

CATEGORY	5th	10th	25th	Median	75th	90th	95th
Unsatisfactory (%)	0.0	0.0	0.2	0.4	0.8	1.2	1.6
LSIL (%)	0.2	0.5	1.0	2.2	3.0	4.3	5.9
HSIL (%)	0.0	0.0	0.2	0.3	0.5	1.0	1.4
ASC-US (%)	0.3	0.7	2.1	4.2	6.6	9.2	10.6
ASC-H (%)	0.0	0.1	0.1	0.3	0.5	0.8	1.3
AGC (%)	0.0	0.0	0.1	0.2	0.5	0.7	1.6
ASC/SIL	0.5	0.9	1.2	1.8	2.9	3.6	4.2

\*Includes conventional annual test volume of >60.

\*\*Includes SurePath and ThinPrep annual test volume of >300.

#### Evidence of Compliance:

- ✓ Records of statistical data for defined categories **AND**
- ✓ Records of data review and evaluation against benchmark data by the laboratory director or designee

#### REFERENCES

- 1) 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)(5)(i) through (c)(5)(vi)].
- 2) Davey DD, Souers RJ, Goodrich K, Mody DR, Tabbara SO, Booth CN. Bethesda 2014 implementation and human papillomavirus primary screening: practices of laboratories participating in the College of American Pathologists PAP Education Program. *Arch Pathol Lab Med*. 2019;143:1196-1202
- 3) Genest DR, et al. Qualifying the cytologic diagnosis of "atypical squamous cells of undetermined significance" affects the predictive value of a squamous intraepithelial lesion on subsequent biopsy. *Arch Pathol Lab Med*. 1998;122:338-341
- 4) Raab SS, et al. Interobserver variability of a Papanicolaou smear diagnosis of atypical glandular cells of undetermined significance. *Am J Clin Pathol*. 1998;110:653-659
- 5) Schiffman M, et al. HPV DNA testing in cervical cancer screening results for women in a high risk province in Costa Rica. *JAMA*. 2000;283:87-93
- 6) Solomon D, et al. Comparison of three management strategies for patients with ASCUS. *J Natl Cancer Inst*. 2000;93:293-299
- 7) Juskevicius R, et al. An analysis of factors that influence the ASCUS/SIL ratio of pathologists. *Am J Clin Pathol*. 2001;116:331-335

**\*\*NEW\*\* 12/26/2024**

#### CYP.07620 Statistical Records - Reflexed Gynecological Cytopathology

Phase I



**For gynecologic cytopathology cases reflexed from primary HPV screening, statistical records are maintained and evaluated at least annually, and include the following:**

- Number of primary HPV screening tests performed, if available
- Number of Paps reflexed from primary HPV screening
- Number of reflexed Paps reported by diagnosis for each specimen type (including the number reported as unsatisfactory for diagnostic interpretation)
- Number of cases with a diagnosis of HSIL, adenocarcinoma, or other malignant neoplasm for which histology results were available for comparison
- Number of cases where cytology and histology are discrepant
- Number of cases where any rescreen of a normal or negative specimen results in reclassification as low-grade squamous intraepithelial (LSIL), HSIL, adenocarcinoma, or other malignant neoplasms
- Number of positive and negative p16/Ki67 dual stains performed.

*NOTE: The data must be evaluated by the laboratory director or designee and included in the annual cytopathology statistical report.*

*If a p16/Ki67 dual stain is used as a follow-up to an HPV positive test with a negative Pap test, statistics should be maintained separate from p16/Ki67 dual stain results derived from a positive HPV screening test.*

#### Evidence of Compliance:

- ✓ Records of statistical data for defined categories **AND**

- ✓ Records of data review and evaluation against benchmark data by the laboratory director or designee

**CYP.07650 Statistical Records - Outliers****Phase I**

**If the laboratory's annual ASC/SIL ratio for gynecologic cases falls outside of the 5th or 95th percentiles, the laboratory determines and records the reason(s).**

*NOTE: The ASC/SIL ratio is useful for interlaboratory comparisons, because the number of ASC and SIL cases varies greatly between laboratories (eg, a private practice with very few HPV infections, a sexually transmitted disease clinic, and a dysplasia clinic). This ratio is one good indicator for the under- or over-interpretation of ASC.*

*For example, a laboratory with 9% ASC cases might appear to be over diagnosing ASC, since this is higher than the 75% percentile-reporting rate. However, if this same laboratory also has a SIL rate of 6.0%, the ASC/SIL ratio of 1.5 is close to the national median, and it can be concluded that this laboratory serves a high-risk population. A laboratory with 3.0% ASC cases and 0.75% SIL appears to show average ASC rates, but the ASC/SIL ratio of 4.0 is higher than the average laboratory.*

*The benchmarking data provided in CYP.07600 may not be applicable for laboratories that utilize primary HPV screening for a significant portion of cervical cancer screening.*

**CYP.07653 HR-HPV Records****Phase I**

**If available, records are maintained for high-risk human papillomavirus (HR-HPV) tests performed on ASC-US including:**

- 1. Total number of HR-HPV tests performed on ASC-US cases**
- 2. Total number of positive HR-HPV ASC-US cases**

*NOTE: The percentage of ASC-US cases with a positive HR-HPV result may be a helpful quality metric for both overall laboratory performance and individual performance of pathologists, especially when combined with an individual's ASC-SIL ratio. Data for other HR-HPV testing results (eg, co-testing with a Pap test in women > 30 years of age) may also be helpful quality metrics but should be kept separately.*

**REFERENCES**

- 1) Wright TC, Massad LS, Dunton CJ, *et al* for the 2006 American Society for Colposcopy and Cervical Pathology-sponsored Consensus Conference. *Am J Ob Gyn* 2007; 346-355
- 2) Moriarty AT, Schwartz MR, Eversole G, *et al*. Human Papillomavirus (HPV) Testing and Reporting Rates: Practices of Participants in the College of American Pathologists' Interlaboratory Comparison Program in Gynecologic Cytology in 2006. *Arch Pathol Lab Med*. 2008 132: 12901294
- 3) Ko V, Shabin N, Tambouret RH, *et al*. Testing for HPV as an Objective Measure for Quality Assurance in Gynecologic Cytology: Positive rates in equivocal and abnormal specimens and comparison with the ASCUS to SIL ratio. *Cancer (Cancer Cytopathol)* 2007;111:67-73
- 4) Khan MJ, Castle PE, Lorincz AT, *et al*. The elevated 10 year risk of cervical precancer and cancer in women with human papillomavirus (HPV) type 16 or 18 and the possible utility of type specific HPV testing in clinical practice. *J Natl Cancer Inst* 2005;97:1072-9
- 5) Cibas ES, Zou KH, Crum CP, *et al*. Using the rate of positive high-risk HPV test results for ASC-US together with the ASC-US/SIL ratio in evaluating the performance of cytopathologists. *Am J Clin Pathol*. 2008;129:97-101

**\*\*REVISED\*\* 12/26/2024****CYP.07655 Screening Performance****Phase II**

**The laboratory evaluates and records the ongoing performance of individuals who do cervicovaginal cytology screening against the overall statistics for the laboratory as a whole.**

*NOTE: Mechanisms can include evaluation of rescreening and interpretive discrepancies and detection rates for abnormalities. This includes screening performance of p16/Ki67 dual stain gynecologic slides.*