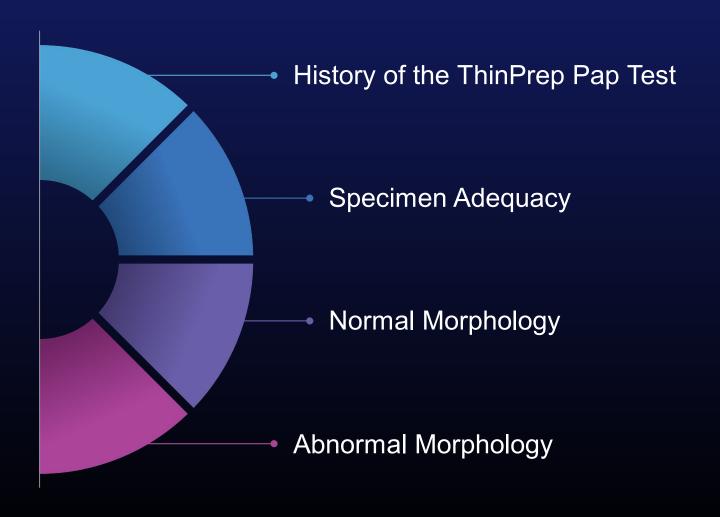




ThinPrep Pap Test Morphology Overview





History of the ThinPrep Pap Test

Where it all began

- Cytyc's initial development efforts focused on Imaging (1988)
- ThinPrep Pap Test FDA approved 1996
- Sample/Preparation Limitations Addressed

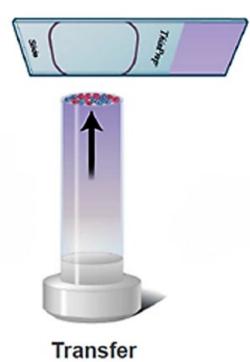


ThinPrep® Process

HOLOGIC®

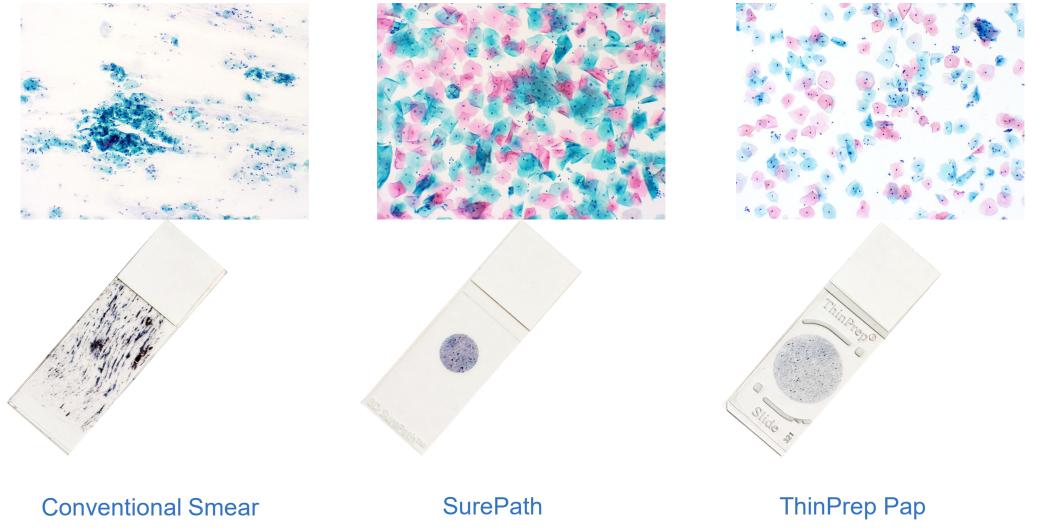






HOLOGIC®

Pap Test Methods





Pap Test Methods

ThinPrep vs Conventional

Similarities

- Classic Cell Morphology
- Assessment of Cellularity
- Slow, Systematic Screening

Differences

- Collection
- Immediate Fixation
- Thin Layer





Pap Test Methods

ThinPrep vs SurePath

Similarities

- Liquid based
- Thin layer

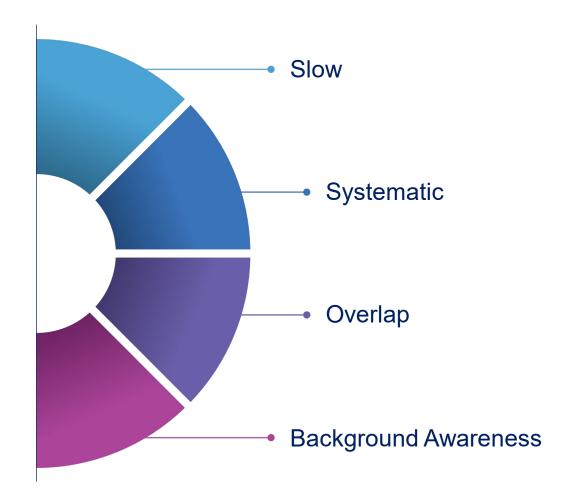
Differences

- Collection
- Fixative
- Sample Transfer





ThinPrep Screening Tips





Adequacy

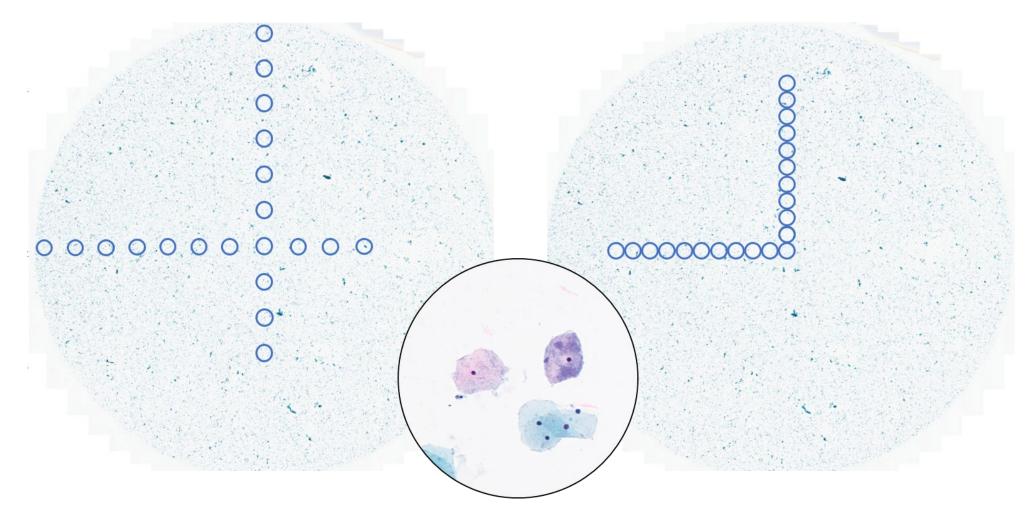
5,000 Well Preserved, Visualized Squamous Cells

FN20 Eyepiece/	FN20 Eyepiece/	FN22 Eyepiece/	FN22 Eyepiece/
10x Objective	40x Objective	10x Objective	40x Objective
50.0	3.1	60.5	3.8



