VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE

236-254 St. Kilda Road, Melbourne, 3004

MICHAEL DRAKE, DIRECTOR
M.B., B.S., F.R.C.P.A., F.R.C.Path., F.R.A.C.P., F.I.A.C.

GABRIELE MEDLEY, DEPUTY DIRECTOR
M.B., B.S., F.R.C.P.A., F.I.A.C.

24 JUN

P.O. BOX 253B
MELBOURNE, 3001
Telephone: 62-3831

MD/CK

20th June, 1986

Dr. N. Gray,
Director,
Anti-Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON 3053

Dear Nigel,

Thank you for your most recent letter regarding Heather Mitchell. I am most appreciative of the clear and unambiguous way in which you have set out the conditions associated with the granting of an Anti-Cancer Council Fellowship to Heather. It has certainly been most helpful to me in my own thinking.

At the outset I feel that I should stress that I have no anxieties regarding my own role as Departmental Head nor any fear that this role will be "denigrated" by Heather's activities. My sole concern throughout our various discussions and exchanges of correspondence has been to promote the interests of the V.C.(G.)S. I continue to believe that these interests would be best served by establishing an epidemiology unit within the Service and my recommendation to the Board will be that we work towards this end. I feel that the formation of such a unit would assist greatly in promoting the image of the Service and in maintaining the morale and enthusiasm of senior staff members. In this latter regard I believe that it is most important that the analyses of the data accumulated over 20 years by the efforts of many people should be seen as a collaborative effort and that the input of all senior staff members should be sought.

These statements should not be interpreted as a lack of appreciation of the financial support of the Anti-Cancer Council nor of your own efforts in gaining this support. As in the past I am most grateful both to you and your Council for this assistance. Nevertheless I would have to admit to some anxiety that the proposed method of employment of Heather may lead to some conflict of interest. I do believe that it is most important that she should not be distracted from the work of the Service as I consider that there is an urgent need to capitalise on the activities of the past 20 years - both for the good of the Service and, more importantly, for that of the community.

VCSAAP

You will note from the Minutes of the last meeting of the Board that, in good faith, I confused members of the Board as to the terms of Heather's Fellowship. Accordingly it will be necessary for the matter to be reconsidered by the Board at its next meeting to be held on Friday, 27th June. As I am on Sabbatical leave I will not be present at that meeting but I assume that Gabriele will ensure that the matter is placed on the agenda and I have no doubt that you will be able to reassure Board members that my personal fears and anxieties are without substance. Unfortunately, and equally in good faith, I have confused Heather regarding her future employment and she may well wish to reconsider her position. Presumably Gabriele will discuss the matter with her prior to the Board meeting and will be able to report to that meeting.

Again my thanks for your letter and for your continued assistance, and my kindest regards.

Sincerely,

(Michael Drake)

VCSAAP

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

May 21, 1986 40-060

Confidential

Dr Michael Drake
Director
Victorian Cytology (Gynaecological) Service
PO Box 253B
Melbourne 3001

Dear Michael,

I am putting this in writing in the interests of complete clarity. I think it's important that we have a clear understanding of what the ACCV is providing in the way of support for Heather Mitchell. The committee which considered this was very clear in its view. This view was:

1. That Heather should be paid at a NH&MRC salary level. They believed that they were being very generous in offering the salary of $45,975. It would be quite unacceptable to them for Heather to receive more than this once she is on the Fellowship. Thus, I think you have two clear options:

   If she starts her appointment as a Fellow on May 1 then her salary must be $45,975 from that date. Or, if you wish to defer her deflation from $48,000 to $45,975 until June, then you would have to fund her from other sources until June.

2. The Committee was definite that Heather was to be offered a Research Fellowship of the ACCV. She was offered this in her own right and will be reviewed, as would any Fellow, on the basis that she is responsible for the work she undertakes both in conception and implementation.

   This is not to denigrate your role as Department Head. You naturally have the right to agree or disagree as to what work is done in your Department as would, say, the Professor of Surgery. However, Heather will have to take full responsibility for what she has done when the moment of review comes in a couple of years' time.

My understanding is that she is not an employee of the VC(G)S and thus we are responsible for workers' compensation. There is no provision for superannuation in the Fellowship. As for the method of payment: we can pay her directly or via the VC(G)S, either is satisfactory.

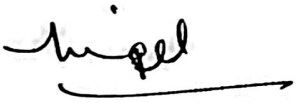
This arrangement is an absolutely standard one for us. Any independent research worker receiving support carries total responsibility for the work done; after all, if the review after three years is unsatisfactory we can sack the

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Cables: ACCOVIC MELBOURNE Telex: VCCG AA 34158

Research Fellow but we can't sack the Professor.

I don't really think the arrangement should cause any difficulty and I hope all is clear and acceptable between us.

Yours sincerely



Nigel Gray
Director

PS. Sorry this is late - I was away for a week and then needed to check with my Chairman.

TELEX MESSAGE

GA
30449
AGE AA30449
VCCG AA34158

APRIL 24 1986

THE EDITOR
THE AGE

DEAR SIR,
I HASTEN TO REASSURE BARBARA SCOULLAR (AGE, APRIL 24) CONCERNING THE PAP SMEAR PROGRAM.

ANY VICTORIAN WOMAN CAN HAVE A PAP SMEAR SIMPLY BY ASKING HER FAMILY DOCTOR TO DO IT. THIS SERVICE IS FUNDED BY MEDICARE. IF THE SPECIMEN IS SENT TO THE VICTORIAN CYTOLOGY (GYNAECOLOGIAL) SERVICE (AS ARE 85 PERCENT) THEN A FIRST CLASS SERVICE IS PROVIDED FREE OF CHARGE AT STATE GOVERNMENT EXPENSE.

WE ENCOURAGE VITORIAN WOMEN TO HAVE PAP SMERS. ALTHOUGH ONLY 250,000 OF THE 'AT RISK' POPULATION OF 1.4 MILLION, HAVE NEVER HAD A PAP SMEAR, THIS GROUP EXPERIENCES THE MAJORITY OF THE CERVICAL CNCER.

CERVICAL CANCER IS A COMPLETELY CONTROLLABLE DISEASE IF THE PAP SMEAR IS USED CORRECTLY.

YOURS SINCERELY

(DR.) NIGEL GRAY

DIRECTOR
ANTI CANCER COUNCIL OF VICTORIA

*
AGE AA30449
VCCG AA34158
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-D=02:55-S:65A-H:03P00.....

TELEX MESSAGE

NJG.

IN CONFIDENCE

ANTI-CANCER COUNCIL OF VICTORIA

MEMORANDUM TO: PROFESSOR G.J.A. CLUNIE

FROM: ADRIENNE J. HOLZER

RE: HEATHER MITCHELL

AH-MM-3 12th March, 1986

Apparently Heather Mitchell is currently on a salary around $48000. This is roughly equivalent to the NH & MRC Senior Research Fellow, $37751, plus clinical loading $10198 = $47949.

She probably should be on a level around NH & MRC Senior Research Officer = $30894 plus clinical loading $10198 = $41092.

For your information, Dr. Andrew Boyd is on NH & MRC Senior Research Fellow, $38961 plus clinical loading $10198 = $49159.

A.J.H.

c.c. Dr. Nigel Gray ✓

Heather Mitchell

IN CONFIDENCE

CANCER COUNCIL VICTORIA

11/3/86

Nigel,

Re: Heather Mitchell

She is currently on the equivalent of NHMRC Senior Research Fellow 05 = $37,751 plus clinical loading $10,198 = $47,949

According to RRH her appropriate status is Senior Research Officer NHMRC 05 = $30,894 plus clinical loading $10,198 = $41,092.

1 Rathdowne Street, Carlton South, Australia 3053. Telephone 662 3300.

CONF

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA
Anti-Cancer Council of Victoria

March 4, 1986

40-015/4

Don't Send
4/3/85

Dr. Michael Drake
Director
Victorian Cytology (Gynaecol
PO Box 253B
Melbourne 3001

Dear Michael,

We have just had a meeting of the Working Party on Cervical Cancer, which recommended the following:-

1. That Heather Mitchell be appointed as an Anti-Cancer Council Research Fellow with a term of three years and a review after two.

2. Provision of a personal computer with the facility to interface with the VC(G)S computer, and appropriate software.

3. A maintenance amount of $5000 a year.

4. Provision of a clerical assistant.

We had a clear discussion of your opinion that the VC(G)S should establish its own epidemiology unit. Whereas nobody was antagonistic to this concept it was the clear opinion that Heather was, at this point in time, quite junior and that it would not be appropriate to recommend long term funding of a unit based around her.

I understand that the proposal outlined above doesn't give long term security but it was agreed that it would be premature to consider endowing a laboratory until performance had been demonstrated.

I am not sure what salary Heather is on. However, it's important to note that the ACCV generally sticks to NH&MRC salary scales in making grants such as this. I think you and I will need to discuss this issue as I will have to satisfy the Chairman of the Scientific Committee on the matter.

Yours sincerely

Nigel Gray
Director

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
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CONF

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA
Anti-Cancer Council of Victoria

40-015/4

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PO Box 253B
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Yours sincerely

Nigel Gray
Director

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THE MEDICAL JOURNAL OF AUSTRALIA

77-79 ARUNDEL STREET, GLEBE, NSW AUSTRALIA 2037 • PHONE: (02) 660-6055

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GLEBE, NSW 2037

Editor: Kathleen King, MRCPath, MASM

Cables and Telegrams: MEDPUCO,
SYDNEY
Telex: 24814

86-2101

March 4, 1986

Dr Nigel Gray
Director
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH VIC 3053

Dear Dr Gray,

Thank you for submitting your letter to the Editor on "Human papilloma virus and cervical cancer", which we are pleased to accept.

The letter will appear in a forthcoming issue of the Journal. Some sub-editing may be necessary to conform to Journal style.

Yours sincerely,

Kathleen King, MRCPath
Editor

KK/lr

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

February 26 1986

40-004

The Editor
The Medical Journal of Australia
PO Box 116
Glebe NSW 2037

Dear Sir

I read Susanne Abraham's letter expressing worries about the need for accurate information to be transmitted to the population via health professionals in relation to the papilloma virus and cervical cancer, and some of the resultant press publicity, with interest.

I think she is expecting a bit much of young people who were asked to answer questions at a shopping centre. At this time in history scientists are a little uncertain about the facts and many of the complex questions related to cancer control remain unanswered.

Some of the things troubling me include :

* If papilloma virus is the probable major cause, is it the only one?

* What caused all the cervical cancer in the 1930s, 1940s and 1950s? This disease was decreasing prior to the introduction of the Pap smear in many parts of the world (including Australia). Sexual freedom arrived later.

* The major cervical cancer risk group at present is unscreened women over 40 (approximately a quarter million out of an at-risk total of 1.4 million in Victoria). This population is suffering most of the cancer and is a difficult group to attract into screening. Are we likely to attract them into screening by telling them that cervical cancer is a sexually transmitted disease? I have been concerned for some years over the dogmatic way in which this disease was classified by some as a disease of "promiscuous women". Research then discovered that the "promiscuity" could be the responsibility of the male, not the female, and now, that some wart virus strains are prime candidates.

What is the best way to handle the problem? First of all, let's not have hysterics as we did with AIDS. This disease is eminently controllable by intelligent use of the Pap smear. It may also be substantially preventable via improved public knowledge and sensible barrier contraceptive practice.

We need to achieve better agreement among scientists as to who should be screened and when, by whom, at at whose cost. We will learn a lot about the biology of the disease by progressively screening younger people, but we won't save many lives. We will save a significant number of lives by screening women over forty, at less cost. Whether this population is advised to have screening every six, twelve, twenty-four or thirty-six months is much less important than whether we succeed in screening all of them **once.** We therefore need some well researched public education programs aimed at achieving a first-ever screening of the population we have so far missed (planned for this year in Victoria).

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Informing young people is going to be important but the message is fairly complex. Fortunately, it doesn't differ substantially from the one the STD therapists would wish to transmit about herpes simplex and the other STDs.

We certainly need some research into the infectivity of wart virus, e.g. is it routinely transmitted to every sexual contact or are individuals transiently or intermittently infective? If so, for how long? It's difficult to counsel people without this information.

Yours sincerely

Nigel Gray
Director

Spare.

