clerical areas has created a noise problem that is interfering with the work in the adjacent screening areas. The prolonged and concentrated microscopy requires a quiet environment and hence some consideration will need to be given to improved soundproofing. The space formerly used as a cytogenetics laboratory has now been converted to a teaching area. This is functioning extremely well and has improved greatly the various teaching activities of the unit.

DATA PROCESSING:

Previous reports have referred to the impossibility of obtaining useful analyses of data until the back-log of records were transferred to punch cards and subsequently to magnetic tape. During the past twelve months the entire back-log of approximately 200,000 records was punched, free of charge, by Data Centre Pty. Ltd., St. Kilda Road.

All records for the period 1965-1970, inclusive, have been punched, corrected, and sorted to create the initial period file. This file has been printed and some preliminary analyses made. This is a major achievement as for the first time since the inception of the Service it is possible to make some evaluation of its activities.

During this six year period 562,324 smears were received by the Service and it is estimated that these represented approximately 368,000 women. Major abnormalities were detected in 1,783 patients and hence the prevalence rate for these abnormalities is approximately 1 in 200. This is comparable to prevalence rates observed in other countries.

A breakdown of the women screened into five-year age groups enables an interesting comparison to be made with the total number of women in Victoria within each age group (using the 1966 census figures).

<u>Age Groups</u>	<u>Total Number Females (1966)</u>	<u>Patients Screened 1965-1970, inclusive</u>	<u>Percentage of Each Age Group</u>
15-19	141,803	5,554	3.9
20-24	117,449	45,164	38.5
25-29	101,986	60,482	59.3
30-34	93,874	57,565	61.3
35-39	103,804	52,196	50.3
40-44	106,657	49,965	46.8
45-49	92,074	40,481	44.0

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45-49	92,074	40,481	44.0
50-54	88,037	25,281	28.7
55-59	74,605	13,773	18.5
60-64	62,578	7,540	12.0
65-69	55,726	4,179	7.5
over 70	108,858	3,366	3.1

These figures confirm our impression that a good coverage of the younger women, in particular those aged 25 - 35, is being achieved whilst the response of the older women, particularly those in their fifties is somewhat disappointing.

The first six months' records for 1971 have also been punched, edited, corrected, sorted and printed and will be collated along with the rest of the records for 1971-72 to form the second master file.

It is proposed then to extract records from the 1965-70 file to form a high-interest file for study. In particular the records of those patients with abnormal cytological findings will be available for detailed analyses and correlations.

In concluding this section tribute must be paid to those who have contributed to the data processing activities. As in the past Mr. John O'Donoghue, Research Officer, of the Department of Health has been of very considerable assistance. The efforts of Mr. Edgar Wilson, Laboratory Manager, have been particularly commendable. He has made himself conversant with programming techniques and has written most of the programmes now in use. The invaluable contribution made by Data Centre was largely due to Mr. Wilson's efforts and he has been responsible for the considerable progress made despite the problems due to financial restrictions. Finally many members of the staff, both clerical and technical, have collaborated in the rather tedious and exacting work of organizing the records for punching.

TEACHING:

The School of Cytotechnology, formed by the combined laboratories of the V. C. (G.)S. and Prince Henry's Hospital, continues to provide training for cytotechnologists. Currently a technologist from West Malaysia, Miss Cheah Lee Lee, is being trained in the techniques of diagnostic cytology. Miss Cheah is sponsored by the National Cancer Society of Malaysia and will spend twelve months in our laboratories. Early in 1972 four technologists from Melbourne hospitals, together with two of our own technologists, completed a three-month full-time course, and the Cytotechnology School continues to provide training for the Royal Melbourne Institute of Technology's Diploma of Medical Laboratory Technology.

Two pathologists have also received training during the year. They were Dr. M. M. Yacoob and Dr. R. K. Saigal, both World Health Organization Fellows from India.