Adequacy- Suggested Counting Method #1

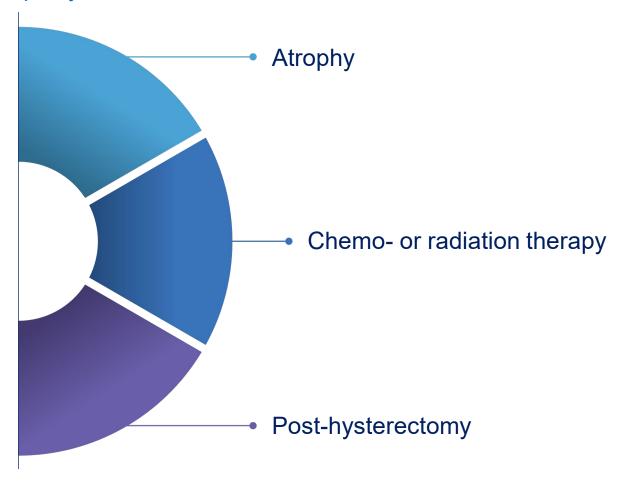
Adequacy- Suggested Counting Method #2







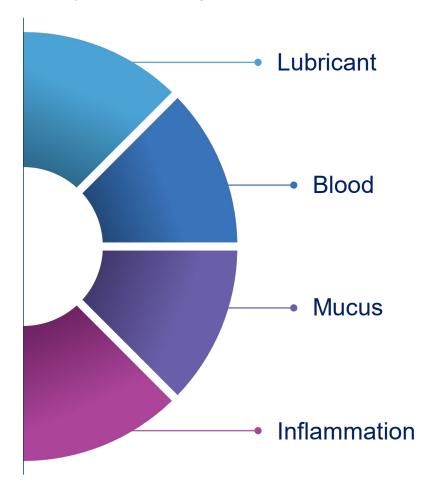
Adequacy- Other Considerations







Adequacy- Obscuring Factors and Interfering Substances





Adequacy- Obscuring Factors and Interfering Substances

Unsatisfactory

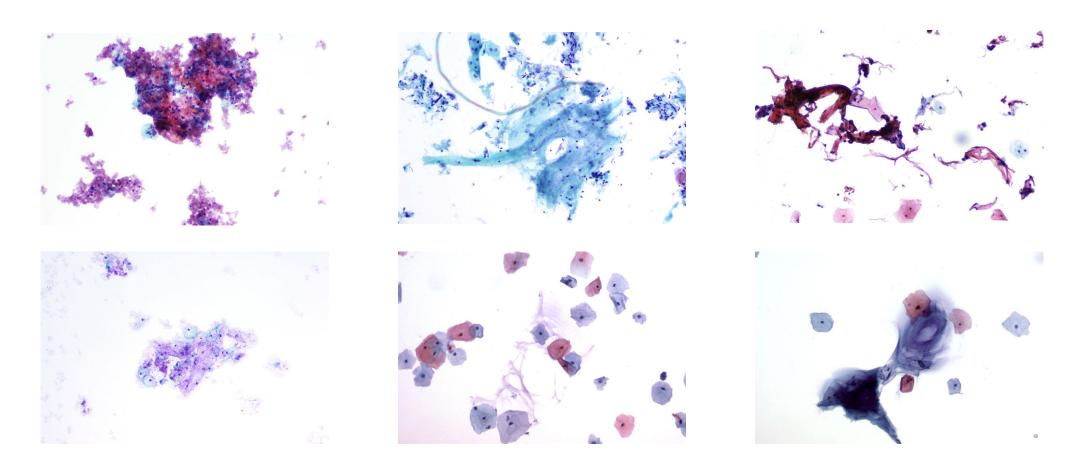
Greater than 75% squamous cells obscured AND no abnormal cells

Satisfactory

- 50-75% squamous cells obscured
- Include statement describing the specimen as partially obscured

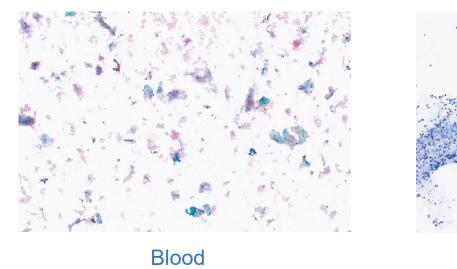


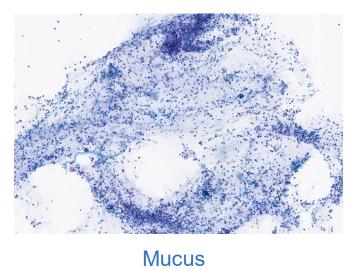
Adequacy- Obscuring Factors and Interfering Substances: Examples of Lubricant

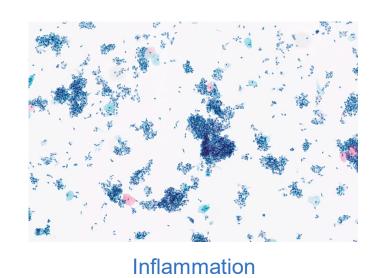




Adequacy- Obscuring Factors and Interfering Substances: Examples of Blood, Mucus, Inflammation

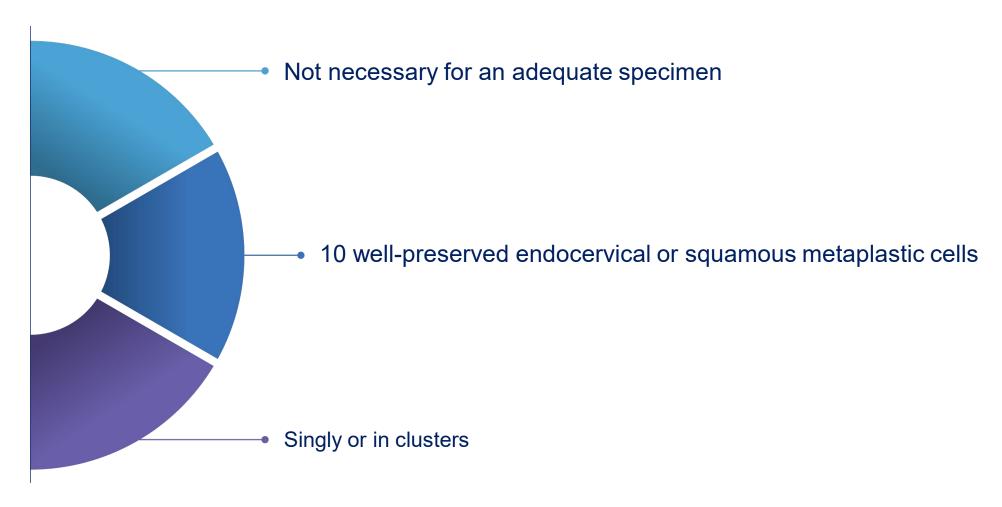








Endocervical/Transformation Zone Component







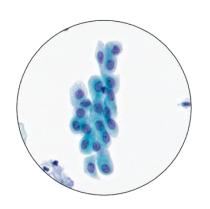
ThinPrep Pap Test:

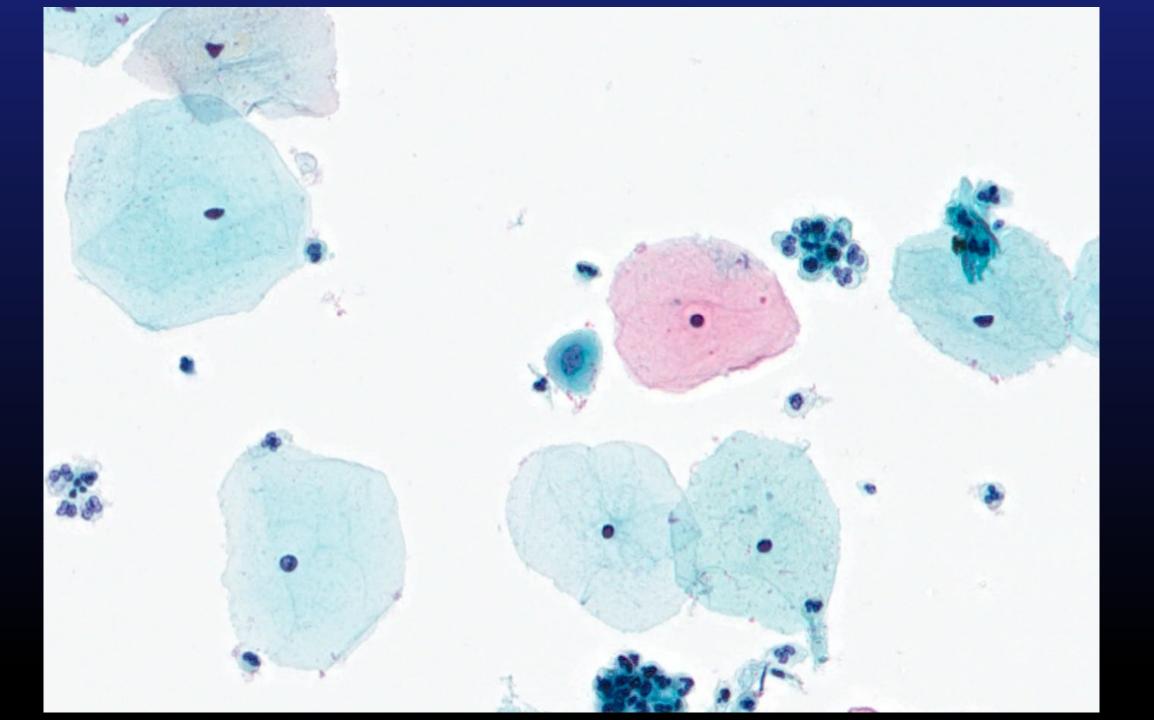
Normal Morphology

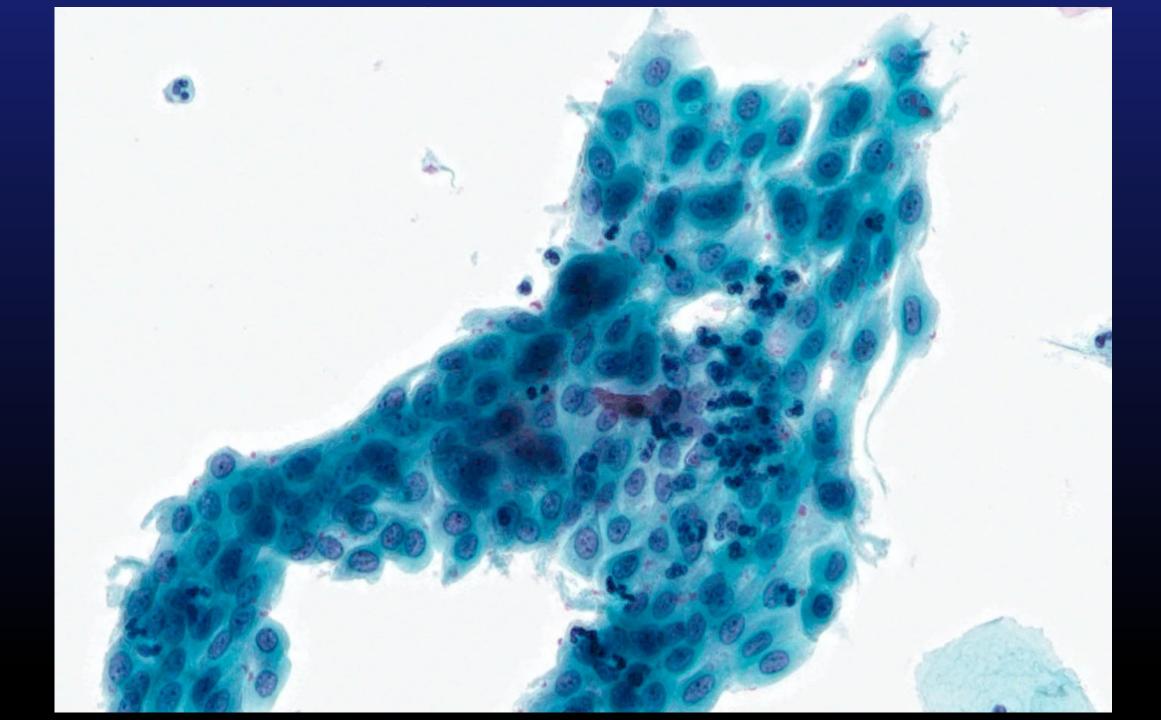


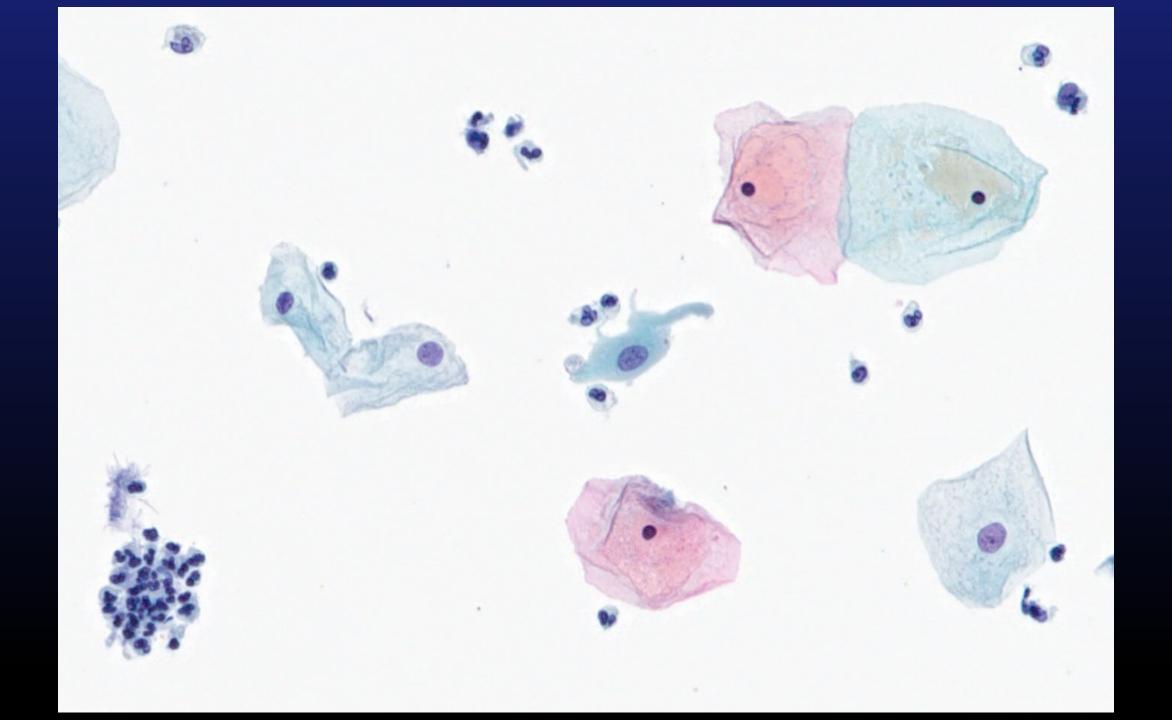
Normal Morphology – Squamous Metaplasia

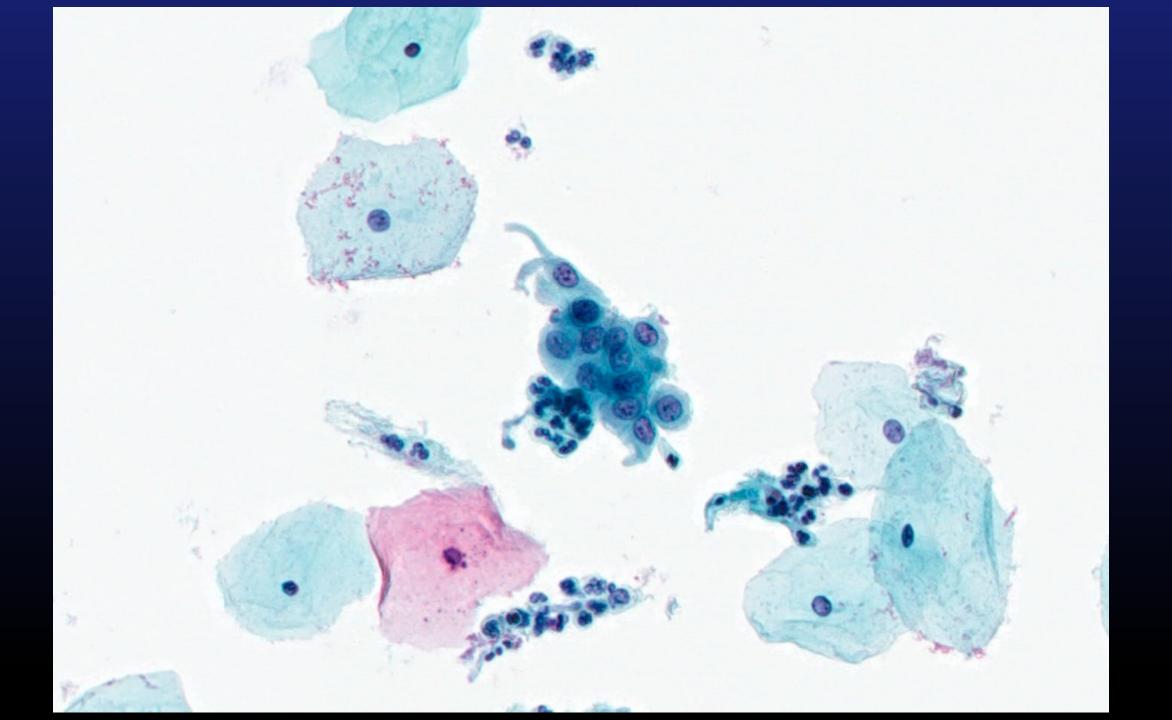
- Singly or in groups (Sheets/cobblestone arrangement)
- Nuclei 1-2x size of intermediate cell nucleus ~50 microns
- N/C ratio may be variable
- Smooth nuclear membranes
- Finely granular and evenly distributed chromatin
- Dense, homogenous cytoplasm may be vacuolated