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

February 26 1986 40-004

The Editor
The Medical Journal of Australia
PO Box 116
Glebe NSW 2037

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Yours sincerely

Nigel Gray
Director

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA
Anti-Cancer Council of Victoria

40-015/1

WORKING PARTY ON CERVICAL CANCER
Notes on Meeting held at the Anti-Cancer Council of Victoria
2 p.m. Monday, March 3 1986

Present: Prof. G. Clunie
Mr. A. Day
Dr Nigel Gray
Prof. E. Guli
Prof. D. White

1. **Appointment of Dr. Heather Mitchell as Research Fellow**

After a lengthy interview it was agreed to recommend to the Standing Research Committee that Dr. Mitchell be appointed as an Anti-Cancer Council Research Fellow with a term of three years and review after two. This is not to be the E.V.Keogh Fellowship, which is for a more senior graduate. The group recommended the following :

(i) That Heather Mitchell's salary be paid in full. Professor Clunie and Dr. Gray to consider the detailed level, in association with NH &MRC salary scales.

(ii) Provision of an appropriate personal computer with the facility to interface with the Victorian Cytology (Gynaecological) Service (VCGS) ICL computer, and appropriate software.

(iii) A maintenance amount of $5000 a year.

(iv) Provision of a clerical assistant.

It was agreed that no research assistant should be appointed at this time and that any such appointment would depend on the firmer development of a prospective study, as proposed in her project.

The projects to be regarded as immediate high priority included :

(a) Analysis of the currently accumulated VC(G)S data base.

(b) Quality control study of VC(G)S material.

(c) Studies of the natural history of carcinoma of the cervix.

(d) Study of adenocarcinoma of the cervix.

(e) Studies of rapid onset cervical cancer.

(f) Studies of carcinoma in situ.

It was agreed that the suggested prospective study of human papilloma virus infection in patients with cervical neoplasia depended on the provision of a virus typing facility in Melbourne, concerning which a decision has not yet

been made. It was not considered likely that the VC(G)S would be developing this technology or that Heather Mitchell would be developing specialist expertise in applying it.

2. **Consideration of the establishment of wart virus typing facility in Melbourne**

It was agreed that there were two types of laboratory which could be encouraged to develop this technology -

(i) Good quality diagnostic laboratory. This included Fairfield, State Health Department Microbiology Unit (Melbourne University).

(ii) Molecular biological laboratory. Potential workers and groups included Fairfield, Peter Wright (Monash University), Mike Dyall-Smith (Melbourne University Dept of Microbiology), Ludwig Institute, Hall Institute (Suzanne Corey). The group agreed that the best way to proceed was for Professor Clunie and Dr. Gray to discuss the possibility of organising a national seminar on the subject with Tony Burgess, with a view to organising such a seminar later in the year. At that time detailed reasons for supporting the facility would be developed. Two alternatives are possible: the first, that the Anti-Cancer Council could invite applications from interested laboratories; the second, that negotiations could be held with individual laboratories.

N.J.G.

Mar 4, 1986 NJG

Don't circulate

40-015/3

Reasons for establishing Wart Virus Typing in Melbourne

1. To develop initially as a research facility wart virus typing with the objective that such a procedure should be available for routine diagnostic purposes at an appropriate time. When that time comes the Anti-Cancer Council could expect to lobby the Government to provide a Medicare item number for this service.

2. To establish which is the best routine method of virus typing.

3. To establish which cases of cervical cancer, if any, are negative for wart virus.

1. To establish which virus types give which risk ratios within which time frame for both in situ and, if possible, invasive cancer of the cervix.

2. to establish which co-factors, e.g. herpes simplex virus; smoking; the contraceptive pill; might be operative in which group of patients and in which age groups.

Mar 3 1986 NJG

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE
236-254 St. Kilda Road, Melbourne, 3004

MICHAEL DRAKE, DIRECTOR
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P.O. BOX 253B
MELBOURNE, 3001
Telephone: 62-3831

27 FEB 1986

MD/CK

27th February, 1986

PERSONAL & CONFIDENTIAL

Dr. N. Gray,
Director,
Anti-Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON SOUTH 3053

Dear Nigel,

I understand that Heather Mitchell will be hand-delivering her grant application this afternoon and I have asked her if she would be kind enough to deliver this letter also.

I know that Heather has been concerned by the haste with which she has had to prepare her submission and I must admit that I share her concern. It is important to realise that Heather did not join our staff until the end of last year and that she was immediately confronted by over 4 million smear records, supplemented by a mass of follow-up data, much of this material in a state of transition between two computer systems. The fact that she has made so much progress in such a short time is a tribute to her ability and application to the task. Nevertheless it is obvious that she requires more time to assess the material available to her and to familiarise herself with the operation of our cytology screening programme and with all aspects of cervical neoplasia and its precursors. At this stage it is extremely difficult to define with any precision her avenues of investigation and it would be most unwise of her to become committed to an inflexible three or five year research programme. Heather has emphasized this aspect in her submission and I would certainly endorse her comments. However, I know that you and the members of your subcommittee will understand the problems that Heather has faced in the preparation of a detailed submission at this stage.

The main purpose of this letter is to reiterate my belief that the V.C.(G.)S. should establish its own epidemiology unit and that the activities of this unit should represent the major research interests of the Service. It would be very helpful indeed if this unit could be identified as an entity and I would again recommend that the unit be linked by name to the Anti-Cancer Council of Victoria. I was most interested in your suggestion, in a recent telephone conversation, that Bill Keogh's name might be associated with the unit. I sincerely believe that this unit, modestly but adequately funded, could make a major contribution to knowledge concerning cervical neoplasia and

EPIAAO

screening programmes for the detection of the disease. Accordingly I also believe that the Anti-Cancer Council would be proud to be associated by name with the unit and would feel that the use of Bill Keogh's name was entirely appropriate.

There would be significant advantages in establishing a clearly defined entity such as this. Undoubtedly we would anticipate continued support from the Anti-Cancer Council provided, of course, that the work of the unit lived up to our expectations. However, it would also facilitate the seeking of financial support from other sources. There seems little doubt that Government medical research funds will be directed more and more to aspects of preventative and community medicine and this, coupled with the increasing pressures on Government by women's health gorups, should ensure some financial assistance to the research activities of the V.C.(G.)S. I also believe that a direct approach could be made to the medical insurance companies and to women's groups within the community seeking support. The enclosed copy of a letter written to the Chairperson of the Women's Health Policy Working Party illustrates the possible avenues of support.

In making these points I would not like to infer that I am unappreciative of your help. Indeed I am most grateful for your interest and your efforts to expedite the granting of money to cover Heather's salary. However, I suppose that I am trying to emphasize that Heather will require additional support if she is to achieve an optimal return for her efforts. I believe that she will become frustrated if she has to cope single-handed with the vast accumulation of data currently available. I also have a certain sense of urgency as there are many units throughout the world evaluating the significance of H.P.V. in the genesis of cervical cancer. Whilst, in the final analysis, it is the knowledge that matters, it would be nice to be the first to promulgate at least some of the knowledge.

In summary, I would again ask that you and your Executive give consideration to endowing an epidemiology unit at the V.C.(G.)S. I fully accept that the endowment must, at the moment, be limited to the equivalent of Heather's salary, and indeed I would be most grateful if such assistance is given. Nevertheless I would anticipate that such endowment would indicate a commitment to further support provided, of course, that the activities of the unit were satisfactory.

EPIAAO

I finish by assuring you that my interest is not entirely a selfish one. I have a great respect for the Anti-Cancer Council of Victoria and I am most appreciative of past assistance. I sincerely believe that the opportunity exists for the Council to be identified with a sure winner.

With many thanks and best wishes,

Yours sincerely,

(Michael Drake)

Encl.

EPIAAO

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P.O. BOX 253B
MELBOURNE, 3001
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MD/CK

20th February, 1986

Ms. J. Edward,
Executive Officer,
Women's Health Policy Working Party,
c/- Planning Division,
Health Department Victoria,
555 Collins Street,
MELBOURNE 3000

Dear Ms. Edward,

Thank you for your letter of 6th January, 1986, and for the copy of your discussion paper "Why Women's Health?". We were particularly interested in the section relating to cancer in women and the problems relating to the detection and treatment of this disease. Whilst recognizing that breast cancer is the most common cancer in women we would emphasize that cancer of the uterine cervix is also common and is a major cause of mortality and morbidity amongst the women of Victoria. More importantly, perhaps, it is currently the sole adult malignancy for which an organized programme of preventive medical care is both available and effective. We refer to the use of "Pap." smears for the detection of the early stages of cervical cancer, known usually as carcinoma in situ, this detection allowing curative treatment with minimal surgical intervention.

A screening progamme, based on regular Pap. smears, has been available to all Victorian women since 1965. This programme is provided by the Victorian Cytology (Gynaecological) Service which operates as a free laboratory service and receives specimens from medical practitioners throughout the State. In addition to interpreting these specimens the Service conducts a comprehensive follow-up programme, information being sought and collated on all women in whom a significant abnormality has been reported.

Four million smears have been examined by the Service since its inception 21 years ago. The data base holds currently the names of 900,000 women who have had smears. This is undoubtedly an overestimate as the Service is not always informed of name changes and identification data may not always be supplied correctly. However, each woman listed has therefore had an average of 4.5 smears. Ideally each woman listed should have had 10 smears over the 20 year period as, in the absence of an abnormality, repeat smears are recommended every two years. There is absolutely no evidence that the Service is being over-utilized. Conversely there is abundant evidence that the screening programme is

VCSACI

being under-utilized and that the potential benefits of the programme are not being achieved.

It is estimated that there are approximately 1.5 million women in Victoria who are at risk of cervical cancer. All women who have had sexual intercourse are at risk for the disease and should be screened regularly. As already indicated less than 900,000 women have been screened on at least one occasion over the past 20 years and there is even more cause for concern when the number of smears received are subdivided according to the age of the women from whom these smears were taken. Thus we estimate that only 16 per cent. of women aged 15 - 19 years of age are having smears. Furthermore, whilst only 14 per cent. of the smears received are from women over the age of 50 years, 80 per cent. of the deaths from cervical cancer occur in this age group. We believe, therefore, that there is clear evidence of deficiencies in the screening of Victorian women. We further believe that there are groups of women who are not exposed at all to the screening service. These include certain ethnic communities and possibly some geographically isolated or financially deprived groups.

This evidence of under-utilization of the facilities available is particularly disturbing in the light of the apparent changing nature of cervical cancer. Thus experience in Victoria, and indeed throughout the world, shows that the disease is becoming more common especially in young women. In 1983 there were 96 deaths from cervical cancer amongst the women of Victoria, the youngest being less than 30 years of age. Of equal concern are the statistics concerning new cases of carcinoma in situ, the early curable stage of the disease. A preliminary estimate indicates that 800 new cases of early carcinoma were diagnosed in Victorian women during 1984 whilst 3,000 women had smears indicating pre-cancerous disease. The youngest woman to develop carcinoma in situ was aged 16 years.

It is obvious from these figures that the current screening programme must be maintained and indeed expanded and that every effort must be made to increase the utilization of the Service by Victorian women. The deaths referred to above should be regarded as preventable and it must also be recognized that the greater the delay in diagnosis, with a consequent advancement of the disease, the more radical is the treatment required and the greater the degree of morbidity. Conversely early detection and modern therapy allows for curative treatment with minimal long-term effects for the patient.

A recent survey has indicated that approximately 300,000 women, or 20 per cent. of the population at risk in Victoria, have never had a Pap. smear. There is obviously a need to conduct a vigorous public education programme to ensure that these women avail themselves of the facilities available and to ensure, also, that those women who have had smears attend more regularly. Before conducting such a programme it is essential that the cytology service be expanded to cope with the increased diagnostic workload. The Victorian Cytology (Gynaecological)

Service handles currently just under 300,000 cervical smears annually. It is extremely cost effective, its operating budget being approximately $1.5 million annually. The average cost per smear, if referred to the Service is less than half that of the rebate if the test is performed by a private pathology laboratory. Thus, although the Service would require increased space, staff and equipment to ensure that the women of Victoria are better protected from cervical cancer the overall financial needs are relatively modest and the cost benefits of such an expanded screening programme considerable.

We would welcome the opportunity of further discussing these issues with you.

Yours sincerely,

Michael Drake
Director

Gabriele Medley
Deputy Director

Heather Mitchell,
Epidemiologist

VCSACI

A member of the Australian Cancer Society
Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

CONFIRMATION OF MEETING DATE

FOR WORKING PARTY FOR CERVICAL CANCER

Professor G.J.A. Clunie
Professor D. White
Assoc. Professor E. Guli
Mr. A. Day
Dr. N.J. Gray

The Working Party will meet in Dr. Nigel Gray's office on Monday, 3rd March, 1986 at 2.00 p.m.

A copy of Heather Mitchell's application is attached.

