

# CYTOLOGY BRIEF

## THE PATHOLOGY CENTER

### Cytology Management Guidelines for Women with Cervical Abnormalities



November, 2008

The Methodist Cytopathology department will change the abnormal Pap smear recommendations effective December 2, 2008. The changes follow the American Society For Colposcopy and Cervical Pathology recommendations. The Cytopathology department has two pamphlets available for your convenience (“Algorithms 2006 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities” and “Algorithms 2006 Consensus Guidelines for the Management of Women with Cervical Histological Abnormalities”). Please view the web site at: [www.asccp.org](http://www.asccp.org) (American Society For Colposcopy and Cervical Pathology) for additional information.

At the request of our clients, we are also changing the Anatomic/Cytology requisition. The “Pap Smear” and “Patient History” options have been revised.

A copy of the new recommendations and a copy of the revised requisition are attached. If you have any questions, please call Dr. Diana Nevins at 402- 354-4541 or Toll Free at 888-432-8980.

## **DIAGNOSES & RECOMMENDATIONS**

**ASCUS (conventional smear):** Atypical squamous cells of undetermined significance. ASCCP 2006 consensus guidelines recommend repeat Pap smears at 6 and 12 months if patient is over 20, or a repeat Pap smear at 12 months if patient is age 20 or younger.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**ASCUS (thin layer, no reflex HPV ordered):** Atypical squamous cells of undetermined significance. ASCCP 2006 consensus guidelines recommend HPV testing, or repeat Pap smears at 6 and 12 months if patient is over 20, or a repeat Pap smear at 12 months if patient is age 20 or younger. HPV testing is preferred over repeat cytologies.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**ASCUS (thin layer, reflex HPV ordered):** Atypical squamous cells of undetermined significance. HPV testing is pending. ASCCP 2006 consensus guidelines for patients over 20 years old recommend a repeat pap smear in twelve months if HPV testing is negative, or colposcopic examination and biopsy if HPV testing is positive. For patients age 20 and younger who test positive for HPV, immediate colposcopy may be deferred in favor of a repeat Pap smear at 12 months and again at 24 months (provided the lesion does not progress to HSIL during that interval).

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**ASC-H (conventional):** Atypical squamous cells, cannot rule out high grade squamous intraepithelial lesion. Recommend immediate colposcopic directed biopsy.

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**ASC-H (thin layer, no reflex HPV ordered):** Atypical squamous cells, cannot rule out high grade squamous intraepithelial lesion. Recommend immediate colposcopic directed biopsy and HPV testing.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**ASC-H (thin layer, reflex HPV ordered):** Atypical squamous cells, cannot rule out high grade squamous intraepithelial lesion. HPV testing is pending. Recommend immediate colposcopic directed biopsy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**LSIL:** Low grade squamous intraepithelial lesion encompassing: Mild dysplasia/CIN I. ASCCP 2006 consensus guidelines recommend colposcopic examination and biopsy for patients over 20 years of age. For patients age 20 and younger, immediate colposcopy may be deferred in favor of a repeat Pap smear at 12 months and again at 24 months (provided the lesion does not progress to HSIL during that interval). Colposcopy may be deferred on pregnant patients.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**HSIL:** High grade squamous intraepithelial lesion encompassing: moderate and severe dysplasia, CIN 2 and CIN 3/CIS. ASCCP 2006 consensus guidelines recommend either immediate colposcopic examination and biopsy or an immediate LEEP/cone biopsy for patients over age 20. For patients age 20 or younger colposcopic examination and biopsy is recommended; an immediate LEEP should not be performed.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AGUS (conventional smear):** Atypical glandular cells present. Recommend colposcopic examination and biopsy with ECC. If the patient is older than age 35 or at risk for endometrial neoplasia for other reasons, or if the atypical glandular cells are endometrial in origin, an endometrial biopsy is also recommended.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AGUS (thin layer, no reflex HPV ordered):** Atypical glandular cells present. Recommend colposcopic examination and biopsy with ECC, and HPV testing. If the atypical cells are endometrial, or if the patient is older than age 35 or at risk for endometrial neoplasia for other reasons, an endometrial biopsy with ECC is recommended.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AGUS (thin layer, reflex HPV ordered):** Atypical glandular cells present. HPV testing is pending. Recommend colposcopic examination and biopsy with ECC, and a repeat Pap with HPV testing in six months if HPV test is positive or in 12 months if HPV test is negative. If the atypical cells are endometrial, or if the patient is older than age 35 or at risk for endometrial neoplasia for other reasons, an endometrial biopsy with ECC is recommended.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AGUS favor dysplasia (conventional):** Atypical glandular cells present, favor neoplasm. Recommend colposcopic examination and biopsy with ECC, and endometrial biopsy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AGUS favor dysplasia (thin layer, no reflex HPV ordered):** Atypical glandular cells present, favor neoplasm. Recommend colposcopic examination and biopsy with ECC, endometrial biopsy, and HPV testing.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AGUS favor dysplasia (thin layer, reflex HPV ordered):** Atypical glandular cells present, favor neoplasm. HPV testing is pending. Recommend colposcopic examination and biopsy with ECC, and endometrial biopsy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**AIS:** Suspicious for endocervical adenocarcinoma in situ. Recommend immediate colposcopic examination and biopsy with ECC, and endometrial biopsy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Malignant:** Malignant cells consistent with \_\_. Recommend immediate colposcopic directed biopsy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative:** Negative for intraepithelial lesion or malignancy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/Fungus:** Negative for intraepithelial lesion or malignancy. Fungal organisms morphologically consistent with Candida species present.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/Atrophy:** Negative for intraepithelial lesion or malignancy. Atrophy present.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/Gland:** Negative for intraepithelial lesion or malignancy. Glandular cells present post hysterectomy.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/Herpes:** Negative for intraepithelial lesion or malignancy. Cellular changes consistent with Herpes simplex virus.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/Inflam:** Negative for intraepithelial lesion or malignancy. Reactive cellular changes associated with inflammation (includes typical repair).