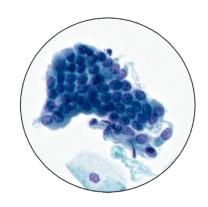


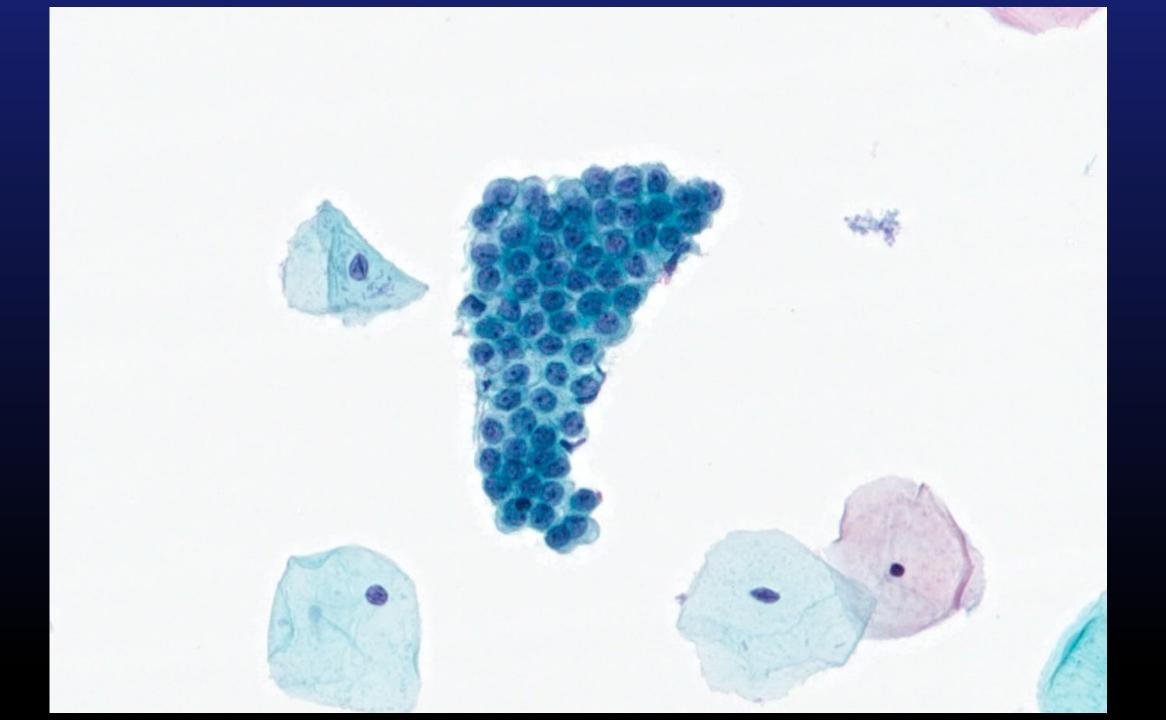


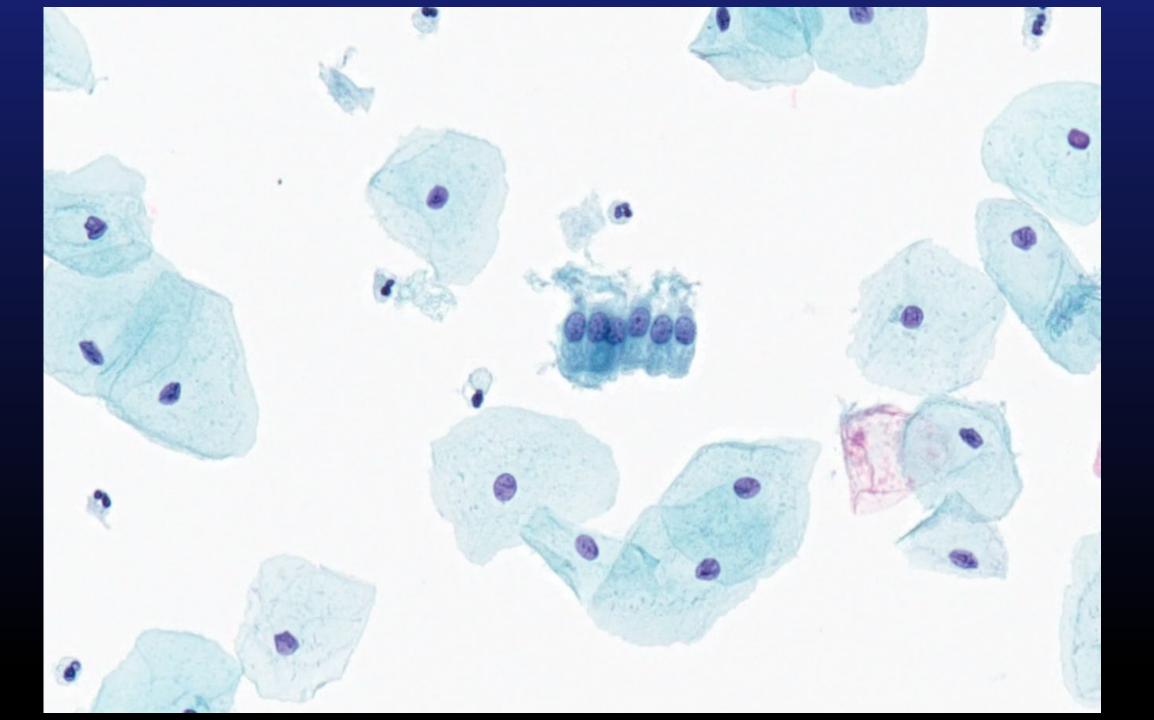


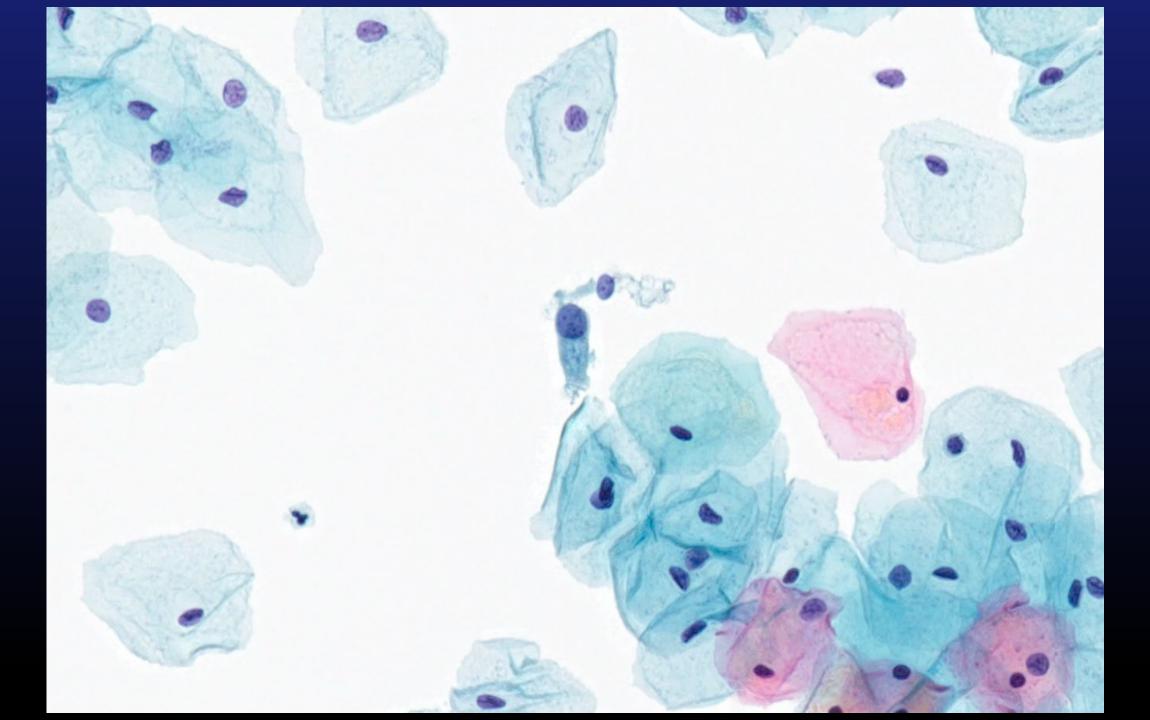
Normal Morphology – Endocervical Cells

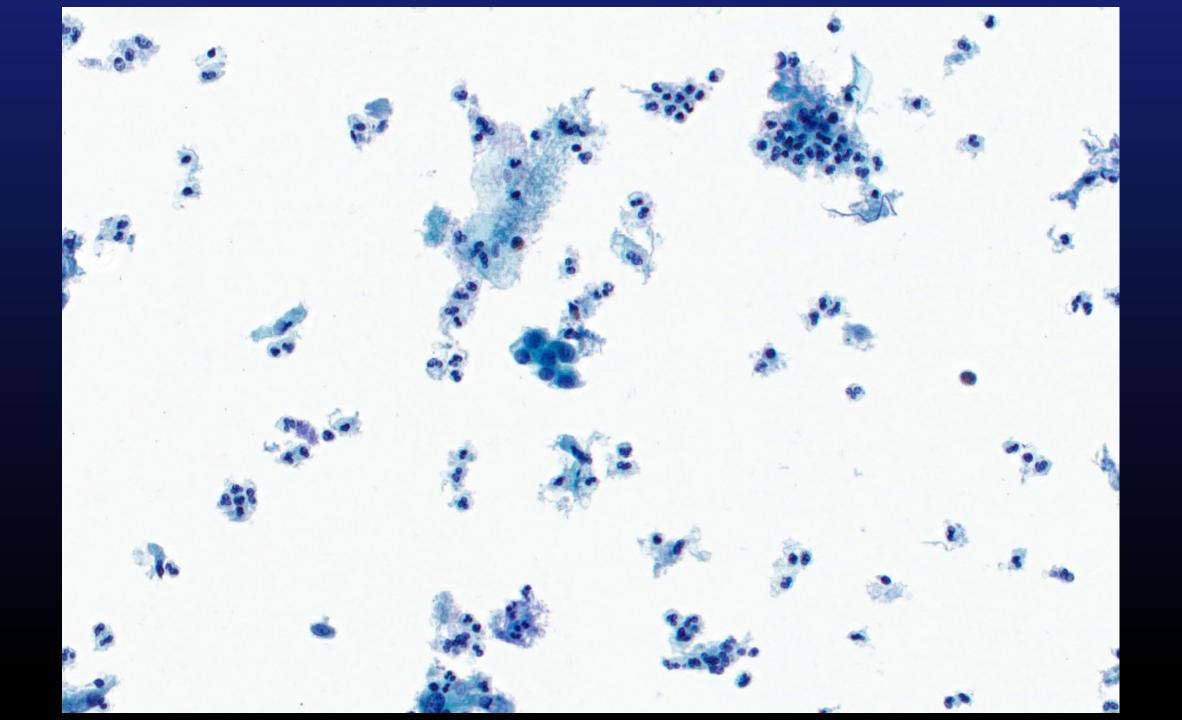
- Singly or in groups
- "Honeycomb" or "picket-fence" arrangements
- Nuclear size is highly variable
- Smooth nuclear membranes
- Finely granular and evenly distributed chromatin
- Cytoplasm is diffusely vacuolated or granular
- Small nucleoli may be present