Adrienne J. Holzer
Secretary to the Council

February 27, 1986

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Cables: ACCOVIC MELBOURNE Telex: VCCG AA 34158

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE
236-254 St. Kilda Road, Melbourne, 3004

MICHAEL DRAKE, DIRECTOR
M.B., B.S., F.R.C.P.A., F.R.C.Path., F.R.A.C.P., F.I.A.C.

GABRIELE MEDLEY, DEPUTY DIRECTOR
M.B., B.S., F.R.C.P.A., F.I.A.C.

P.O. BOX 253B
MELBOURNE, 3001
Telephone: 62-3831

HM/CK

27th February, 1986

The Working Party on Cervical Cancer,
Anti-Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON SOUTH 3053
Victoria

Dear Sirs,

Please find enclosed the requested submission on cervical cancer and screening.

With only 9 days to prepare this document, it is necessarily in a somewhat rudimentary form. It does cover the areas that I believe are worthy of epidemiological research, but many of the projects outlined will need further development prior to implementation. This applies particularly to the prospective work on human papilloma virus infection and cervical neoplasia.

Nevertheless I believe it will provide you with an idea of the spectrum of research that can be done. I would of course be happy to oblige with more details in due course.

Yours sincerely,

Heather Mitchell.

Heather Mitchell

Encl.

Anti-Cancer Council of Victoria

1 RATHDOWNE STREET,
CARLTON SOUTH,
AUSTRALIA, 3053.

TELEPHONE: [03] 662 3300
Cables: ACCOVIC MELBOURNE

Director: Dr. Nigel Gray,
AM, MB, BS, FRACP, FACMA.

Research Grant Application Form

N.B. Closing Date for Applications: 1st July.
To: Secretary, Anti Cancer Council of Victoria.
Applications received after this date will not be considered.

Applicants are strongly advised to read the "Guide to Applicants" accompanying this form.

PROJECT 1. State short descriptive title of project. Be clear, brief, precise and informative to workers outside your field.	The Epidemiology of Cervical Neoplasia and Relevant Screening Programs	
APPLICANTS 2. Name, Initials and Surname. Indicate Prof./Assoc. Prof./Dr/etc.	Chief Investigators Dr. Heather S. Mitchell	
3. Institution and Department	Victorian Cytology (Gynaecological) Service, 236-254 St. Kilda Rd., Melbourne 3004	
4. Appointment	Epidemiologist	
5. Year of birth	1950	
6. Academic Qualifications: Indicate conferring institutions and dates	M.B., B.S. Monash University, 1976 F.R.A.C.P. Royal Australasian College of Physicians, 1982 M.Sc. University of London, 1985	
7. Fraction of working time (in working days/month) devoted to: (a) this project	20 working days/month	
(b) other research projects (list other projects by title.)		
OTHER PARTICIPANTS 8. List names and qualifications. Indicate involvement in the project in average working days/month	--	
9. What technical and other staff (other than those requested) will be available to assist with this project? Indicate involvement in the project in average working days/month.	Intermittent assistance may be possible from the clerical staff of the Victorian Cytology (Gynaecological) Service. It is not possible to estimate the number of working days/month.	
10. Will there be any research students working on the project? If so, state the numbers and the qualifications being sought.	No.	

11. Does this project involve experiments on human subjects? ..... ~~YES~~/NO

If yes, please arrange for your Department Head to sign the following certification –

EXPERIMENTS ON HUMAN SUBJECTS – CERTIFICATION BY HEAD OF DEPARTMENT

I certify that proposed experiments on human subjects will conform with the general principles set out in the NH & MRC "Statement on Human Experimentation" and that this project has been referred to the institution's ethics committee, the report of which: (a) is included with this application
(b) will be forwarded to the Secretary of the Council*

* Failure to forward this report will affect review of this application.

NAME (Block Letters) Prof./Assoc. Prof./Dr/etc.: ..... Department .....

Signature: ..... Date: .....

	YES	NO
12. Is animal experimentation involved in this project?	☐	☒
If yes, has the protocol been cleared by an appropriate institutional committee to conform with the NH & MRC "Statement on Animal Experimentation"?	☐	☐
13. (a) will Chief Investigator(s) be absent from job for a significant period during first year of grant?	☐	☒
(b) If so, state length of absence ..... ; name of person		
14. Does this project involve the in vitro production of recombinant DNA molecules?	☐	☒

ALL ENTRIES ON THIS FORM SHOULD BE TYPED CLEARLY USING A BLACK RIBBON.
SUPPLEMENTARY PAGES SHOULD BE TYPED ON SAME SIZE PAGES AS THIS FORM.

Tick appropriate box for: (a) INITIAL support for project ☐ Expected duration of project . . . . . year(s)
(b) SUPPLEMENTARY support beyond the original provision by the Council ☐

DETAILED BUDGET FOR GRANT ITEMS	Priority	Amount Requested This year	Amount Requested Second Year	Amount Requested Third Year
(1) **PERSONNEL (when calculating salaries provide for amount needed for payroll tax and workers compensation)**				
(2) **EQUIPMENT (Items costing more than $400)**				
(3) **MAINTENANCE**				
(4) **OTHER**				
TOTAL				

Indicate support granted, or for which application has been made, (indicate which) for a) this project and b) other projects, from your own institution, Anti-Cancer Council, and other bodies (e.g. N.H. & M.R.C.) for years indicated.

	Name of body granting support	1st column should indicate the amounts for the current year and other columns for future years support is requested.			
		19–85 $	19–86 $	19–87 $	19–88 $
a) THIS PROJECT					
b) OTHER PROJECTS					

AIMS OF PROJECT

List the specific aims and potential significance of the project. If hypotheses are to be tested, they should be clearly stated.

1. To perform epidemiological analyses relevant to neoplasia of the cervix and cervical screening.

2. To undertake prospective work designed to evaluate at a population level the hypotheses that HPV subtypes 16 and 18 are associated with carcinoma in situ and invasive cancer of the cervix and that HPV subtypes 6 and 11 are associated with benign genital conditions. Quantification of the risk of these conditions developing with/after exposure to the relevant HPV subtypes would be determined. This research would provide much needed information on the strength of the etiological association between the wart virus and cervical neoplasia, and would allow guidance in the clinical management of women infected with genital HPV.

3. To assist in the national case-control study on cervical cancer; the core protocol which is being used throughout Australia will be followed with the optional section in Victoria focusing on an analysis of the reasons why invasive cancer is still occurring when it is currently viewed as a 'preventable' disease.

BACKGROUND, RESEARCH PLAN, JUSTIFICATION OF BUDGET AND RELEVANT PUBLICATIONS

Refer to relevant publications of other works which will help in this assessment. The applicants own publications relevant to this project over the last 5 years should be listed. Only published papers and papers accepted for publication in refereed journals are to be listed. Abstracts or conference proceedings should not be included.
Ensure that sufficient detail is provided on the Research Plan for assessors to understand and comment upon the proposal.

BACKGROUND AND RESEARCH PLAN

The V.C.(G.)S. appears uniquely situated within Australia to be able to undertake excellent epidemiological analysis and research on the dual topics of diseases of the cervix and cervical screening. The pertinent features of the V.C.(G.)S. which facilitate this research can be listed as follows:

- a well established and carefully conducted screening service with highly competent and motivated personnel.
- a population based coverage such that the V.C.(G.)S. receives 85% of all screening smears performed on Victorian women (currently 300,000 smears are received per year).
- a computerized data base holding the 4 million records which have accumulated during 1965 - 1985.
- careful follow-up of women with abnormalities and all resulting histological diagnoses, allowing both for correlation with the cytological prediction and a definitive endpoint for research studies.
- excellent rapport with the 4600 medical practitioners who use the Service such that prospective work could be undertaken.

Many epidemiological projects are therefore possible. Given adequate resources, the following appear to be ones which are both feasible and important. It must however be stressed that epidemiology is a relatively 'fluid' research area and consequently new projects often evolve from work which has just been completed. There is therefore a danger in rigid commitment to a long-term research program unless reasonable flexibility can be exercised as necessary.

The successful completion of the outlined projects would necessitate the following minimum resources:

- one full-time epidemiologist
- one research assistant
- one clerical assistant as required
- a personal computer capable both of being interfaced with the current ICL computer of the V.C.(G.)S. and of performing independent analysis of large epidemiological

BACKGROUND, RESEARCH PLAN, JUSTIFICATION OF BUDGET AND RELEVANT PUBLICATIONS

data-bases. (Continued)

Analysis of the Currently Accumulated Data-Base

The 4 million records of the last 20 years represent a large population-orientated data-base. Even by international standards, this is a rare collection and an analysis of it could provide useful information in two broad areas - firstly, the changing spectrum of cervical disease over the last two decades and secondly, demographic details on the women who have used the Service. With respect to this latter aspect, particular emphasis in the analysis should be directed to determining whether a learning/training effect can be shown in screening patterns by age cohort i.e. are women who were aged 20-30 years in 1965 when the V.C.(G.)S. began operating having more smears now at ages 40-50 years than women who were aged 40-50 years in 1965 when the Service first became operational?

This type of analysis would have important implications for the direction any future educational program may take. It would also allow a better prediction of the likely future pattern of cervical disease and consequently the necessary screening facilities for Australian women.

Quality Control Study

This project would determine the statistical correlation between the cytological prediction and the subsequent histological diagnosis. The results would provide valuable information for internal quality control and indicate the degree of confidence with which a cytological prediction could be interpreted. Furthermore, as the V.C.(G.)S. is considered a centre of excellence for cytological diagnosis, the study would also have important implications in establishing reference standards for other laboratories both within Australia and overseas.

Natural History Studies

A variety of these are possible, but the following appear to be of considerable importance:

- An analysis to determine the time to develop malignancy after cytological evidence of wart virus infection, and whether there is a variation according to age of the woman. More precise information on this will emerge as HPV subtyping develops, but some preliminary data would greatly assist in planning epidemiological studies and in guiding the medical profession in their management of women with cervical HPV infection. We have shown that younger women have a greater risk of developing carcinoma in situ after cytological evidence of wart virus infection, and although a range of times was shown for the malignancy to develop (1-6 years), it was not possible in that analysis to quantify the time by age.[1] This information could however be obtained by an extension of the previous research.
- A study of the outcome in women with cytologically documented dysplasia or carcinoma in situ who do not undergo treatment of same. Currently there is a paucity of information on the natural history of these conditions, although some evidence suggests regression rates of up to 25%. [2,3] This figure should however be interpreted with caution as the series were small and conducted 20 - 30 years ago. Larger series and more recent estimates would appear timely. This project would involve approaching the women concerned unless they had had a recent smear.

Adenocarcinoma of the Cervix

Although it is estimated that adenocarcinoma accounts for between 10-20% of all invasive cervical malignancy [4,5], it is not known whether regular Papanicolaou smears protect against the development of this type of cervical neoplasia. The methodology which was used to assess this for squamous cell carcinoma [6] could be equally applied to women with adenocarcinoma. A sufficiently large group of women with adenocarcinoma of the cervix could be collected from the histological notifications to the V.C.(G.)S. and the

BACKGROUND, RESEARCH PLAN, JUSTIFICATION OF BUDGET AND RELEVANT PUBLICATIONS

(Continued)

Victorian Cancer Registry such that an appropriately large study could be directed at this issue.

Rapid Onset Cervical Cancer

A number of case reports and small observational series [7,8] suggest that there has been a change in the natural history of cervical cancer with young women recently showing a tendency to develop a rapid onset after previously normal cytology. The data is by no means conclusive at this stage. The data-base of the V.C.(G.)S. could be reviewed at a number of intervals during 1965-1985 to allow a more detailed analysis of the time trends. The results could have obvious relevance to the important area of recommended screening intervals.

Carcinoma in Situ

This is the type of malignancy the screening service wishes to detect. Over 800 histologically confirmed cases were notified to the V.C.(G.)S. as a result of cytology performed in 1984. An analysis of this large case series would provide data on relevant demographic details, the screening histories of the women concerned, the association with wart virus and herpes infections (as determined cytologically), and an estimation of the mean time to develop carcinoma in situ from a normal smear.

Participation in the National case Control Study of Women with Cervical Cancer

At my suggestion the Victorian group has elected not to undertake a detailed risk factor study as we believe this will be much more appropriate in the near future when HPV typing becomes available. Rather we have directed our project towards determining the reasons for failure of the screening service such that cases of invasive cancer are still being diagnosed. Identification of these reasons has important implications for the thrust of any educational program which is directed at both the female population and the medical profession, and for the internal standards operating within the screening service itself. Nevertheless the Victorian project will still collect sufficient basic detail on risk factor status for both cases and controls such that our study will contribute to the national study.

