

## Cancer Cytology FAQ's

*What is the most common reason for an unsatisfactory Pap test submitted to the SLPH?*

- The vast majority of unsatisfactory ThinPrep specimens are visibly bloody. It is advisable to collect the Pap specimen between days 12-15 of the patient's menstrual cycle to avoid excessive blood.
- Turning the cytobrush more than one half turn in one direction when collecting the specimen can be another source of bloody specimens. The Preservcyt solution can break down only a reasonable number of red blood cells. Those that are left will clog the pores of the ThinPrep filter before the epithelial cells reach the slide.
- Cervical brooms can reduce the chances of a bloody specimen when the bleeding is the result of a friable cervix. Please call Susie Lavender at 919-733-7146 to receive a sample of the brooms.
- Excessive mucus is another cause of unsatisfactory specimens. Always remove the mucus before taking the Pap. Please refer to the Cytoc Training Bulletin on Collection for technique.
- The other major cause of unsatisfactory specimens is improper labeling of the vial and/or form. The patient's name must be **clearly** printed on the vial and form. Please **print** the information when hand labeling and **check** the machine printed labels for readability (especially H's, M' and N's). **Vials without a clearly printed name will be rejected.**

*Why does the report indicate a satisfactory specimen and the absence of an endocervical component?*

- The Bethesda 01 Reporting System removed the "Satisfactory but limited by" category and included the finding of "No endocervical component" as Satisfactory.
- The Bethesda Committee did this to remove the automatic repeat requirement and allow the health care provider to assess the need for a repeat Pap based on past abnormal Paps, patient history such as stenotic os, prior Paps without endocervical component (some patients because of anatomy or other factors have an inaccessible transformation zone making it useless to continually do repeats), non compliant patient unlikely to return in a year, high risk, etc. The health care provider should always be sure that proper collection technique was used when the specimen was taken, as this could be the source of the no endocervical component. The Pap reports should be monitored for the percentage of "no endocervical component. Cytoc corporation will do staff re-in-services if the clinic or a particular staff member has an unusually high percentage of this finding. Call Susie Lavender at 919-733-7146 for more information.

*Why should I bother with the 1011 Form and what should I do if the referring physician refuses to return it?*

- The 1011 form is a one-page document that captures the notification and treatment/follow-up data. This form should not be returned until all follow-up is complete and results can be provided to the lab. **Please enter the date the patient was notified and hold the document until the colposcopy and biopsies have**

**been completed. These biopsy results are crucial elements of our QA and continuing education protocols.** Please send a copy of the colposcopy/biopsy report with the lab accession number or Social Security Number of the patient to the lab when the physician refuses to return the 1011 form.

*Is it really necessary to complete the patient history portion of the submission form 1010?*

- This information is critical to the cytotechnologist and pathologist when evaluating the specimen. The patient's date of birth, menstrual status, birth control method, HRT use, and history of hysterectomy, cancer DES exposure or IUD all impact the final report. CLIA '88 requires the inclusion of this information on the submission form because the patient's results are compromised when omitted.

*Why must a nurse be notified when there is a Pap report of HSIL (high grade intraepithelial lesion) or an amended report?*

- CLIA '88 requires notification of all critical value reports (reports that have serious consequence if lost in the mail. Cancer Cytology has determined that all HSIL or greater Pap findings, herpes in pregnancy and corrected reports qualify as critical values. The notification is made to ensure that the report is tracked and notice is given to the lab if the report is not received promptly. Corrected reports also require the removal of the old report from the patient's chart and marking is as "Being corrected, see corrected report".

*Is HPV testing available?*

- HPV Reflex testing will be automatically performed for women aged 20 and older who have a current diagnosis of ASCUS.