The teaching activities of the Service continue to attract interest from overseas and during the year the laboratories were visited by Mrs. R. Lunt, World Health Organization Adviser on Cytology, from Geneva, Switzerland, Dr. Marluce Bibbo, Assistant Professor, Section of Cytology, University of Chicago, U.S.A., and Dr. Norman Fitzgerald, President of the New Zealand Society of Cytology.

Much of the success of the teaching activities is due to the work of the Senior Cytotechnologist, Mrs. W. M. Swaffield. Mrs. Swaffield has been responsible for the co-ordination of teaching programmes, the collection and organization of teaching materials, and a great deal of the individual teaching. Her knowledge, enthusiasm, and dedication have had a great impact on the trainee technologists, both from our own laboratories and from other institutions.

REPORTING AND FOLLOW-UP PROCEDURES:

In November, 1971, a meeting of the Medical Advisory Committee considered suggestions made by the pathologists concerned with the diagnostic work of the Service and subsequently recommended changes in the methods of reporting used. These recommendations were implemented and have resulted in considerable improvements in communication with the medical practitioners using the Cytology Service. The new method of reporting is in accord with cytology practice throughout the World and has overcome a number of difficulties experienced previously.

Perhaps the most significant change has been the creation of a category of report summarised as "major abnormalities present". In this category will be placed all those patients in whom established cancer or pre-invasive cancer is predicted. For follow-up purposes, and calculations relating to cancer detection, these cases will be regarded as "positive" thus replacing the previous categories of "cells strongly suggestive of malignancy" and "malignant cells identified". Much work has been done in improving the follow-up procedures. All cases in which significant cytological abnormalities are detected are followed-up routinely and every effort is made to obtain recommended repeat smears or information regarding investigations carried out as a result of the reported cytological abnormalities. This information is transferred to the computer records and will be available for detailed analyses and correlations.

EDUCATIONAL PROGRAMME:

The Anti-Cancer Council of Victoria continues to provide invaluable support of the activities of the Service by their vigorous educational programme. Various women's groups are addressed by members of the Council's team of twelve women doctors and the advantages of regular cytological examination are stressed. At these meetings the technique of self-examination for breast cancer is also demonstrated and advocated. Perhaps in this context it could be pointed out that one of the valuable by-products of the cervical cytology screening programme is that women see their doctors regularly and the opportunity thus exists for a general examination including an examination for possible breast disease.

ASSISTANCE FROM AUXILIARIES:

The assistance of members of the Floral Group of the Prince Henry's Hospital Auxiliaries is again gratefully acknowledged. For some years now a group, averaging four women, has spent several hours each week packing the kits of materials that are sent to the medical practitioners who use the Service. This work has been of great value to the Service and has resulted in a considerable saving of money. We are most appreciative of this help.

BOARD OF MANAGEMENT:

It is with regret that we register the death of Mr. A. L. Chambers who died on 15th September 1971.

Mr. Chambers became a member of the Board in February 1966 and was appointed Treasurer in December of that year. In addition to the Services rendered to the Service Mr. Chambers devoted considerable time to the management of Prince Henry's Hospital being a member of no less than ten hospital committees and was the Hospital's representative to the V.C.(G)S. Board of Management.

The passing of Mr. Chambers ends a fine record of service and represents a great loss to the Service and to the hospital.

We were pleased to welcome Dr. Keith Bottomley as the new Hospital's nominated representative to the Board and congratulate him on his appointment as Treasurer of the Service.

CONCLUSION:

The results of this year in the record number of smears processed and the containing of costs in achieving this result illustrates the dedication and enthusiasm of the Director, Dr. M. Drake and his staff.

Sincere appreciation must also be extended to all members of the Board of Management and the administrative staff of Prince Henry's Hospital who enable this Service to function as smoothly as it does despite the difficult financial conditions which have existed over the year.

As indicated earlier in this report the Service is becoming more involved in World Health Organisation programmes which it is believed will be beneficial in the fight against cancer throughout Victoria and the World.

We trust that the present growth of the Service will be fully supported, thus increasing further its value and the prestige it has already achieved.

LANCE TOWNSEND
CHAIRMAN.

W. A. CROSS
MANAGER & SECRETARY