Human Papilloma Virus Infection and Cervical Neoplasia

Biological and epidemiological evidence is increasingly pointing to the HPV as being an aetiological agent for cancer of the cervix. An association has been demonstrated between HPV subtypes 16 and 18 for both carcinoma in situ and invasive cervical malignancy. Conversely HPV subtypes 6 and 11 appear to be associated with mild cervical dysplasia and benign genital warts.[9] Determination of the HPV subtype has not yet been applied at a clinical level in Australia, and even the overseas evidence to date relies on only a small number of observations. The application of epidemiological techniques to these relatively recent developments in DNA hybridisation could be viewed as a priority area for future research.

Melbourne would seem an ideal location for this area of research as not only does it have the strong clinical facilities of the V.C.(G.)S., but it also has a number of centres of excellence in molecular biology. Data could be collected on the prevalence of HPV subtypes in both normal and abnormal cervices and on the cancer risk associated with the different types of HPV. This research would contribute to understanding the role of HPV as an aetiological agent in cervical cancer and in offering guidance on the recommendations for screening frequency and the need for intervention in women with HPV infections of the genital tract.

In 1984 approximately 6500 women had V.C.(G.)S. smear reports issued which mentioned the presence of wart virus infection. Of these, 3500 were otherwise a benign report, 2400 indicated an associated dysplasia, 235 an associated malignancy and 365 were inconclusive. These figures indicate that the V.C.(G.)S. sees an abundance of women

BACKGROUND, RESEARCH PLAN, JUSTIFICATION OF BUDGET AND RELEVANT PUBLICATIONS

(Continued)

with cytological evidence of wart virus infection, and that there should be little difficulty in recruiting a sufficiently large sample size for prospective research.

The following types of epidemiological study should therefore be considered.

Initially observational data could be collected on the prevalence of HPV subtypes in women with dysplasia, carcinoma in situ, and invasive cancer and in women with normal cervices. The latter will be important because of a study from London [10] has shown that 7% of cervices which are clinically, cytologically, and colposcopically normal harbour HPV 6. This type of research would provide basic information about the frequency with which the various subtypes of HPV can be detected in a variety of clinical conditions. It would not establish that HPV is causative of cervical cancer.

A case control study could develop from the above and this would allow a quantification of the risk of developing malignancy after exposure to various HPV subtypes. Unfortunately the HPV subtype could only be determined at the time when the malignancy had developed, and no information could be provided on women who are infected with a particular HPV subtype but who do not progress to malignancy. Information would need to be obtained from both cases and controls on a variety of other points e.g. possible cofactors for the HPV, confounding variables and other established risk factors for cervical malignancy.

This type of study would allow testing of the current hypothesis that HPV types 16 and 18 are associated with cervical malignancy. It would be a reasonably quick study (1-2 years) and therefore relatively inexpensive. A comparatively small sample size would be necessary.

e.g. If α = 0.01 (2 sided)
β = 0.10
p_0 (the proportion of control women exposed to HPV) = 0.1
(estimated from Ref. 10)

then 44 cases and 44 control women would be necessary to detect a relative

PATENT STATEMENT

"I/We agree to assign absolutely to the Anti-Cancer Council of Victoria all rights in any inventions or discoveries made during the tenure of the grant and to which I/We may be otherwise entitled".

Signature of Chief Investigators: (1) Heather Mitchell Date 27/2/86

(2) ..... Date .....

CERTIFICATE OF HEAD OF DEPARTMENT

I certify that the project is appropriate to the general facilities in my Department and that I am prepared to have the project carried out in my Department.

NAME (Block Letters) ~~Prof./Assoc. Prof./Dr/etc.~~ M. J. DRAKE Department: V.C.C.(G).S.

SIGNATURE: ..... Date: 27/2/86.

Note:– A confidential statement may be forwarded direct to the A.C.C. of Vic. if thought advisable.

I certify that this request satisfies all the requirements of this Institution and that the classifications quoted for personnel are in accordance with practice at this Institution.

Signature of Head of Institution (or Nominee): ..... Date: 27/2/86.

Appointment: DIRECTOR

risk of 5.

A smaller number of cases and controls would be necessary to detect a larger risk. Similarly a smaller number of cases would be necessary if the ratio of control women to cases exceeded 1.

It is likely that the risk of cancer developing with certain HPV subtypes is very much greater than 5, but a more precise estimation of the necessary sample size is not possible because of lack of information about the proportion of normal women who harbour the various HPV subtypes.

The final type of epidemiological analysis which could be undertaken in the near future would be a prospective cohort study. This would allow the most precise definition of the risk and the most valid assessment of the role of other postulated risk factors or co-factors which may be necessary for the HPV to exert its malignant potential. There is some animal and human evidence which suggests that HPV group is only oncogenic in the presence of co-factors. The possible co-factors for cervical malignancy in humans may include smoking, herpes simplex virus or the oral contraceptive pill. A cohort study is the ideal method of assessing these points with maximal reliability and minimal bias, as all relevant information is collected prior to the woman developing the disease and therefore the possibility of recall bias which can be a major difficulty with retrospective work is minimised.

For example, a cohort of 1000 women less than 40 years of age with previously normal cytology who convert to smears showing evidence of HPV infection could have subtyping performed and be followed prospectively for 3 years. Using incidence rates from the South Australia Cancer Registry (the Victorian Cancer Registry is not yet able to provide local incidence rates for carcinoma in situ), 2 cases of carcinoma in situ could be expected to develop for 3000 women years at risk; this then represents the expected number of cases from a general population. These women would not however be at risk of the incidence rates for the general population. Rather they are a high risk group and our previous work based on women who have cytological evidence of HPV infection suggests that approximately 26 cases of carcinoma in situ may be expected for this period of follow-up. The actual number could be very much greater as the group would have not only cytological evidence of HPV infection but also genetic evidence.

Only 6 or more cases would need to be observed in our exposed cohort for us to be able to reject at the 5% significance level the hypothesis that exposure to the wart virus was not associated with an increased risk of carcinoma in situ. If the true risk ratio was $\geqslant 5$ the power of this study to detect the difference would be 99%; a larger risk ratio would have 100% power i.e. virtually no chance of a false negative result.

These are more than acceptable levels of significance and power for a cohort study, and in fact exceed the commonly accepted standards by such a degree that subgroup analysis according to HPV subtype would be very likely possible. Indeed this would be the ultimate aim of this type of research. Again it is not possible to be more specific in calculating the appropriate sample size because of a lack of published quantitative statistics in this area. Nevertheless I believe 3000 women years at risk to be an acceptably safe follow-up time period. For a longitudinal study it is a relatively short period and I believe we are only justified in considering it because the evidence implicating HPV is so strong and therefore the risk estimates are likely to be staggeringly high.

This type of prospective work would not allow estimates of the risk of invasive carcinoma developing with a variety of HPV subtypes as it would be unethical to allow women to advance to this stage of malignancy while under observation in a research project.

A prospective project of this type is both lengthy and expensive. It would require careful thinking and planning prior to it being executed. However by allowing a determination of incidence rates, by reducing the possibility of bias in obtaining information and by

providing a better estimate of the degree of association between exposure and disease (it would allow for women who may change their HPV status), it is the preferable study. Conversely a case-control study allows a once-only documentation of the woman's HPV status and that is for the cases at the time of her malignancy - it does not cater for changes in HPV status within an individual woman nor does it provide information on women who have had the HPV subtype but who do not or have not yet developed cervical malignancy at the time of the study. It does however allow testing of the current hypothesis that HPV types 16 and 18 are associated with carcinoma in situ and invasive cancer of the cervix.

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9. Singer A, Walker P G & McCance D J
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10. Wickenden C et al
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£ 17ccu,
Research fellow 3 years whole UK.
Review at 2

Recognise that prospective study depends on decision re virus typing which this s/e must make.

Salary - look at NHMRC level
P.C. + interface software
maintenance 5000
clerical assistant

recognise in its project + ??
as dependent on external decisions

Typing
1. To establish the negatives certainty
2. To " positives as a service in a year or two
3. We seed + ask for an item no in 2 years
4. We establish which is the best method,
5. Which type q[illegible] which [illegible]
which time frame → in situ → [illegible]
6. Which co factors are operative in which Histo types + which viral types

CERVICAL CANCER?

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

February 26, 1986 40-012/5

Mr. Arthur Day
Alcaston House
2 Collins Street
Melbourne 3000

Dear Arthur,

Thank you very much for your note about cervical cancer.

The Committee was keen on the idea and set up a small working party to examine it in detail.

We put you on it!

Cheers -

Yours sincerely

Nigel Gray
Director

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Cables: ACCOVIC MELBOURNE Telex: VCCG AA 34158

TELEPHONE: 63 1893

PRIVATE: 20 1217

Copy given to AJH 14/2/86

14 FEB 1986

ALCASTON HOUSE
2 COLLINS STREET
MELBOURNE. 3000

13th February, 1986

Dr. Nigel Gray,
Director,
Anti-Cancer Council of Victoria,
Keogh House,
1 Rathdowne Street,
CARLTON SOUTH, 3053.

Dear Nigel,

I write firstly, to offer my apolgies for the Medical and Scientific Meeting on Monday 17th February, as I will be in Sydney at that time.

I am sad that I am missing this meeting, because it is about the only meeting that I could possibly be of some help, I think. In particular, I refer to Attachment 11 on carcinoma of the cervix.

I could only say that I would support your notions wholeheartedly. We do lag behind the world in virus typing facilities and I am sure that if we could get this under way, we would have quite a good epidemiological study possible in Melbourne. Certainly the V.C.G.S. is the forum to do it and I am also equally convinced that our publicity should be towards fostering the prosperity of the V.C.G.S. You will no doubt know that I am somewhat alone in this thought amongst some of our gynaecological colleagues, who tend to support private enterprise a little bit more enthusiastically. In my clinic at Queen Victoria and my own private practice, I see a lot of patients who have had smears done by private groups, where inexperience does tend to show through in inexpert reporting and hence the problems of potential over-treatment.

I certainly agree with all of 40-X-046. With paragraph 1 and 2 of 49-ML-20.

In essence I would like to give you my proxy to support any vote there should be towards prospering your thoughts for this study.

Once again my apologies for missing the meeting.

With kind regards,

Yours sincerely,

ARTHUR DAY
per Spellman

ARTHUR DAY F.R.A.C.S., F.R.A.C.O.G.

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA
Anti-Cancer Council of Victoria

February 20, 1986

57-LR-00/12

Memorandum to: Dr. N.J. Gray

From: Professor R.R.H. Lovell

Subject: Cervical Cancer Study

You probably know this already. Bob McLennan told me today that in a study of carcinoma of the cervix in Perth, biopsy material is being sent for wart virus studies to Zurhausen who lives either in Heidelberg or Tubigen in Germany.

RL.

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
Cables: ACCOVIC MELBOURNE Telex: VCCG AA 34158

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB. BS. FRACP. FRACMA

Anti-Cancer Council of Victoria

February 12, 1986

40-X-076/4

Dr. R. J. Swannell
Coordinator for Cancer Prevention
Cancer Health Building
147-163 Charlotte Street
Brisbane 4001

Dear Dr. Swannell,

Michael Daube passed on a copy of your letter requesting comment on ways of running cervical cancer campaigns and it seemed sensible for me to make contact with you.

The Anti-Cancer Council of Victoria has been promoting the Pap smear to a variable extent since its introduction in 1965 in Victoria. The Victorian situation is somewhat specialist in that the vast majority of the Pap smears are processed at State Government expense in a single laboratory run by the Victorian Cytology (Gynaecological) Service, which is situated in Prince Henry's Hospital.

Attached is a little table showing the results of a survey done by our Director of Public Education (Dr. David Hill) last year. As you will see, the information suggests that between 240,000 and 340,000 Victorian women have never had a smear, out of a population at risk of 1.4 million.

We further have to face the fact that something like three-quarters of the cancer occurring in Victoria occurs in the population which has never previously had a Pap smear (this figure subject to confirmation shortly by the Victorian Cancer Registry).

We are proposing to run a publicity campaign this year aimed at persuading women who have never had a Pap smear, to have one.

The second issue which is of major concern and which is raised in your letter, relates to the fact that it now seems very likely that at least some (probably most) of the cervical cancer is attributable to infection with one or several of the human papilloma strains, i.e. we are now pretty certain that cervical cancer is a sexually transmitted disease.

I am very anxious that we don't risk stimulating the same sort of hysteria which arose about AIDS when its viral cause became known quite recently. Although the situations are parallel in many respects, with relation to AIDS we have no effective public health means of combatting the disease. With cervical cancer we have a very effective way of combatting the disease, i.e. persuading the population at risk to have Pap smears.

