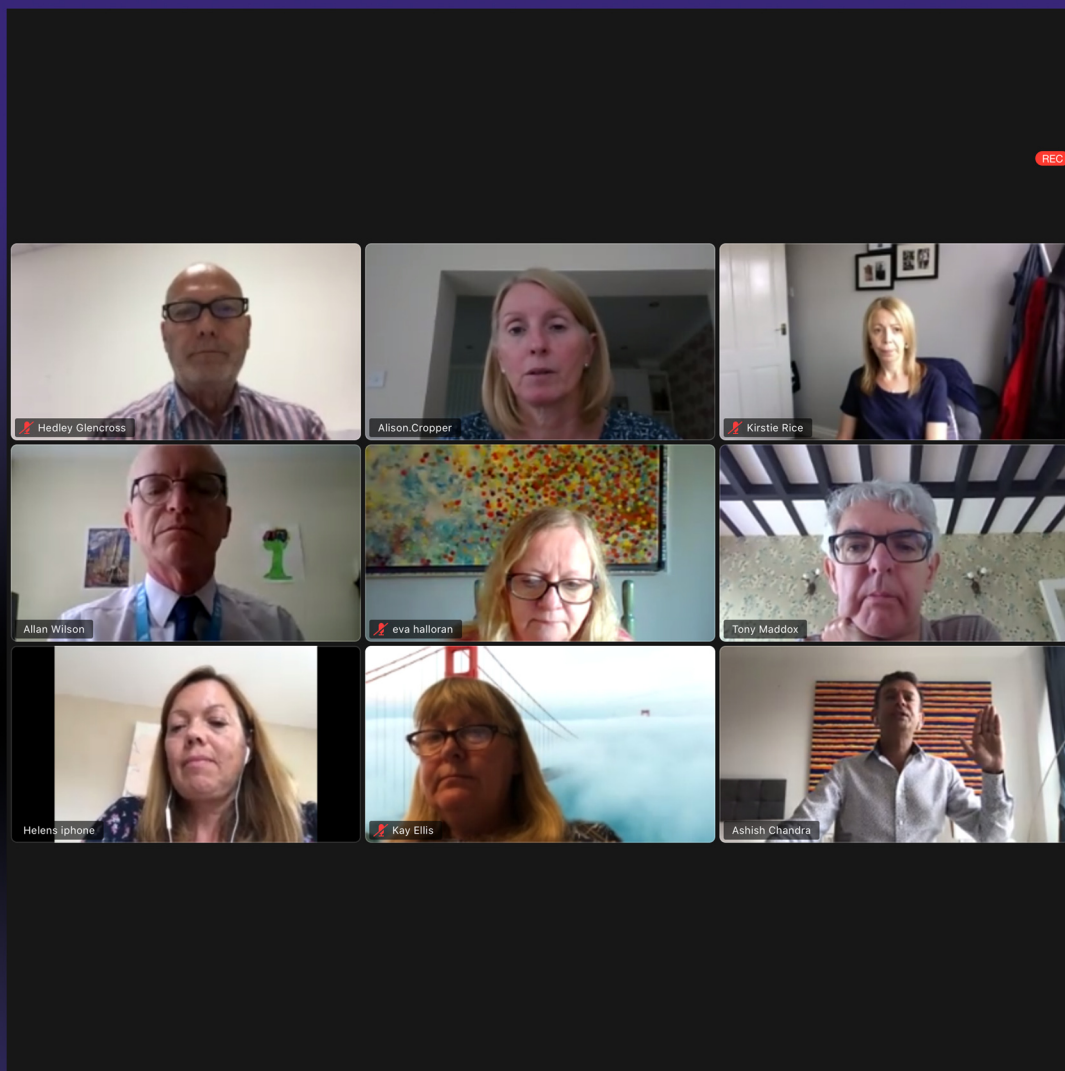


SCAN

VOLUME 31:2 October 2020



B A C

**British Association
for Cytopathology**

BAC Executive Committee

President



Alison Cropper Cytology Department, 5th Floor, Derby Hospitals NHS Foundation Trust, Royal Derby Hospital, Uttoxeter Road, Derby DE22 3NE
Tel: 01332 789327
Email: alison.cropper@derbyhospitals.nhs.uk

Chair



Dr Anthony Maddox Dept of Cellular Pathology, West Hertfordshire Hospitals NHS Trust, Hemel Hempstead Hospital, Hillfield Rd, Hemel Hempstead, Herts HP2 4AD
Tel: 01442 287196
Email: anthony.maddox@nhs.net

Honorary Secretary



Sue Mehew Consultant Healthcare Scientist in Cytology, Cytology Laboratory, Pathology Department, Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh. EH16 4SA.
Tel: 0131 2427149
E-mail: sue.mehew@luht.scot.nhs.uk

Treasurer



Kay Ellis Consultant Biomedical Scientist, Department of Pathology, Queen Elizabeth Hospital, Tyne and Wear, Gateshead Health NHS Foundation Trust, Tyne and Wear, NE9 6SX
Mobile 07890 728843
Email: kay.ellis3@nhs.net

Membership



Dr Louise Smart Department of Pathology, Laboratory Link Building, Foresterhill, Aberdeen. AB25 2ZD
Tel: 01224 552836 Work Fax 01224 663002
Email: louise.smart@nhs.net

Meetings Sub Committee Chair



Alison Malkin Lecturer in Biomedical Science, School of Biological and Health Sciences, TU Dublin – City Campus, Kevin Street, Dublin D08 NF82, Ireland
Tel. 00 353 872421246
Email: alison.malkin@TUDublin.ie

CEC



Helen Burrell Consultant Biomedical Scientist & Manager, South West Regional Cytology Training Centre, Lime Walk Building, Southmead Hospital, Bristol BS10 5NB
Tel: 0117 323 2704
Email: Helen.Burrell@nbt.nhs.uk

Members



Dr Ash Chandra MD FRCPath DipRCPath (Cytol) Consultant Pathologist, Cellular Pathology, 2nd floor North wing, St. Thomas' Hospital, London SE1 7EH
Tel: 0207 188 2946 Fax: +44 207 188 2948
Email: Ashish.Chandra@gstt.nhs.uk



Dr Paul Cross Consultant Cellular Pathologist, Queen Elizabeth Hospital, Gateshead Health NHS Foundation Trust, Tyne and Wear, NE9 6SX
Tel: 0191 445 6551
Email: paul.cross1@nhs.net



Hedley Glencross Lead Biomedical Scientist Cytology and Andrology, Cytology Department, Queen Alexandra Hospital, Southwick Hill Road, Portsmouth PO6 3LY
Tel: 023 9228 6700
Email: hedley.glencross@porthosp.nhs.uk



