Clinical Audit – Pap smear

Sullivan Nicolaides Pathology conducts the Clinical Audit - Pap smears for doctors who wish to audit their clinical practice in respect of the collection of Pap smears. The audit is available to any general practitioner, nurse practitioner or practice nurse who refers patients for Pap smears to Sullivan Nicolaides Pathology.

This independent programme has been created to provide participants with feedback about their own practice, in comparison to that of others in their peer group and to the general practitioner cohort.

This Clinical Audit – Pap smears runs for the duration of the 2011 - 2013 triennium. Eligible participants with a current RACGP QI & CPD number may attain 40 Category 1 points (Activity Number 752575). Participants with a current ACRRM PDP number may attain 30 PRPD points (Activity Code EEACR-11002-SNPA).

Points are awarded at the end of the triennium when you have met the approved criteria. SNP manages the points notification process on behalf of general practitioners.

Registration

Participants need to register for the audit. Registration forms are available in hardcopy from your Medical Liaison Manager, or alternatively they can be downloaded from:

www.snp.com.au > Doctor Services > Pap Smear Audit & Registration

Once registrations are received and processed, you will receive a confirmation letter and pre-enrolment questionnaire to allow us to collect essential information about your practice. Specialised Pap smear Audit request forms are required for the referral of Pap smears. Only Pap smears referred on Pap smear Audit request forms will be included in the audit. The forms are a distinctive fuschia pink, personally bar-coded with your details; they will be supplied within 7 working days of receipt of your registration. Pap smear Audit forms are only available in A4 format and are compatible with most commonly used practice management software.

EASY DATA COLLECTION

Simply add clinical information for each Pap smear to the specialised request form and we’ll enter the data.

COMPREHENSIVE REPORTING

We will send you statistical reports at 6 monthly intervals for you to review your data against those of your peers, and reflect on the findings.

Summary of quality indicators for Pap smear collection:

• endocervical component by age
• causes of technically unsatisfactory smears
• summary of collection devices used and ThinPrep® samples
• summary of abnormalities detected.

Contact your SNP Medical Liaison Manager for more information.

1300 SNPATH (1300 767 284)

Register now at www.snp.com.au
Serum bone turnover markers

Number of reticulocytes may be falsely elevated due to a high haemolytic crisis, as enzyme levels recommended during or following a haemolysis. Testing for G6PD activity is not usually recommended for patients on common therapeutic agents and oxidative stressors that include foodstuffs.

Elevation in G6PD activity may also occur when white cell and platelet counts are markedly high. Testing cannot reliably identify G6PD deficiency in heterozygous women as random X-chromosome inactivation results in enzyme levels ranging from deficient to normal.

From April 2011, the reporting units for Glucose-6-phosphate dehydrogenase testing will change from Activity U/1012 RBC to Activity U/g Hb. These changes will provide several improvements to the assay, including a decrease in turnaround time and increased ability to perform testing on specimens with low sample volumes (e.g. paediatric samples).

Medicare rebate available

Chemical Pathology Updates
Glucose-6-phosphate dehydrogenase testing

Glucose-6-phosphate dehydrogenase (G6PD) deficiency is a common condition caused by X-linked hereditary defects in the G6PD gene. The G6PD enzyme provides red cells with a unique source of NADPH, which plays an important role in protecting the cell from oxidative damage. G6PD deficiency can accelerate the destruction of red blood cells and lead to haemolytic anaemia. This red cell destruction may be induced by a range of oxidative stressors that include common therapeutic agents and foodstuffs.

Testing for G6PD activity is not recommended during or following a haemolytic crisis, as enzyme levels may be falsely elevated due to a high number of reticulocytes.

To view the new Investigative Protocol for G6PD visit www.snp.com.au > Doctor Services > Investigative Protocols

Serum bone turnover markers

Serum C-telopeptide (CTX) and procollagen 1 N-terminal extension peptide (P1NP) have recently been recommended as biochemical bone markers of choice for osteoporosis management.

Low bone mineral density is present when the bone mineral density falls more than 1.5 standard deviations below the age-matched mean or more than 2.5 standard deviations below the young normal mean, at the same site and in the same gender (osteoporosis).

SNP is currently changing units for CTX from µmol/L to nmol/L. Both sets of units will be reported for the coming year.