I am currently rather wary of running campaigns aimed at informing the public about the effect of the papilloma viruses. However, I think we will be forced to consider this matter, on the grounds that if we don't provide accurate

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Cables: ACCOVIC MELBOURNE Telex: VCCG AA 34158

information on this topic, the Women's Weekly probably will.

The issue raises quite a lot of problems for us, not the least of which is the fact that it may well be that there are other aetiologies for the disease and that the population at risk is female, over 40, very often over 50, and not likely to be appealed to by campaigns which define cervical cancer as a sexually transmitted disease of promiscuous people.

In summary, we haven't quite worked out yet how best to deal with the need to deliver accurate information. However, we are committed to attempting to screen the population we have so far missed.

Finally, I note that your brief states "aimed at informing the community concerning the risk factors for cervix cancer and the relevant benefits of premarital and marital monogamy". I am uncertain whether monogamy is sufficiently saleable to provide a practical basis for a public health campaign. I certainly do think that a campaign to promote barrier contraception should be a sensible part of a cancer control program.

I will be very interested to hear from you when your program is further developed.

Best wishes.

Yours sincerely

Nigel Gray
Director

Encl: Table

cc+: M.Daube, D.Hill, G.Giles

PAP TEST SURVEY, VICTORIA - JULY, AUGUST, SEPTEMBER, 1984
- ROY MORGAN RESEARCH CENTRE

AGE IN YEARS	POPULATION IN '000'S	NEVER HAD PAP TEST	
		%	NUMBER IN '000'S - 95% CONFIDENCE LIMITS
18 - 24	236	42.3	70 —— 129
25 - 34	335	11.7	19 —— 59
35 - 49	335	10.0	16 —— 50
50 + over	504	23.1	97 —— 135
TOTAL 18 + over	1,410	20.4	234 —— 341

21-KM-02
4th December, 1985
KM:kt

Western Australia

alth Department of Western Australia

Your ref 31-3-0
Our ref MMD:RR
Enquiries

7 FEB 1986

Dr R J Swannell
Co-ordinator for Cancer Prevention
Cancer Epidemiology and Prevention Unit
State Health Building
147-163 Charlotte Street
BRISBANE 4001

Dear Dr Swannell

I write in response to your letter of 8th January.

We are also concerned to implement effective programmes in the cancer prevention arena.

We are also very conscious of difficulties entailed in sensitive issues such as cancer of the cervix. We have not undertaken a public campaign of the kind described in the last paragraph of your letter. We are currently, in conjunction with the Cancer Foundation of Western Australia, considering other approaches to this problem.

With best wishes.

Yours sincerely

Michael M Daube
EXECUTIVE DIRECTOR
HEALTH PROMOTION AND EDUCATION SERVICES

February 3, 1986

60 Beaufort St Perth WA 6000 Tel (09) 3280241 Telex AA 93111 Telegrams WAHEALTH
Letters PO Box 8172 Stirling St Perth 6000

Queensland Department of Health
Cancer Epidemiology and Prevention Unit
State Health Building
147-163 Charlotte Street.
G.P.O. Box 48.
Brisbane 4001.
Telephone 224 0515
Telex AA 42531

Your Ref:
Our Ref: 31-3-0
Enquiries:
Telephone: 224 7083

8 January 1985

The Officer-in-Charge,
Health Education Section,
W.A. Department of Health,
PERTH. W.A. 6000

Dear Sir/Madam,

The Queensland Government has initiated a comprehensive cancer prevention programme aimed at halting the rise in cancer mortality within ten years and lowering it by 5% within twenty years.

We are working on a number of different fronts, and in most cases in conjunction with other bodies to achieve a common purpose. One of the cancers that is high on our list of priorities is cancer of the cervix. Here we are looking at both primary and secondary prevention. In relation to the latter, we have had a committee studying the Pap. smear programme in Queensland and making recommendations for its more effective operation.

We believe that the primary prevention of cervix cancer is theoretically possible, in that the risk factors are well established. We are not sure, however, just how we should go about this. Any advertising campaign related to sexual behaviour is unlikely to be well received or even effective. We are somewhat encouraged in the knowledge that measures aimed at reducing the incidence of cervix cancer are consistent with those that are effective in reducing the incidence of other important sexually transmitted diseases, and that a joint effort with the STD people may be an effective approach to take.

My purpose in writing is to ask if you have undertaken a campaign at any time "aimed at informing the community concerning the risk factors for cervix cancer and the relevant benefits of pre-marital and marital monogamy". The latter is taken from the brief given to us. If so, details on what was undertaken and its effectiveness would be greatly appreciated.

M.S. 15.1.86
M.D. comments please

Yours faithfully,

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

February 5, 1986 40-X-046

MEMORANDUM TO: Medical & Scientific Committee

FROM: Nigel Gray

==========

Cervical Cancer

Attached (appendix 1) is a note I made, largely for my own benefit, in December. I would be grateful if the Committee would read this.

In January we had a meeting with Michael Drake to discuss cervical cancer, the Cytology Unit (VC(G)S), Heather Mitchell's future as epidemiologist with that unit, and the need for a publicity campaign to attract the unscreened women in the Victorian population. The notes on this meeting are attached (appendix 2). As an outcome, Michael Drake wrote me the attached letter (appendix 3) - this, together with appendix 2, sets out the situation quite clearly.

In early February we held a small meeting with David White, Professor of Microbiology at Melbourne University, to look for an up to date opinion as to the best way to identify papilloma viruses and to think about which people and which laboratories could/should be interested in (a) providing a virus typing service and (b) doing some research in this field. In summary, I would suggest the following :

1. That there exists an excellent opportunity for Melbourne to make a contribution to knowledge about the epidemiology of the carcinogenic wart viruses and the aetiology of cervical and other papilloma virus associated cancer.

2. That there is an important need to fund Heather Mitchell as epidemiologist to the VC(G)S; and to establish a virus typing facility.

3. It seems likely that the virus typing facility, which would have to meet a service need, would be best supervised by somebody with a strong research interest in the field.

Given that we are considering funding some other quite expensive initiatives, I would suggest that we should be looking to spend something slightly less than six figures on this project, if indeed we decide that it is worthy of our interest.

Following some general discussions it may be that the best way to proceed is to establish a small ad hoc subcommittee to make recommendations to the Standing Research Committee at its next meeting. The Standing Research Committee could recommend any funding immediately and could be empowered to seek expressions of interest from appropriate laboratories/workers.

NJG

Encls Appendices 1,2,3

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APPENDIX I

February 5, 1986 49-ML-20

Issues in Cervical Cancer

One of the most important things we have to do in 1986 is get the cervical cancer situation straightened out.

The key component of our problem is that it now seems clear that squamous cell cervical cancer has a viral etiology. It **may** be that the **whole** etiology of the disease is explicable on the basis of HPV infection of a variety of subtypes. Such subtypes could well vary in their degree of agression; as did Type I polio in comparison to Type III.

We should look at the historical patterns of the disease to see whether the falling incidence which was apparent before the introduction of the Pap smear is **entirely** consistent with the viral hypothesis; together with the fluctuations in incidence rates since then.

An alternative explanation is that historical cervical cancer has some other carcinogen as its primary cause which is of a non-viral in nature. It is a little strange that historically, as promiscuity increased, cervical cancer was naturally decreasing **prior** to the introduction to the Pap smear. A little bit more thought and discussion needs to go into this and we need to re-examine the historical trends.

The second major issue of importance is the Australian cervical cancer case control study currently being developed. When this study was initiated it may well have been thought that a prime objective was to give support to the contention that the disease was due to a transmissable agent. In 1986 the most important thing to discover is whether the subtypes of HPV which infect our case control study population are all the same; if they vary, in what way do they vary; and which sub-types are associated with which type of disease pattern.

As a consequence, this case control study may need to concentrate less on finding the male partners of the cases and controls and more on identifying the viral type involved in each individual person. This may require obtaining a fresh Pap smear and perhaps some other specimens for analysis now or later.

We should not forget, when we do this, that Peter Reade says that wart virus changes are apparent in the dental cancer material (which could be subject to typing). Hence, our cervical cancer study patients (and controls) could probably provide suitable specimens of dental origin for study.

In summary, Melbourne is a good city in which to work out the epidemiology of wart virus.

The third thing we need to get right in 1986 is the directions in which our smear publicity campaign should take. There are various groups of dogmatic gynaecologists who espouse various rigid propositions. There is also the attractive and interesting need to widely smear the younger population in order to determine the future pattern of disease which will ensue from today's

pattern of primary infection. This need must be balanced with the need to smear the 40 and 50 year olds among whom most of the cancer deaths continue to occur.

One prime target, based on cost benefit, is presumably the need to smear the 'never smeared' patients in the older age groups in order to get rid of the incidence of cervical cancer. We know how to do this and there is no doubt we could make a big change in the mortality rate if we clean up the unsmeared population. By comparison with this objective in (terms of mortality), screening the younger population is relatively unimportant. Nevertheless, screening the younger population is of considerable importance in the long term and from the research point of view. Because of the nature of our centralised laboratory and the possibility of typing the viruses causing the trouble we have an important opportunity to contribute to world knowledge. We should not be deterred from this by the service needs of the cytology unit - we need to put research money into the right places in order to make sure that we gain knowledge very quickly over the next couple of years. The aggressive cases of cervical cancer recorded by Heather Mitchell indicate that at least some patients can go from normal to severe displasia within a year or two - this means we can learn a lot about the patterns of the various HPV infections in quite a short time. There may be few cities in the world which are so well placed as Melbourne to achieve this.

To meet these needs we need to get good epidemiologists thinking about the problem and there needs to be a small group discussion over the next few months to clarify the tasks which need to be done and the ways in which we approach them. The power of the purse will give the ACCV the opportunity to call some of the shots, although I imagine most of the necessay research could be set up for less than six figures.

Probably the first action needed is to look at a study to answer the question: What types of wart virus are to be found in a prospectively studied (a) subjects (to be defined) from Michael Drake's material, (b) patients with squamous cell carcinoma of cervix?

NJG

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

February 5, 1986

40-X-042

Dr. Michael Drake
Victorian Cytology (Gynaecological) Service
Prince Henry's Hospital
236-254 St Kilda Road
Melbourne 3004

Dear Michael,

Thanks for your note of January 17. My own opinion is almost identical to your own in every respect. I think the best way for me to proceed is to tell the Medical & Scientific Committee of our discussions, and some others I have had, about the viral technology and to suggest that they set up a small working party to make recommendations about finance and a modus operandi to the Standing Research Committee, which meets within a few months. My initial suggestion would be that we should invite them to fund Heather Mitchell's salary.

Your Board Meeting is on February 14 and our Medical & Scientific Committee is on the following Monday.

I may have a little trouble getting to your Board meeting as we are reviewing a major project on that day and I can't be sure that we will be clear in time. Nevertheless, this letter should be helpful if I am unable to make it - I will confirm on the day.

Cheers -

Yours sincerely

Nigel Gray
Director

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file

A member of the Australian Cancer Society
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

January 30, 1986 40-X-021

Private

Professor David White
Department of Microbiology
Melbourne University 3052

Dear David,

I know you are out of town so I am writing to give you a little background to the reason I have scratched out a lunchtime in your diary, namely, Wednesday, February 5 at 12.30 pm.

You know of our our obvious reasons for interest in cancer of the cervix. The situation is very intriguing at the moment, given the evidence that this disease is very likely to be caused by one or more of the wart viruses.

Michael Drake at the Victorian Cytology (Gynaecological) Service has a great deal of information on this topic but has never been very research oriented in the past. He has, however, recently acquired a good epidemiologist named Heather Mitchell.

I also heard from Peter Reade at the Dental School that they see wart virus changes in their mouth cancer material.

It's my own opinion that Melbourne would have a good opportunity at this time in history to contribute to knowledge about the epidemiology of wart virus. However, to do this we would require somewhere in the city a laboratory with the facility for identifying virus types in the various materials available.

Having said the above, I thought it might be good to solicit a bit of a tutorial about the technology (with which I am far from familiar) and also some opinion as to where this either exists or could be best set up.

I am assuming you will join me and my deputy, David Hill, for lunch, as I am sure the topic will interest you. I have also invited Dick Lovell - you may be aware that he now works for us half time in a variety of capacities.

Attached for information are some opinions I put together after some discussions with Michael Drake recently.

Yours sincerely

Nigel Gray
Director

Encl: Cervical notes.

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I would like, as an outcome of this meeting, to send a proposal to the Medical & Scientific Committee recommending two things:-

1. That we arrange to fund Heather Mitchell for Michael Drake (we might have to set up a small ad hoc subcommittee to examine a detailed proposal and approve it).

