

# SCAN

VOLUME 32:1 July 2021

**SCAN** © VOLUME 1 NUMBER 2 SUMMER 1993  
The Newsletter of the National Association of Cytologists

### HOW BIG IS YOURS?

There is one word guaranteed to send cytologists racing to the shops cabinet for a "well wear" - **BACKLIS**.

The often in the morning life was recognised over 10 months ago when, at the office heads of the NAC, Jan Giametti said in an interview for PLSOL, commenting on the then proposed NAC 95 contract, "I know laboratories cannot cope with an 80% target workload. Nobody is an all-imp line and this will make a bad situation worse. The NAC is a professional association. The Association is not a profit and the local laboratory can cope with an 80% workload before they start to call the patients as the company".

Well, as predicted, backlogs are now soaringly on throughout the U.K.

The effects are already being felt by GPs, many of whom are having to explain to patients why their smear result is taking months instead of weeks to be reported. Some are also having a bit of a bit of the patient feedback in the form of letters, because the results are not to hand before the deadline.

If unduly caused considerable anxiety to patients, and will also be the catalyst of many GPs who may feel the smear because they struggle with problems to bother with in future.

And then, back in the situation in the questionnaire. Recent surveys by NAC and BSC suggest that for the first time since 1990, cytologists in smears report more than 100% with an average increase of around 50%. They also showed that over 50% of labs are taking longer than the

DOH recommended 4 weeks to issue reports. The Research and Clinical Health Authority has recently responded to our request for a six-month period until the lab catches up. A recent report by Labour's Shadow Health Minister, Harriet Harman, highlighted the Authority as one of the slowest in the country for processing smears (11 weeks) in reply to McCloskey, Director of Public Health for the Authority, said "I'm really because we have to do some extra work of this length and because GPs are coming over our system... we have increased contract that mean it takes years, but every time this has been coupled with an increase in demand from patients". The reaction by the local Medical Committee representing GPs was given by the secretary, Dr. Karren, who stated "The Government was warned about what would happen if Health Authorities did not get the facilities that required extra money would bring, and this has been done".

So, as we said before, predicted, the backlog problems are still with a vengeance, and we have to constantly give them behind an ever increasing pile of smears, despite the fact that everyone is backing this up.

So what can we do? We must retain our professionalism, and not be pushed into accepting more smears than we can handle. We must also try to do it in an efficient way, and not to let the quality of the smears suffer for the sake of the patient. Let us see we will not let them down.

K. Ward

**National Cervical Screening Programme Aims**

Looking at the recently published Constitution of the National Cervical Screening Network, it stated aim is to "ensure all our skills, time and energy concentrated toward to cervical screening within the U.K. to help those providing services through their own programme to that a cervical screening programme is brought into the same situation, often not available".

The NAC already has representation on the Committee and will continue to push for the development of an improved Screening Service, with full involvement of cytologists on the local testing groups.

Scan is published on behalf of the National Association of Cytologists. Editorial freedom is maintained so the views expressed herein are not necessarily those of the executive committee.

The editors and the executive committee do not take responsibility for the views expressed by contributors or correspondence to Scan.

**SCAN** The Newsletter of the National Association of Cytologists

### NAC92 ANNUAL SCIENTIFIC MEETING

Mason Hall, University of Birmingham

**Friday 10th April**  
Registration from 4.30pm  
Annual General Meeting/Opening of Trade Show

**Saturday 11th April**  
Scientific programme to include:

The role of MSF in cytology	John Chowcat (MSF)
Sex, sperm and cytology	Jack Cohen (Bromsgrove)
Diagnosis of chlamydia	Cynthia Gilmore (Reading)
Biocytology	Elizabeth Hudson (Newbuck Park)
Glandular lesions of the uterus	Jane Johnson (Nottingham)
Atypical, vegetable or malignant?	Jay Kilarath (Reading)
Anxiety of women undergoing colposcopy	Theresa Marston (Royal Free)
Independent computing	Steve Roberts (Guildford)
The herpes simplex virus	Gordon Skinner (Birmingham)
Smear next to Nellie	Inne Turner (Liverpool)
The colposcopic biopsy	Philip Wilson (Guy's Hospital)
The adequate smear: a new classification	(LSPS-London)
The Manchester experience: 25 years of cytology	Robert Yule (Manchester)

**Sunday 12th April**  
9.30am - 12.00noon  
Workshops on:  
COC examination/adequate smears/quality control/training

VOLUME 2 NUMBER 2 1991

**SCAN** NAC  
The Journal of the National Association of Cytologists

### INSPIRATION CYTOLOGY

April 1993 will see our fourth NAC conference (NAC93) and we look forward to seeing you all again, and also to welcome our new members.

As most of you already know, Jan Giametti is now ending her term of office and has expressed the wish not to stand for re-election. It is with great sadness that we bid farewell to Jan as President, although she has offered her continuing help and support. Jan has been a magnificent leader and her effort and commitment had not been forthcoming it is difficult to believe that our Association would have achieved the great success that it enjoys today. Jan's larger-than-life personality, drive, connections, and will to succeed has been an inspiration to us all within the NAC and I'm sure that although we will miss her contributions, the Association will continue to go from strength to strength.

The annual conference is, once again, packed with interest and will I'm sure provide many topics to promote further discussion and increase the participation of members.

The NAC continues to grow which underlines the fact that there is a particular role for the Association to play within our science. We look forward to sharing interests with our colleagues both within the United Kingdom and abroad, and hope to forge new links for the benefit of all who share our love and enthusiasm for cytology.

Russell Smith

VOLUME 4 NUMBER 1 1993

Volume 5 Number 2 1994 ISSN 1354-3865

**SCAN**

Journal of the National Association of Cytologists

**NAC 95**  
Full conference and tradeshow details

ISSN 1354-3865

**SCAN**

Vol. 13 No. 1  
February 2002

ISSN 1354-3865

**SCAN**

Vol. 18 No. 2  
October 2007

# BAC 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



**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



**Prof 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***



# HAPPY 10<sup>th</sup> ANNIVERSARY BAC!

## Editorial

**Sharon Roberts-Gant**

*'All good things must come to an end' – Chaucer*

SCAN started as a method of communicating with the members of the National Association of Cytologists in 1990. SCAN has included the work of the Executive, aired current issues and assisted continuing professional development. There have also been numerous reports from laboratories, conferences and the work from other countries all of which, I hope, have contributed to SCAN being an enjoyable read.



However, as technology advances, the old method of compiling, printing and posting to the membership is no longer ideal and, as we know from the last 'covid safe' issue, we are now able to publish online using a variety of digital tools for speed of delivery and allows immediate feedback from members. This edition is the final edition of SCAN as a standalone publication, the educational function of SCAN will not be lost though, as you will see in the article from Hedley Glencross, Associate Editor of Cytopathology, there will be a dedicated educational section in Cytopathology under the heading of SCAN.

Now to this edition – 'Happy Anniversary BAC!' (is it really 10 years?). Allan Wilson and Tom Giles recount the formation of the BAC from its parent organisations, the British Society for Clinical Cytology (BSCC) and the National Association of Cytologists (NAC), recognising the challenges at the time and those we face now. There are also recollections from the past, the origin of the BAC logo and our usual educational pieces. We have also reproduced the first edition of SCAN and a brief trip down memory lane with a compilation of past article titles – how many do you remember?

Thank you to all who have contributed to SCAN over the years.

Sharon

(Now where did I leave my coat?)





# President's Piece

**Alison Cropper**

This is my first 'Presidents Piece' for Scan, having taken over the mantle from Paul Cross at our AGM in October 2020, which seems so very long ago now! I am honoured to be the first female non-medical President of the Association, and hope that I will continue to build on the relationships we have formed with other professional bodies both in the UK and internationally. We are a relatively small professional body and so working in partnership is most definitely the way forward for BAC, to maximise the resources we can offer to our members.

