



National Centre for **Medical Genetics**  
Ionad Náisiúnta **Gineolaíocht Leighis**

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## To whom it may concern

Dublin, 06.06.08

### **Re: Partial suspension of oncology cytogenetic services**

Unfortunately, following my earlier letter of 01.05.08 we have suffered a significant further deterioration in our staffing levels due to the financial situation that is currently present at OLCHC. Following a NCMG management meeting we have regrettably taken the decision that we will have to temporarily suspend or reduce some services throughout the department.

Within the cytogenetic section this will have a major affect on our constitutional service and a less severe affect on our oncology services. This drastic decision has been influenced by two main factors; a. the substantially reduced staffing levels that we have currently, which is likely to deteriorate still further during the summer months and b. the necessity to ensure that the significant backlog of cases that we currently have does not grow larger. It is hoped that we can start to reduce this backlog, although waiting times may still initially increase before starting to fall.

Please see the attached sheet detailing the reductions and limitations that we are now forced to undertake. The model proposed is based on the following factors:

- An attempt to keep the service as broad as possible.
- Transfer the responsibility to the referring clinic to provide confirmed morphology (including WHO and FAB etc.) before the test is performed.
- Reduce the processing workload without drastically reducing our ability to produce a clinically relevant result.

As things currently stand there is still the fear that this model is optimistic and that further reductions may be necessary. Therefore, we are somewhat reliant on yourselves to follow the model so that we can achieve our aim. I must also advise you that at this stage it is not possible to define a time frame for the duration of suspension.

We are very aware of the inconvenience and the reduction of patient care that this partial suspension could lead to. However, given the manner in which our current staffing situation developed we have been severely restricted in being able to respond in a more positive way or earlier to these problems. As you may be aware the extent of basic service I would like to offer is greater than currently and therefore the situation is also very frustrating for us.

It is our aim that this reduced model of service will take effect as of **23.06.08**. If you require clarification of our new requirements please feel free to contact either myself or one of my colleagues in our oncology cytogenetic section.

Best regards

A handwritten signature in black ink, appearing to read 'David Betts', written over a large, faint, stylized letter 'D'.

David Betts  
Chief Clinical Scientist (Cytogenetics)

## **Model for Oncology Cytogenetics Restrictions, as per 23.06.08**

Referral types will be grouped into three categories

**Group 1**, as previously and not affected by cuts:

Leukaemia presentation (ALL, AML, CLL, CML)  
CML follow up  
Childhood NHL  
Post BMT chimerism

**Group 2**, with restrictions (see notes below)

Acute leukaemia relapse  
Confirmed MDS presentation (inc MPD/MDS crossover diseases)  
MF presentation  
MPD with eosinophilia  
MDS or MPD transformation  
NHL presentation (MCL, BL, DLBCL)  
Multiple myeloma  
?CML  
Other childhood referrals  
Paed solid tumours

**Group 3**, with large restrictions

Acute leukaemia follow-up  
CLL follow-up  
Other MPD  
?MDS  
Other neoplastic disorders

### **Notes**

#### *Group 1*

Referrals will be processed as previously i.e. same cultures and reported within international guidelines. Morphology will be sought by the laboratory.

#### *Group 2*

These will require confirmed morphology, including disease subtype or disease cell percentage where relevant, before any analysis will be undertaken. It will be the responsibility of the referring clinic to provide the detailed morphology. Except in exceptional circumstances 'Morphology Pending' reports will not be issued by the laboratory.

Less culture work will be undertaken, leading to a reduced ability to identify the abnormal clone in some samples or analysis may be restricted only to FISH

#### *Group 3*

These cases require a telephone request before submitting sample (please phone **01 406 6970** and ask for a member of the oncology section) from the clinic and will only be accepted where there is a demonstrated clinical relevance that may have immediate treatment implications.