

An Interview with Dr. Nicholas Perry- September 7, 2005
St. Bartholomew's Hospital, London

Dr Nick Perry mb frcs frcr

Consultant Radiologist and Head of Mammography at St Bartholomew's Hospital, London, where he qualified in 1974. Consultant advisor to the European Commission for Breast Cancer Screening and Chairman of screening committees at Regional, National and European level.

My husband and I met Dr. Nicholas Perry when he addressed the IOM Study Committee, "Improving Mammography Quality Standards", in September 2004, which has now been changed to "Improving Breast Imaging Quality Standards" He presented information on the European Breast Program and its Centers of Excellence. He described the standards placed upon radiologists who perform mammography and the resulting outcomes of these standards of practice. We also presented statements at this meeting. After our presentation he approached us to discuss our mission for quality in breast care. We told him that we have a time-share in London and he invited us to contact him when we are there to come and visit his Center.

While in London this September, my husband and I had the privilege to meet with Dr; Perry and attend a multidisciplinary breast conference at St. Bartholomew's Hospital, London, where we were graciously greeted by those in attendance and were given front row seats. We were able to witness the interaction of the various physicians, approximately 50 in number, involved in breast care. They included radiologists, surgeons, pathologists, radiation oncologists, medical oncologists, and trainees. This session lasted 2 ½ hours discussing 50+ patients and gave an overview of how breast care is handled in the UK.

Dr. Perry graciously gave us an in-depth tour of their new \$30m breast center, which was recently reopened in November 2004 after a complete renovation of the original West Women's Building at St Bartholomew's Hospital. This renovation was made possible by a women's organization know a EUROPA DONNA. This organization cuts across professional boundaries and pushes for change.

We were able to sit down with Dr. Perry to exchange information and ask questions. We learned that Dr. Perry had been a surgeon, who changed his career and entered breast care due to the many aspects of breast care from screening to diagnosis and biopsy that he found to be most challenging and rewarding. The result of this exchange is as follows:

Dr Perry, What do you believe is most important to encourage medical students and "Junior Residents" (as they are known in the UK) to enter mammography as a "desired" field of medicine to practice?

His response:

- Focusing on teaching!

- Involving them in multidisciplinary breast conferences to illustrate the “diversity of breast care”
- Mammography is such a wide and varied specialty and this concept needs to be reinforced to medical students and radiology trainees.
- Mammography is a very far-reaching specialty in both **depth and scope**.
- Show medical students that mammography is “fascinating”
- Work with Junior Residents spending time to stimulate interest
- Focus on mammography and suddenly it becomes interesting

Further comments by Dr Perry:

- Breast care is “not easy” even though it is common.
- Breast care needs more attention.
- It is never-ending how broad the scope of breast care has become
- Show a passion for breast care and why
- Breast care is not “uni-interdisciplinary”

The results of screening mammograms at St. Bartholomew’s- within 2 weeks. There are 5 screening and diagnostic radiologist who must read 5,000 mammograms per year. All screening mammograms must be double read.

Dr Perry visits various breast centers throughout Europe as part of the unification of breast care in Europe to exchange information and improve breast care; Sweden, Florence, Amsterdam to name but a few.

At St. Bartholomew’s, radiologists do their own breast ultrasound
Medical/legal issue is different that in the states. Litigation is not aggressive.

Thoughts on Technologists:

- Keep techs interested
- Good working environment
- Digital mammography is much more exciting for techs

At St Bartholomew they do 10 digital mammograms per hour

Feels double reading picks up cancers. CAD is not presently making a difference. Feels CAD should be used with digital. Feels digital mammography has better imaging quality/detection ability.

72% of eligible women over 50 are screened in the UK.

Radiologists read 70 screening mammograms / hour in his center.

Dr Perry was directed by the European Parliament to update the **European Guidelines for Quality Assurance in Mammography Screening** to include more in-depth emphasis on

diagnostic procedures and radiologist's quality standards of practice. He will be presenting this 4th edition to the European Parliament in October. He will share that information as soon as it is released to the Parliament.

Dr. Perry feels there are things that are better about mammography in the US and things that are better about European mammography practices. He does believe that quality is more than just a word and a chain is no stronger than its weakest link. He believes that radiologists should be practicing mammography as a subspecialty.

Included are a few key statements from the Introduction of the 3rd Edition of **European Guidelines for Quality Assurance in Mammography Screening**:

- “Even with a high level of professional skill and comprehensive QA system, no screening programme can be truly successful without a long term political commitment. Breast screening is a major public health management issue which requires a far reaching political responsibility in order to be effective. This will entail the organization of a suitable infrastructure, setting of screening policy, coordination of professional groups and economic programme evaluation.”
- “Critics of breast screening question cost-effectiveness and the overall benefit conferred to women. Critical analysis and experience demonstrate that there is indeed a fine balance between desirable and undesirable effects even in organised high quality programmes. Sensitivity and specificity need to be optimal in order to obtain the maximum benefit from breast screening. This can only be achieved as skill and a comprehensive quality assurance system is applied to the entire process, involving each individual part of the programme. Use of sub-optimal equipment by poorly trained and unskilled staff will significantly reduce the major benefits of screening and result in ineffective and costly mammography services. Under these circumstances, the critics of screening are correct and it is our responsibility to discourage and if possible prevent screening of inadequate quality”.
- “To achieve objectives requires a multi-faceted and multidisciplinary approach, a weak link anywhere will diminish the overall effectiveness of the programme”.

These points parallel the IOM Study of 1999:

In the IOM Study of 1999, Ensuring Quality Cancer Care, Chapter 4 – Defining and Assessing Quality Cancer Care (pg. 94), I found this thought-provoking statement: *“These studies identify multiple steps during the diagnostic evaluation of breast cancer at which the quality of care may be affected by the quality of the procedure. Poor quality at any step could significantly impact the overall quality of care provided.”*

It was truly an honor and privilege to have this meeting with Dr. Perry and share our mission for quality in breast care.

Judy Wagner R.N., Breast Cancer Advocate