The aims of Erica Wachtel and her colleagues and the relevance of those aims to cytopathology today

Amanda Herbert

Guy’s & St Thomas’ NHS Foundation Trust
First, my talk is dedicated to Erica Wachtel (whose lectures I attended as a pathology registrar 45 years ago at the Hammersmith Hospital).

We all owe thanks for her dedication to Cytology, for setting up the BSCC (as it was then) and for her recognition of the fundamental importance of cytology to the practice of pathology; and for her legacy for this annual lecture.
Erica Wachtel (1912-1980) MD FRCPATH FRCOG was Professor of Gynaecological Cytology from 1976 to 1978 at the Hammersmith Hospital

- She qualified in Vienna and emigrated to the UK in 1938
- After several other posts, she moved to the Hammersmith in 1947 as a part-time assistant in the Infertility Department
- In 1949 she was put in charge of a new Cytology Department
Erica Wachtel Lecture, 3rd October 2016

Erica Wachtel’s experience in cervical cytology was further developed by her working for a year with George Papanicolaou in New York in 1954

- She was a founder member of the IAC and the main person responsible for founding the BSCC in 1961
- She hosted the inaugural meeting of the BSCC in 1962 at the Hammersmith as well as the 3rd and 4th ASMs
Erica Wachtel was Honorary Secretary of the BSCC 1962-68 and President 1968-1971 during the years when cervical screening was introduced in the UK

- She was primarily known as an enthusiastic and entertaining teacher and she ran one of the first training schools in the UK
• Cervical screening was pioneered in the UK by gynaecologists and the BSCC (not pathologists)
• Similarly FNA cytology was pioneered by a surgeon (A.J. Webb) in the UK and by a haematologist in Sweden (S. Franzen)
• Serous effusion cytology was pioneered by a haematologist (A.I. Spriggs)
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Second, I have dedicated my talk to my family, with enormous thanks to all of them for their support, patience and their individual contributions to my 45-year career in cytology.
Erica Wachtel Lecture, 3rd October 2016

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Thanks to Fergus for the ‘maps’ of cervical cancer and CIN3 that he has prepared for me during the last 20 years, which have informed my understanding of cervical screening in England and my articles on the subject.
• Thanks to Matt (when aged 17) for a remarkably useful study of our management of the Cytology department in Southampton, which found its way into the official Audit Commission report

• Thanks to Paul for setting up a user friendly interactive Access-based failsafe system, which was used at St Thomas’ and Kings from 1999 to 2016 – successfully linked to a clunking pathology system

• Thanks to Catherine and her friends for setting up a manual filing system based on date of birth for cervical cytology records and slides to compensate for the same clunking pathology system; and for doing the data entry for one of my articles
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Thanks to Catherine for setting up a manual filing system based on date of birth for cervical cytology records and slides to compensate for the same clunking pathology system; and for doing the data entry for one of my articles. Provided follow up on 100% of 400 cases in the audit I reported today – but was recently criticised by the QA team as 'too thorough'!
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• Thanks to Catherine and her friends for setting up a manual filing system based on date of birth for cervical cytology records and slides to compensate for the same clunking pathology system; and also for doing the data entry for one of my articles.

Also regarded with suspicion by the QA team; it enabled easy access to previous records for audit and reporting but has sadly been dismantled after about 15 years.
Thanks to them all for putting up with a ‘working wife and mother’ as well as giving her such practical and professional help.
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Cytology now and in the future: we are entering a dark age (Purgatorio) with a possibility of redemption (referring to Dante’s Divine Comedy and Botticelli’s illustrations for it)
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You may have spotted me, as the old poet Virgil leading Dante out of Purgatorio towards the upward climb to Paradiso.
Cytology: a dark age

- Spending cuts in the NHS; proposed 7-day week without funding; loss of hospital doctors, nurses, cytotechnologists, trainees and medical students
- Prospect of job losses in cytology from primary HPV testing (80% reduction in workload) and vaccination
- Separation of cervical cytology from diagnostic cytology (‘centralisation’) and isolation of those with experience in cytology
- Cervical cytology is no longer mandatory for the FRCPATH examination
Cytology: a dark age

- No more RCPath Diploma of Cytopathology
- Lack of cytology in specialist centres
- “…establishing a FNAB cytology service .... requires a critical mass of well-trained cytopathologists and cytotechnologists to provide the service and on-going training” Field, *Cytopathology* 2016; 27:313-6.
Cytology: a dark age

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- “The UK is now at significant risk of falling behind most European countries in the use of non-gynaecological cytology” Dudding, Cytopathology 2016: 27:321-4.
- “...establishing a FNAC cytology service .... requires a critical mass of well-trained cytopathologists and cytotechnologists to provide the service and on-going training” Field, Cytopathology 2016; 27:313-6.
FNA cytology is not in a dark age everywhere: for example, at Guy's & St Thomas' it is thriving for head & neck, thyroid and EBUS; and has even started again for breast. This is thanks to the encouragement of clinicians and enthusiasm of pathologists and cytotechnologists.
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Cytology: a dark age

Recent quotations from UK pathologists that should never be heard again!

