



If a significant discrepancy, which would affect current patient care, is found during the retrospective review, an amended report is issued.

Evidence of Compliance:

- ✓ Records of retrospective reviews and amended reports, as necessary

REFERENCES

- 1) Davey DD. Papanicolaou 5-year retrospective review. *Arch Pathol Lab Med.* 1997;121:296-298
- 2) Freedman LF. Implications of mandating amended reports following retrospective review of Papanicolaou smears. *Arch Pathol Lab Med.* 1997;121:299-300
- 3) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register.* 2023(Dec 28): [42CFR493.1274(c)(3)].

CYP.07543 Correlation of Results

Phase II



Records of attempts to obtain and review follow-up histological reports or material are available within the laboratory when gynecologic cases with high-grade squamous intraepithelial lesion (HSIL) or malignant cytological findings are reported.

NOTE: When the histologic diagnosis is available, correlation to the cytologic findings must be recorded and these records must be readily accessible. The number of cases that have histologic correlation must be recorded.

Evidence of Compliance:

- ✓ Records of the attempts made to obtain and review histological reports or materials

REFERENCES

- 1) Joste NE, et al. Cytologic/histologic correlation for quality control in cervicovaginal cytology: experience with 1,582 paired cases. *Am J Clin Pathol.* 1995;103:32-34
- 2) Tritz DM, et al. Etiologies for non-correlating cervical cytologies and biopsies. *Am J Clin Pathol.* 1995;103:594-597
- 3) Jones BA, et al. Q-Probes - cervical biopsy-cytology correlation: a College of American Pathologists Q-Probes study of 22439 correlations in 348 laboratories. *Arch Pathol Lab Med.* 1996;120:523-531
- 4) Zhai Q, Siegal GP. Quality Management in Anatomic Pathology. Northfield, IL: CAP Press, 2017.
- 5) Wright, DC, et al. 2001 Consensus guidelines for the management of women with cervical cytological abnormalities. *JAMA.* 2002;287:2120-2129
- 6) Clary KM, et al. Cytohistologic discrepancies. A means to improve pathology practice and patient outcomes. *Am J Clin Pathol.* 2002;117:567-573
- 7) Renshaw A, Granter SR. Appropriate follow-up interval for biopsy confirmation of squamous intraepithelial lesions diagnosed on cervical smear cytology. *Am J Clin Pathol.* 1997;108:275-279
- 8) Department of Health and Human Services, Centers for Medicare and Medicaid Services. Clinical laboratory improvement amendments of 1988; final rule. *Fed Register.* 2023(Dec 28): [42CFR493.1274(c)(2)].

CYP.07556 Additional Reports

Phase II



When a follow-up histological report or material is not available within the laboratory, there are records of attempts to obtain follow-up histological information for correlative review when gynecologic cases with significantly abnormal (high-grade SIL) or malignant cytological findings are reported.

Evidence of Compliance:

- ✓ Records of attempts to obtain the information (eg, follow-up correspondence, telephone calls, or requests included in the report)

REFERENCES

- 1) Jones BA, et al. Q-Probes - cervical biopsy-cytology correlation: a College of American Pathologists Q-Probes study of 22439 correlations in 348 laboratories. *Arch Pathol Lab Med.* 1996;120:523-531
- 2) Clary KM, et al. Cytohistologic discrepancies. A means to improve pathology practice and patient outcomes. *Am J Clin Pathol.* 2002;117:567-573
- 3) Wright, DC, et al. 2001 Consensus guidelines for the management of women with cervical cytological abnormalities. *JAMA.* 2002;287:2120-2129

CYP.07569 Correlation of Results - Gynecologic Cytopathology

Phase II



Gynecologic cytopathology findings are correlated with clinical information, when available.