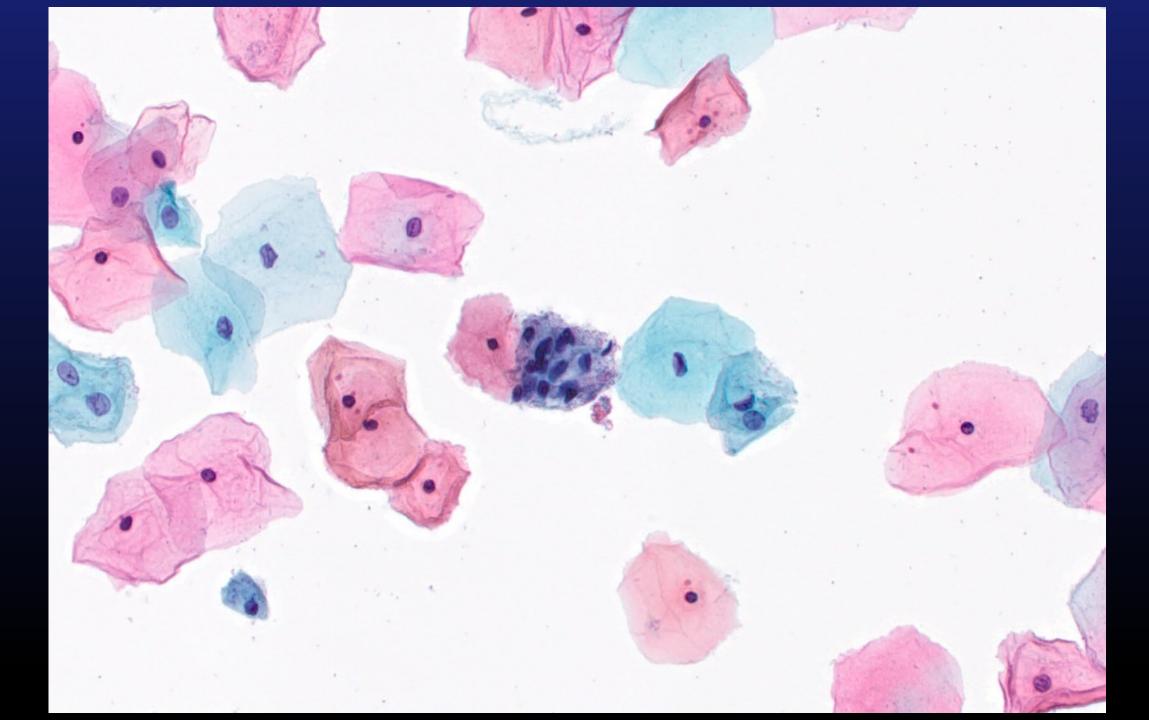








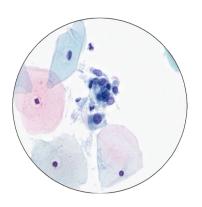


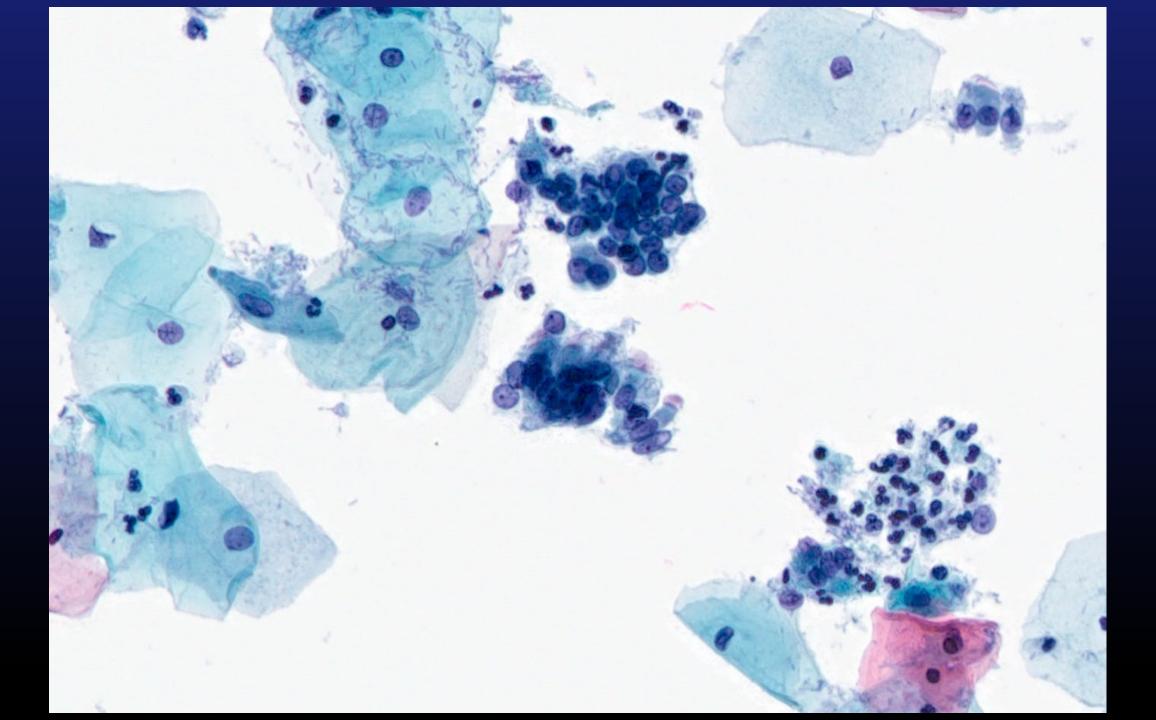




Normal Morphology – Tubal Metaplasia

- Pseudostratified crowded groups with maintained polarity
- Terminal bars and cilia
- Nuclei are round to oval and may be enlarged, pleomorphic, and often hyperchromatic
- N/C ratio can be high
- Cytoplasm may show discrete vacuoles or goblet cell change
- Nucleoli are not usually seen