- “I thought it was all histology now” (EBUS)
- “Cytology is no longer required” (UEMS discussion)
- “Hasn’t molecular analysis taken over?” (microbiologist’s informal comment)
- “I haven’t seen a Pap smear for 30 years” (gynaecological pathologist)
- “If you send a cytology sample you get six opinions if you send histology you get one” (EUS Steering Group)
Cytology: redemption

• Any proposals must be cost-effective
• HPV testing must be integrated with accurate cytology triage but will inevitably reduce workloads
• Job losses should be managed logically and where possible with redeployment to diagnostic cytology
• Training and practice must acknowledge the close cooperation of cytotechnologists and pathologists
• Training in cytology should acknowledge clinical specialisation and have a multidisciplinary approach
Cytology: redemption

Cytopathology training up to FRCPath

• Cytology and histology should be taught together to medical students (as part of formal training and by attendance at MDT meetings)

• Similarly, pathology trainees should learn cytology along with histology in order to appreciate the benefits and limitations of each technique; this is largely the case for non-gynae up to the FRCPath

• Trainees should examine all types of samples
Cytology: redemption

Trainees should see enough cytology to start to enjoy recognising the appearances of common benign and malignant entities
Cytology: redemption

Cytopathology training post-FRCPPath

• Clinical sub-specialisation is becoming the norm and must be acknowledged and accommodated

• Specialist training should involve cytopathology and histopathology together

• In the absence of a Diploma in Cytopathology and Fellowships in the UK, trainees proposing to practice cytopathology should be encouraged to take an MD in a topic related to cytology
Cytology: redemption

Cytopathology practice

• Every specialist pathologist should have experience and understanding of the cytopathology and histopathology of their chosen speciality

• They need not practice or provide opinions on both but should know enough to respect or question a biopsy or cytology diagnosis at an MDT meeting

• Pathology trainees and cytotecnologists should regularly contribute to rapid assessment of FNAs
Cytology: redemption

Cervical cytopathology

• Further centralisation should be avoided; cytopathology, histopathology and colposcopy clinics should be geographically close to each other

• Limited co-testing in high-prevalence rounds should be promoted (as advocated by the BAC) to ensure sensitivity of screening and accuracy of cytology

• Training in cervical and ‘non-gynaecological’ cytopathology should be mandatory up to and including the FRCPath examination
Cytology: redemption

Cervical cytology

- Further centralisation of cytopathology, histopathology, and colposcopy clinics should be geographically close to each other.
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We all know the limited sensitivity of HPV testing on its own.
Cytology: redemption

Cervical cytopathology

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• Training in cervical and ‘non-gynaecological’ cytopathology should be mandatory up to and including the FRCPath examination.

Accuracy could be compromised by excluding all HPV-negative samples.
Cytopathology is regarded as an integral part of pathology: in general, training in pathology takes five years and maintains a common trunk of four (minimum three) years where surgical pathology, autopsy pathology and basic knowledge of neuropathology, dermatopathology and cytopathology are adequately trained and assessed.”
Cytology: redemption

Pathologists need to understand the sensitivity and specificity of HPV, cytology, biopsies and colposcopy in order to contribute to decisions on management - and to advise the College on screening protocols.

http://www.eurocytology.eu/
Pathologists also need to understand the risk of progression versus the likelihood of regression in the spectrum of pre-cancerous lesions and HPV infections; and to distinguish them from mimics.
The aims of Erica Wachtel and her colleagues and the relevance of those aims to cytopathology today

• By forming the BSCC as a predominantly medical society Erica Wachtel and her colleagues saw the importance of encouraging pathologists to take an interest in cytology; this is equally important for the BAC and College today

• Erica Wachtel was primarily a teacher of non-medical cytologists as well as pathology trainees but they have to work together to achieve the potential of cytopathology in all its aspects
Thank you for inviting me to give this talk; thank you Erica Wachtel and my family; thank you for listening; and good luck with the redemption of cytopathology!