Who would have thought back in April 2020 when we entered our first national lockdown that the BAC AGM in October would have to become a virtual event?! We had hoped that a face to face meeting would be possible but there came a point in the summer of 2020 when it became obvious that this would not be possible due to the Covid restrictions still in place and so we made the difficult decision to postpone our conference and hold a virtual meeting and AGM instead.

Having already held a number of webinars we were confident that our AGM could be held this way too, accompanied by a couple of scientific lectures, and we were proved right – it was a great success and we had more members in virtual attendance than we have had in person for the last few AGMs – virtual AGMs might just be the way to go!

Speaking of which, I am writing this in June 2021 and we are still desperately hoping that our AGM this year can be an integral part of a real live face to face meeting (with dial in facilities available of course!), as we want to take the opportunity to celebrate the 10th anniversary of the formation of BAC – I'm keeping my fingers crossed! The event we are planning will feature a mix of scientific talks and lectures and will be free of charge to BAC members as our way of thanking you for your loyal membership and support over the first decade of the BAC.

I said in my last Chairman's column in October 2020 that we seemed to have been through the worst of the pandemic – how wrong was I?! Lockdown came again in Dec 2020 and here we are still on that roadmap out...

But BAC rose to the challenge yet again and continued with our series of cytology based webinars – I am immensely proud of my colleagues, Alison Malkin and the meetings sub-committee, who have

organised and contributed to them and made them the success that they are. We have been joined by cytologists as far away as New Zealand, Brazil, the USA and Spain, to name but a few, and we have received some really great feedback. Details of each one are on the website and recordings of most of them can be found on the BAC You Tube channel – thanks to Christian Burt for setting this up.

If you or any of colleagues have a topic you would like to share then please do not hesitate to get in touch and we can organise for you to present your own webinar; full support can be provided and we'd love to have some new presenters and topics.

On a similar theme I am pleased to be able to share news of another new exciting development for BAC – a new section is being planned for our official scientific journal 'Cytopathology'. This will primarily be aimed at BMS / cytotechnologists / trainee Pathologists and is going to be run by BMS / cytotechnologists / trainee Pathologists, with Hedley Glencross as Associate Editor - congratulations on your appointment to this role Hedley! The new section will feature educational articles, best practice advice and technical guidance – keep an eye out for requests for submissions and watch out for the first edition, hopefully coming later this year!

To close, I would like to make a heartfelt plea to all BAC members, new and old, to consider joining the executive team. Several of us are now at the age where retirement is slowly creeping over the horizon (faster for some than others!) and we really do need new people on board if BAC is going to thrive and survive for another decade. It has been said before, but it really is a great team to work with and BAC cannot function without this core team, so please, whatever your role and professional background, or length of cytology experience - if you care about the future of cytology and BAC then do consider standing for the executive.

And finally, one of the executive members standing down this year is Dr Paul Cross, past President and an executive member for all of BACs' existence. I know that I speak for all executive members, past and present, when I say I really cannot thank Paul enough for the enormous and valuable contribution he has made over the last 10 years, there are too many to mention and it is no exaggeration to say that we couldn't have achieved what we have without him. Thank you Paul, you will be sorely missed.

---

# Chairman's Column

Dr Anthony Maddox



*"Prediction is very difficult, especially about the future"* – Niels Bohr, physicist

Hello and welcome to my first Chair's column for SCAN. It is a real honour to have been asked to be Chair of the BAC, a role I formally took on at the (web-based) AGM in October 2020. Many of you may not know me, so I should say that I am a consultant cellular pathologist working at West Hertfordshire Hospitals NHS Trust and reporting diagnostic cytopathology and respiratory histopathology (so overall predominantly cytopathology). Like many of us, I ceased to report cervical cytology at the end of 2019.

The scientific basis for the conversion to HPV primary screening was clear and, once the principles and practicalities of the change were understood, the consequences were, to a large extent, predictable. This allowed for a degree of planning though it involved a major upheaval and restructuring with significant implications for all of us.

However, with the quote above in mind, there was no significant planning for the next great disruption which arrived within weeks - the global coronavirus pandemic. This required significant changes in daily working practices and, of course, in daily living. Many of these changes are still with us and some of the work-related changes will be permanent.

One of these has been the precipitous shift to online meetings and education. I am proud that the BAC has embraced this and has put together a high-quality series of webinars on a varied range of topics involving both cervical and diagnostic cytopathology and presenters from far-flung shores as well as close to home. Attendees have hailed from Myanmar to Peru and beyond! This has been made possible by the energy and diligence of Alison Malkin and the meetings sub-committee as well as Christian Burt, our administrative assistant.

There are more such events in the pipeline but we are particularly interested in encouraging departments to host short webinars of 60-90 minutes with presentations of interesting cases, audits or service developments. The topics can involve cervical or diagnostic cytopathology or both. The presenters can be medical or non-medical, senior or junior, trainee or trained and it is always great to emphasise the contribution of cytopathology to patient care, perhaps by encouraging contributions from clinical colleagues.

I feel strongly that the roles of the clinical services, the biomedical science staff and the pathologists are not arranged in a straight line in which one passes some product onto the next but are more like the points of a triangle in which each has a two-way interaction with the other two, this collaboration helping to improve education and clinical services and, in the end, patient care.

This clinical interaction is at the heart of our contribution to healthcare and, with that in mind, the BAC will be actively pursuing collaborative projects with other professional organisations in order that our members and the wider cytopathology workforce are able to have more fruitful conversations with our clinical colleagues.

We will be best placed to do that with a stable membership from which we can constitute an enthusiastic and committed Executive. We have always been lucky to have dedicated Executive members but, for that to continue, we need a diverse and vibrant mixture of members, both medical and non-medical, interested in promoting and facilitating the value of cytopathology in clinical practice and for some of those to consider standing for the Executive.

The BAC is the only UK organisation committed to the promotion of cytopathology and its role in patient care. For biomedical scientists, screeners and trainee medics, membership is a bargain at £30, so please talk to your colleagues who are not members and encourage them to join and please consider joining the Executive.

Alison has already mentioned the exciting new section within the journal Cytopathology which will be produced by and for biomedical scientists and trainee pathologists so I won't go over the same ground but this is a great example of a collaborative approach in which the excellent team are aiming to reach across professional and national borders to produce articles of really practical use and wide interest.

According to its constitution, the BAC's Aims and Objectives are "To advance the science and art of Cytopathology by encouraging high standards in Cytopathology for the benefit of the public" and "To

---

encourage research in Cytopathology and related fields and the publication of useful results". For the first 10 years of its existence, that is what it has tried to do. As we mark our 10th anniversary with (fingers crossed) the possibility of an in-person or hybrid meeting in autumn this year, it would be great for us all to play a part in driving it forward for the next ten.

Finally, I'd like to echo Alison (again) in thanking Paul Cross for his huge contribution to the BAC and the wider cytology world over the last 10 years. Paul stands down from the Executive this year having been on it since the BAC's inception. His can-do spirit, pro-active nature and attention to detail have been an inspiration and his eminently sensible advice and guidance will be greatly missed.

---

## SCAN

### Hedley Glencross, Associate Editor, *Cytopathology*

SCAN is changing! You are reading the final edition of SCAN in its current format, but SCAN is not going away it will be back in the near future as part of a dedicated educational section in *Cytopathology*.