Ms Leonie Glinski Senior Biomedical Scientist Diagnostic Cytology Lead
Cervical Screening Provider Lead, Diagnostic and Molecular Pathology, 2nd floor Tower Block, Royal Cornwall Hospital, Truro, Cornwall TR1 3LJ Tel:01872 252574
Email: leonie.glinski@nhs.net



Eva Halloran Consultant Biomedical Scientist
Cytopathology, St Thomas' Hospital, Westminster Bridge Road, London, SE1 7EH
Email: eva.halloran@nhs.net
Tel: 0207188 8188 ext 54635



Allan Wilson Lead Biomedical Scientist in Cellular Pathology and Advanced Practitioner in Cervical Cytology, Pathology Department, Monklands Hospital, Monkscourt Avenue, Airdrie. ML6 0JS
Tel: 01236 712087
Email: Allan.Wilson@lanarkshire.scot.nhs.uk

please see inside back cover for co-opted members

Editorial

Sharon Roberts-Gant

A slightly later edition of SCAN than scheduled, however as you will see from the articles this is not due to inactivity by your Executive! There are several accounts of working differently during the pandemic both in the business sense and in the delivery of tutorials and meetings on line.

Paul Wildgust shares Derby's experience of introducing a new test for COVID-19 into the cytology laboratory. The establishment of a high-quality testing regime is a significant feat, something not well recognised or appreciated in the public domain.

Moving away from coronavirus, Georgina Purvis discusses her experience of learning and providing a ROSE service for EBUS, and there is a test of your skills in the educational quiz.

I hope you and your families keep well and safe over the coming months.

Sharon

Editor: Sharon Roberts-Gant

Copy date for April 2021: 8th February 2021.



INFORMATION FOR CONTRIBUTORS

Articles for inclusion in SCAN can be emailed to the editor if less than 5MB in size or supplied on CD/DVD or memory stick. Text should be in a standard text format such as a Word document or Rich Text Format (rtf file). Please supply images as separate files in tiff or high quality jpeg files at a resolution of not less than 300 dpi (600 dpi if the image includes text). Graphs are acceptable in Excel format.

If you are unable to supply files in the above formats or would like advice on preparing your files, please contact Robin Roberts-Gant on 01865 222746 or email: robin.roberts-gant@ndcls.ox.ac.uk



Outgoing President's Piece

Paul Cross

This will be my last time writing in SCAN as President as my term as President ends at the next AGM in October after three years. It does seem to have flown past, but then there has been a lot that has happened. Having said that, next year will be the tenth anniversary of the formation of the BAC. I have been involved with the BAC since its beginning, as have many of the current Executive, with quite a few of us having had connections with the previous forerunner cytology bodies - the BSCC and NAC that merged to make the BAC. 10 years is a long time in cytology, to badly paraphrase a former Prime Minister. I have been immensely proud to have been involved with the BAC, helping take it from a fledgling cytology body that fought to be recognised to one that is now seen as a go-to body about cytology. We have never tried to compete with the RCPATH or IBMS, which are two professional organisations that also represent cytology, but rather work with them, as a body representing the voice of those working in cytology. Working in partnership has been fruitful, and many of the BAC Executive also playing major roles in these other bodies. Cytology is a fairly small field of people, and overlap of roles and representation is not to be unexpected. Whilst I am stepping down as President, I am however staying on for one more year as a Exec member. I had hoped that we would be able to fill my position with someone new, but we were unable to do this time round. We do need new exec members and new ideas. We are always keen to get those with interest and enthusiasm in cytology to help with all aspects of cytology. If that's you then put your hand up and volunteer.

So, what do I look back on most proudly? Collectively it is that the BAC is now known and recognised nationally and, odd though it may sound to some, internationally, as a major cytology organisation. The BAC is now mentioned wherever cytology is discussed. We are involved in all areas of cytology. Our voice is heard, but I will still have to admit it is not always listened to or acted on. We have always tried to offer sensible, pragmatic and independent advice based on fact and sound experience. We have no axe to grind, apart from wanting to see cytology be practiced to a high quality and in the best interests of patients. We believe in cytology, and accept its limitations. Medicine without high quality cytology would be much poorer. We are a relatively small membership of about 600, and we probably do punch above our weight in these terms. However, we do represent all areas of cytology and try to give all

areas equal voice. We are the only professional organisation that looks to represent cytology only. Our members do know about cytology, and our strength lies in our members knowledge, experience and belief in cytology.

Ali in her article lists our Aims and Objectives. We have worked hard to offer regular high-quality educational events, and have recently moved on line to offer these. Education, education, education could well be said to be our main mantra, to borrow from yet another former PM. It is difficult to cover all aspects of cytology that are of interest to all members, as we all have different views on what we need to learn. We have worked hard to cover as much ground as we can for as many members as we can. We offer events on specific topics. BAC educational events are now regular features in the scientific calendar, and will continue to be so. We had been discussing about doing on line education and webinars, and Covid gave us the impetus to do this. We have all had to move to virtual meetings since March, and seeing this reversing fully is difficult to imagine. The BAC will look to continue our on-line educational meetings, but we would hope that real face to face meetings will begin again in 2021. Our virtual presence is good, but humans do like to meet real humans. The soft side of meetings - networking, catching up with old contacts, the gossip - is all lacking on line. We are developing a mix of meetings of both types for next year and beyond. Whatever happens with Covid we will be well placed to continue cytology education and learning for all our members.

When the BAC was founded, the world of cytology was very different to the one we have as we end 2020. When we founded in 2011, those who worked in the area of cervical cytology dominated our membership. As we enter 2021, far less of our membership is involved in cervical rather than diagnostic cytology. We must still represent and cater for both, but must also accept that as we move forward to our next 10 years, we must ensure we reflect these changes. We will not neglect any area of cytology, but to attract new members and retain current members we must ensure we offer what is needed to help keep the modern cytology workforce educated and up to date.

I have enjoyed every minute of my time with the BAC and meeting so many hard-working cytologists. We have so much in common, whatever our backgrounds, and that is what has been so exciting

for me. I have learnt so much from others, and hopefully been able to pass on some things to them also. I have met so many great people and worked with them under the umbrella of the BAC. The ability and quality of these people has amazed me. Their energy to move things forward, to work many hours

above their day job, and to do invariably with a smile on their face is humbling and keeps me going. There are so many I can thank that to do so would be such a long list. They know who they are. I am proud to have worked with them all, and I owe them all so much.

Outgoing Chairman's Column

Alison Cropper



I ended my column in the April edition of SCAN with a plea for BAC members to consider standing for the executive committee as we have 2 vacancies coming up. Seven executive members were due to stand down after completing their terms and 2 had decided not to re-stand so we needed new nominations. I am delighted to say we had a nomination from an individual who I am sure will bring fantastic new ideas and energy to the executive (welcome Leonie Glinski!) but this is tinged with sadness that we only had one nomination from the whole BAC membership. I really would like to know what it is that prevents people from standing for the executive and what we can do to encourage more to want to join – please e-mail me directly to share your thoughts Alison.cropper@nhs.net. It is a fabulous opportunity to help shape our profession and contribute to discussions and issues which affect us all.