2. Look at ways of establishing and funding virus typing in Victoria (this also may require a small, possibly the same, working party, with power to act).

I have my fingers and toes crossed in order to ensure that you can come to the Review Committee meetings proposed - I couldn't see any alternative but to go ahead and set them up.

The final thing I have been doing is to think about the financing and ask whether we can afford all the proposals mentioned above. My general opinion is that we can, but I have got my fingers and toes crossed about this one too. I suspect that the major expenditure, i.e the prospective study, before and after, can be preceded by a feasibility study before final commitment and funding is decided upon.

Cheers -

Yours sincerely

Nigel Gray
Director

Encl: T.McMichael corres., Cervical Ca. Mtg. Notes,
Lr.Prof.D.White,

cc: AJH

APPENDIX 3

21 JAN 1986

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE

236-254 St. Kilda Road, Melbourne, 3004

MICHAEL DRAKE, DIRECTOR
M.B., B.S., F.R.C.P.A., F.R.C.Path., F.R.A.C.P., F.I.A.C.

GABRIELE MEDLEY, DEPUTY DIRECTOR
M.B., B.S., F.R.C.P.A., F.I.A.C.

P.O. BOX 253B
MELBOURNE, 3001
Telephone: 62-3831

MD/CK

17th January, 1986

Dr. Nigel Gray,
Director,
Anti-Cancer Council of Victoria,
Keogh House,
1 Rathdowne Street,
CARLTON SOUTH 3053

Dear Nigel,

Following our extremely pleasant and interesting discussion on Tuesday afternoon I have given further thought to Heather Mitchell's future. I have also had some discussions with Heather and she has indicated that she is anxious to remain at the V.C.(G.)S. and to continue her analysis of the data accumulated over the past 20 years. She is also keen to become involved in the various new lines of investigation that are opening up, largely as a result of our observations on human papilloma virus infection and its sequelae.

I believe that there is a very real need for the cytology service to develop its own small epidemiology unit and that the activities of this unit should represent its major research interest. As you know object one of the V.C.(G.)S. is "to provide in Victoria facilities for research and investigation with respect to the cytological examination of gynaecological specimens associated with cancer detection and to undertake such research and investigation".

Our experience with the H.L.A./H.S.V. project, so generously funded by the Anti-Cancer Council, convinced me that we just do not have the the expertise to supervise "basic" or "laboratory" research programmes. It is for this reason that I feel that we should not embark on H.P.V. typing, at least while the techniques remain semi-experimental and in a state of flux. I believe that they would be much better developed under the supervision of experienced virologists and virologically oriented biochemists. Of course the techniques will eventually become simplified and standardized and able to be introduced into any relevant laboratory. We are, of course, very good at observing morphological features and interpreting these. Such observational activities have considerable research potential but do not really require special funding. However, there is no doubt that our major strength at the moment is that we possess a vast amount of detailed information regarding the genesis of cervical cancer and the conduct of cytological screening programmes and that this information is all accessible to analysis by our in-house

VCSAAS

computer. In addition, we have access to well over 1,000,000 women throughout Victoria and excellent rapport with most of the medical practitioners in this State. I believe, therefore, that the V.C.(G.)S. has the capacity to make a major contribution to the body of knowledge regarding cervical cancer and can also contribute in a rational way to fundamental decisions regarding screening programmes. Heather Mitchell is central to these activities and I am hopeful that we can retain her in our organization and gradually develop support services for her. As stated above she has indicated that she would like to do so and hence I must now address the problem of funding.

I was most appreciative of your suggestion that finance may be made available by way of funds allocated to Graham Giles although I was left a little uncertain as to the implications of such funding. I believe that it is most important that Heather remains a full-time employee of the V.C.(G.)S., directly responsible to the Director of that Service, and that her time and efforts be devoted primarily to the data derived from the screening programme or projects generated by that programme. Otherwise there is a danger that her energies will become diffused over too many projects. Of course there would be scope for collaboration between Graham and Heather and indeed this is already taking place in a very productive manner.

I believe that the ideal arrangement, as far as the cytology service is concerned, would be to establish an epidemiology research unit within the V.C.(G.)S., the major financial requirements of such a unit being Heather Mitchell's salary plus modest support facilities. It is probable that funds could be derived from a number of sources, including the Victorian Health Department, although, like you, I am a little doubtful that they would regard such research oriented activities as part of routine operating costs. Obviously a grant from the Anti-Cancer Council would be optimal and I am not quite clear whether this was implied in your comments of last Tuesday. Alternatively it may be that you would require me to make a formal grant application for consideration by your various committees. Naturally I would be prepared to do this but I would be most grateful for your guidance. The unit could be linked by name to the Anti-Cancer Council and its activities could be guided by a group including people such as yourself and Graham Giles. However, I am most anxious that it should remain a part of the cytology service.

I believe that I should prepare some statement for the Board of Management for discussion at its meeting on Friday, February 14th, 1986 and hence I would be most appreciative of your comments in the next week or so.

VCSAAS

With best wishes,

Yours sincerely,

(Michael Drake)

P.S. As I indicated there are a number of references to the spread of H.P.V. infection from mothers to their infants. Some of these are as follows:

1. Tang, C.K., Shermeta, D.W., Wood, C.: Congenital Condylomata Acuminata. Am J. Obstet. Gynecol. August, 1978.

This is an interesting paper in that it describes an infant who was born with genital warts, the mother having the same disease. The evidence suggested that the child acquired his mother's disease during foetal life by transplacental haematogenous infection. The remainder of the references I am aware of refer to infantile laryngeal papillomatosis.

2. Duff, T.B.: Laryngeal Papillomatosis. J. Laryngol. Otol. 85, 947-956 (1971).

3. Cook, T.A.: Laryngeal Papilloma: Etiologic and Therapeutic Considerations. Ann. Otol. 82, 649-655 (1973).

4. Boyle, W.F., Riggs, J.L., Oshiro, L.S., Lenette, E.H.: Electron Microscopic Identification of Papova Virus in Laryngeal Papilloma. Laryngoscope 83, 1102-1108 (1973).

5. Arnold, W: Ätiologische Aspekte zur Frage der Entstehung der Larynxpapillome. Laryngol. Rhinol. Otol. 55, 102-111 (1976).

I also enclose a copy of a "letter to the Editor" which appeared in the Archives of Dermatology. This includes a few additional references.

VCSAAS

APPENDIX 2

A member of the Australian Cancer Society
Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria
Director: Dr Nigel Gray A.M MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

40-X-070

Cervical Cancer/Wart Virus Epidemiology

Notes on informal meeting held to discuss this issue
Tuesday, January 14 1986

Present: Nigel Gray, Michael Drake, David Hill, Graham Giles

---

1. Heather Mitchell. Her appointment has obviously been fruitful. Avenues for funding her future salary are the Victorian Health Department or Anti-Cancer Council.

   Discussions to focus on this with Graham Giles and Nigel Gray, thereafter discuss with Michael Drake.

2. Virus Typing. It was agreed that Melbourne needs an expert laboratory set up to go into the field of typing of wart viruses. Although the VC(G)S is a possibility it seemed that a specialist laboratory in an Institute should be sought.

   Project 1 - would be to look at cervical cancers and the natural history of cancers associated with specific sub-groups associated with wart virus.

   Project 2 - might be to look at partners of patients (cancer and non cancer) infected with wart virus.

   Project 3 - might be to look at horizontal transmission from mothers known to be pregnant at the time of diagnosis of wart virus infection.

   In general, although the first focal point would be cervical cancer, in due course we would want to look at other cancers and other known cancer population groups who are exposed to wart virus.

3. Social Issues. It's quite obvious that it will be necessary in the forseeable future to mount a campaign to **explain** what wart virus is, what is does, and how the disease it causes can be managed preventatively.

   Some thorny social issues will also need consideration, e.g. (a) how to manage contacts of wart virus carriers, (b) the male contacts of chaste women, OR, (c) women with chaste partners who contract wart virus.

4. Epidemiology. Most of the questions are noted above. However, another issue of interest is the need for a longditudinal study to see whether the virus can move from quiescence to activation and back again in the course of its natural history, **and,** if a stimulus is required as is the case with herpes.

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5. 1986 Pap Smear Campaigns. From available information there appears to be between 234,000 and 341,000 Victorian women who have never had a Pap test.

It was agreed that this population should be the prime target for a campaign as soon as feasible. The VC(G)S currently handles 285,000 smears per annum. The VC(G)S can build up (if given money) but needs notice for training.

It was agreed that there was no population group in which the number of smears currently being done is too high, i.e. there is no group in which smear testing can be reduced.

In summary, it was therefore agreed that we should work towards a campaign which should start as a pilot project in a relatively small region, and should thereafter roll through the various regions of Victoria with the object of completing the campaign within, say, two years.

Although the full campaign might need to be developed at the beginning, it was agreed that it should be piloted in a single area in order to -

(a) evaluate its outcome
(b) provide VC(G)S with information as to the likely demands when the campaign is continued
(c) provide a basis for asking the Health Department for extra resources.

NJG

Distribution:
N.Gray
M.Drake
D.Hill
G.Giles
G.Clunie

January 14, 1986 40-X-068/1

MEMORANDUM TO: David Hill

FROM: Nigel Gray

==========

Bill Chanen, gynaecologist from Royal Women's rang. He made two suggestions in relation to persuading women to have Pap smears :-

1. That we persuade the sanitary napkin manufacturers to put Pap smear recommendations into their packets.

2. That we persuade the contraceptive pill manufacturers to do the same.

I know the ideas aren't new but they seemed worthy of consideration for this year's campaign.

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE

236-254 St. Kilda Road, Melbourne, 3004

MICHAEL DRAKE, DIRECTOR
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MELBOURNE, 3001
Telephone: 62-3831

9 JAN 1986

MD/CK

7th January, 1986

Dr. Nigel Gray,
Director,
Anti-Cancer Council of Victoria,
Keogh Houise,
1 Rathdowne Street,
CARLTON SOUTH 3053

Dear Nigel,

Many thanks for your letter of December 12th, 1985 regarding the possibility of a meeting to discuss a number of matters relevant to our cytology programme. I understand that we will be meeting at 3:00 p.m. on January 14th, 1986.

Like you I found our discussion on cervical cancer held at the time of Richard Doll's visit extremely interesting and certainly it illustrated the value of Heather Mitchell's activities; indeed, as I have stated at several Board Meetings, I feel that her appointment is one of the most significant events in the development of the Cytology Service.

As suggested by you I would certainly welcome the opportunity of discussing Heather Mitchell's future. As you know I rationalised her appointment by reference to the medical vacancies that existed at the time. However Prue Allan joined our staff in October and John Dowling will commence early in February and hence this source of finance will cut out altogether. We can meet some of the costs of Heather's salary from a fund that is fuelled largely by the New Zealand Contraceptive and Health Study and also our teaching activities on behalf of the R.M.I.T. However, the amount of money in this particular fund is fairly limited and support from this source is not possible on a long term basis. As previously discussed I believe that it may be possible to attract support from Government sources but I would certainly welcome your advice on this matter.

The question of virus typing is also of great interest to us. I believe that this activity should be allied with the DNA quantification studies that I referred to at the last Board Meeting. Thus, in a fairly simplistic way, it would appear that the DNA hybridisation studies should enable us to determine the nature of the infecting organism whereas the DNA studies should indicate the patient's response to such infection. Although it may be necessary to commission another laboratory to carry out the viral typing the techniques are now being simplified and it may well be possible for us to carry these out as an in-house procedure.

VCSAAL

I was extremely interested to hear that David Hill is ready to launch a pap smear campaign during 1986. Naturally I would support this wholeheartedly as we have always tried very hard indeed to maximise the coverage of the population. Obviously, as I indicated at the last Board Meeting, we would need to make some preparation to deal with the increased numbers of smears but this would simply be a matter of planning. Again it is a matter that I would be most interested in discussing with you.

I look forward to seeing you next week.

With best wishes,

Yours sincerely,

(Michael Drake)

VCSAAL

A member of the Australian Cancer Society
Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria
Director: Dr Nigel Gray A.M. MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

January 8, 1986 40-X-061

Professor G. J. A. Clunie
Department of Surgery
Royal Melbourne Hospital 3050

some other cancers, & wart viruses

Dear Gordon,

wart viruses & ~~Cervical~~ Cancer

I think there are some very important topical issues in the field of cervical cancer, ~~wart virus and~~ mouth cancer, which should exercise our scientific abilities.