SCAN started its life as the 'in-house' newsletter for one of the organisations that came together to form the British Association for Cytopathology and has continued relatively unchanged within that time. But cytology is changing, with the cornerstone of slide-based cervical screening being replaced by HPV testing. So, cytology finds itself at something of a crossroads and needs to find a different identity and we cytologists need to respond similarly. Many of us will have spent many years looking at cervical cytology slides, both conventional smears and liquid-based preparations, but also many of us will have also spent much of that time looking at and evaluating non-gynaecological or diagnostic cytology samples. Often this may only have been out of interest if a cytotechnologist or biomedical scientist, as final reporting was undertaken by medical staff. Some of us, including myself put ourselves through the full examination of the International Academy of Cytology, as a challenge since there was no professional outlet for this newly acquired qualification. I am glad to say the UK has moved on in recent years and now non-medical reporting of cytology is well established.

It is this cytological enthusiasm that we would want to tap into for SCAN.

Working with the recently appointed editor-in-chief for *Cytopathology* the BAC has advertised and appointed an associate editor (yours truly) for this new section of the journal. We want to look at cytology education in its widest sense with the help of an editorial group and a team of reviewers, we want to consider education and training of all cytologists, be they medical or non-medical, from across the globe. To that end the editorial group has representation from America, Croatia, Japan, Norway and as well of course a strong UK presence, the editor-in-chief himself being from France as well.

We cytologists will need to embrace the opportunities provided by advances in digital imaging and molecular biology to re-establish cytopathology as a prime clinical discipline. Education and training, together with extensive morphological skills will be key in this respect, which we hope SCAN (and all cytologists) will play a major role in helping to achieve.

Personally, I am looking forward to working with the editorial group and I hope SCAN will go from strength to strength with its new focus and direction.

## Membership Details

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

Email: [mail@britishcytology.org.uk](mailto:mail@britishcytology.org.uk)

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

# Educational Quiz

## Paul Cross

A woman of 74 presented with a dry cough, and a large left sided pleural effusion. This was partly drained, and a sample of 110 ml of yellow fluid with clots was sent for cytology.

Q1 What do you see? (Images 1-3)

Q2 What is your diagnosis?

Q3 What can you do to help confirm your diagnosis?

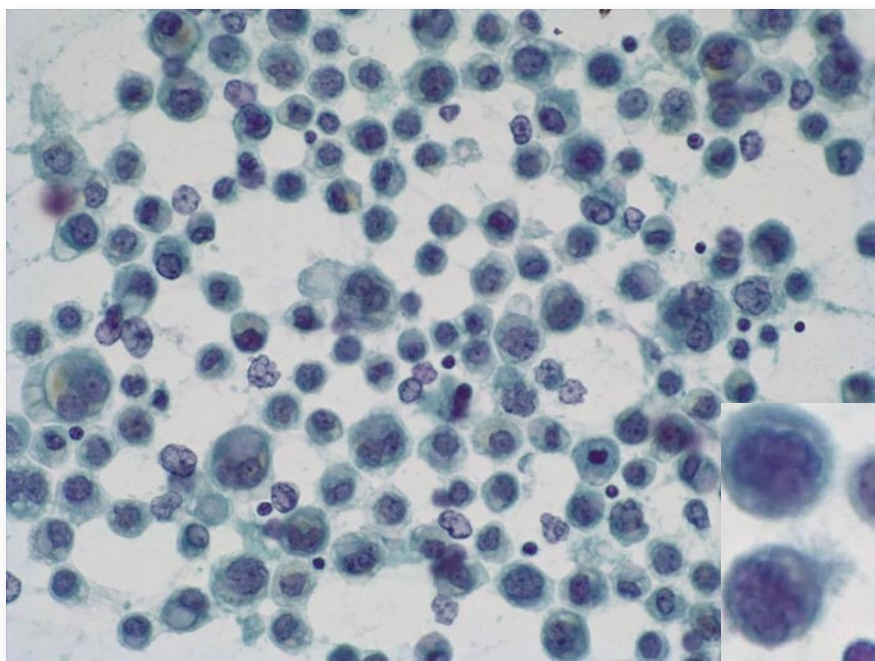


Image 1

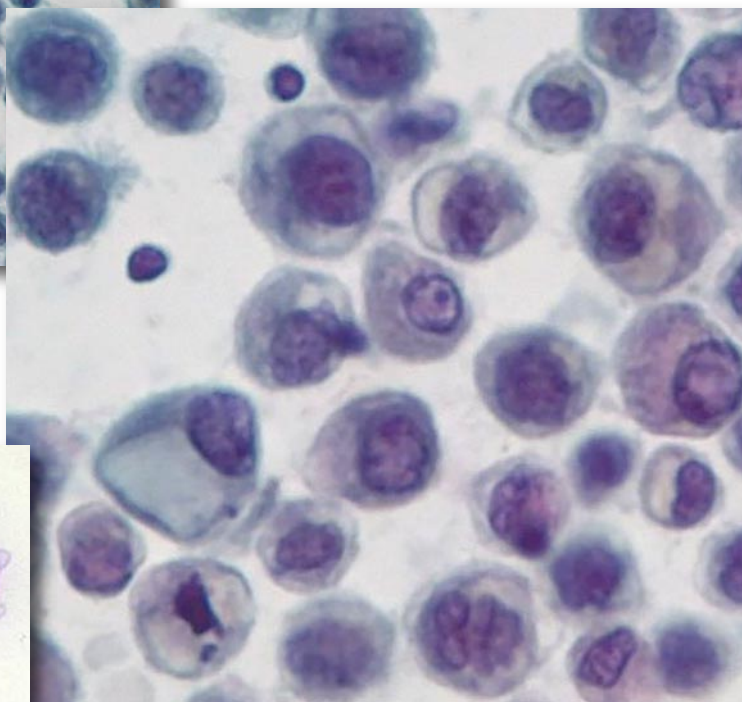


Image 2

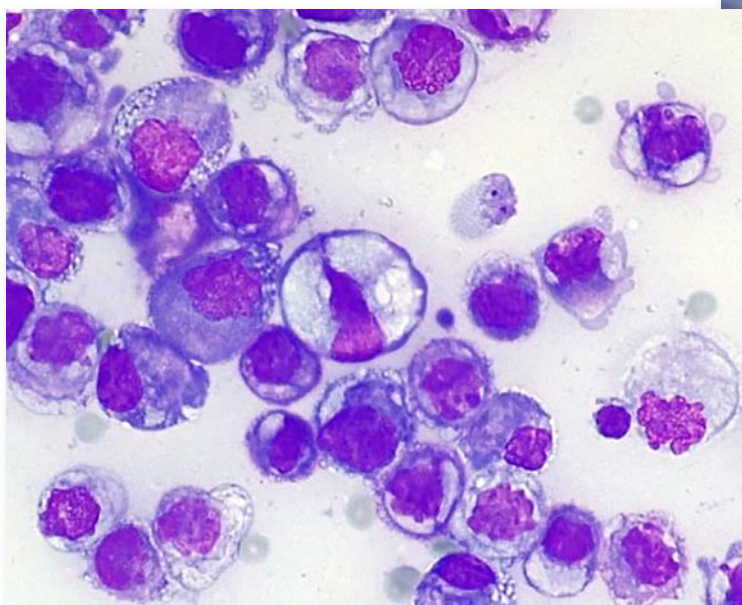


Image 3

**Answer on page 20**

# SCAN Volume 1:1 January 1990

# SCAN<sup>©</sup>

ISSUE NO. 1 JANUARY 1990



The Newsletter of the National Association of Cytologists

Dear Member

Welcome to this, the very first issue of our Newsletter, which we hope you will find interesting and informative.

During the past nine months, since our launch in April 1989, the Association has been extremely busy. Membership forms keep rolling in and we now number well over 200 with new applications coming in daily.

You may like to know that so far the membership is split almost equally between IMLS and Cytoscreener grades with a smattering of "don't knows" and Doctors making up the total.

Our prime aim remains to improve the service we give to the community and to offer specialised advice to individuals on a variety of professional matters. However, it is your Association so please write in if you have any other issues you feel should be pursued, or views you would like to air.