However, I have to say a massive thank-you to Paul Cross, our out-going President, who has volunteered to stay on the executive for yet another year so we are not running with a vacancy on the committee. I cannot underestimate the tremendous contribution that Paul has made to the BAC over the last 10 years, and he will be a very hard act to follow as President, but when he's gone he's gone and we need new blood on the executive for BAC to continue to be the professional voice of UK Cytology, both at home and across the globe. As Paul himself said in the April edition - 'if you work in cytology, believe in cytology, then think about standing'. Enough said.

My column for the April edition was written in February as the COVID-19 pandemic was just starting to gather pace in some areas of the world, but I do not think anyone at that time realised quite what an impact it was going to have on all of lives, both personally and professionally. I could not write this column without acknowledging what has been the most challenging time I, like most of you, will have lived through, and in years to come we will look back and wonder 'what was 2020 all about?!

Things that only a year ago would have been thought of as a bit far-fetched are now common place and a reality – wearing masks to work and to go shopping, not being able to have more than one household of your family round for dinner, working from home, virtual meetings, no social life for months, shielded colleagues not able to come to work for 3 months, children not going to school for 5 months, etc. And as for not being able to hug your 2-year-old grandson for 3 months – well, that was just the hardest thing! We seem to have made it through the very worst of times, you will all have your own stories to tell, some good, some not so, but we can only hope that things will continue to improve and eventually we can return to a normal life, although it may be a little while yet. And I'm sure we will continue to see the longer-term effects of the pandemic long after it has ceased to be, the emotional and psychological toll it has taken on friends, family and colleagues is yet to be fully realised but I suspect will be rather considerable.

This 'COVID year' has brought some significant and positive changes to the BAC, the main one being it has been the catalyst we needed to put into action the educational sessions we have long talked about but not got off the ground – until 2020. We started by hosting a couple of non-cytology related webinars from the 'Art of Being Brilliant' company who specialise in positive psychology and motivational teaching (check them out on-line if you didn't join one of the webinars), which we had fabulous feedback for, and we have now invested in the Zoom interactive media platform and put on a couple of cytology educational sessions. Thanks to Ash, Alison M, Christian and Kay for getting these going. We now plan to hold regular webinars and hope to keep these free of charge to members at least for as long as we can.

We have also held 2 executive meetings by Zoom, which compared to the last face to face meeting in March just before lockdown, have worked exceptionally well! The March meeting is featured

elsewhere in this edition so I won't go into detail but chairing a meeting with 5 people in a room and 6 on mobile phones lined up in front of me was interesting to say the least! How things have developed and changed, probably forever, in just 6 months. But I for one do miss the social interaction with colleagues and I hope that we will soon be able to get back to meeting in person again, even if less frequently than before.

Unfortunately we will not be able to hold our AGM in Nottingham this year as planned, social distancing still does not permit this, and so we are going to hold a virtual meeting instead – there will be 2 interactive scientific presentations either side of the business meeting – it will probably have already happened when this SCAN comes out but promises to be a really worthwhile meeting for all cytologists.

But what we are hoping will be able to go ahead is a meeting we have planned for 23rd April next year, to mark the 10th anniversary of the BAC. We have moved the booking we had for the AGM to then

and will be holding a day of scientific lectures and presentations covering a range of cytological topics from some eminent speakers – put the date in your diary and look out for registration details coming soon. The best news is it will be free for members! So, if you are reading this and not a member already please consider joining – the 10th anniversary meeting for free alone will surely be worth it?!

And finally, I would like to take this opportunity to congratulate our new Chairman on his recent appointment, which was a unanimous decision within the executive. Dr Tony Maddox takes over from me at the AGM and I know he will do a tremendous job going forward – he will bring a diagnostic cytology focus to the BAC with his extensive knowledge and experience in this area, and I look forward to working with him over the coming years as I move into the Presidents role. I thank all the committee for their invaluable support, commitment and dedication over the last 3 years and I know they will continue with that for Tony.

BAC Operations in the COVID Pandemic

Kay Ellis, BAC Treasurer

What a year – we would never have predicted the COVID pandemic this time last year and the effect that it would have on us all. A lot of our concerns were about the introduction of HPV primary screening and whether we would have jobs! I hope you have all managed to keep safe and sane. Due to the situation we have all had to change how we operate and the BAC is no different. We still have an Association to run and we need to be there to be able to support and represent our members in whatever way we can.

Business Matters

When lockdown happened, the IBMS made the decision to protect their staff from the risk of contracting corona virus by letting them work from home, like many other employers. This had an impact on the BAC that there was no-one 'manning' the phones, opening letters and the membership fees couldn't be processed. However Christian, whilst working from home, was still available by e mail to answer any queries or pass them on to the appropriate member of the Executive. Another casualty was the popular Spring tutorial which had to be cancelled and fees carried forward for next time or reimbursed. The Annual Scientific Meeting (ASM) was also affected with the face to face meeting being



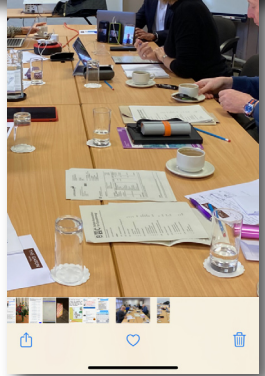
replaced by a virtual meeting on the same day – 2nd October. The same venue at Nottingham will also be hosting a celebration of 10 years of the BAC in April 2021. More on this elsewhere in this Scan.

As we were unable to meet in person, how were we going to carry on with our business to serve the needs of our members? Come in virtual meetings and Zoom. Like a lot of other people, I certainly hadn't heard of Zoom before the pandemic but after many lockdown friends' meetings and social get 'togethers' and quizzes etc. using Zoom has become the new norm.



Zoom

The Royal College of Pathologists co-hosted with the BAC an educational on line Zoom meeting with Dr Ashish Chandra in April 2020. The meeting was over-subscribed, with over 300 registrants, and received excellent feedback. This got the Executive thinking that there was a need for virtual educational events and Zoom appeared to be the technology to enable us to take this forward. The BAC purchased a license for Zoom for educational meetings and to accommodate our Executive and sub-committee meetings. The BAC and RCPATH hosted another webinar about HPV primary screening in June 2020 delivered by Dr Paul Cross and again this event received excellent feedback. The BAC also commissioned two training events using Zoom by the Art of Being Brilliant to help and support members through these difficult times focussing on positivity.

