

CANDIDATES FOR EXFOLIATIVE CYTOLOGY OF THE CERVIX

PAUL FREELING, M.B., B.S.
Southall, Middlesex

CARCINOMA of the uterine cervix is now a preventable disease. The Ministry of Health has recognized that screening of the general population for cervical cancer should become a routine. It has agreed to the requests of various groups within the medical profession and has announced the setting up of training centres for cytologists and cyto-technicians.

If a screening campaign is to be effective, as many women as possible must be brought into the net of the campaign and these women must be encouraged to remain within the net of the campaign. A single cervical smear may reveal carcinoma-in-situ of the cervix but a negative smear does not mean that the woman will never develop carcinoma of the cervix. If a screening campaign is to be effective as many women as possible must be screened and continue to be re-screened at intervals of no greater than five years. Postal invitation for screening brought only a 50 per cent response in Aberdeen and 20 per cent response at Darbeshire House. If a nation-wide screening campaign is to be instituted it remains to be decided who will take the smears and where they will be taken.

The number of cytologists and cyto-technicians in the contry will continue to be limited for some time and it is unlikely that it will ever be economical to run cytology laboratories at very much below their maximum capacity for handling work. It is important to know what the continuing demand for a cytological service would be. It is already possible to calculate the number of smears that would be obtainable from hospital patients.

A survey of the vaginal examinations being performed in day-to-day general practice was undertaken. Specimens for cytology could be obtained during such examinations without the expenditure of much extra time and together with the hospital figures would provide a basis for calculating the expected work flow through a cytology laboratory.

Method

All members and associates of the Northern Home Counties
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Faculty of the College of General Practitioners were circularized. Forms were designed so that each case was recorded individually. Precautions were taken to exclude any one patient from being reported twice in the six months for which the survey lasted. Correspondents were asked to include in their returns all those patients on whom vaginal examinations were performed whatever the reason and those patients who presented with gynaecological or obstetric complaints in which examination was not performed.

Results

Some 320 doctors were circularized. Eighty-five doctors expressed interest in the scheme and 75 doctors eventually provided returns which could be utilized in the survey. These 75 doctors cared for a population of 210,000 people. They provided returns for 351 calendar months and reported 3,596 cases. Seven hundred and eighty-nine were pregnant at the time, 869 were postnatal examinations. The remaining 1,938 examinations we have designated gynaecological although some may have been more accurately labelled surgical (see table).

TABLE
VAGINAL EXAMINATIONS PERFORMED

	<i>Total</i>	<i>Referred to hospital</i>	
		<i>No.</i>	<i>Per cent of total</i>
Non-Pregnant:			
Postnatal	869	5	1
Gynaecological ..	1938	651	34
Total:	2807	656	23
Pregnant	789	277	28
Total:	3596	933	26

The general practitioners taking part in the survey examined an average of ten patients each calendar month and referred less than a fifth of these to gynaecological outpatient departments. Figure 1 shows the spread of results from the different doctors. The frequency of vaginal examination does not seem closely related to list size but those doctors reporting the highest number of cases had above average lists of patients.

It is convenient to consider the cases reported as being the product of 351 doctors working for one month. If this is done then the average list of those reporting is 2,550, almost exactly the national average. To extend these figures to cover a year's work it is necessary

to exclude those women who were pregnant at the time of examination as they will be counted again in the postnatal examinations. The number of such examinations and the age groups of those examined is shown in figure 2.