#### INAUGURAL CONFERENCE

Included with this issue is the application form for the Inaugural Meeting, which looks like being a very exciting occasion. Please book early as it may well be oversubscribed!

Those of you who wish to extend their stay overnight on the Saturday may do so of course. This part of the programme is not subsidised however, and the cost of Bed/Breakfast will be £17.00 per person. Please indicate on the form if you require this extra service and include the £17.00 with your booking fee. Further details may be obtained from Dennis Williams (021 472 1377 x 4264) but please send the forms and fees to Jean Crisp at Brighton as indicated on the sheet.

#### EXECUTIVE MEETING

The Executive Committee has met on several occasions and below is an extract from a report of one recent meeting with Mr John Chowcat, the National Officer for MSF.

"Mr Chowcat opened the proceedings by giving a potted history of MSF and its activities, and brought the Executive up-to date, informing them that the total NHS membership for this white collar union representing Health Service Professionals, now stands at



40,000. MSF represents both state registered and non state registered staff, and whilst the majority of its healthcare members are working inside the National Health Service, the union also represents some from outside e.g. Industrial nurses and those people working in the voluntary sector (Charities).

Mr Chowcat highlighted one of the major problems which all groups are experiencing during this time of change in the Health Service, this being that staff have become increasingly disillusioned and demoralised under growing pressures, and are therefore anxious for better representation of their interests and professional needs.

Mr Chowcat had seen the aims and objectives of the Association and thought that the move to have all those involved in cervical screening - state registered and non-state registered - in one professional body carried great potential advantages.

The tone of the meeting was friendly, and both the NAC and MSF are committed to cooperate with each other on appropriate issues of common concern. Mr Chowcat said that by improving the public and professional recognition and status of the people doing cervical screening, it can only enhance the prospects of this important group of people, especially in future pay bargaining.

The Union's position at Whitley Council would be strengthened by increasing detailed awareness of the role of NAC members in delivering the Cervical Screening Programme."

#### STRATEGY

The Executive is chaired by Dennis Williams with Jan Gauntlett (President), Steve Maleham (Treasurer), Russell Smith and Rosemary Bartlett making up the rest of the team.

Long-term planning and policy issues such as EQA and training will continue to be dealt with by The Executive but short-term forward planning will be carried out by temporary Task Forces.

Each Task Force will have a maximum of four persons including the task force leader and should achieve the objectives set by The Executive within six months. Short reports will be produced and distributed in The Newsletter or be published for a wider audience.

The task forces set up so far are:

"Laboratory Manuals and Safety Codes"  
Leader - Mrs Jackie Holdstock (Royal Devon and Exeter Hospital)  
Tel 0392 402991

"Computers and Information System"  
Leader - Dave Jefford (Severalls Hospital, Colchester)  
Tel 0206 852271

We expect to have news of their deliberations prior to the Inaugural Conference! Please feel free to contact them if you have information that may be of help.

In addition to these initiatives we are indebted to the Brighton group (ably led by Jean Crisp) for undertaking the onerous task of becoming the Conference Secretariat and to Kim Ward (B'ham Maternity Hospital) for assuming the role of "Newsletter Editor". He will be aided and abetted by Colin Smith (Dudley Road Hospital, B'ham) and Brian Nation (Hereford). Any future items for inclusion in The Newsletter should be addressed to Kim, Colin or Brian.

#### COMMITTEE ON GYNAECOLOGICAL CYTOLOGY

The Department of Health has recently decided to disband the "Committee on Gynaecological Cytology" - the people responsible for HMR 101/5! - as it was felt that cervical screening had become too complex an issue to be governed by a single committee.

This decision raises important questions about the need for central co-ordination and leadership in the National Screening Programme.

A "National Co-ordinating Network" has been set up bringing together the five main groups involved in the screening programme - Policy makers, Programme Managers, Royal Colleges and Professional Associations, Women's Groups and Research Workers.

The Network will co-ordinate and develop national resources and will help people at regional and district level, co-ordinating five main areas of work, research, information systems, programme management, education and training.

The NAC already has representation on the Network and will continue to play a significant role in helping to develop the screening service. The new committee is chaired by Dr Muir Gray (Oxford) and its proceedings will be published in "Links". Magazine Copies of this may be obtained by writing to Dr Muir Gray c/o Dept of Community Medicine, Radcliffe Infirmary, Woodstock Road, Oxford.

#### UNSATISFACTORY SMEARS

For some time now, there has been controversy about the presence or absence of endocervical cells and coverslip size in relation to smear adequacy.

We include, for your information the joint statement published by the BSCC and BSCCP on this issue and the subsequent comments reprinted from the BSCC Newsletter.

"Cell Content of Cervical Smears. Statement by BSCC and BSCCP.  
The reply by the Secretary of a Joint co-ordinating Committee of MPS, M and DDU of Scotland and MDU includes the Following:  
"...the statement prepared by the BSCC quite plainly places the responsibility for submission of an adequate smear upon the doctor or nurse who takes it, though clearly the laboratory should reject smears which are thought to be quantitatively or qualitatively inadequate. Presence or absence of endo-cervical cells in the smear as an absolute criterion of good sampling is, we believe, misguided and we would agree with the BSCC interpretation".

Statement of Council on Coverslip Size. The coverslip should be sufficiently large to cover all of the material on the slide and 32 mm coverslips are, therefore, likely to be inadequate."

We await the screams of anguish from small coverslip users with interest! Your comments please.

ENHANCEMENT POINTS FOR CYTOSCREENERS OR MLSO1's

The Executive is very keen to make contact with any Cytoscreener or MLSO1 who has been awarded "Brownie Points" in the recent regrading exercise. Please contact Dennis Williams (021 472 1377 ext 4264) if you are one of the chosen few and don't mind discussing how you did it!

Finally, a word from the President...

"The warm response received by the NAC from those working in cytology gives all of us the impetus to keep going!

Everyone involved so far has been working very hard to get the Association established and on your behalf I would like to thank all of these people. They give us their time and enthusiasm whilst still performing their own demanding jobs.

It gives me real pleasure to contribute to this historic communication and I view 1990 and the NAC with tremendous optimism. A new decade and a new Association for Cytologists. Our very own!

I believe that together we can face the challenges of change which are around and that we can give each other support through these changes. For instance many will be facing screening examinations in cytology to attain a certificate of competence. For some it will be the first time that they have taken such an examination. It will not be easy but then screening cervical smears and reaching decisions as to the right thing to do with each case has never been easy.

We are here to offer as much help as we can and will soon have information packs available for prospective examination candidates.

In the meantime I would say that we should all screen every slide with the thought that someone else will be looking at it again - good practice for examinations and good professional practice too.

My very best wishes for 1990 and keep the membership forms rolling in - See you in April in Birmingham!"

Jan Gauntlett  
President

# BAC 10th Anniversary

## Allan Wilson

It is difficult to believe that it is ten years since the BAC was formed. Looking back at the considerable number of documents that the merger generated, the memories of the individuals involved came flooding back of what was a crossroads in cytology within the UK.

I can still recall specific events and images over the 2-3 years of planning and discussing which preceded the merger and formation of the BAC. The extraordinary general meeting of the BSCC in December 2010 was a vital step and one the last pieces of the jigsaw required to complete the merger but the outcome was almost too close to call and nearly did not go ahead as it was struggling to be quorate.