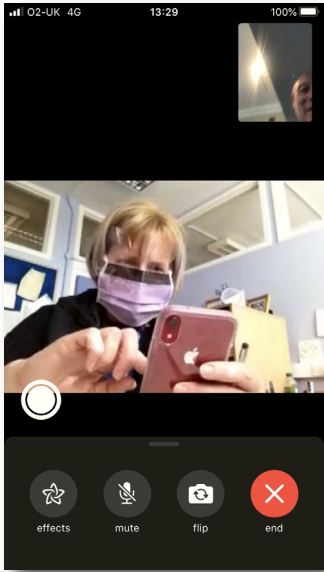


The meetings sub-committee has met on many occasions using Zoom and it has worked very efficiently. It is entertaining seeing the various backdrops of offices, homes and 'different' locations



such as the Taj Mahal plus the appearance of pets such as my own cat Grigio 'gate-crashing' the meetings, I am not the only Exec member whose pet has gate crashed meetings though!

Due to travel problems, we had held the February Exec meeting in person but several Exec members had used face time on phones to join in. It worked, but was difficult to allow people to talk when they wanted and the connection was not perfect by any means. Given lockdown, when we had our next Executive meeting in June 2020, we decided to use Zoom, again chaired by Alison Cropper. We were all very pleasantly surprised how it worked and we all followed the protocol of raising our hand (virtually or literally if needs be) if we wanted to add to the conversation or raise an issue. Our ASM and AGM in October is to be hosted using Zoom with further details covered in Scan. We have a series of webinars planned though the year to continue to meet the educational needs of our members



A COVID-compliant Louise!

Virtual meetings can't replace 'live' meetings but I certainly think they have a place in the future for occasional meetings – it certainly is a more cost and time effective way of meeting. It does not replace the ability to catch up with friends and colleagues, or the gossip, but until and when face to face meetings begin again, it works well. We are aware that not all Trusts allow staff to access Zoom on NHS computers, and we will have to monitor this and look at other platforms if needs be.

ROSE

Georgina Purvis BSc MSc MIBMS

Senior Biomedical Scientist Histopathology, Royal Cornwall Hospital



As a Senior Biomedical Scientist (BMS) with the entirety of my scientific career based in Histopathology and Molecular Biology, the prospect of becoming competent in the provision of a ROSE service for diagnostic cytology was somewhat daunting and if I am honest, I was probably somewhat naïve as to the complexity and volume of information which I was about to embark on. Besides a very basic introduction to cytology preparation procedures during a brief rotation through the discipline during my state registration to become a biomedical scientist, I had no real knowledge of diagnostic cytology or what could possibly be involved with rapid onsite evaluation (ROSE).

Initially I would be required to assist with the provision of the ROSE service for the lung cancer diagnostic pathway. After some very serious conversations regarding what is involved in ROSE, I was taken to observe an Endobronchial Ultrasound Bronchoscopy (EBUS) clinic. This was not only to show me the process of what I was required to do in clinic, but to see if I was able to handle the intense clinic situation. Whilst I was fully aware that there was a patient at the end of every Histology specimen I had ever been involved with and understood the importance of sample integrity, the realisation of the process of obtaining the specimen hit home as the procedures were invasive and uncomfortable for the patient. I was soon to realise the intensity of the atmosphere in the room and sensed a great deal of pressure on the scientists performing ROSE. This was something I was not used to and would need to adapt to very quickly. Determined to rise to the challenge, I agreed that I was happy to join the EBUS team and was eager to get started.

Initially we began with weekly slide sessions however this alone came with anxieties as these were group sessions which were already running for existing, established ROSE Cytologists who had been training for over a year and performing ROSE on their own. To sit there and expose how little I knew and my level of incompetence was really out of my comfort zone and a feeling I didn't enjoy. I was also not entirely sure how the members of the Cytology department felt about a Histologist joining their team. By taking comprehensive notes and frequent review and repetition, my confidence in these situations

gradually grew until I was on a level with them. On the odd occasion my knowledge exceeded theirs, I was filled with pride, motivating me to continue gaining knowledge.

As my knowledge increased and I began to gain confidence, I was soon to realise that there was a lot more to this than just being able to recognise all of the different cell types, determine the benign cells masquerading as diagnostic cells, and the pressure of exposing my incompetence to the rest of the department. I was then to face the realisation that I had never prepped a cytology spread in my life. This was something very alien to my set of skills and something I needed much guidance in. To prepare myself for the clinic situation, simulated FNAs were created using chicken kidneys contained in disposable gloves to replicated abnormally oversized lymph nodes. I could practice creating direct spreads by FNAing the "chicken nodes". I was soon to realise that this was not a true representation of how this would feel in clinic. A calm, unpressured, air conditioned environment with no consequence to a poor prep was not what I was about to experience in clinic.

To begin with, I observed the ROSE expert in the whole clinical procedure, a kind of fly on the wall experience. This I felt comfortable with. There was no pressure on me and I was able to follow the procedure, pre-empting the next stage in my head until I learned the process. It was then my turn to have a go! The process was broken down into stages. I would get used to handling the needle, performing the direct spread, drying the slides, and finally staining them (a process I was very comfortable with due to my Histology background, finally something I knew!). This was enough for now. My accompanying ROSE expert would be responsible for screening the slides and communicating with the clinicians. I would listen for her every word, trying to memorise her sentences to ensure that I was aware of the correct phraseology so not to give the incorrect message across, something I was very wary of doing. Communicating with the clinicians in the intense clinical environment is something no one can prepare you for. Each consultant is different, every clinic is different and every sample unique. Once the pressure was off and the results had been communicated, I was then able to screen the slides in my own time. As the weeks went on and my clinic experience grew, I began to pre-screen the slides prior to the experience

ROSE checking my opinion and began to feed back to the consultant. The weekly case reviews continued alongside my continuing clinic exposure helping to solidify my knowledge and increase my confidence. Continual assessment by my ROSE trainer meant that the training was tailored to me and my abilities, however this felt very fast and at times I felt her confidence in me was far greater than my confidence in myself. Soon I was performing the whole procedure but with her in the room, my comfort blanket in case I needed her. Once she was happy, I underwent my competency assessment to allow me to perform EBUS alone. I still knew she would always be at the end of the phone, I was not happy to put down my blanket yet! I was aware of the limits of my knowledge.