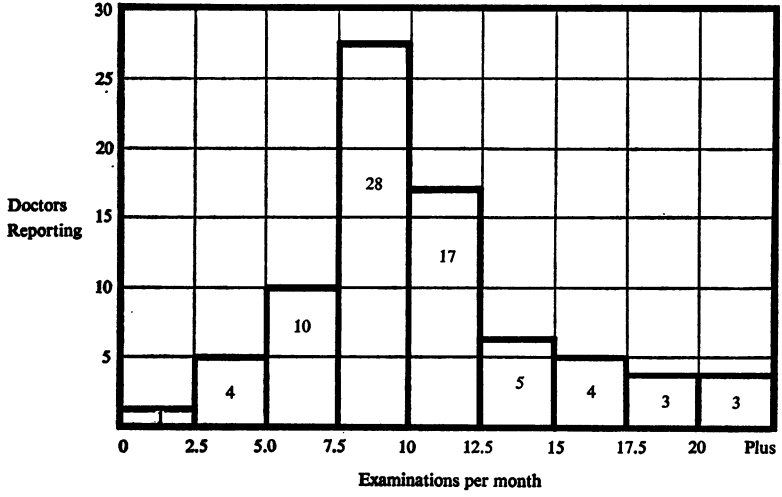


Figure 1.
Examinations per doctor per month

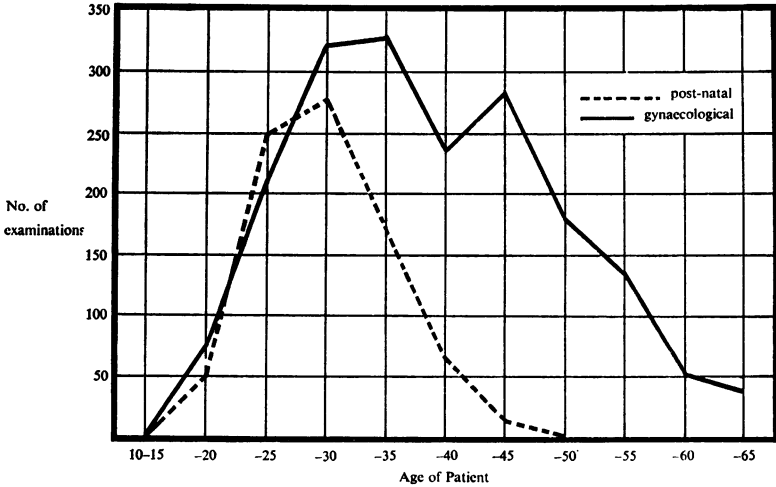


Figure 2.
Examinations by age group

From these figures and using 1962 population statistics it can be calculated that our average general practitioner is already each year

examining, without referring to hospital, one-seventh of his female patients aged 30–39; or one-eighth aged 20–50; or one-ninth aged 25–60.

Discussion

It would seem that if facilities for cervical cytology are made available to the general practitioners at the same time as they are made available to the local hospital consultants, then a reasonable proportion of the population could have specimens taken for cervical cytology without any appreciable increase in the work of the general practitioner and without the cost of postal or advertisement invitation.

Since our general practitioners treated, without referral to hospital, two-thirds of their gynaecological cases and since the expected number of births for an area can be calculated, it becomes possible for a laboratory to calculate the expected flow of work through its cytology department independent of the intermittent effectiveness of a public campaign. Since there is no immediate urgency in obtaining a result from a smear a cytology department could cope with intermittent increases due to local publicity without having too much unused staff for the rest of the time.

By the time that re-screening becomes necessary the number of cytologists and cyto-technicians produced by the training centres will have increased and will be able to cope with the extra work. Smears for re-screening and from volunteers could be taken at well-women clinics. These clinics could be run by general practitioners, local authorities, or voluntary organizations according to local inclination in just the same way as well-baby clinics are already organized.

Summary

A survey of the vaginal examinations being performed in day-to-day general practice was carried out in the Northern Home Counties Faculty of the College of General Practitioners. It showed that our average general practitioner refers only one third of patients with gynaecological complaints to hospitals and that those patients not referred, when added to those examined postnatally, constitute a reasonable proportion of those female patients in his practice who would normally be included in a screening campaign for cervical cancer. It is considered that facilities for smear interpretation must be made available to the general practitioner parallel with their becoming available to the local hospital consultant and it is pointed out that so doing will enable sensible planning provision to be made for the staffing of laboratory cytology departments.

Acknowledgements

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