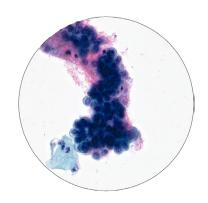




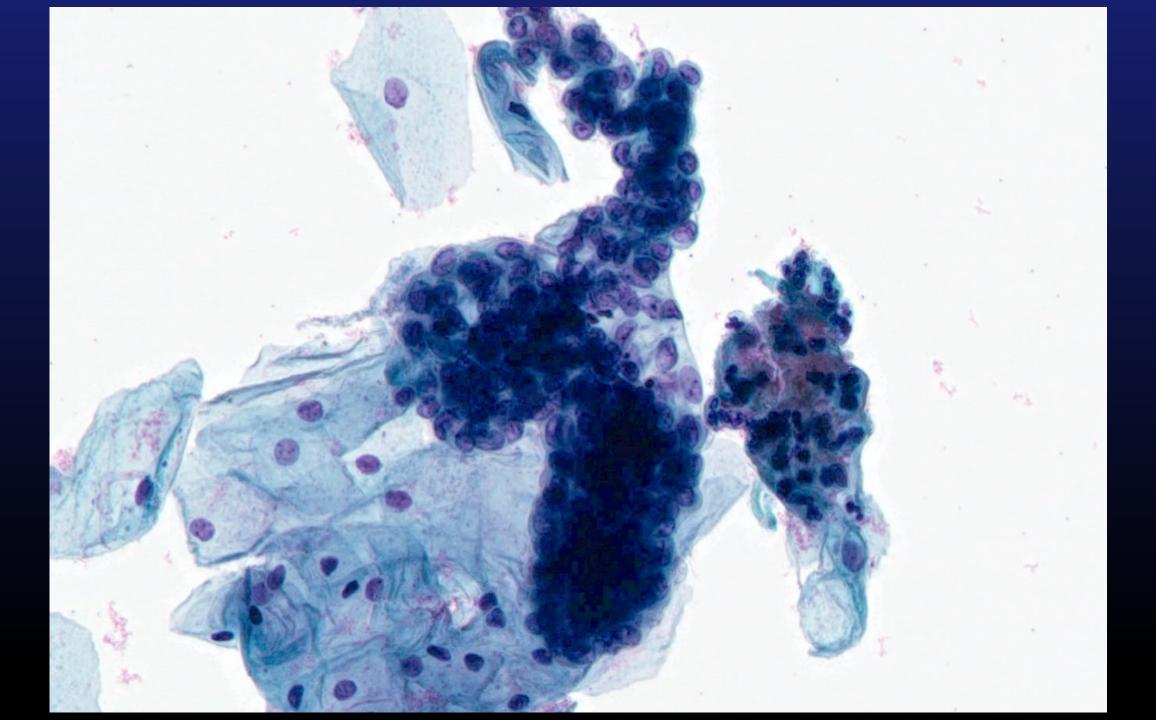


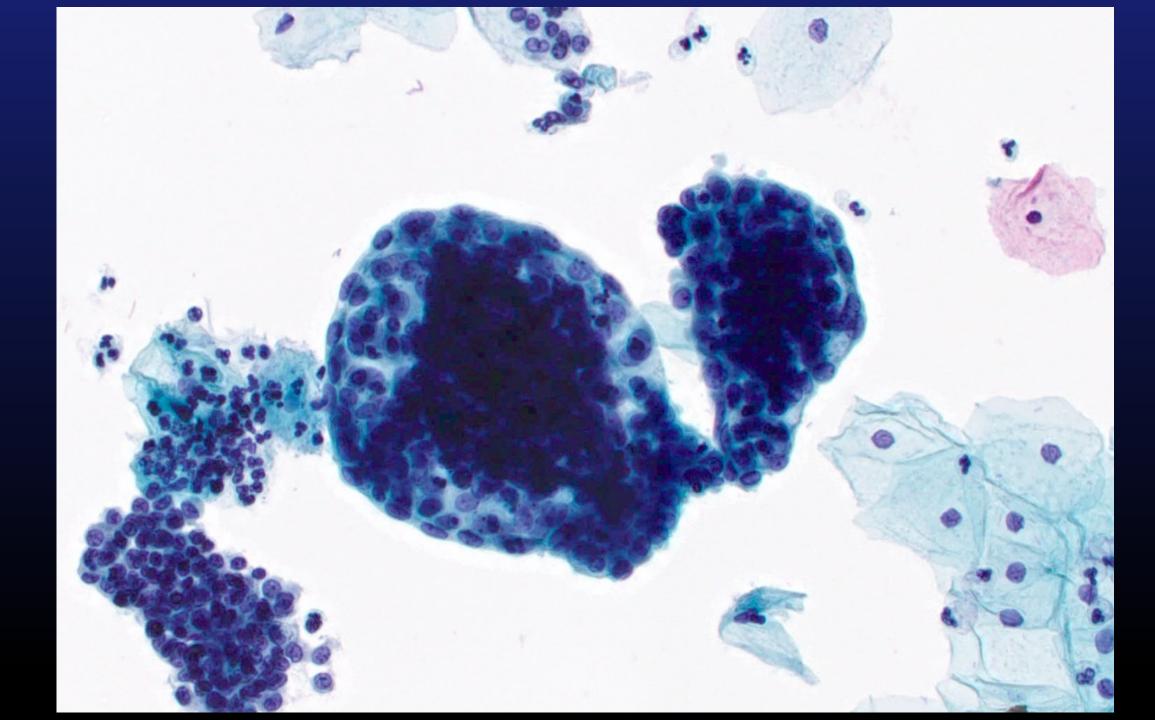
Normal Morphology – Endometrial Cells

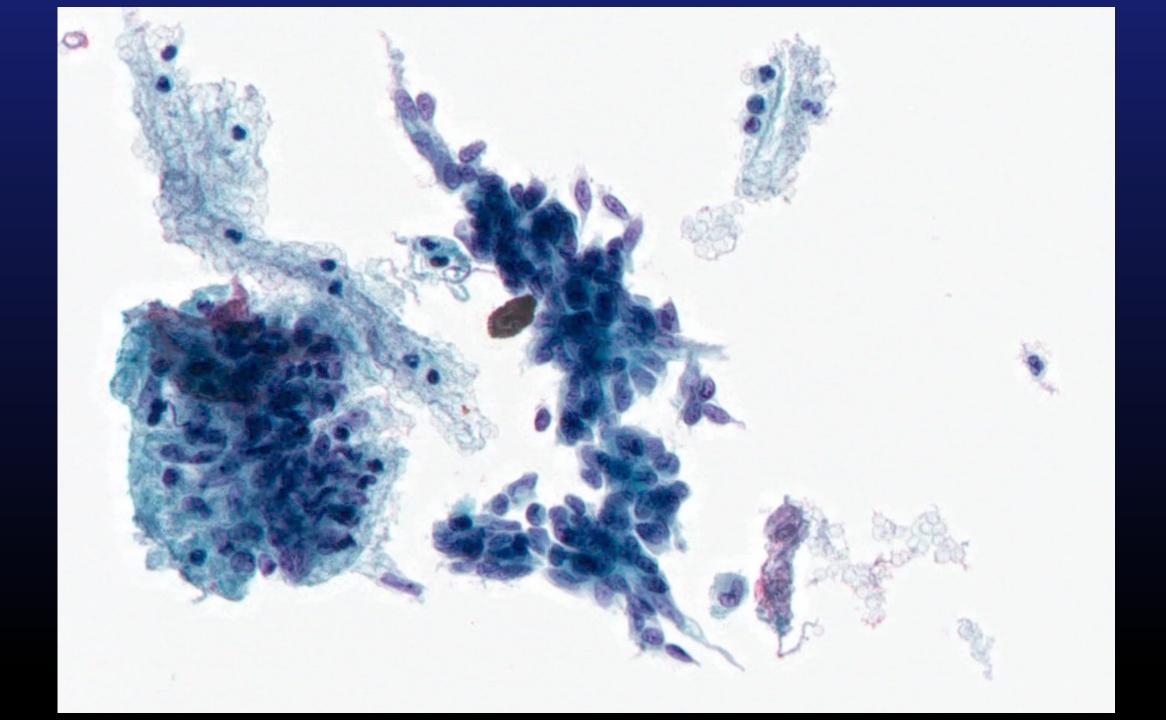
- Dense 3-dimensional groups, exodus ball, or loose aggregates
- Nuclei with dense, heterogenous chromatin
- Nuclear size slightly smaller than benign intermediate cell nucleus (~ 35 μm²)
- Nuclear membranes may be irregular
- · Cytoplasm is scant, dense, or vacuolated