In addition to the weekly slide sessions, I began to attend the relevant Multidisciplinary team meetings (MDTs) where past and potential ROSE patients were discussed with the clinical background information. The first time I set foot in the meeting I felt incredibly out of my depth, and maybe a little conspicuous, assuming that people would be looking at me thinking who was I and why was I even there. I was swiftly introduced to the team, and instantly felt welcome and there was no question as to why I was in attendance. In fact, this led to the invitation of all EBUS ROSE providers to the meeting. What I was about to be part of was incredibly fascinating, with scans and clinical imaging of the various patients, something I had never had the opportunity to see before, especially in the context of an upcoming laboratory specimen. This alone was vast and a huge amount of information to learn to understand and take in. With comprehensive explanations of what I was seeing, I gradually began to understand the information being presented. This is now an invaluable part of the preparation for every patient, helping to visualise what we are expecting to see in clinic and aids with the slide assessment process no end.

Over the next twelve months my experience and confidence grew exponentially with the increased exposure to clinics and the consolidation of knowledge via the continuation of the weekly case reviews around the multi-header microscope. My thirst for reassurance, however, continued and I still ask the ROSE expert for confirmation that I made the

correct choices in clinic frequently following a tricky case. The field of ROSE is vast and I am still aware that my experience is limited to the EBUS cases I have dealt with so far. There are still many improvements which can be made to my technical skills and knowledge, however as I have developed I am now able to give advice to consultants to improve sample quality as and when required, something which felt a very distant possibility at the start. I am aware that there is still a lot to learn, with the odd, interesting complex case knocking my confidence, however I am now confident in my ability to know what to do in every scenario.

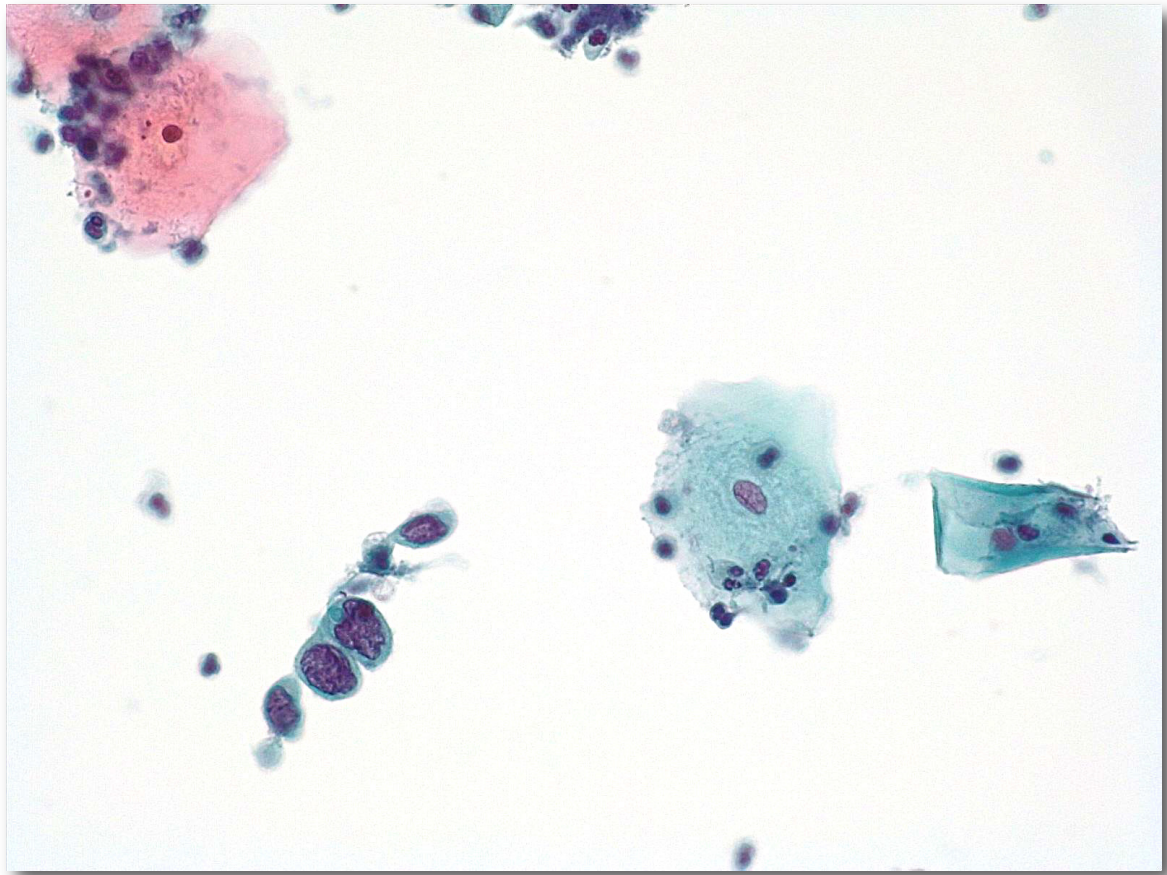
Being one of the first Histology trained biomedical scientists to become competent in the provision of ROSE for EBUS has been an absolute privilege to be an established part of the team and I look forward to the next chapter in my ROSE career. With the ability to open ROSE out to other pathology disciplines, the potential for ROSE provision becomes incredible, with invaluable benefits to both the patient and the laboratory. I am now in the process of developing my ROSE provision to include Head and Neck Cytology. Here I go again



Georgina Purvis – Senior Biomedical Scientist Histopathology
BSc MSc MIBMS – Royal Cornwall Hospital

Educational Quiz

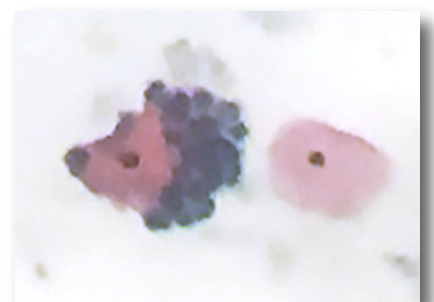
What does this image from a cervical sample show?



- 1 Normal mature and immature metaplastic squamous cells
- 2 Normal mature squamous cells and endometrial cells
- 3 Normal squamous cells and low grade dyskaryotic squamous cells
- 4 Normal squamous cells and high grade dyskaryotic squamous cells
- 5 Normal squamous cells and endocervical glandular dyskaryosis

Answer on the inside back cover.

A case of *Erinaceus Europaeus*
Thank you to Sue Mehew for the image.



Coronavirus Intro into Cytology

**Paul Wildgust,, Clinical Cytologist, Cytology Department,
Royal Derby Hospital, Derbyshire Pathology, University Hospitals of Derby and
Burton NHS Foundation Trust**

A microscopic earthquake thousands of miles away has initiated an invisible tsunami which has enveloped our shores and eroded our very way of life. Like a carnivorous predator stalking a perceived more dominant rival. Carnivorous just happens to be an anagram of Coronavirus and there is no doubt that this beast has eaten its way into the very fabric of society within these Islands and across the world.

I'm sure the story of coronavirus in Derby is mirrored throughout the country and this item is in no way meant to lessen those experiences endured by our many colleagues up and down the land. This is just a sidestep into our experiences with respect to the pandemic within a Cytology environment.

