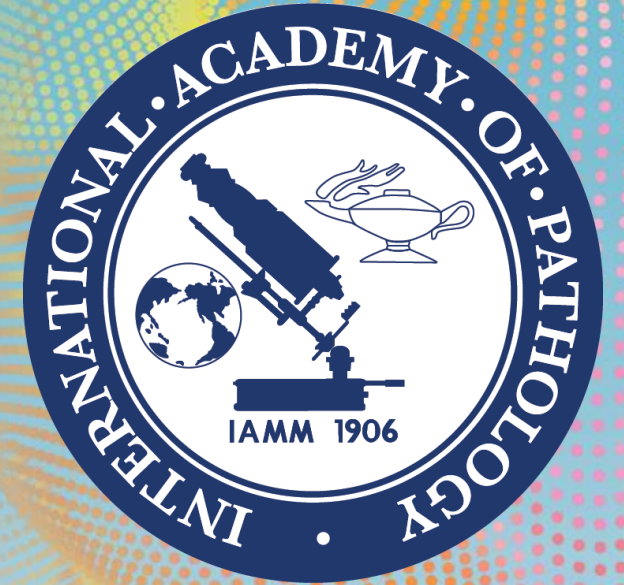


Cytology component of Part 2 Examination, RCPA

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The 48th Annual Scientific Meeting *of the*

Australasian Division of the
International Academy of Pathology

Disclosure of Relevant Financial Relationships

RCPA Examinations

1. Basic Pathological Sciences Examination

2. Part 1 Examinations

Written component

Slides component

3. Part 2 Components

Small biopsy

Cytology

Slides

Oral

What are the cases in the cytology exam ?

1. 4 FNABs
2. 4 Fluids including urine, Joint fluid and CSF
3. 2 gynaecology cases
4. Two others – smears, sputum, imprints etc

What type of cases ?

Anything that **can** be smeared or imprinted on a slide
(imprints, cyto spin, Thin Prep, Surepath) can be in the exam

Frequently asked questions about the exams

Why does the exam had literally no breast or thyroid specimens all the time ?

Quality of the digital imaging was poor

How are the slides chosen ? Where do the slides come from ?

Annotation – number, appropriate? True pathology ?

Why brain smears ?

Why parasites or lymphoma in urine ? ?

Why does the exam had not all specimens?

We can put in only 4 FNABs, 4 Fluids, 2 gynaes and two others. We cannot just put in thyroid, breast and lymph nodes mets all the time.

Quality of the digital imaging

- The slides are scanned in the RCPA QAP by the same staff who does the routine QAP.
- All slides are Z-stacked (even the MGGs) so most areas can be brought into focus.
- The examiners would look at the scanned slides together with the QAP staff to make sure that the slides are of top quality.
- If we feel it is not good enough, we repeat scanning or change the original until we get the best.
- It is not just scanning the slides without checking multiple times. We spent so many late evenings and weekends just doing that.
- The examiners group also checked the final quality of the exams slides.

How are the slides chosen ? Where do the slides come from ?

The slides were chosen from daily routine glass slides from tertiary laboratories from NSW, Victoria, Queensland and New Zealand.

The examiners responsible for choosing the cases would bring the cases that have been selected by themselves and are donated to them across the country and sit and select the best 12 cases.

Annotation – number, appropriate? True pathology ?

- After the selected slides are scanned, the same examiners who chose the cases annotate the diagnostic foci.
- The duration of the examination is 2 hours and 15 minutes with 15 minutes reading time. The candidates have to look at 12 cases and all the FNABs and the fluids have 2 slides each (DQ and PAP) which they need to look both. The 2 gynaecology cases have Thin Prep and Sure Path slides for each cases and although they need not see both slides, every candidate looks at it. They are examining at least 24 slides in 2 hours.
- We are not examining their scanning skills but put at least 8 circles in each slide of diagnostic material. They have 16 circles to look at. Yes there will be a circle or two but not more of “noise” like in real life when the cytologists would mark every cell that appears dubious.

Why brain smears ?

- The aim of this case is to prepare them to be in every pathology lab that they will work in the future.
- In most tertiary institutions when they have to do frozen biopsies and assist in FNABs, this is a very important step to know.
- Brain smears have been in the past exams for many years and most candidates have survived and are now pathologists.
- As I fore mentioned that anything that can be smeared or imprinted on a slide(imprints, cyto spin, Thin Prep, Sure path) can be in the exam. Our registrars are pathologists and not cytologists- so they will have to do brain smears.

Why unusual cases in urine ? ?

- The aim is to prepare the candidates to be able to work in any pathology lab. They will be looking down at usual urothelial cells and also other cells too, especially from neighbouring organs!
- BUT – we want them to be safe, we want them to recognise as they are parasites and will get the opinion from microbiology. (They are not microbiologists and we don't want or expecting the correct name of the organism). If the candidates gave a dogmatic answer of a wrong organism without referring to microbiology – they are dangerous, as anyone who reports cytology in any lab will show it to the microbiology department

The same expectation was the urine with lymphocytes. If there are sheets of lymphocytes (not a sprinkling) with a given history of B symptoms – will the cytopathologists do a proper workup – starting from history to get to a diagnosis? Not just cell block or flow – proper history, blood work, imaging etc etc.

