BAC Journal of the British Association for Cytopathology (formerly the British Society for Clinical Cytology and the National Association of Cytologists)

Abstracts of the 36th European Congress of Cytology
Istanbul, Turkey
22-25 September 2011
# CYTOPATHOLOGY

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Information for subscribers Cytopathology is published in six issues per year. Subscription prices for 2011 are:
- Print & Online: €586 (Europe), US$1286 (The Americas), £501 (Rest of World), £697 (UK). Prices are exclusive of tax. Asia-Pacific GST, Canadian GST and European VAT will be applied at the appropriate rates. For more information on current tax rates, please go to Wileyonlinelibrary.com. The price includes online access to the current and all online back files to January 1st 1997, where available. For other pricing options including access information and terms and conditions, please visit wileyonlinelibrary.com.

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CYTOPATHOLOGY (ISSN: 0956-5507) is published bimonthly. US mailing agent: Mercury Airfreight International Inc., 365 Blair Road, Avenel, NJ 07001, USA. Periodical postage paid at Rahway, NJ. Postmaster: Send all address changes to CYTOPATHOLOGY, Journal Customer Services, John Wiley & Sons Inc., 350 Main St., Malden, MA 02148-5020

Cytopathology is published by Blackwell Publishing Ltd, 9600 Garsington Road, Oxford OX4 2DQ, UK. Tel: +44 (0) 1865 776668; Fax: +44 (0) 1865 714591

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ISSN 0956-5507 (Print)
ISSN 1365-2303 (Online)
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FNAC is done under US guidance and with visualization of the needle.

**Results:** Examples from different types of lesions will be demonstrated.

**Conclusion:** US-guided FNAC of superficial lesions improves the diagnostic quality of outpatient patients.

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**FP4-038**

**PARAFIN IMBEDDED CYTOLOGY CREATED ON THE CELLIENT™ AUTOMATED CELL BLOCK SYSTEM AND RESULTS OF IMMUNOCYTOCHEMISTRY**

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Department of pathology and medical biology, University medical center Groningen, University of Groningen, The Netherlands

**Background:** With the Cellient™ Automated Cell Block System (Hologic) cytological specimens are transferred to a paraffin tissue block in 30 minutes, by means of a controlled vacuum, to deposit a layer of cells on a filter and infiltrate those cells with reagents and paraffin. This method allows for rapid microscopic evaluation of tumour cells or very small fragments of tumour tissue in combination with immunocytochemistry. As part of our immunocytochemical quality assurance system, we tested a large number of antibodies (38) routinely used for classification of tumors.

**Method:** Cellent block cells of tumour cytology (mostly fine needle aspiration biopsies or scrou fluid) were selected from cases in which immunohistochemistry had also been performed on tissue sections from tumour biopsies or resection specimens of the same patient. 3-μm paraffin sections from the block cells were cut and subsequently stained with H&E and with multiple antibodies in four different protocols using the Ventana Ultraview DAB detection kit in a Ventana BenchMark XT processor (Ventana, Tucson, AZ, USA). The morphology and immunocytochemistry was assessed. The immunocytochemistry results were scored positive (diffuse, more than focal and focal) or negative.

**Results:** The morphology of the cells is excellent and all tested antibodies give a positive result in one or more of the staining protocols.

**Conclusion:** We can say that the Cellient™ Automated Cell Block System creates a cell block with hands-on time of only 30 minutes. The morphology as well as immunocytochemistry allow for proper classification of tumors.

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**FP4-039**

**A PILOT COMPARATIVE STUDY: CELLPREP LBC PLUS SYSTEM AND SUREPATH IN CERVICOVAGINAL AND URINE CYTOLOGY**

H. Kim, D. Hwang, S. Park, J. Chung and G. Choe
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**Background:** The CellPrep LBC+ System (Biodyne, Korea) is a new domestically-developed fully automated thin-layer preparation device designed to improve both sample collection and cytopreparation. We compared the CellPrep method (CP) with the SurePath method (SP) in cervicovaginal and urine cytology.

**Methods:** We examined 369 cases of cervicovaginal cytology and 163 cases of urine cytology. Urine samples were divided equally and processed by the two different preparation methods. Cervicovaginal direct-to-vial split samples were processed with SP, and then the left-over-samples were processed for CP. Cellular morphology, processing convenience and diagnostic accuracy were compared.

**Results:** Both CP and SP methods provided equally distributed thin layers of cells with little cellular overlaps in most cases. Nuclear membrane was more distinct in SP; however, nuclei were more prominent in CP. Regarding non-bloody samples, preparation procedures for SP were simple, convenient and rapid (30 seconds per slide); however, a preparation technician could not walk away from the CP slide processor during processing. As for the cervicovaginal samples, the concordance of the diagnoses by both methods was statistically significant ($P = 0.025$). As for the urine samples, the diagnoses by SP and CP, respectively, were atypical in 18 (11.0%) and 17 (10.4%) cases, and transitional cell carcinoma in nine (5.5%) and 10 (6.1%) cases.

**Conclusion:** Both CP and SP methods had the advantages generally acknowledged for microscopic methods. Stained cellular morphology revealed slight difference without significant distraction in cytological interpretation. The CP method gave results that were as good as SP in this qualitative pilot study for diagnostic accuracy of cervicovaginal and urine cytology.

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**FP4-040**

**URINARY BLADDER WASHING CYTOPATHOLOGY; 100 CASES WITH CYTO-HISTOPATHOLOGIC CORRELATIONS**

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**Objective:** The aim of present study was to analyze diagnostic yield of bladder washing (BW) cytopathology when compared with histopathological diagnoses in our series of patients in the last 3 years.

**Method:** Cases were selected for the study based on their BW cytopathology and the availability of corresponding histopathologic specimens. In 100 consecutive cases, cytopathological interpretation results of BWs were retrospectively correlated with histopathological findings, of mostly pTa and pT1 tumors. Cytopathological diagnosis was considered positive when interpreted as malignant/suspicious. Statistical analysis was performed using the chi-square test.

**Results:** There were 100 patients with mean age of 64.8 years (range: 24–85) and male/female ratio of 84/16. In 100 patients including 81 with histopathologically proven bladder cancer, BW cytopathology provided an overall diagnostic accuracy of 77.7% sensitivity of 83.1% and specificity of 52.9%; with positive and negative predictive values of 88.9% and 38.1% respectively. Sensitivity was significantly higher for papillary tumors (91.7%). A statistically significant correlation was observed between the increasing grade of malignancy and absolute cytopositivity. BW cytopathology revealed false negative results predominantly in low grade tumors (11/13), while false positive results were mostly (5/8) chronic cystitis.

**Conclusion:** BW cytopathology has its place as an additive diagnostic tool to cystoscopy, with higher sensitivity in high grade tumors.