The National Lockdown imposed due to the Coronavirus pandemic hit Derby about 5 months in to the cervical cytology service, across the East Midlands, becoming 100% HPV primary screening. So new processes and procedures were starting to bed in and staff were becoming familiar with their new roles and responsibilities within the developing service. As a department we hadn't really been affected by Covid-19 until this point.

The Lockdown had an immediate effect on the department, as a number of staff had to shield and the greater awareness of the situation and the accompanying symptoms, tied in with a lack of testing capacity resulted in an increasing number of staff having to 'self-isolate'. In any other scenario the reduction of staffing levels for such a sustained period of time would have been disastrous for a cytology department. However, this instance tied in with a near complete shutdown of community screening opportunities and the reduction in routine work associated with that. This had a twofold outcome for the department. An improvement in TAT and a feeling of guilt! These by-products of the national predicament balanced out with our colleagues in showing a positive and unfortunately another negative of the pandemic. People felt guilty that while they were able to improve TAT's and catch up



on tasks in their own profession; colleagues on the front line had to cope with unprecedented hardships, risks and stress. I don't think that is a feeling that many of us will forget in a hurry.

Following a month of Lockdown, which included the emergence of 'Teams' as a communication saviour; the redistribution of a proportion of staff to other areas of the Hospital in order to release frontline capacity and the implementation and development of social distancing guidelines in the workplace, the department was notified that it may be required to have a greater, more specific, role in the fight against

Covid-19. So, in mid-May we were informed that Hologic had developed an assay (SARS Cov-2) which could be used on the Panther analysers we have in Cytology to undertake our HPV Testing and the local Pathology network wanted to increase the Testing capacity across the region. This would involve





converting one, possibly two, of our three Panthers from a HPV Testing platform to a covid one. We had a maximum of 4 weeks to work with Microbiology and Hologic to bring the service online and hence increase the regional capacity for testing.

There was a tremendous mobilisation of the relevant staff from Cytology and Microbiology with daily updates with Pathology management to assess progress and ensure the service would be able to go live on schedule. This was a tremendous effort for all concerned. The staff in Cytology had to adapt to a different way of working; a different test; interacting and integrating with another department as well as having to cope with personal health concerns relating to themselves as well as their family and friends. They also had to amend working hours and days to comply with social distancing guidelines, whilst ensuring all the work that was coming in was still being given the same quality service provided prior to the pandemic.

The Covid-19 testing service undertaken in Cytology at the Royal Derby Hospital went live on the 15th of June 2020. Unfortunately, this timeline coincided with the steady but consistent restoration of our HPV Testing workload. This, in turn, resulted in only one of our three Panther analysers being available for Covid Testing as HPV Testing contract commitments had to be met. We test between 500 and 800 samples per day, seven days a week at the present time but this is likely to increase in the near future. These samples can come from anywhere across the region as well as from internal Trust pathways and are subject to a 15-hour TAT from the time the sample is taken. We have a Team of 15 -20 Healthcare Science Assistants, Supervisors and Biomedical scientist staff who are rostered to cover the Covid-19 testing pathway in addition to their Cervical screening duties.

The commitment, perseverance and professionalism shown by the members of the Cytology team to ensure that the testing process was implemented in such a timely manner, with an emphasis on a quality service, were second to none. Who would have thought that Cytology departments would have ever become such a Molecular focus. They stood up to be counted when it mattered and are a team to be proud of. 'Carnivorous' this pandemic may be but if the rest of the people involved in fighting it are anything like this Cytology team then starvation must be the ultimate outcome.

Photo 1: This is some art work from one of our Healthcare Science Assistants depicting a covid detecting superhero which is related to the Panther analyser we use for our covid testing. Thanks to another of our Healthcare Science Assistants, Sarah Barker, for the artwork who was operating the analyser at the time.

Photo 2: This shows one of Supervisory Healthcare Science Assistants operating the Covid Panther Analyser

Photo 3: This shows two of our Healthcare Science Assistants preparing the samples and reagents for HPV testing

Membership Details

Please email or write to Christian Burt if any of your contact details change.

Email: mail@britishcytology.org.uk

Christian Burt
BAC Administrator
Institute of Biomedical Science
12 Coldbath Square
LONDON EC1R 5HL

BAC office – from Coldbath Square to Nunhead

Christian Burt,

Professional Support Services Manager IBMS and BAC Administrator

The BAC has a long-standing contract with the Institute of Biomedical Science (IBMS) for the provision of key administration support.

My role at the IBMS is Professional Support Services Manager and this is an interesting and varied position whereby I predominantly work alongside the Executive of the BAC, as well as the Council of the Association of Anatomical Pathology Technology (AAPT).

When lockdown was announced, the IBMS made the safety of staff of paramount importance and the Stay Home message could not have resonated more when the professionals I work with are biomedical scientists, medical cytologists, and Anatomical Pathology Technologists (APTs). Three groups who were at the heart of the COVID-19 pandemic and are committed to the health of the Nation and, for the APTs, care of the deceased.

When the IBMS held a full staff meeting to announce the work from home decision, it probably had not completely dawned on us all that normal everyday contact with colleagues was to be on hold for the foreseeable future. Armed with my Microsoft Surface Pro, I was to be home working under the Government advice on social distancing. The commute to Farringdon was no longer a daily ritual, and my home in Nunhead was now my base for home and work life.

Keeping members updated

It was apparent from Day One of home working that the majority of my BAC role could be carried out without any problems. The BAC website, compiling of Mailchimp newsletters and Twitter account are three vital membership communication channels and it has been business as usual when working from home.

I would like to think that members have not seen a drop in communications from the BAC during the pandemic and we have again gained many new followers of the Twitter account @BritishCytology. The BAC Executive are always determined to update members as much as possible and this included the introduction of a resources section on the BAC website for all relevant COVID-19 information.

Webinars are the future?

The BAC has now fully embraced the world of

webinars. As a first step, a commissioned webinar with The Art of Being Brilliant proved popular and was a welcome diversion for many in cytology to know that they were not alone, and were appreciated and supported during these difficult times.

Lockdown Doesn't have to mean Meltdown was very well received and has emboldened the BAC to launch a scientific and technical webinar series. The first of these took place on Friday 11th September. Dr Ash Chandra hosted a Zoom webinar with over 250 participants with both junior and consultant pathologists presenting Diagnostic Cytopathology cases.

Home working can also allow for innovation and on the back of the recorded webinar the BAC has also created a BAC YouTube channel and introduced a BAC webinars section of the website. For members this can be a useful educational resource and allows for CPD opportunities while physical meetings are on-hold.