SNP recommends morning fasting serum CTX rather than urine deoxypyridinoline as a resorption marker, and serum P1NP instead of osteocalcin as a bone formation marker.

Medicare rebate available

For further information on bone turnover markers please refer to Syzygy July 2009, available at www.snp.com.au > doctor services > publications > syzygy

For more information on G6PD or bone turnover markers, please contact Dr Lee Price or Dr David Kanowski; (07) 3377 8670.

COLLECTION CENTRE UPDATES
BRISBANE NOW OPEN

Boonah
45 High Street
P: (07) 5463 2314

Brisbane Petrie Terrace
80 Petrie Terrace
P: (07) 3367 3430

Burlangary
33 Progress Road
P: (07) 3886 6650

Calamvale
2605 Beaudesert Road
P: (07) 3377 8747

Geebung
328 Newman Road
P: (07) 3216 2014

Petrie
4 Dayboro Road
P: (07) 3377 8747

Taigum
Centro Taigum Shopping Centre
Shop 53, 215 Church Road
P: (07) 3265 5943

Underwood
The Zone, 183 Kingston Road
(cnr Kingston & Compton Rds)
P: (07) 3209 4296

Wynnum
Shop 3,
Food Store Shopping Centre
cnr Wynnum and Randall Roads
P: (07) 3393 6761

Willowbank
Willowbank Surgery
20 O’Neill’s Road
P: (07) 5467 3197

REGIONAL NOW OPEN

Townsville
Carlyle Gardens Medical Centre
60 Beck Road
P: (07) 4723 4005

Coffs Harbour
Gordon Street Medical Centre
42 Gordon Street
P: (02) 6648 5238

Peregian
Shop 8 ‘Marguecas’
David Low Way
P: (07) 5471 3614

Pialba
Central Square,
Shop 68, 163 Boat Harbour Dr
P: (07) 4191 4120

Maryborough
256 Bazaar Street,
P: (07) 4123 6001

Burrum Heads
Burrum Heads Shopping Centre
Shop 2, 2 Burrum Heads Road
P: (07) 4193 4346

OPENING SOON

Brisbane
Morayfield
Redcliffe
Regional
Helensvale (Westfield)

Mobile Collection Service
For Mt Tamborine and Canungra patients please phone (07) 5593 1155 or 0408 832 882 to make a booking for our mobile collection services.

visit www.snp.com.au

Comments and Feedback? Contact us at syzygy@snp.com.au
Correct at time of printing - April 2011

Syzygy – now on 100% recycled paper
Sullivan Nicolaides Pathology recognizes our corporate responsibility to respect and improve the environment in which we work and live. As part of our commitment to continually improve environmental performance and prevent pollution, Syzygy is now printed on 100% recycled paper.
Glucose-6-phosphate dehydrogenase (G6PD) deficiency

Glucose-6-phosphate dehydrogenase (G6PD) deficiency is a common X-linked, hereditary defect in the G6PD gene. The G6PD enzyme is responsible for NADPH in red blood cells, which plays an important role in protecting the cells from oxidative damage. G6PD deficiency can accelerate the destruction of red blood cells and lead to haemolytic anaemia. It is a heterogeneous disorder with over 400 mutations. Enzyme-level deficiencies and clinical symptoms may vary in severity depending on the mutation and the individual patient.

Clinical manifestations

- Neonatal jaundice
- Drug-induced haemolysis
- Chronic nonspherocytic haemolytic anaemia
- Haemolytic anaemia associated with infection
- Favism (anaemia after ingesting fava beans).

Laboratory testing

Testing is not recommended following or during a haemolytic crisis, as enzyme levels may be falsely elevated due to a high number of reticulocytes. Enzyme activity may also increase when white cell and platelet counts are markedly high.

Biochemical testing cannot reliably identify G6PD deficiency in heterozygous women, as enzyme activity may range from partially deficient to normal due to red cell mosaicism arising from random X-chromosome inactivation.

Treatment

Managing G6PD deficiency involves avoiding known oxidative stressors—including certain therapeutic agents—that may lead to haemolytic crisis.

These substances may include

- Drugs: Primaquine, sulphonamides, nitrofurans
- Chemicals: Naphthalene (moth balls)
- Foods: Fava beans.

An extensive list of drugs and foodstuffs and their associated risks for G6PD-deficient people can be found at the G6PD Deficiency Association Web site: http://www.g6pd.org.