### The cytology community before the BAC

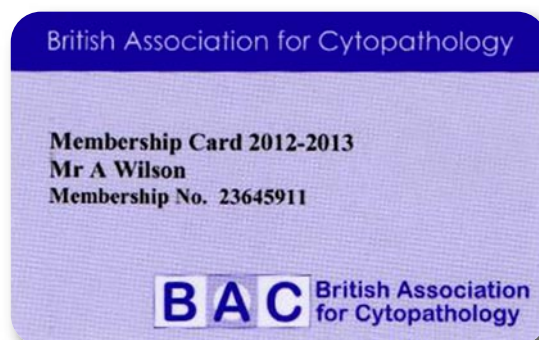
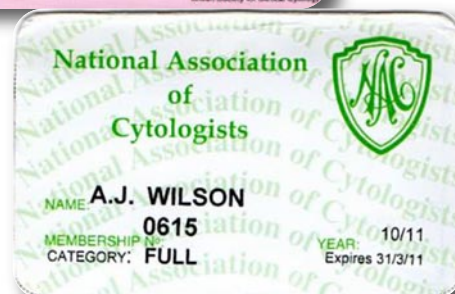
My first memories of the BSCC are of the Stirling ASM in 1981 (yes 40 years ago...) where at the tender age of 22 I was involved in the trade show of the meeting which at that time also included the national colposcopy meeting. The latest technology was laser treatment and can recall being allowed to practice with the laser by writing my name on an apple.

I had a great time at the Stirling meeting and it wetted my thirst to attend more national meetings and when I was elected as Scottish representative to the BSCC Council I managed to get funding to attend virtually all the BSCC meetings in the 80's and 90's and many were memorable meetings. I do recall however, being asked to wait outside the BSCC council meeting and only permitted to enter the meeting after the great and the good had discussed national cytology matters. I also recall that as "extraordinary members" of the BSCC, biomedical scientists did not get a vote in any issues that required a majority decision.

One of my first memories of the NAC was a conversation with Denis Williams over a pint in a bar at a BSCC meeting. Denis was the driving force behind the NAC in the early days and I was approached to try and get Scottish support for the new organisation. The logic was to provide a voice for the growing number of highly motivated and committed biomedical scientists and cytology screeners who felt they were not represented by the BSCC. I joined the NAC early in its life and spoke at several meetings and was latterly a BSCC rep (by that time I was BSCC secretary) as we discussed the merger.

### The birth of the BAC

The negotiations between the two executive committees were invariably positive as the significant issues facing the cytology community and the delivery of the service across the UK had been well documented and recognised by the BSCC council and NAC executive. Merger was seen as the best option to ensure a secure future for both gynae and non-gynae cytology. On reviewing the papers from the merger meetings, the main issues identified were the impact of centralisation of the gynae cytology service, driven by the introduction of HPV testing and "collateral damage" caused to non-gynae cytology from the fragmentation of the service caused by "splitting" gynae and non-gynae cytology on many sites.



*The proposal to bring the NAC and BSCC together is driven primarily by professional and clinical considerations to create a new organisation that is able to respond to the ongoing and increasing external pressures and to represent all cytologists whatever their grade and status.*

BAC founded by merger of BSCC and NAC Summer 2011	
Exec	
Alison Cropper	Biomedical Scientist
Kay Ellis	Biomedical Scientist
Jenny Davies	Biomedical Scientist
Sue Mehew	Biomedical Scientist
Allan Wilson	Biomedical Scientist
Karin Denton	Pathologist
Tom Giles	Pathologist
Mina Desai	Pathologist
Louise Smart	Pathologist
Paul Cross	Pathologist
Fraser Mutch	Pathologist
Melanie Buchan	Cytology Screener
Claire Geary	Biomedical Scientist
Jackie Jamieson	IBMS representative
Beverley Crossley	IBMS representative

#### Original BAC Executive members

President	Karin Denton
Chairman	Allan Wilson
Secretary	Sue Mehew
Treasurer	Kay Ellis
Meetings SC Chair	Alison Cropper
Publications/website SC Chair	Paul Cross
Education SC Chair	Fraser Mutch
R+D SC Chair	Mina Desai
Membership SC Chair	Louise Smart
Non-Gynae Working Group Chair	Tom Giles
Member	Jenny Davies

There were clear tensions and some resistance to the merger from some members of the BSCC who wanted to retain the BSCC as a largely medical professional body, similar to other histopathology groups, and feared a dilution of the focus on cytology by creating a larger organisation. This relatively small number of BSCC members campaigned against the merger and although this was viewed in a negative light by the majority who supported the merger it did provide a counterbalance and an alternative way forward for members to consider.

The Merger was approved at the AGM of both professional bodies but required a final step of the BSCC at an EGM to confirm the merger. Although I was confident that the majority of BSCC members supported the merger, the real concern was that as with many AGM's for professional bodies, insufficient members would attend the EGM and it would not be quorate and our careful plans over the last 2–3 years could then stall. In the end we were quorate but only

just and only because several of the group involved in the merger were actively walking round the conference venue 'encouraging' members to attend and vote. I can vividly recall rushing around the conference venue in Manchester searching for colleagues who were BSCC members and persuading them to attend the EGM.

The NAC and BSCC meetings were very different events but latterly were suffering from the same problems – a shrinking membership base and uncertainty around the future of our profession and that was the main underlying problem that led to the merger.

#### The first BAC executive

I remember clearly where I was when it became clear that I would be the first chair of the BAC – I was in a train heading home from London (or my second home as my long-suffering wife described it in those days) to Glasgow. I was incredibly proud and grateful for the confidence and trust that the newly formed

---

executive had placed in me and I really enjoyed my time as chair as we “formed and normed” as an effective and tightly knit group to meet the immediate challenges we faced getting the newly formed BAC off the ground.

The new executive was a great mix of former NAC executive and BSCC council and we very quickly gelled and established subgroups to deliver specific pieces of work and to align the newly formed organisation to face the challenges our profession faced. Specifically, to gather data on the current cytology landscape and to provide a focus on non-gynaecology cytology. The situation was constantly changing with centralisation gathering pace and cytology labs across the country closing as regions positioned themselves for HPV primary screening. I would like to thank sincerely the members of that first BAC Executive who worked so hard to establish

the BAC as the successful professional body that has emerged over the last ten years.

It is fair to say that through the merger of the BSCC and the NAC we were merging two quite different organisations, not just in the profile of their memberships but in the cultures of the two bodies. This was not without its difficulties but I firmly believe that we quickly integrated to form an executive that worked extremely well together and was representative of our membership. One problem that existed in both BSCC and NAC was the pressure of work on a relatively small group of executive/council members. We addressed this issue by creating a raft of hard-working subcommittees which carried out a huge amount of work outside the executive. Particular thanks are due to the chairs of these subcommittees, Louise Smart, Tom Giles, Paul Cross, Fraser Mutch, Mina Desai and Alison Cropper.



*The merger group*

Looking back at what we have achieved over the last ten years we should be tremendously proud of what we have delivered during extremely challenging times. Significant success includes the creation of a website to communicate with our members, access to cytopathology for all our members, our input to the creation of the IBMS advanced specialist diploma in non-gynaecology cytology, a successful series of spring tutorials and the organisation of the European cytology meeting in Liverpool. I could have selected many others.

I would like to take this opportunity to thank not only the founding Executive members of the BAC and everyone who has joined the executive over the last ten years but also the members of the merger group who correctly identified the need for the merger and had the courage and foresight to approve and support the merger in the face of resistance. We have come a long way in the last ten years and despite the challenges we still face I am confident we can still deliver what the cytology community and our members require over the next ten years.

---

# Past, Present and Future

**Dr Thomas Giles**

**Cellular Pathology, Royal Liverpool University Hospital**

Sitting in a grand hall in Manchester listening to senior figures describing how new technology will invigorate cytology, a young pathologist finds himself enthused by the programme. This was not the textbook descriptions of nuclear features of malignancy or chromatin but an exciting tool for investigating human disease and helping people. That young pathologist did not know then that he would grow to stand amongst those experts.

