

Venue: ANUKIS
23rd August 2007
1100-1215 hr

Symposium 5D: Cervical cytology

S5D-1. Quality issues in cervical cancer screening

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Screening for cervical cancer requires a multi-disciplinary programme necessitating the involvement of many agencies and good operational and logistical support. To be successful, the programme must ensure good coverage of the population at risk, and have an efficient and effective screening modality, prompt notification of results, adequate facilities for histological evaluation, treatment and follow-up, comprehensive database management, and a good call and recall system. Depending on resources and availability of manpower, the screening modality of choice may vary from region to region, ranging from visual inspection of cervix to screening of cytological samples to testing for the human papilloma virus. Staff performing these tests and those involved in the management and treatment of patients need to be adequately trained, and a quality assurance programme needs to be set up to monitor the performance in these areas. Ideally results from the screening tests should be compared with the final histological results. The database must be comprehensive, backed-up and allow access for individuals requiring the information, while maintaining tight security of confidential information. In Singapore, the national cervical cancer screening programme is targeted at sexually active women aged 25 to 64 years. Women in this age group are advised to go for Pap Smear screening once every 3 years in the private sector or government clinics. Quality assurance frameworks have been established to oversee clinical quality issues in laboratories offering cervical smears and among clinicians offering colposcopy to ensure good quality screening at whichever healthcare service provider a woman chooses to go. A screening database has also been developed to monitor the quality standards of the screening programme and to evaluate the effectiveness of the national cervical cancer screening programme.

S5D-2. Glandular lesions of the cervix

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Cervical screening has resulted in a marked decrease in squamous cell carcinomas of the cervix. This is due to the more readily visualized area of the cervix that is covered by squamous epithelium. Glandular lesions however, usually arise from the endocervical end of the transformation zone or deeper within the endocervical canal and hence may not yield material as readily. This talk will centre on glandular lesions of the cervix, discussing the cytologic features and pitfalls.

S5D-3. Atypical squamous cells in cervical smears – issues and controversies

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Presence of atypical squamous cells in cervical smear is a reality that cytopathologists face every day. However, its exact definition and criteria for identification are controversial ever since the concept was introduced in 1988. Though the Bethesda System 2001 has attempted to make the category better defined with division into Atypical Squamous Cells – Uncertain Significance (ASC-US) and Atypical Squamous Cells – Cannot Exclude High Grade Lesion (ASC-H), difficulty continues. On the other hand, choices for patient management following a Pap smear report of ASCUS is still not clear to many clinicians. HPV testing from cervical samples, as has been recommended, may help in triaging patients for risk categorization. This however, is still quite unaffordable in many developing countries and the logistics of patient recall for a second test are complex. Some of these controversies in identifying ASCUS and further management will be discussed in this brief talk.