This new technology can seem daunting at first, with lessons learnt along the way. The BAC meetings sub-committee have, however, met regularly over Zoom and the correct level platform and Add-Ons for a professional webinar are now in place. The BAC Executive have also got used to this new way of working with two full Executive meetings now held via the Zoom account during the pandemic situation.

Challenges: present and future

In the early days of the pandemic and new social distancing regulations we were, of course, disappointed to postpone the BAC Spring Tutorial and subsequently the Annual Scientific Meeting (ASM).

The tutorial is always an extremely well attended event in the BAC calendar year and the ASM provides a perfect opportunity to network with cytology colleagues and the commercial sector.

By introducing webinars, the BAC has offered members learning and educational events, but I am sure we all miss the physical meeting format and interaction.

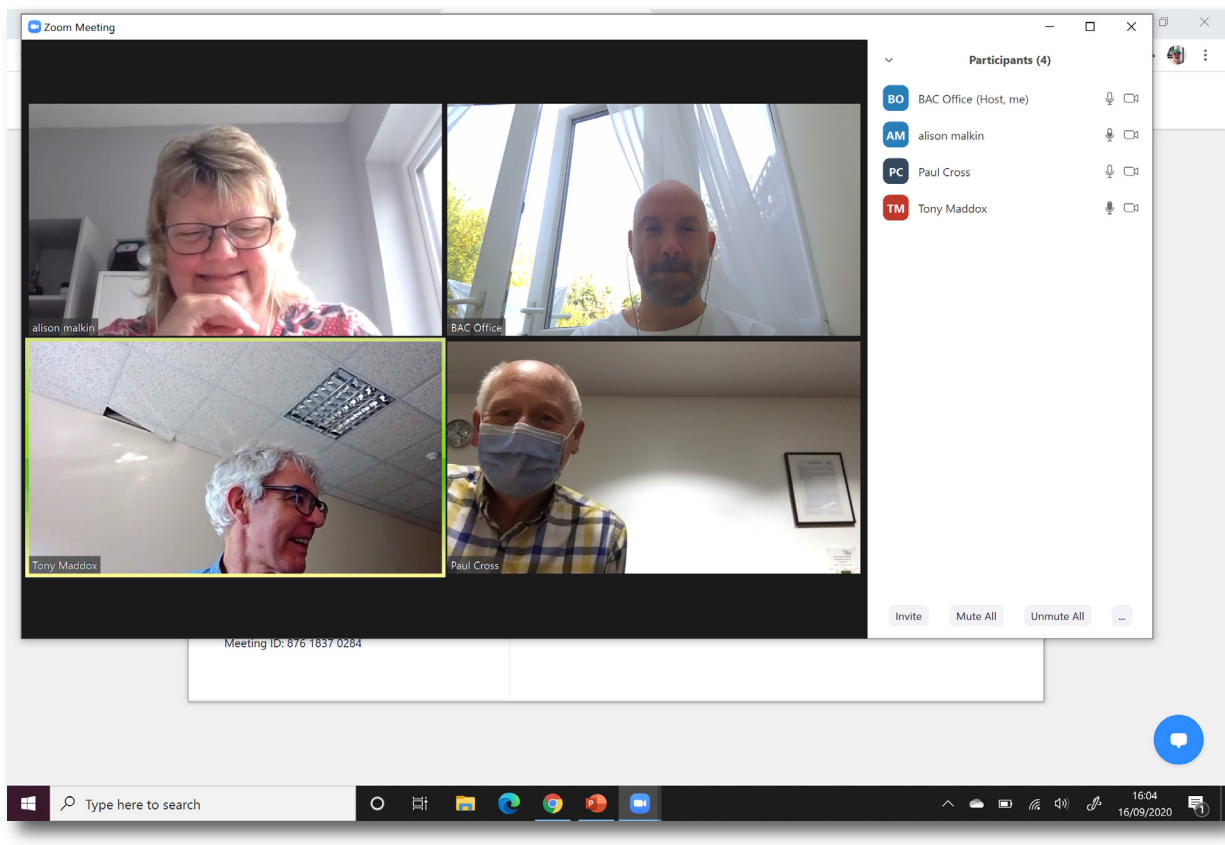
Lockdown also presented challenges around monthly direct debit collection for both existing and new members of the BAC. Members were

alerted via Mailchimp and occasional visits are now made to the BAC office for the monthly collection of fees.

The database and email are accessible via VPN and, although new members might occasionally wait a little longer for an official headed welcome letter, it has in general been very much business as usual.

But what might the future hold for the BAC? Will we see a return to the popular physical meeting format, or might this new era of webinars and on-line learning be here for the longer term?

Hopefully in a post pandemic world the BAC will provide the best of both worlds – perhaps my own role might also embrace such a mix!



Meetings Diary

Alison Malkin

BAC Meetings:

As you are more than aware, COVID-19 and the resulting Government restrictions has had a major impact on our meetings schedule. As a result, the BAC Meetings committee have had to adapt to new way of delivering educational meetings and events. To fill a gap in our schedule, we initially commissioned the Art of Brilliance to deliver two webinars, and this allowed us time to develop our own skills in the virtual delivery of educational, cytology focused presentations and the technology behind it.

This has been a steep learning curve, but are getting better each time we host an event and this has only been possible through the investment in the on-line delivery platform, Zoom as well as

support from members of the BAC executive and BAC officer.

By the time you are reading this, we will have hosted a number of webinars, our Annual Scientific Meeting and the AGM all on our virtual platform. We have a number of events scheduled for the rest of this year and are in the process of developing an interesting and varied programme for 2021, where we hope we can look forward to meeting up in person for some of these events.

I would like to thank my colleagues and friends on the BAC Executive who have helped successfully bring the BAC on to the stage of virtual education and learning, and look forward to many more interesting and exciting presentations to come.

Webinars in Development: Further details will be circulated shortly

November 2020: Dr Tony Maddox

December 2020: Dr Andrew Field

January 2021: Dr Louise Smart

April 2021: Leonie Glinski

Forthcoming Events:

Spring Tutorial

March 2021

Further details to follow.

The BAC 10th Birthday – Scientific Meeting and Celebration Dinner

Friday 23rd April 2021

DoubleTree by Hilton

Nottingham

UK

A varied scientific programme across both Diagnostic and Cervical Cytology is being developed. The event will conclude with a gala dinner to celebrate the 10th birthday of the BAC. All are welcome and we look forward to seeing you there.

Free registration for members.

