



NEWSLETTER

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HTA Liquid Based Cytology Adequacy Trial

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Welcome to the first HTA LBC Trial Newsletter.

The aim of this issue is to give a brief outline as to what the study is about, introduce you to the HTA Management Group and the Trial Steering Committee and update you as to where we are up at the moment with the Study.



ABOUT THE STUDY

The HTA LBC Adequacy Study is a multistranded study to determine the minimum cellularity required for the reliable assessment of Liquid Based Cytology (LBC) for cervical screening.

This is the first time that the HTA has funded a Cervical Cytology Study and we feel that it should be viewed as a major achievement for the Programme. It is being led by Dr Lesley Turnbull, as QA Director for the North West and Dr Mina Desai representing the British Society for Clinical Cytology.

The project is divided into two parts as required by the HTA. The first part surveys current practice across the country and examines specimen cellularity in relation to reporting outcomes. The second part is rather more complex and looks at the ability to detect dyskaryotic cells in varying numbers from specimens of varying cellularity. The aim ultimately is to establish the number of cells necessary to ensure that samples cannot be wrongly labelled as 'negative' when they are inadequate.

The medical leads for the Cancer / Pathology Networks were approached to establish which laboratories would be interested in participating and we are delighted to confirm that we have enrolled 56 laboratories from across the UK with equal representation from users of SurePath and Cytoc, details of which can be found on page 4 of the Newsletter.



Objectives of Study

- ◆ Assess current standards and practice for the reporting of LBC preparations across England, Scotland and Wales
- ◆ Determine the cellularity of samples deemed inadequate, negative or abnormal by a range of laboratories across the country.
- ◆ Determine the cellularity of samples deemed negative, HPV+ in the ARTISTIC/MCM trial.
- ◆ Assess the impact of varying the overall cellularity; relative proportion of abnormal cells and the type and presentation of dyskaryotic cells on their likelihood of detection.
- ◆ Determine the threshold of cellularity of LBC preparations which allow the majority of samples containing abnormal cells to be detected by routine screening.

Who's Who ?

Management Group

Dr Lesley Turnbull:

Dr Lesley Turnbull is Director of both the North West Region Cervical Screening Quality Assurance Reference Centre and the Liverpool Cytology Training School. Dr Turnbull is a Consultant Cytopathologist at the Royal Liverpool University Hospital and has extensive experience with LBC technology. Dr Turnbull is joint project lead, trial designer and is also a member of the Trial Steering Group.



Dr Mina Desai:

Dr Mina Desai is the Clinical Head of Manchester Cytology Centre; Director of Manchester Cytology Training Centre, Council Member and Chairman of British Society for Clinical Cytology (BSCC). She is also the co-investigator for the HTA funded ARTISTIC Trial and MAVARIC Trial in Manchester. Along with Dr Turnbull, Dr Desai is joint project lead, trial designer. Dr Desai is also a member of the Trial Steering Group.



Professor Henry Kitchener:



Professor Henry Kitchener has considerable experience in cervical screening, randomised trials and project management. His contribution to the HTA LBC

Adequacy Study will be to provide ongoing intellectual input to the conduct of the study and analysis of results, with particular interest in the clinical implications.

Dr Chris Roberts:

Dr Chris Roberts is Senior Lecturer in medical statistics at Manchester University. He is an expert in statistical methods for reliability studies of categorical scales and design and analysis of clinical trials.



Professor Peter Sasieni:



Professor Peter Sasieni is a Professor of Biostatistics and Cancer Epidemiology. He has expertise in statistics in medical research, cervical screening research and quantitative research methods.

Who's Who cont/d

Dr Gary Cook:

Dr Gary Cook is a Consultant in Public Health based at Stockport PCT. He has specialist expertise in systems evaluation.



Dr John H F Smith:



Dr John Smith is President of the British Society for Clinical Cytology and Consultant Histo/Cytopathologist with many years experience in the field of cytology.

Trial Steering Group

Professor Paulo Lisboa

Professor Paulo Lisboa is Head of Graduate School for Liverpool John Moores University and is a Professor in Industrial Mathematics in the School of Computing and Mathematical Sciences. Professor Lisboa is the Chairperson of the Steering Group.

Dr David Slater

Dr David Slater is Consultant Pathologist at the Royal Hallamshire Hospital and is QA Director for the East Midlands QA Region.

Dr Paul Cross

Dr Paul Cross is Consultant Pathologist at Queen Elizabeth Hospital, Gateshead and until recently was chair of the National QA Pathology Group and has been involved with LBC conversion in his own Trust.

Ms Antonia Perez

Ms Perez is the HTA Administrator— Science Support based at the University of Southampton

HTA Admin Team

Millie Forde

Millie has worked at QA for over six years as Audit Liaison Officer / EQA Facilitator. She has been Seconded to HTA as the Study Coordinator.



Jan Perriton



Jan joined QA/HTA in October 2007 and has an extensive background in Administration.

Where are we up to?

All our participating labs have now been requested to submit 110 slides (50 reported as negative, 20 reported as mild, 20 reported as inadequate and 20 reported as high grade) for inclusion in the study.

All labs have been provided with a CD pre-loaded with a database, 110 pre-printed slide labels giving the diagnostic category, laboratory anonymisation code and case number together with spare labels giving only the laboratory anonymisation code for any additional slides submitted, 5 slide transport boxes and a pre-labelled padded packaging in order to return the slides to the study office.

We are hoping to have all slides returned to the study office by May 2008 when they can then be randomised ready for the cell counting part of the study.

Participating Laboratories

1. Aberdeen Royal Infirmary
2. Addenbrookes Hospital
3. Aintree University Hospital
4. Arrow Park Hospital
5. Birmingham Heartlands Hospital
6. East Lancashire Hospitals NHS Trust
7. Cheltenham General Hospital
8. Countess of Chester Hospital
9. Cumberland Royal Infirmary
10. Derby City General Hospital
11. Doncaster Royal Infirmary
12. Edinburgh Royal Infirmary
13. Glan Clwyd Hospital
14. Glasgow Royal Infirmary
15. Hereford County Hospital
16. Kettering General Hospital
17. King's College Hospital
18. Kings Mill Hospital
19. Leicester Royal Infirmary
20. Leighton Hospital
21. Llandough Hospital
22. Manchester Royal Infirmary
23. Monklands Hospital
24. Musgrove Park Hospital
25. Ninewells Hospital
26. Norfolk & Norwich University Hospital
27. Northampton General Hospital
28. Nottingham University Hospital
29. Pathlinks—Lincoln County Hospital
30. Peterborough District Hospital
31. Prince Charles Hospital
32. Princess of Wales Hospital
33. Princess Royal Hospital
34. Queen Mary's Hospital
35. Ragimore Hospital
36. Royal Devon & Exeter Hospital
37. Royal Glamorgan Hospital
38. Royal Gwent Hospital
39. Royal Hallamshire Hospital
40. Royal Liverpool University Hospital
41. Singleton Hospital

42. Southmead Hospital
43. Southern General Hospital
44. St Thomas' Hospital
45. Stepping Hill Hospital
46. Stoke Mandeville Hospital
47. The Calderdale Royal Infirmary
48. The Great Western Hospital
49. The Royal London Hospital
50. University Hospital Lewisham
51. Walsall Manor Hospital
52. Warrington Hospital
53. West Wales General Hospital
54. Whiston Hospital
55. Withybush Hospital
56. Wrexham Meilor Hospital

Editors:

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