Our aims of the exam

- competent and safe, having the knowledge of malignant vs reactive/benign, understanding the criteria for calling something, Up to date with International and national systems in reporting
- competent cytopathologists but not expecting them to have the levels of cytopathologists/ specialists in respected fields(e.g – gyanecytopathologists)

What we expect

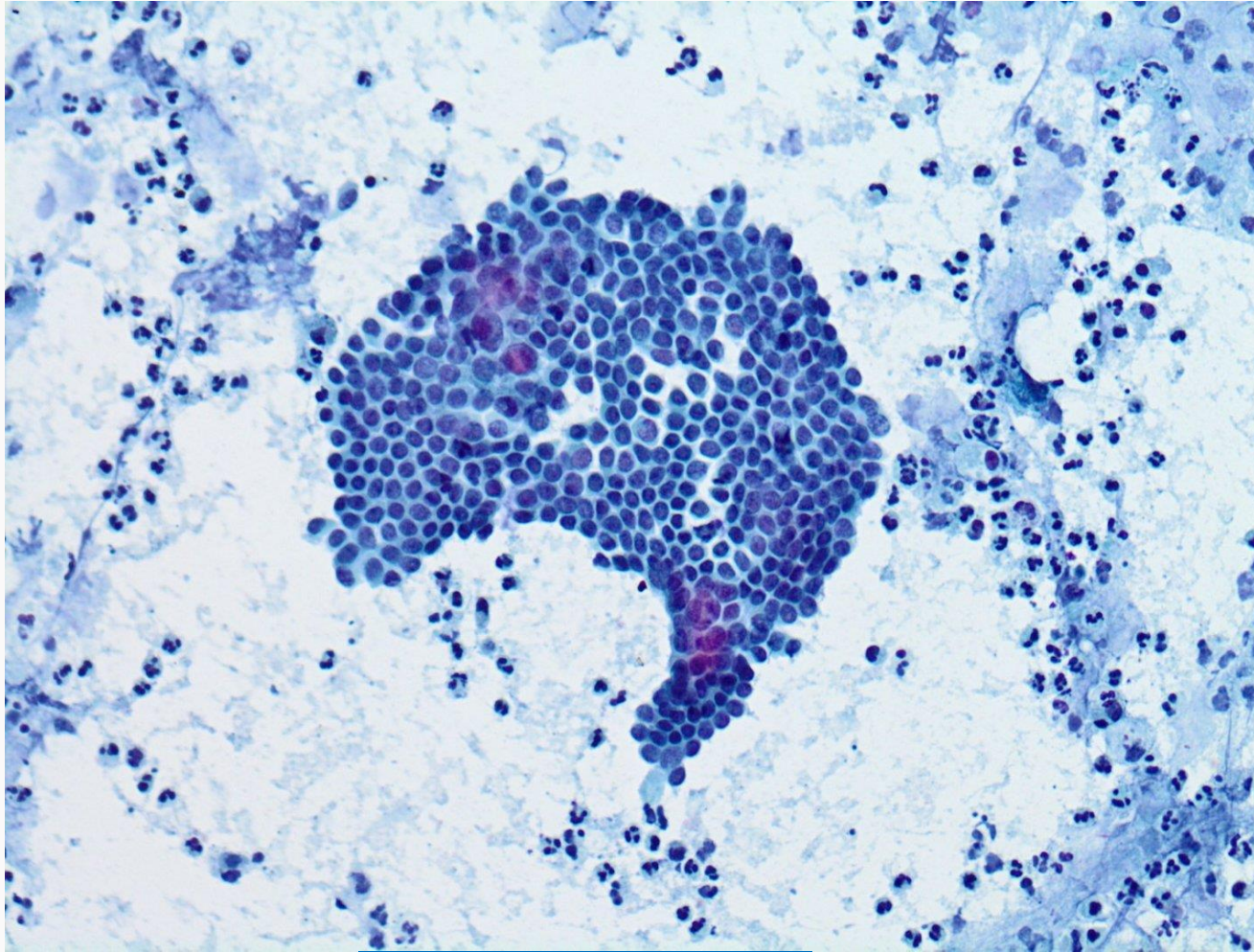
– not rigid diagnoses but to know how to deal in a situation (when to use cell block, what IPX panels, when to consult microbiology, when to do flow) as they will be doing the future. We want this in a reasonable work up or plan.

Our limitations –

Digital slides vs glass slides; how many FNABs, Fluid, Smears, others

Australian Society of Cytology

- There are wonderful teaching cases and material that the ASC send out every month to the members
- The registrars will go to the cytologists when they are doing the exams ONLY
- Our registrars and pathologists are not aware that the ASC is not funded by the government.
- If there are no cytologists who will scan the slides and who will be our first pair of eyes ?
- **Please join ASC** even if you do not report cytology



THANK
YOU