IBMS Congress

Sun 26th – Weds 29th Sept 2021

The BAC are delighted to be working with the Cytology Specialist Advisory Panel to develop the cytology programme for congress 2021

43rd European Congress of Cytology 2021

3rd – 6th October 2021

Wroclaw, Poland

We are pleased to inform you of the new date for the 43rd European Congress of Cytology where the BAC will host a companion meeting on Weds 6th Oct 2021

IAC Tutorial

Dec 6th – 8th 2021

CEC: Journal Based Learning

Risk factors for unsatisfactory colposcopy after large loop excision of the transformation zone: The results of a four-year multicentre prospective study

Chevreau, J et al. *European Journal of Obstetrics & Gynecology and Reproductive Biology* 240 (2019) 156–160

1. What constitutes a satisfactory colposcopy post LLETZ? 2 marks
2. List 4 colposcopy characteristics were recorded for each patient? 4 marks
3. Why were 40 cases excluded from the study? 1 mark
4. Name 3 parameters were associated with an increased likelihood of an unsatisfactory colposcopy post LLETZ? 3 marks
5. What effect did hormone therapies have on outcomes? 1 mark
6. What is cervical stenosis and what problems does this cause? 3 marks

7. What link was found between age and unsatisfactory colposcopy? 1 mark

8. Smoking did not increase risk of unsatisfactory colposcopy but smoking cessation was recommended. Why? 1 mark

9. Which factors might have led to bias in the study results? 2 marks

10. Why is HPV primary screening of value in surveillance of women with an unsatisfactory colposcopy post LLETZ? 2 marks

Name.....

CEC Number.....

Enjoy ☺ Please send or email your completed JBL to:

Helen.burrell@nbt.nhs.uk

Helen Burrell (BAC CEC Officer)

Consultant BMS & Manager
Cytology Training Centre
Pathology Sciences Building
Southmead Hospital
Bristol BS10 5NB

SOUTH WEST REGIONAL CYTOLOGY TRAINING CENTRE BRISTOL



2021 Course Schedule

Date	Gynae Courses	Fee
14-25 June 12-23 July	Introductory in Gynae Cytology – Part 1 Introductory in Gynae Cytology – Part 2	NHS £1000 Other £1200
3 March 5 May 30 June 1 September 13 October 1 December	One Day Update in Cervical Cytology	£100
9 June 24 November	Update in Cervical Cytology for Pathologists & Consultant BMS's & Holders of the Advanced Specialist Diploma in Cervical Cytology	£100
6 October	Cervical Histology for Technical Staff	£100
22-23 May 19-20 April 10-11 May 20-21 September 8-9 November 6-7 December	Cervical Sample Taker Training	£300
Date	Non-Gynae Courses	Fee
tbc	Serous Fluid Cytology	£100
tbc	Respiratory Cytology	£100
tbc	FNA Cytology	£100
tbc	Urinary Tract Cytology	£100
8-11 March 13-16 September	Non-Gynae for Trainee Pathologists	£400

South West Regional Cytology Training Centre

Department of Cellular Pathology
Pathology Sciences Building
Southmead Hospital
Bristol BS10 5NB

Tel: 0117 414 9808

Email: SWRCTC@nbt.nhs.uk

www.cytology-training.co.uk

Whilst COVID-19 restrictions are in place please email the centre or
look at the website for updates

Scottish Cytology Training School

Programme 2020-2021

No course fee is charged for Gynae
cytology courses to employees of
Scottish NHS Trusts

Training School Director

Sue Mehew

Tel: 0131 242 7149

Email: sue.mehew@nhslothian.scot.nhs.uk

**Application forms available on
request from:**
scts@nhslothian.scot.nhs.uk

NHSCSP Accredited Training Centre

Courses held at:

Cytology Training School, Queen Elizabeth
University Hospital (QEUH) Glasgow

*Non-NHS Labs – price on application
All courses are Liquid Based Cytology (ThinPrep)
Courses are CPD accredited*



Introductory Course Part 1

February 22nd – March 20th 2021

Introductory Course Part 2

16th - 20th November 2020

15th – 19th November 2021

Update Courses

4th– 5th November 2020

3rd - 4th February 2021

£100 per day

Update Workshops – BMS Medical/Consultant Staff

26th November 2020 (TBC)

£100

ST1 Intro to Cervical Cytology

7th - 11th September 2020

£1000

Co-opted members:

SCAN Editor



Sharon Roberts-Gant Cellular Pathology, The John Radcliffe Hospital,
Headley Way, Oxford, OX3 9DU
Tel: 01865 220494
E-mail: sharon.roberts-gant@ouh.nhs.uk

Cytopathology Editor



Professor Michael Sheaff Consultant Histopathologist, Barts Health NHS Trust,
80 Newark Street, London E1 2ES
Email: Michael.Sheaff@bartshealth.nhs.uk

BAC Administrator



Christian Burt BAC Administrator, Institute of Biomedical Science,
12 Coldbath Square, London, EC1R 5HL
Tel: 0207278 6907 or 0207713 0214 extension 141. Work Fax 0207 837 9658
Email: christianburt@ibms.org

IBMS Representative



Kirstie Rice
Email: kirstie.rice@nhs.net

Miscellaneous



Cytopathology Journal
Publisher: Hollings, Danielle — Oxford
Email: dhollings@wiley.com
Administrator: Tom Broomfield.
Email: tbroomfield@wiley.com

Quiz Answer from page 8.

4 - The image shows four high grade (severe) dyskaryotic squamous cells. The nuclei are enlarged, irregular with abnormal clumped chromatin. There is some retained cytoplasm. Compare with the normal superficial and intermediate squamous cells for nuclear characteristics. No glandular features are seen. The biopsy showed CIN 3.

CONTENTS

Vol 31 No 2 2020

SCAN is published by the British Association for Cytopathology (BAC) in England and produced by the Medical Informatics Unit, NDCLS, University of Oxford.

©BAC MMXX No part of this publication may be reproduced in any form without the prior permission in writing of the Editor. Editorial prerogative to shorten or amend material may be exercised where necessary. The Editor and the Executive Committee do not accept responsibility for opinions expressed by contributors or correspondents.

Material for publication should be sent direct to the Editor; all other correspondence with the Association should be addressed to the Secretary.

EDITORIAL	1
<i>Sharon Roberts-Gant</i>	
OUTGOING PRESIDENT'S PIECE	2
<i>Paul Cross</i>	
OUTGOING CHAIRMAN'S COLUMN	3
<i>Alison Cropper</i>	
BAC OPERATIONS IN THE COVID PANDEMIC	4
<i>Kay Ellis</i>	
ROSE	6
<i>Georgina Purvis</i>	
EDUCATIONAL QUIZ	8
CORONAVIRUS INTRO INTO CYTOLOGY	9
<i>Paul Wildgust</i>	
BAC OFFICE - FROM COLDBATH SQUARE TO NUNHEAD	11
<i>Christian Burt</i>	
MEETINGS DIARY	12
FORTHCOMING EVENTS	13
CEC: JOURNAL BASED LEARNING	14

Front Cover image:

Executive meeting during the Covid-19 pandemic

www.britishcytology.org.uk