In summary, I forsee an opportunity to develop a program aimed at elucidating the epidemiology of the carcinogenic wart viruses and the natural history of the diseases they cause.

somebody who can type virus antigens & materials

To do this I think we need a working group which would necessarily include Peter Reade, Michael Drake, ~~probably Ian Gust~~, and one or two other who might have knowledge of the technology required to chase the virus through its habitat.

In summary, the situation is:

1. We know that several wart viruses are likely to be associated with cancer of the cervix. We have a golden opportunity to establish virus typing in Melbourne in association with the specimens submitted to Michael Drake and also in association with the patients turning up in the Cancer Registry (most of whom haven't been seen by Michael Drake). This would contribute to knowledge as to which virus cause which types of cancer, e.g. slow growing or aggressive.

2. We need to see whether the changes that Peter Reade mentions as occurring in mouth cancer are likely to be attributed to the same viruses. We might need to find some pathologists to look at both sets of materials.

3. We need to look at typing viruses in the mouth. vulva cervix, penis & anus.

4. We need to ask some questions about the natural history of these viruses, e.g. what other parts of the body do they inhabit; do the same types affect the mouth and the cervix; where do they reside in the male genital tract (they obviously do); how are they transmitted (if they are transmitted non sexually) among, say, families and non sexual as well as sexual contacts.

The above questions lead us to a few potentially interesting studies, given that we decide what sort of specimens would be needed and what technology needs to be thrown at virus identification, e.g.

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(i) Are the same sub-types present in the male partners of women with (a) positive smears, (b) cancer of the cervix.

(ii) What do we find among the families of patients with positive smears and cancer of the cervix. Is the virus present in their virgin daughters and their sons (e.g. is transmission vertical as well as horizontal). Does it linger in other parts of the body except the genital tract and the mouth. What are the means of transmission.

(iii) What about carcinoma of the penis - rare in Melbourne but there is some. Can we find evidence of virus presence in these patients, if so, in which tissues.

(iv) The epidemiology of this virus in the homosexual community.

I think we have the opportunity to put together a coordinated research program, probably organised through an ad hoc working party with a chairman (which on this occasion might be myself) and which would bring together the people who have the specimens, the technologists who have the virus typing skills, the pathologists who can compare the various infected materials, the Cancer Registry, and the various groups with access to patients. This is a chance to do what Tony Burgess suggests we should do, i.e. use the power of the purse to stimulate the development of a coordinated program. There's not much doubt that both Michael Drake and Peter Reade would be grateful to be the recipients of the product of our unloosed pursestrings and that both of them would need some outside expertise. There is really nobody whose vested interest would run counter to such a coordinated program.

Yours sincerely

Nigel Gray
Director

A member of the Australian Cancer Society
Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria
Director: Dr Nigel Gray A.M MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

December 12, 1985 40-X-043/6

Dr. Michael Drake
Victorian Cytology (Gynaecological) Service
Prince Henry's Hospital
236-254 St.Kilda Road
Melbourne 3004

3 pm Tue
Jan 14

Dear Michael,

I thought the discussion on cervical cancer on Tuesday was very interesting and very exciting. There are certainly some attractive research opportunities available at the moment and it might be a good idea for us to sit and chat about them quite soon. I thought topics which could merit discussion include:

1. Heather Mitchell's future; the source of payment, etc.

2. The possibilities inherent in virus typing and registration of patients with particular HPV infections.

   I certainly think the Anti-Cancer Council would be interested to commit some funds to this sort of activity and we have a precedent, in that we are already funding something similar, i.e. determination and registration of oestrogen receptors in breast cancer patients.

   I would be interested to have a good tutorial on the subject of virus typing some time. I am sure you and Gabrielle are au fait with it but I suspect there would be one or two experts in Melbourne with whom it would be worth discussing the subject in some detail, on the grounds that it might be a good idea to take up the option mentioned by Gabrielle, i.e. the possibility of commissioning such typing in one of the labs specially geared for it.

3. David Hill is funded and ready to go on a pap smear campaign during 1986. Clearly your input is required. Obviously any successful campaign will increase your workload!! Kathy Mapperson has extracted the relevant material from David's last survey. In summary, it seems that about a quarter million women out of a total of 1.4 million, have never had a smear.

It's a very interesting time in history. What about sitting down together soon?

Yours sincerely

Nigel Gray
Director

cc: G.Clunie, D.Hill, G.Giles

KEOGH HOUSE, 1 RATHDOWNE STREET, CARLTON SOUTH, AUSTRALIA 3053 ☎ (03) 662 3300
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Sec'y 20-8-85

THE VICTORIAN AD HOC COMMITTEE ON CERVICAL SCREENING

Anti-Cancer Council of Victoria
4 pm, Tuesday 6 August, 1985

PRESENT: Dr Michael Drake, Mr Brian Fleming, Dr Graham Giles, Dr Nigel Gray, Dr David Hill, Dr Gabrielle Medley, Prof. Roger Pepperell

MINUTES:

The ad-hoc meeting was called to form a Victorian expert committee to complement similar working parties in other states.

Four main topics were discussed:

1. the national collaborative case-control study,
2. the Cancer Registry's survey of smear histories,
3. the database of the V.C.G.S.,

and 4. the holding of a cervix summit.

The national collaborative case-control study

GG & DH addressed the committee on the scope and nature of the proposed study. Both are collaborating with Bruce Armstrong and researchers from Queensland and NSW. The case control study is principally public health rather than aetiologically oriented and is designed to address the issues of screening efficiency and effectiveness. A major portion of the questionnaire will be devoted to a health belief diagnosis which will be useful in subsequent public education campaigns. Although policy guidelines will be the major endpoint, the project will collect known risk factor data to control for confounding in analyses and to give an Australian descriptive basis to the epidemiology of cervical cancer. The project will require 300 cases and 600 controls from each state.

The Victorian Cancer Registry survey of smear histories

GG reported that the registry was conducting an investigation of the smear histories of women who presented with invasive cervical cancer in 1982. All had been checked against the V.C.G.S. database and the search had now extended to the private sector. Results should be available in a month or two. The exercise was going to be repeated for a sample of in-situ cancers and for a sample of age-matched women drawn at random from the electoral rolls.

The V.C.G.S. database

In response to RP's query as to the possible statistical analysis of the accumulated records of the V.C.G.S., it was estimated by MD & GM that any such exercise was at least 9 months away. Later in the meeting the possibility was mooted of the V.C.G.S. appointing a medical epidemiologist to analyse the data. This proposal was met with enthusiasm.

The Cervix Summit.

It was the view of the meeting that the various recommendations by government, medical and cancer organisations in Australia on cervical screening frequency were confusing and probably harmful to the overall delivery of this service to Australian women. The meeting recognised that, depending on the state of residence, a woman could be advised to be screened yearly, two yearly or three yearly. Given that the provision of national guidelines would be facilitated by the national collaborative case-control study, but that the results were two years away, a need was seen for some interim policies based on a national consensus.

It was decided that much good would result from holding a meeting of representatives from the various interested groups. A model exists for this in the recent "Breast Summit" sponsored by the ACS. It was suggested that the NSW Cancer Council should be approached to see if they would be prepared to host a similar "Cervix Summit".

It was agreed that the summit might well include cytologists, gynaecologists, colposcopists and epidemiologists and that it should be chaired by a neutral chairman.

It was further agreed that the summit should be strictly limited in its brief to address only the subject of interim recommendations for screening frequency. This could be assisted by devising an appropriate list of questions to be circulated before the meeting.

G G Giles 9.8.85

July 12, 1985 40-X-017/1

MEMORANDUM TO: Brian Fleming – Yes
Roger Pepperell – Yes
Gabrielle Medley
Graham Giles
David Hill – Yes

FROM: Nigel Gray

==========

The attached correspondence between Michael Drake and myself suggests there is good reason for us to have a couple of hours discussion on cervical cancer in the hope of improving collaboration and clarifying our attitudes.

The proposed date for a meeting is **4.00 on Tuesday, August 6.** I hope you will be able to attend and would ask you to please telephone my secretary and confirm.

Encl.

A member of the Australian Cancer Society
Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria
Director: Dr Nigel Gray A.M MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

July 12, 1985 40-X-016/6

Dr. Michael Drake
Director
Victorian Cytology (Gynaecological) Service
236-254 St. Kilda Road
Melbourne 3004

Dear Michael,

Thanks for your note. Your opinions are very much in line with my own. I also had a letter from Malcolm Coppleson and I enclose a copy of my reply to him, and of a letter Brian Fleming wrote on receiving a copy of my reply.

The Australian Cancer Society has taken the appropriate initiative on breast cancer and I am very hopeful that they will do the same for cancer of the cervix.

In the interim I think that it's important that you and Graham progress with your analysis of what's happened in Victoria as I can't see us being in a position to work towards developing a policy until we have some data.

Cervical cancer is more difficult than breast cancer for other reasons as well - Bruce Armstrong has already called a small national meeting to work on a case control study which would have the objective of assessing the efficacy of screening programs in Australia. Graham Giles and David Hill were invited to that working party.

I think the substance of this letter is such that there is a case for a few of us to sit around a table for a couple of hours and discuss cervical cancer screening in general. Interested people could include yourself and Gabrielle Medley, Roger Pepperell, Brian Fleming, myself, Graham Giles and David Hill. This is quite a small group and I suggest we could meet **at 4.00 on Tuesday, August 6** here at the Anti-Cancer Council.

I will send copy of all this correspondence to the others and let them know about the proposed meeting on August 6.

Yours sincerely

Nigel Gray
Director

Encls:

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VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE

236-254 St. Kilda Road, Melbourne, 3004

MICHAEL DRAKE, DIRECTOR
M.B., B.S., F.R.C.P.A., F.R.C.Path., F.R.A.C.P., F.I.A.C.

GABRIELE MEDLEY, DEPUTY DIRECTOR
M.B., B.S., F.R.C.P.A., F.I.A.C.

P.O. BOX 253B
MELBOURNE, 3001
Telephone: 62-3831

MD/CK

4th July, 1985

Dr. N. Gray,
Anti Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON 3052

Dear Nigel,

Recently I attended a meeting of the Executive Committee of the Australian Society for Colposcopy and Cervical Pathology, the chairman of which is Malcolm Coppleson. I discussed with Malcolm his letter dated 3rd June, 1985, a copy of which is enclosed. In particular I was interested in the background to the formation of the working party referred to in this letter and I also sought information regarding a similar working party that has been established in Western Australia. It would appear that the working party in New South Wales was established largely on the initiative of Gordon Sarfaty in response to the disastrous pronouncements of the N.H.&M.R.C. and also as a result of the recent publicity regarding cervical cancer and screening programmes for its detection.

Although I would be quite happy to respond to Malcolm's letter and provide the information he is seeking I believe that it would be desirable for Victoria to have its own working party. There is no doubt that we continue to lead the field in cervical cancer detection programmes and I believe that we are in a position to make more authoritative statements than most on the more contentious aspects of such programmes. I wondered, therefore, if you would be prepared to establish a working party under the auspices of the Anti-Cancer Council of Victoria.

I am also concerned that individual bodies continue to publicise their own views on controversial matters such as desirable frequency of cervical smears. Thus in the recent letters refuting the N.H.&M.R.C. recommendations several bodies promoted their own views on the subject. I feel very strongly that there is a need to achieve a uniform approach and hence I wondered whether a body such as the Australian Cancer Society would be prepared to sponsor a meeting (dare I say a summit!) of all interested parties or, preferably, of State working parties, to try and reach a concensus on matters such as frequency of smears, age limits of populations to be screened, management of patients with abnormal smears etc.

PHHAAE

I would be most grateful for your comments in due course.

With best wishes,

Yours sincerely,

(Michael Drake)

Encl.

PHHA'AE

THE NEW SOUTH WALES STATE CANCER COUNCIL

RESEARCH · EDUCATION · TREATMENT

Ref. 85/1089 SA:SE

3rd June, 1985

The Director
Victorian Cytology (Gynaecology)
Service
P.O. Box 253 B
MELBOURNE 3000

Dear Sir / Madam,

The N.S.W. State Cancer Council has recently established a working party whose brief is to examine all relevant matters in cervical cancer incidence and mortality and to make recommendations on the utilisation of the pap smear in reducing cervical cancer mortality. The members of the working party include gynecologists, cytologists, Department of Health and Family Planning Officers. Research into current practices of pap smear screening is being planned and it is hoped that the working party will be in a position to make informed recommendations in about 18 months.

The members of the working party are aware that there are many organisations around Australia who have an interest in pap smear screening and we feel very strongly that the most effective recommendation would be a uniform one for the whole of Australia. This can best be achieved by close communication between those groups who are working in this area.