That first meeting was held by the British Society for Clinical Cytology (BSCC), a mix of pathologists, biomedical scientists and screeners. It was only later that I learnt of another professional society, the National Association of Cytologists (NAC), a predominantly non-medical group. The BSCC meetings were serious events with formal gala dinners and several days of scientific discussion. NAC meetings were weekend events with elements of fun mixed with a more relaxed scientific programme. The themed parties and discos were memorable. BSCC meetings visited a different city each year. We had a meeting in Ireland just after the country had sold its cytology screening service overseas and were in Harrogate watching news feeds on that fateful day of 11th September. NAC meetings were initially in Warwick. Every year the annual pilgrimage to Warwick University was made. It felt like the Association's home.

In time, I joined the speakers on stage. Despite the sessions on new technology, both meetings shared an enthusiasm for cells. Morphology. The basis of cytology. The foundations on which everything else depends. I made my debut in this sphere, taking the 'graveyard' slot on the morning after the BSCC dinner to present the slide seminar which involved collating the participant submitted answers after the dinner as everyone else was resting back in their rooms.

As I rose to join BSCC council, both organisations were in difficulties. Despite the initial enthusiasm about the benefits of cytology for applying new technologies, the reality was cytology was withering. Membership of both organisations was falling. The NAC became too small for Warwick driving the meetings to a succession of new, untried venues with varying success. Cervical screening evolved. Preparation techniques changed to liquid based methods which allowed the application of HPV testing. Laboratories merged and closed. The workforce shrank. Diagnostics was driven by histopathology that

favoured cutting needle cores. With very little presence in academic departments, cytology was lost in the fog. The drive for efficiency exemplified by the report by Lord Carter of Coles that drove cytology away from the clinical services through centralisation cut the lifeblood of clinical integration and responsiveness. The BSCC and NAC were dying, a true reflection of the state of UK cytology.

The only option was merger. They had to dance together or both would be lost. That did not make the discussions comfortable. There were perceptions of biased priorities and some deep-rooted mistrusts between medics and non-medics centred around inequalities. Despite this the negotiations succeeded and a new unified association was born, the British Association for Cytopathology.

We have not yet reached a position to judge whether cytology has been saved. Cervical screening continues to evolve away from a cytology based discipline, finance driven centralisation of services continues, there is minimal cytology representation in academic departments, medical training still places emphasis on histopathology and there are too few people prepared to represent the discipline. Yet there is hope. The relationship between medics and non-medics is changing. Slowly. Too slowly possibly. Cytology needs both. Medics do not have a monopoly on morphology or science. The emergence of the BAC was a path to the future, a future that now rests solely with us. There can be no more association mergers, we are the only option to drive and nurture this wonderful discipline that is a hidden science amongst the hidden sciences.

# HAVE I GOT OLD NEWS FOR YOU!

A brief romp through  
the topics from past

CEC News – It's gone live!

Glandular pro  
The liquid rev  
Christine Waddell MB,

Future roles in cytology – the new Cytotechnician  
Allan Wilson

Xylene: nothing to sing about!  
Letter to NAC

Top tips for the screening and interpretation of SurePath™ cervical samples  
Andrew Evered

The New Examination  
Craig Wilson

The impact of Modernising Scientific Career on cytopathology in the UK  
Allan Wilson Monklands Hospital, Scotland

New  
Der

Borderline Cyto  
Elizabeth Huds

NICE Appraisal of Liquid Based Cytology (LBC)

Will AIN become PAIN  
John Smith

STATE REGISTRA  
Carole

Colposcopy: a clinical overview

Preliminary – Brian Nation  
'cytology screeners should be recognised as workers 'at risk' from  
repetitive strain injury.'

Can screeners be advanced practitioners?  
Nick Dudding poses the question

Delegate feedback fr

What cytologists should know about signal detection theory



ugh some of  
ast editions

dition:  
olution  
ChB, MSc, MIAC

An Introduction to the Cytology of Serous Effusions  
Behdad Shambayati

*The Many Faces of High Grade Squamous Dyskaryosis*

Diathesis  
Dennis Williams – Viewpoint

**NAC94**

Review of cervical screening service at Kent  
& Canterbury Hospitals NHS Trust  
Letter to Sir William Wells from Russell Smith

ver mind the quality, feel the width  
nnis Williams – Chairman's Column

TRAVELS WITH EILEEN

Sue Strudwick took an Airbus to Aarhus and returned to tell the tale

logy  
on

Koilocytosis: a cause for concern?  
Sally Lane

Ergonomics of screening  
Alistair Gale

ATION – ARE YOU READY FOR IT?

Cowan / Nick Dudding

Endometrial cytology  
Jane Johnson

False-negative cervical cytology due to failure to identify  
abnormal microscopic appearances  
Ron Bowditch

om the Eduction/CEC workshop

Automation in cervical screening  
Euphemia McGoogan

Does size really matter?  
Mahmood Shafi

---

## CEC: Journal Based Learning

### Effects of cancer screening restart strategies after COVID-19 disruption

Kregting, M. et al: *British Journal of Cancer* (2021) 124:1516-1523

1. Why has the Netherland National cancer registry seen a decrease in the number of cancer diagnoses since the pandemic?
2. What other factors are likely to influence the long term severity of the effects of screening disruption?
3. What information is important to help policy makers to decide which restart policy to implement?
4. What were the aims of this study?
5. What were the 5 restart strategies considered in this study?

- 
6. What was the effect of a 6-month disruption compared to uninterrupted screening over time for cervical cancer?
  
  
  
  
  
  
  
  
  
  
  7. Which restart strategy led to the largest increase in cancer specific mortality over time for cervical cancer, and what was this increase?
  
  
  
  
  
  
  
  
  
  
  8. What were the effects of screening disruption less severe for cervical cancer compared to breast and bowel cancer?
  
  
  
  
  
  
  
  
  
  
  9. What limitations affect a Nations ability to implement a restart strategy?
  
  
  
  
  
  
  
  
  
  
  10. How many additional deaths from cervical cancer does this study anticipate for the Netherlands during 2020-2030 as a result of cervical screening disruption for the 'continue after stopping age' strategy?

Name.....

CEC Number.....

Enjoy ☺ Please send or email your completed JBL to:

Helen.burrell@nbt.nhs.uk

**Helen Burrell (BAC CEC Officer)**

Department of Cellular Pathology (Cytology),  
Pathology Sciences Building,  
Southmead Hospital, Bristol,  
BS10 5NB.

# The Origins of the BAC Logo

Jenny Davies, FIBMS (retired)

Ten years is a long time, and many people may have forgotten, or maybe never knew, how the logo came about. Following the merger of the NAC and BSCC in 2010, it was considered important that the resultant Society should also have a new logo, incorporating the BAC name, for documents, posters, conference signage, etc. Rather than ask a designer to come up with something, the Executive threw open the task to the membership, inviting designs to be submitted for a competition: I was still on the Executive Committee at the time and I, amongst others members, submitted our efforts. I was therefore excluded from any judging. I seem to remember it was also open to member's families.



It had the name, the colour purple, current methodology of the Cervical Screening Programme, and the Society name. Although the design was chosen, it was felt that it needed to be simplified; for ease of reproducibility, several variations were mooted by the committee:



This submission was eventually chosen, which I was absolutely thrilled about as it was designed by my husband Martin, who won an Amazon Kindle.

The design was based on a Liquid Based Cytology (LBC) slide preparation, with blank ends and a circle in the centre for the cellular area. This was the original submission:

The latter design was chosen for its clarity, and has now become recognisable for the "BAC Purple" and font style seen on headers, conference pens and, of course, the website below.

A few of the submitted designs were found in the archives, but without permission from the designers, they have not been included here. Suffice it to say, "thanks" was given to those taking the time and effort to do so. Many thanks to Sue Mehew and Christian Burt for helping to find original documents, and to Martin Davies for still having his original design.