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/NOS:** Negative for intraepithelial lesion or malignancy. Reactive cellular changes associated with \_.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**Negative/Trich:** Negative for intraepithelial lesion or malignancy. Trichomonas vaginalis present.

The complete set of the American Society for Colposcopy and Cervical Pathology 2006 Consensus Guidelines (along with flow chart treatment algorithms) can be found at <http://www.asccp.org/consensus.shtml>.

**UNSAT:** The specimen is non-diagnostic.

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# The Pathology Center

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www.thepathologycenter.org

Place accession label here

### Special Instructions:

When ordering tests for which Medicare reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.  
REQUEST FOR TESTING INDICATES PATIENT CONSENT TO RELEASE INFORMATION REGARDING TESTING AS REQUESTED IS ON FILE AT CLIENT FACILITY.

## SURGICAL PATHOLOGY

Source: **SPECIMEN INFORMATION**

Clinical History (Pre-Op/Post-Op Findings):

### Requested Testing

- Gross and Micro
- Gross Only
- Bone Marrow
- Surgical Slide Consultation (Outside slides and/or blocks)
- Blood Smear Consultation
- Breast Biopsy – Reflex testing to be conducted if biopsy is positive. Reflex requires documentation on patient chart.

#### Breast Biopsy Reflex tests:

- ERA / PRA
- DNA (S Phase & Ploidy)
- HER-2 NEU (Immunoperoxidase)
- HER-2 NEU (FISH)

LAB COPY 1

For Laboratory Use:

## REQUIRED INFORMATION - COMPLETE ALL ITEMS

SPECIMEN DATE: \_\_\_\_\_  INPATIENT  OUTPATIENT

### LEGAL PATIENT

NAME: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

M  F DOB / / SSN# \_\_\_\_\_

Ordering Provider/Surgeon: \_\_\_\_\_ (OR CIRCLE FROM LIST)  
Last First MI

Supervising MD: \_\_\_\_\_ (Required PAVNP orders)  
Last First MI

Copy to: \_\_\_\_\_  
Last First MI

BILL TO:  PATIENT/PATIENT INSURANCE  CLIENT ACCOUNT  
\*\*\*ATTACH COPIES OF ALL CURRENT INSURANCE CARDS\*\*\*

RESPONSIBLE PARTY: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

RELATION TO PATIENT: \_\_\_\_\_  
 Self  Spouse  Parent  Other: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
P.O. Box, R.R. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Primary  Secondary

MEDICARE # \_\_\_\_\_

MEDICAID # \_\_\_\_\_ STATE \_\_\_\_\_

INSURANCE PLAN NAME: \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ DOB: \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

EMPLOYER OF POLICY HOLDER \_\_\_\_\_

ADDITIONAL INSURANCE: \_\_\_\_\_

## CYTOLOGY

### PAP SMEAR

Source:  Cervical/Vaginal  Cervical  Vaginal

LMP Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Liquid Based PAP with Reflex HPV (HPV for ASCUS and AGUS Dx)
- PAP Smear (Conventional)

### SPECIAL REQUEST

- Liquid Based PAP with HPV (Reflex HPV for all diagnoses)
- Liquid Based PAP with No HPV testing

### Indications for PAP Smear (Required for ALL PAP methods):

- Routine ICD-9/Dx \_\_\_\_\_
- High Risk ICD-9/Dx \_\_\_\_\_
- Diagnostic ICD-9/Dx \_\_\_\_\_

Medicare ABN on File  
 Yes  No

Medicare will only pay for a screening PAP every two years. In the event the patient has more than one screening PAP in 2 years, the patient is required to sign an ABN. A diagnostic PAP may be ordered once every twelve months if the PAP is associated with one of the risk factors. An appropriate ICD-9 code and risk factor must be specified for a diagnostic PAP.

### PATIENT HISTORY (Check all that Apply)

- Abnormal PAP – Date: \_\_\_\_\_ Result: \_\_\_\_\_
- Repeat PAP
- Pregnant
- Post Partum
- Hysterectomy
- Post Menopausal
- Hormone Therapy
- Depo-provera
- Abnormal Bleeding
- Chemotherapy
- Radiation
- Biopsy also submitted

### BODY FLUID

- Bladder Washing
- Breast Aspirated Fluid
- Breast Nipple Discharge
- Bronchial Brush
- Bronchial Washings/Secretion
- Spinal Fluid
- Sputum
- Urine Clean Catch
- Urine Cath
- Other: \_\_\_\_\_

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