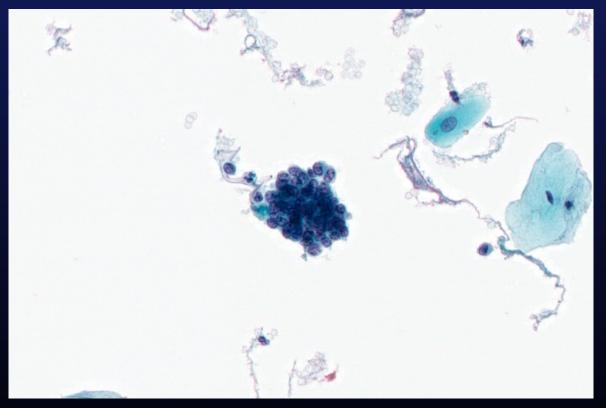




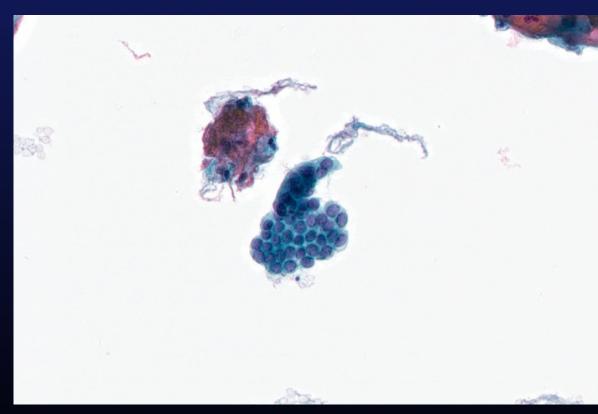








Endometrial Cells

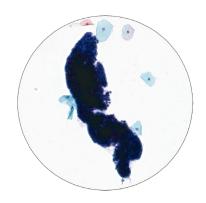


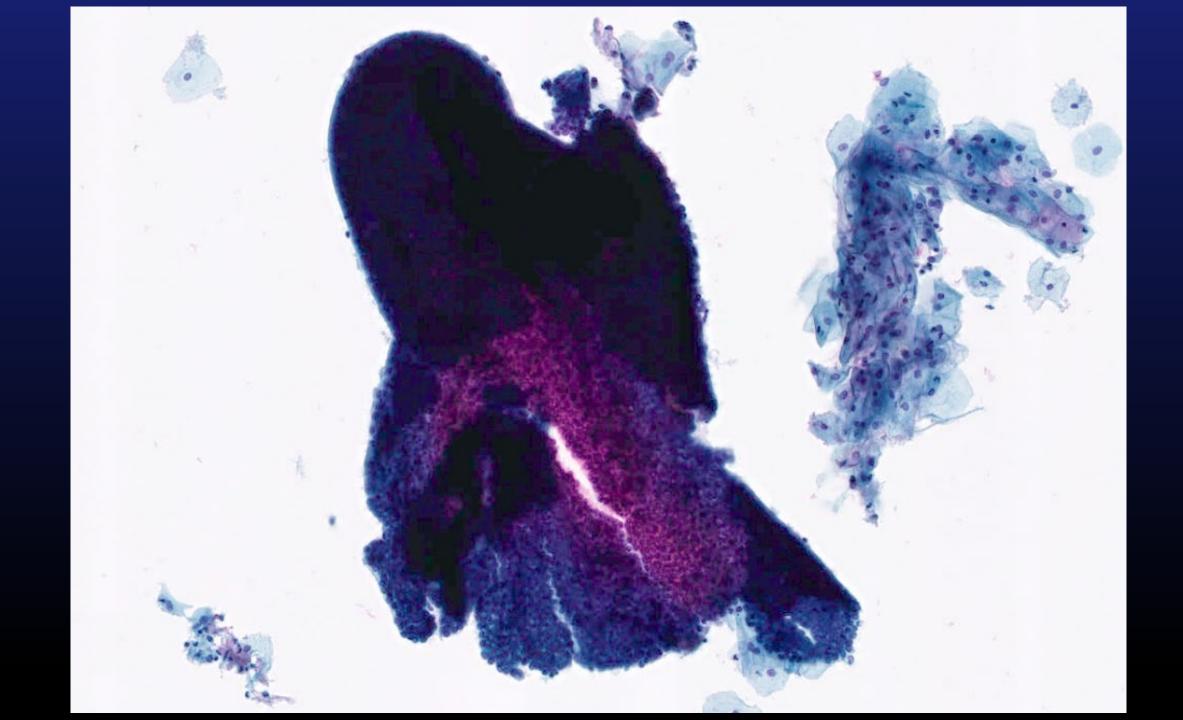
Cuboidal Endocervical Cells

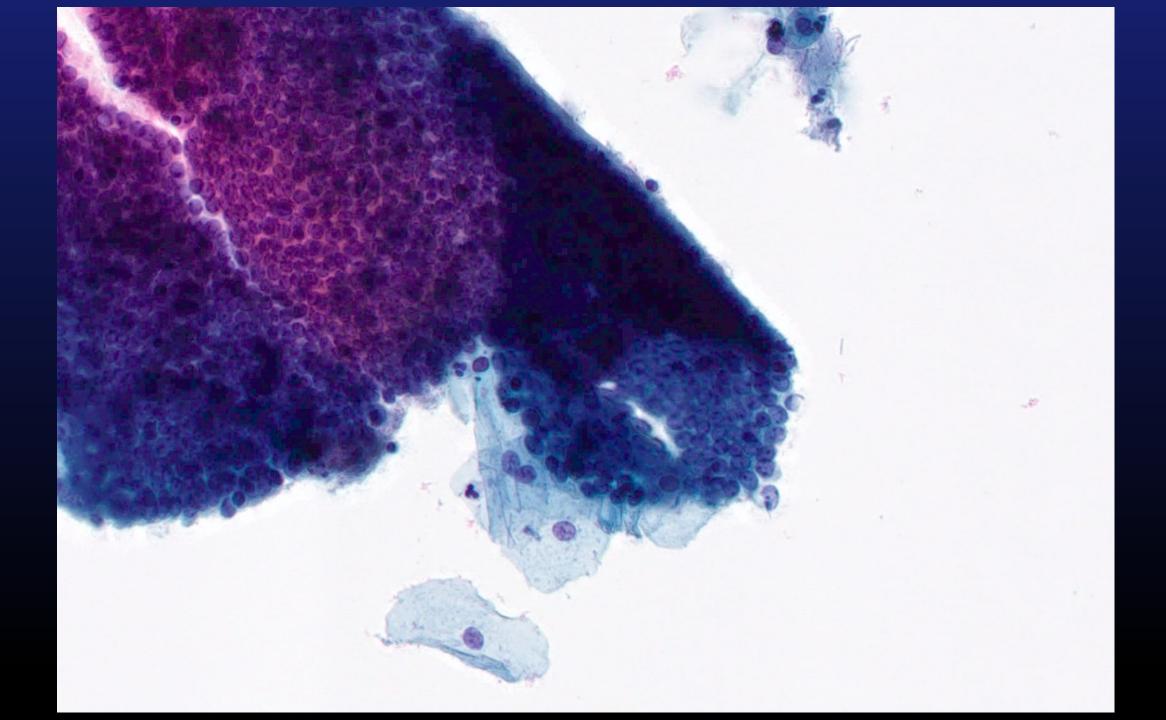


Normal Morphology – Lower Uterine Segment (LUS)

- Columnar in shape and may present in tubular formation
- Nuclear crowding and overlapping with polarity maintained
- Nuclei are small, round to oval, and variably hyperchromatic
- Smooth nuclear membrane