---

## Answers to the Educational Quiz on page 5

A1 This is a cellular sample, containing many individual cells with few, if any, cell groups. The cells have atypical nuclei, with irregular nuclear outlines, and few nucleoli. The cells have moderate cytoplasm, and many have eccentric nuclei with some cytoplasmic vacuolation. No obvious benign mesothelial cells are seen for comparison. No papillary groups or calcium is identified.

A2 Malignant. Favour adenocarcinoma, but a mesothelioma cannot be excluded, although morphologically it is not classical. The dispersed single cell population is suggestive of a possible breast origin.

A3 The history is lacking of any detail. Looking up the history and apart from being a known smoker there was no medical history of note.

The clot (image 4) was cellular, and would allow for IHC to help try and establish a possible primary site for the malignancy. A panel of IHC was undertaken. The malignant cells were found to be GATA3 (image 5), CK7, p53 EMA and oestrogen receptor positive. They were negative for PAX8, CK20, TTF1, CDX2 amongst others. Mesothelial markers were negative also (image 6).

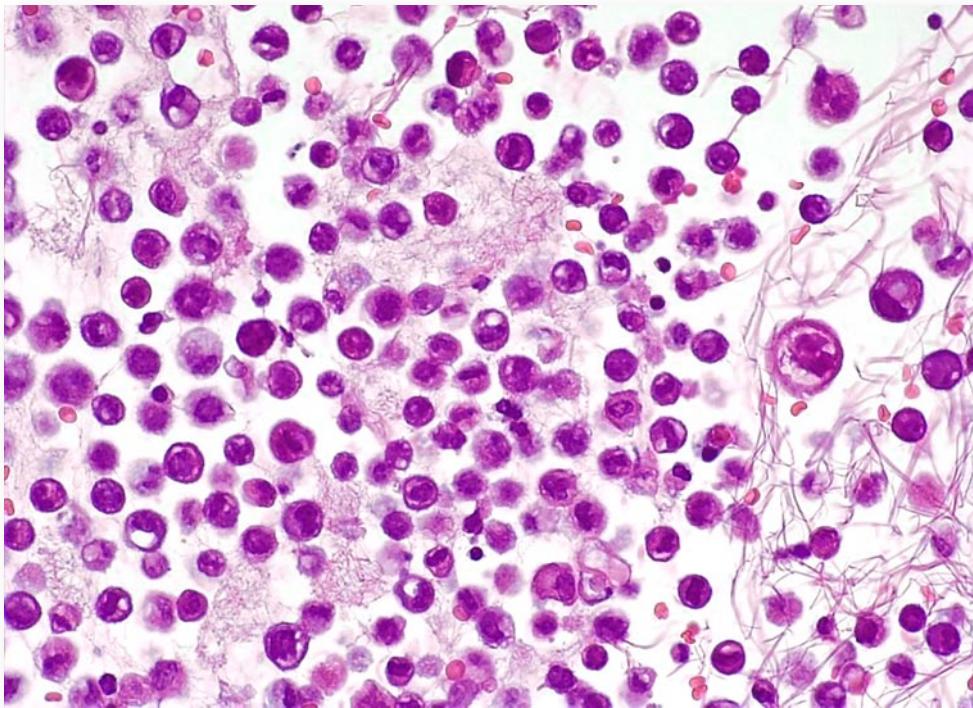


Image 4

Continued...

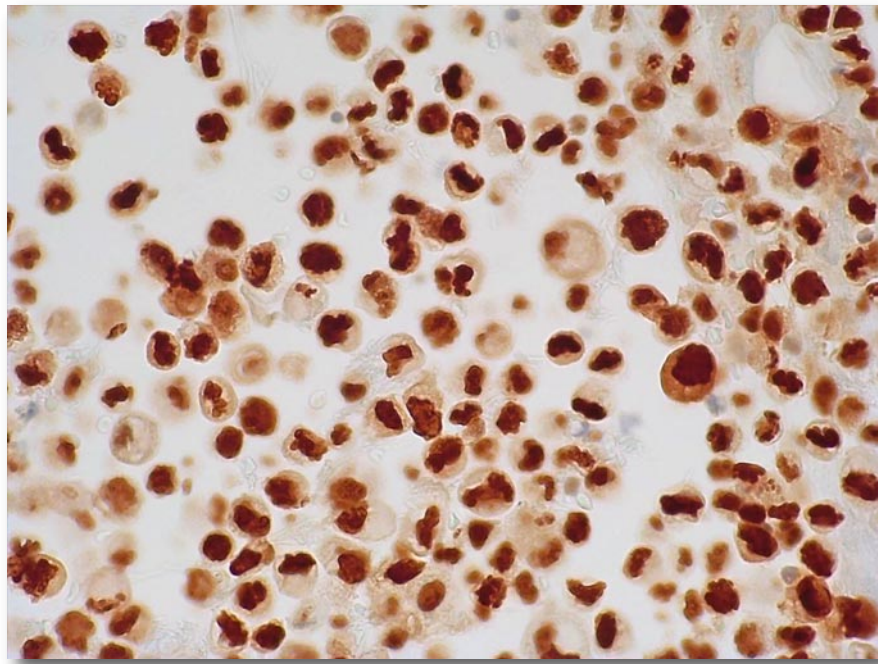


Image 5

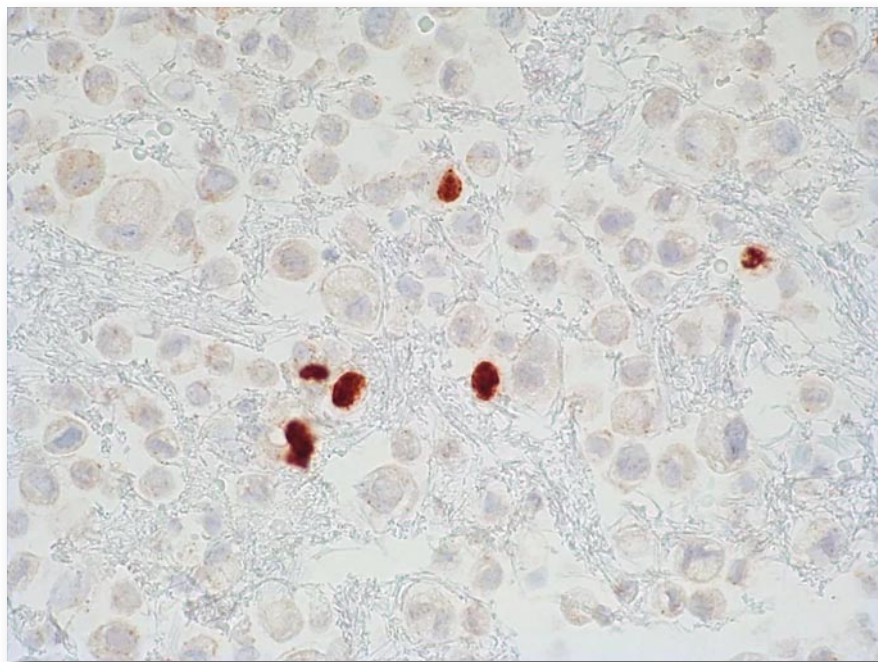


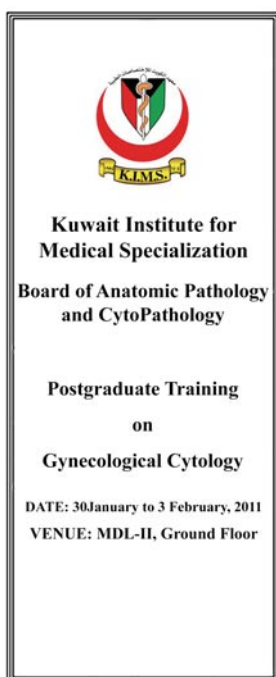
Image 6

The cytological appearances, together with the IHC, are those of an adenocarcinoma in keeping with a primary breast origin. The panel of IHC performed allows other likely primary sites to be excluded, given the overall profile. Possible likely other adenocarcinomas in this sex/age group would be lung (typically TTF1 positive), bowel (typically CDX2 positive) and gynaecological tract (typically PAX8 positive, and high-grade serous carcinoma would also typically be WT1 positive). No IHC is ever 100% specific, but the overall staining and morphology are diagnostic here. The possibility of a malignant mesothelioma, although remote, is also excluded by the overall IHC profile, and lack of mesothelial cell markers.

