



# Celebrating 25 years

FROM LITTLE THINGS, BIG THINGS GROW. KATE WOODS  
PROFILES THE 25-YEAR RISE OF A SPECIALIST  
GYNAECOLOGY PATHOLOGY PRACTICE WITHIN SYMBION  
LAVERTY.

## TIMELINE: 25 years of change

- Late 1980s** New sampling implements introduced to replace the spatula. Lavery Pathology trials and promotes the now widely used Cervex brush.
- 1991** The National Cervical Screening Program is introduced after a decades-old *ad hoc* approach. Dr Colin Lavery is a member of the steering group.
- 1992–6** The first automated equipment designed to prepare and/or read slides is introduced into Australia. Lavery Pathology performs and publishes trials of these new technologies, becoming the first lab to introduce ThinPrep into Australia.
- Mid 1990s** Rapid re-screening is discussed as a quality assurance technique. Lavery Pathology introduces rapid re-screening as a regular part of its quality assurance program.
- 1996** The NSW Pap Test Register is launched. Lavery Pathology is a pilot lab. National Pathology Accreditation Advisory Council (NPAAC) Performance Measures developed. Colin Lavery involved in development.
- 1998** Commercial HPV testing becomes available in Australia. Lavery becomes one of the first labs to offer it as a regular service.
- 2005** ThinPrep Imaging system becomes available in Australia. Symbion Lavery conducts first Australian study looking at its efficacy.
- 2006** Revised NHMRC 'Guidelines for the Management of Women with Screen-Detected Abnormalities' introduced. Symbion Lavery Pathology a pilot lab for the required changes in NSW Pap Test Register.

It started with a handful of staff in a small house in the western suburbs of Sydney.

The first of its kind in NSW, Dr Colin Lavery and Associates was a lab designed specifically for quality gynaecological pathology.

The premise was sound: cervical cytology and histology results would be correlated, and pathologists would have the opportunity to develop a high degree of knowledge and skill in the area.

As the practice, now known as Symbion Lavery Pathology, celebrates its 25th anniversary, it has much to be proud of. It's now at the forefront of its field in Australia as a specialised gynaecological cytology service. It employs more than 60 people, processing more than 200,000 Pap smears each year. And while it doesn't eschew its humble beginnings, life is now a little more comfortable – with facilities and staff housed in a spacious laboratory in North Ryde.

Dr Colin Lavery and his wife began the lab as a private practice in 1982, a bold move considering he was the only one in private practice to become specialised in this area.

He watched it grow exponentially over 16 years, and by the time he sold the business in 1998, it was firmly placed at the cutting edge.

"We were really lucky, although they say you make your own luck; all we ever tried to do is achieve the highest standards and success followed."

He says since this time, there have been numerous changes and achievements; "We were the first people in the world to prove and publish evidence that many more women than previously recognised contracted wart virus infection but that the great majority didn't ever get clinical recognisably warts; rather they got a sub-clinical infection which it was postulated might be pre-malignant. This was later confirmed and preventive vaccination is now being introduced worldwide".

But he believes the most interesting changes have been in improvements in the standards of Pap smear screening and detecting and managing cervical abnormalities.

“We anticipate the landscape will evolve to include a predominance of liquid-based cytology, imager-assisted screening, HPV testing and use of molecular techniques.”

– Dr Clare Biro

“In the 1960's when Pap smear screening was introduced into Australia standards really were pretty low. But subsequently, with increasing awareness among doctors about how to take a truly representative smear; awareness in laboratories of the quality controls needed to ensure the highest standard of reporting; new advances in automatic slide preparation and screening; and the advent of papillomavirus DNA testing, we now have enormously improved standards and have achieved a substantial reduction in cervical cancer”.

Ron Bowditch has worked with Laverty, as it's known, for most of its 25 years.

The senior scientist and full-time training officer has had a number of roles, including monitoring cytologists' performance and ensuring quality assurance measures are up to scratch.

“While a number of laboratories carry out rapid re-screening as a quality assurance procedure, we actually insert disguised abnormal cases into the rapid re-screening so we can assess the quality of the quality assurance,” he says.

“I believe this is unique to our laboratory.”

The lab also provides Pap smear, ThinPrep, cervical biopsy and HPV testing services, and employs a statistician to collect data about the laboratory's overall performance, and also to profile each cytologist – how many smears they are screening a month, how many are called high grade, negative and so forth.

While this overall performance information is now required as part of National Pathology Accreditation Advisory Council performance measures, Laverty has been collating these statistics for most of its 25 years.

Specialisation has led to several advantages.

Dr Jennifer Roberts, one of the lab's senior gynaecological pathologists, says

one advantage is that doctors can ring with questions, knowing they are “speaking to someone who is up-to-date and has a special interest in the subject”.

“Because of our volume and because we monitor outcomes of our Pap reports, including rarer conditions, we are well placed to provide clinicians with statistical data to aid them in management of their patients. And this can be very useful when doctors have a worried patient sitting in front of them.”

Specialisation and volume also mean the lab is able to easily trial new technologies.

Its most recent trial looked at the effectiveness of the ThinPrep Imaging System – technology designed to enhance the ability of cytologists to assess abnormal slides.

It was the first Australian study to be published on the topic (*Diagn Cytopathol 2007;35:96–102*).

The laboratory is now concentrating on assessing the efficacy of the ThinPrep Imaging System in detecting rarer

glandular lesions – “an area of controversy which will be important to elucidate if liquid-based cytology is ever to replace conventional cytology in Australia”, says chief gynaecological pathologist Dr Clare Biro.

Looking ahead, Dr Biro predicts a bright future. While the HPV vaccine marks an exciting new development, she says cervical screening will remain an integral part of the health system for years to come.

“We anticipate the landscape will evolve to include a predominance of liquid-based cytology, imager-assisted screening, HPV testing and use of molecular techniques,” she says.

And while Dr Roberts says there's no doubt technology has made great leaps in 25 years, rather than remove the need for human expertise, she says it has actually produced a need for enhanced human input.

“Screening and interpreting Pap tests remains as challenging as it ever was.” 🔴



L-R: Drs Suzanne Hyne, Clare Biro and Jennifer Roberts at the lab's multi header microscope

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