We would be pleased to receive any information or recommendations from your organisation and we will endeavour to keep you informed of the research being done in NSW and the conclusions the working party comes to.

Yours sincerely,

Malcolm Coppleson MD, FRCOG, FRACOG
Head, Gynaecological Oncology Unit
King George V Hospital, Sydney
Chairman, Working Party on Cervical Cancer.

Cancer Education, Information & Administrative Services.
3rd Floor, Challis House, 10 Martin Place, Sydney 2000. GPO Box 7070, Sydney, NSW 2001.
Cables: Cancer Sydney. Telex: 71036. Telephone: (02) 233 2300.

AUSTRALIAN CANCER SOCIETY INC.

Rooms 311-312, 3rd Floor, Trust Building, Corner King and Castlereagh Streets, Sydney, N.S.W.
G.P.O. Box 4708, Sydney, N.S.W. 2001, Australia. Telephone (02) 231 3355. Telegraphic address: Austcancer Sydney

20th June,1985

Our Ref.:

Dr.Malcolm Coppleson,
Chairman,
Working Party on Cervical Cancer,
The New South Wales Cancer Council,
G.P.O.Box 7070,
Sydney. N.S.W. 2001

Dear Malcolm,

Nigel Gray sent along to me a copy of the letter he wrote to your about a possible national initiative on cervical cancer. What has happened with regard to breast cancer really concerns the use of mammography and the conference that is being organized is analogous to the one you are suggesting. I enclose a copy of the agenda of the working party which drew up the arrangements for what is now being called the 'breast summit'.

You will note that the Anti-Cancer Council of Victoria promoted the idea and then offered to host an initial conference on this matter on behalf of the Australian Cancer Society. The A.C.C.V., has paid the fare of about thirty experts of various disciplines to come to Melbourne next month. We have chosen Pathologists, Radiologists, Radiotherapists, Surgeons, Epidemiologists and other interested people who might be regarded as experts on the subject. We took care to invite some members of the original N.H., & M.R.C., working party on 'indications for mammography' as we did wish any consensus to come out of the conference to be recognized as a national opinion.

This format is a possibility and perhaps New South Wales might consider hosting a similar national conference so that the country speaks with one voice on this matter.

Incidentally, when we were in New Zealand recently the Medical and Scientific Committee of the New Zealand Cancer Society told us that they are about to publish the findings of their working party on cervical cancer and pap smears, which incidentally includes a recommendation for three yearly smears. Please let me know if I can be of assistance, perhaps if the New South Wales State Cancer Council wishes to make a formal proposal to the A.C.S., you could talk to Laurie Wright.

Yours sincerely,

W.B.Fleming.

c.c. Dr.Nigel Gray.
Mr.Laurie Wright.

A member of the Australian Cancer Society
Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria
Director: Dr Nigel Gray A.M MB, BS, FRACP, FRACMA

Anti-Cancer Council of Victoria

June 17, 1985 40-X-08/4

Dr.Malcolm Coppleson
Chairman
Working Party on CervicalCancer
The NSW State Cancer Council
GPO Box 7070
Sydney NSW 2001

Dear Malcolm,

Thanks for your note about the NSW State Cancer Council's working party on cervical cancer.

I share your view that there are a lot of organisations with a finger in the pie, which reflects their genuine and proper interest in the topic.

You may be aware that the same sort of process has gone on in the field of breast cancer, particularly in relation to mammography. An attempt has been made by the Australian Cancer Society to bring together the key organisations with an interest in breast cancer, with the hope that a national consensus group can be formed and that it can agree on policies related to screening, management and recording of early breast cancer.

The ACS seems to be an appropriate organisation as it is politically neutral and does have access to national funds.

It's my own opinion that, if the move on breast cancer is successful, a national initiative on cervical cancer would be the next important target. By national I mean **truly** national, i.e. pulling together the Colleges and other interested groups which are not formally part of the cancer society structure.

As a final point you might be aware that the Victorian branch of your College, Michael Drake's Cytology unit and ourselves have established a small working party to look at the Victorian data. This will take quite a few months. David Hill will also be involved in this as we are eager to expand the information we already have on behaviour in relation to Pap tests.

It might be best to conclude by indicating that I will send a copy of your letter and this letter to Brian Fleming, as Persident of the ACS. He may wish to get in touch with you.

In the meantime, it is important that we keep in touch.

Yours sincerely

Nigel Gray
Director

cc: Brian Fleming+

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THE NEW SOUTH WALES STATE
RESEARCH • EDUCATION • TREATMENT
CANCER COUNCIL

Ref. 85/1089 SA:SE

3rd June, 1985

The Medical Director
Anti-Cancer Council of Victoria
1 Rathdowne Street
CARLTON SOUTH 3053

Dear Sir,

The N.S.W. State Cancer Council has recently established a working party whose brief is to examine all relevant matters in cervical cancer incidence and mortality and to make recommendations on the utilisation of the pap smear in reducing cervical cancer mortality. The members of the working party include gynaecologists, cytologists, Department of Health and Family Planning Officers. Research into current practices of pap smear screening is being planned and it is hoped that the working party will be in a position to make informed recommendations in about 18 months.

The members of the working party are aware that there are many organisations around Australia who have an interest in pap smear screening and we feel very strongly that the most effective recommendation would be a uniform one for the whole of Australia. This can best be achieved by close communication between those groups who are working in this area.

We would be pleased to receive any information or recommendations from your organisation and we will endeavour to keep you informed of the research being done in NSW and the conclusions the working party comes to.

Yours sincerely,

Malcolm Coppleson MD, FRCOG, FRACOG
Head, Gynaecological Oncology Unit
King George V Hospital, Sydney
Chairman, Working Party on Cervical Cancer.

RECEIVED
11 JUN 1985

Cancer Education, Information & Administrative Services.
3rd Floor, Challis House, 10 Martin Place, Sydney 2000. GPO Box 7070, Sydney, NSW 2001.
Cables: Cancer Sydney. Telex: 71036. Telephone: (02) 233 2300.

Anti-Cancer Council of Victoria

Cervix cytology

KEOGH HOUSE
1 RATHDOWNE STREET,
CARLTON SOUTH
AUSTRALIA, 3053

TELEPHONE: 662 3300
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158

Director: Dr. Nigel Gray A.M.
MB, BS, FRACP, FRACMA.

October 18, 1984

49-ML-50/1

Mr. R. Pepperell
Chairman,
Therapeutic & Scientific Committee
The Royal Australian College of Obstetricians & Gynaecologists
254 Albert Street
East Melbourne 3002

Dear Roger,

I agree with the implication of your letter of October 10 that we are not doing cervical cytology properly at the moment.

It is my belief that the data should be studied so we know where to go next and I am extemely interested in seeing a good collection of Victorian data.

* David Hill has recently completed a representative population survey, using Gary Morgan's group, of the number of people who have had a smear in Victoria.

* Graham Giles will be able to tell us about the incidence from the registrations.

* The Registry certainly has valuable survival figures for the various stages of cancer in the various age groups.

* Further there is a distinct bias in the sample which is followed up in Registry as it includes only the patients in major Melbourne Hospitals.

* Michael Drake ought to be able to come up with the incidence of Wart virus infection and pre-malignant smears.

Your last question is a difficult one as far as I can see.

My suggestion is that the best thing to do first would be to get David, Michael Drake and Graham together.

If you like I will organise this and table your letter as an agenda.

You may not be aware that Bruce Armstrong, of the NH&MRC Research Unit on Epidemiology & Preventive Medicine, is also interested in this topic. He recently sent me a paper which suggests a new methodology for assisting the efficacy of cervical cancer. Graham Giles has this. Bruce is certainly interested in anything we choose to do with Victorian or Australian data and would undoubtedly be the best epidemiologist to add to the working party

suggested above. He will be in Melbourne for the COSA Meeting in October and could sit in on a working party

I should perhaps add that I have already discussed this matter with Graham following a dicussion with Bruce Armstrong a month or so ago.

I imagine it will take a little time to gather the basic information. Unless you disagree, I would like to suggest that Graham Giles be asked to organise a meeting of the above information working group and that they tell you and I when they have something to say. You may wish to join this working party, or nominate someone. For my part, I'd be happy to leave it to them.

Please let me know if this is acceptable.

Cheers,

Yours sincerely

Nigel Gray
Director

DH, GGG, Michael Drake
Bruce Armstrong +

THE ROYAL AUSTRALIAN COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS
INCORPORATED IN VICTORIA

254 ALBERT STREET, EAST MELBOURNE, 3002

VICTORIA, AUSTRALIA

TELEPHONE (03) 417 1699

10th October, 1984.

Dr. Nigel Gray,
Anti-Cancer Council of Victoria,
1 Rathdowne Street,
CARLTON, 3053.

Dear Nigel,

Re: N.H. & M.R.C. Report re Cervical Cytology

As you are aware the recommendations in the lastest report are at variance from clinical practice or from the recommendations of the VC(G)S. These facts were recently discussed at a meeting of the Therapeutic and Scientific Committee of the RACOG, a committee of which I am the Chairman, and a decision has been made that each of the State Committees will approach the appropriate bodies in their own State to gain information on the following points. This data should be recorded on a yearly basis, for as far back as it is feasible to give the information.

Would it be possible for you to provide the following information for me so that ultimately all of the data can be collated for the whole of Australia and a further application made to the N.H. & M.R.C. for reconsideration of their statements.

The information required is as follows:-

1. The percentage of patients in each of the varying age groups (preferably 5 year grouping from 15 to 65 inclusive) who are screened in this State each year.

2. Incidence of cervical cancer in the State in the various age groups.

3. Any information which is available regarding survival figures for the various stages of cancer in each of these individual age groups.

4. The incidence of Wart virus infection, pre-malignant smears, etc. in the various age groups.

If you are aware of information which clearly documents the development of invasive cancer within 1, 2 or 3 years of the presence of a normal cytological screening examination, this information would also be valuable.

../2.

I realise all of the above information may not be able to be obtained from your Service but I have written to the Victorian Cytology (Gynaecological) Service for their assistance in this matter as well.

Yours sincerely,

Roger Pepperell
Chairman
Therapeutic & Scientific
Committee, R.A.C.O.G.

48-UI-30/15

CERVICAL CANCER IN AUSTRALIA

1. Bruce Armstrong says there are new methods available for analysing cervical cancer which can tell us whether the program has been successful or unsuccessful and will also tell us where to go in the future.

2. Obviously we have a large amount of accumulated data and we are not using this to decide what to do. We should surely let the data tell us where to go in future instead of basing our decisions on relatively uninformed opinion arising from cytologists, gynaecoloists and other well intentioned half baked scientists like myself.

3. A way to achieve this would be to set up a small working party funded by either the ACCV or the ACS to analyse the data and tell us -

   i. What we have achieved.

   ii. What we should do.

   iii. Define the high risk groups and the best method of approach to them.

4. That working party should include Bruce Armstrong or someone he nominates; Graham Giles; David Hill; Michael Drake. This is probably a sufficient group to organise the analysis of the data and produce conclusions.

5. In order to merchandise these conclusions we should consider doing through the ACS what is already proposed for breast cancer, i.e. a national committee to receive the report of the small working party and organise its implementation. Obviously this ought to be set up in

advance. This would require me to discuss the matter with Brian Fleming. At this point the initiative could either be Victorian or Australian.

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

FREQUENCY OF CERVICAL CYTOLOGY

The Council having received a request from the NSW Department of Health on the recommended frequency of cytological screening for cervical cancer, noted advice from the Maternal Health and Reproduction (Standing) Committee.

The Council was aware that the recommendations of various groups on screening of women for cervical cancer differ widely.

Asymptomatic women

In considering asymptomatic women, the Council recommended that all doctors encourage asymptomatic women to have smears taken. The Council also recommended that all women should have an initial Papanicoloau smear soon after becoming sexually active, followed by another smear one year later. If not at high risk they should then have smears at three yearly intervals. Women at high risk who should have annual smears are those:

- who have had a genital herpes simplex or wart virus infection;
- who have had several sexual partners; or
- whose husbands or regular sexual partners have had several sexual partners.

Women with signs or symptoms

The Council also recommended that all women should be advised to seek medical advice promptly if symptoms appear, regardless of the results of any recent smears.

The Council further recommended that when examination of a smear suggests the presence of an abnormality it should be thoroughly followed up by colposcopy and where appropriate, biopsy and/or treatment. If follow up gives negative results, a smear should be taken annually for five years, then at three yearly intervals. The Council emphasises that when a woman presents with other symptoms suggestive of genital cancer, cervical cancer should not be ruled out on the basis of a negative smear.