Although no primary site was clinically suspected at the time of the cytology sample, further investigations did reveal a large mass in the left breast. A core biopsy of the breast mass has been taken which confirmed a grade 3 breast carcinoma, which was GATA 3 and oestrogen positive, HER 2 negative. She is now under the management of the breast team

# Recollections of Training in Kuwait, 2011

Jenny Davies, FIBMS (retired)



In 2010, Dr Mina Desai was originally invited by Professor Kusum Kapila to provide a short course on Gynae Cytopathology for Post Graduates at the Faculty of Medicine, Kuwait University.

Prof. Kapila was the Head of the Cytology Unit in Pathology, and a great supporter for training for her Cytotechnologists (her girls!). As such, she requested a combined programme for the Postgrads and Cytotechnologists. This was where my input came about; plus, I had the majority of the

ThinPrep slides in the Training Centre, that would be used for the workshops (we were teaching and screening both SurePath and ThinPrep at the time). I was to supervise the slide circulation and help with microscopy difficulties

After a few weeks of preparation, we set off in January 2011 for Kuwait armed with some 500 slides in our hand luggage. Given that when the slide boxes are scanned in those boxes for 100 slides, it can look suspiciously like a car battery or something – we didn't want to be locked up before we'd even done anything!

They paid for us to travel Business Class (luxury!), so the first place we went to was Business Class Lounge. We thought we had time for a leisurely coffee, but then there was an announcement over the tannoy – "Final call for passengers Davies and Desai to go to departure gate....". We had to be whisked off in an airport transport vehicle to make our connection; so funny being stared at by everyone else, with Mina's hair almost flying out behind!

We were met at our destination by our driver, who turned out to be our personal Chauffeur for the duration, and would take us to anywhere we wanted to go.



We were welcomed very warmly at the Faculty, first left above, (I wish I could remember all their names), and we got to work almost straight away, getting the workshops ready. They have a culture of very early starts and late finishes, with a 3 hour break in the middle of the day because of the heat. The training consisted of update lectures covering normal, pitfalls, infections, SIL and cervical and non-cervical lesions (Bethesda terminology). The effort we put in was

rewarded by such attentive and interested participants for the full 5 days. They had very good facilities. Prof. Kapila is in the white coat in the right had picture above.

Because of the 3 hour mid-day break, we were able to see a little of Kuwait City itself, with our trusty driver at our beck and call! We stayed at the Marriot hotel which had an exclusive shopping mall underground. Full of all the designer shops with no prices in the windows (say no more), and yet next door there was a tenement block with broken walls and lines full of washing. So much contrast in one place. One day, Mina and I were in the hotel, and an Arab gentleman waved Mina and I out of the way, so that he could guide his wife and himself to a lift before us. We had to wait for the next one! Whilst out and about, we saw the traditional fishing boats in the harbour, the beautiful tiled buildings and had a trip to the Kuwait Towers, which I loved. They are essentially part of the water tower system, and the largest sphere holds over a million gallons of water. That tower houses a restaurant and a café with viewing areas. The spheres are covered in ceramic tiles. Quite beautiful.



The team at Mubarak hospital and Kuwait University invited us out for a meal before travelling home. This was in the Al Boom Steak and Seafood Restaurant. A fantastic dining experience in a converted traditional Dhow ship. Great food and great company. I don't have space to post more pictures, so this is a mere snippet. We worked hard on long days, were rewarded with a little time to explore such an unusual

city, and got to meet some really lovely people. Thanks to Mina Desai for my chance to travel there, and to Prof. Kapila for giving us the opportunity. I was lucky enough to be invited back the same year, to provide a mock Quate Examination for "the girls", but that's another story.





## 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 Philippe Viehl** American Hospital of Paris

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

**BAC ASM/AGM &  
10<sup>TH</sup> ANNIVERSARY CELEBRATION  
DOUBLETREE HILTON HOTEL,  
NOTTINGHAM  
FRIDAY 15<sup>TH</sup> OCTOBER 2021**

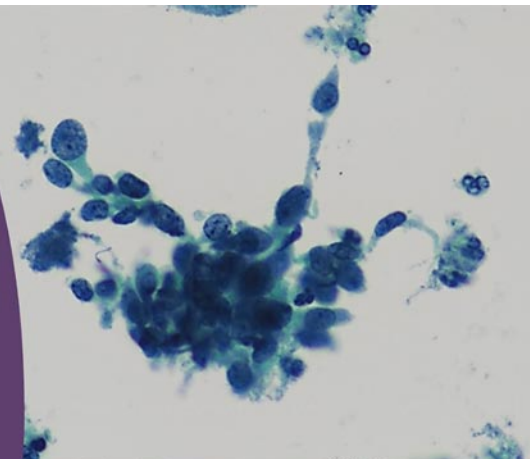
Hybrid event - attendance can be in-person or via Zoom

**\*\*BAC members free of charge\*\***

National and international speakers including Professor Philippe Viehl (Editor in Chief of Cytopathology, Paris), Professor Mina Desai (Manchester, UK) and Robbie Wilson (Head Biomedical Scientist, Belfast) plus cytological case studies.

Following the meeting, there will be a drinks reception and evening meal to celebrate the 10th anniversary of the BAC.

Full information and how to book at [www.britishecology.org.uk](http://www.britishecology.org.uk)



# CONTENTS

Vol 32 No 1 2021

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

©BAC MMXXI 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.

<b>EDITORIAL</b> <i>Sharon Roberts-Gant</i>	<b>1</b>
<b>PRESIDENT'S PIECE</b> <i>Alison Cropper</i>	<b>2</b>
<b>CHAIRMAN'S COLUMN</b> <i>Dr Anthony Maddox</i>	<b>3</b>
<b>SCAN</b> <i>Headley Glencross</i>	<b>4</b>
<b>EDUCATIONAL QUIZ</b> <i>Paul Cross</i>	<b>5</b>
<b>SCAN VOLUME 1:1 JANUARY 1990</b>	<b>6</b>
<b>BAC 10<sup>th</sup> ANNIVERSARY</b> <i>Allan Wilson</i>	<b>10</b>
<b>PAST, PRESENT AND FUTURE</b> <i>Dr Thomas Giles</i>	<b>11</b>
<b>HAVE I GOT OLD NEWS FOR YOU!</b>	<b>14</b>
<b>CEC: JOURNAL BASED LEARNING</b>	<b>16</b>
<b>THE ORIGINS OF THE BAC LOGO</b> <i>Jenny Davies</i>	<b>18</b>
<b>ANSWERS TO THE EDUCATIONAL QUIZ</b>	<b>19</b>
<b>RECOLLECTIONS OF TRAINING IN KUWAIT 2011</b> <i>Jenny Davies</i>	<b>21</b>
<b>ANSWERS TO THE EDUCATIONAL QUIZ</b>	<b>19</b>
<b>BAC/ASM &amp; AGM 10th ANNIVERSARY CELEBRATION</b> <i>Information and booking details</i>	<b>23</b>

**Front Cover image:**

*SCAN covers through the years.*