- Moderately coarse, evenly distributed chromatin
- Scant, spindled cytoplasm
- Inconspicuous nucleoli may be present



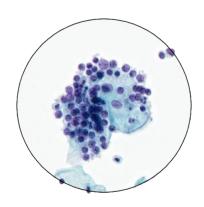


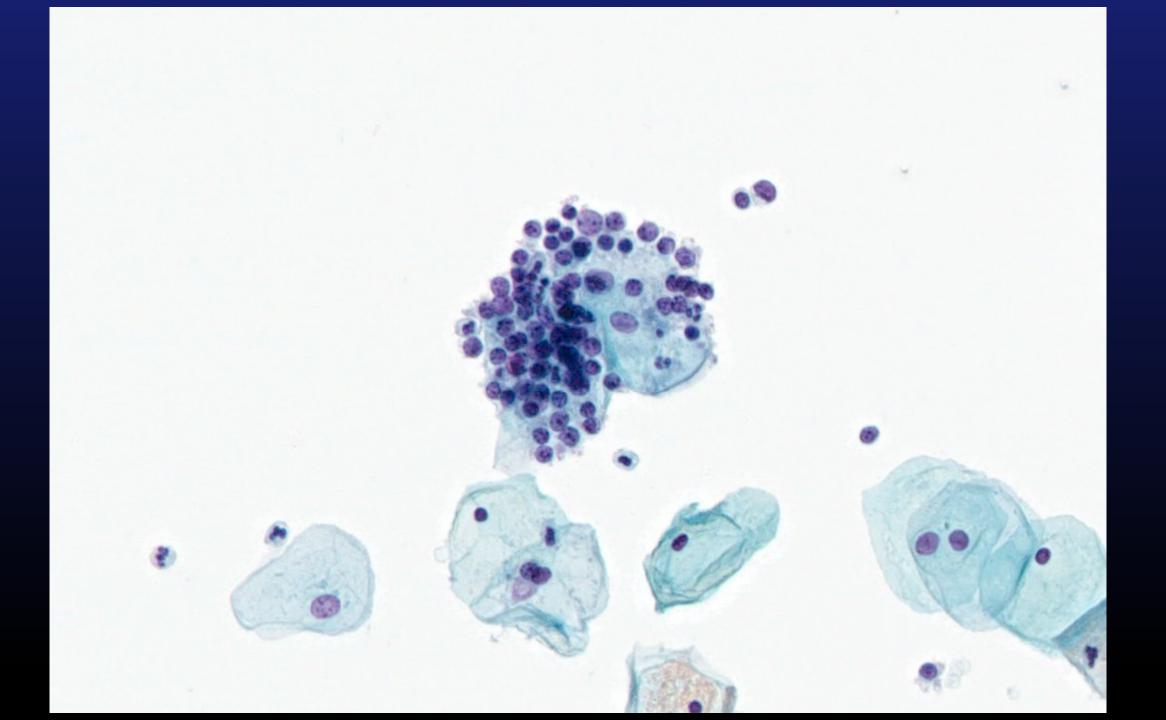




Normal Morphology – Lymphocytic (Follicular) Cervicitis

- Polymorphous population of lymphocytes
- Loose aggregates or scattered single cells in the background
- Tingible body macrophages may be present

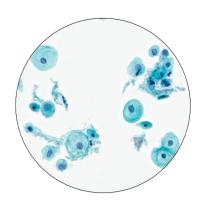


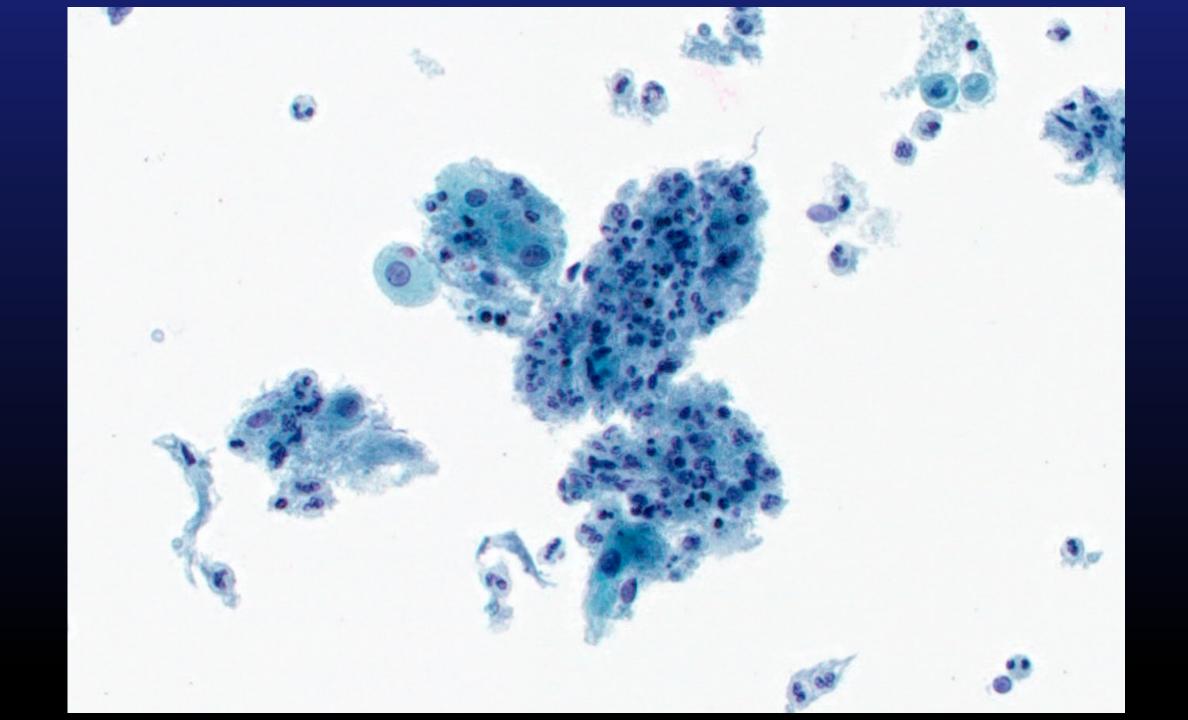


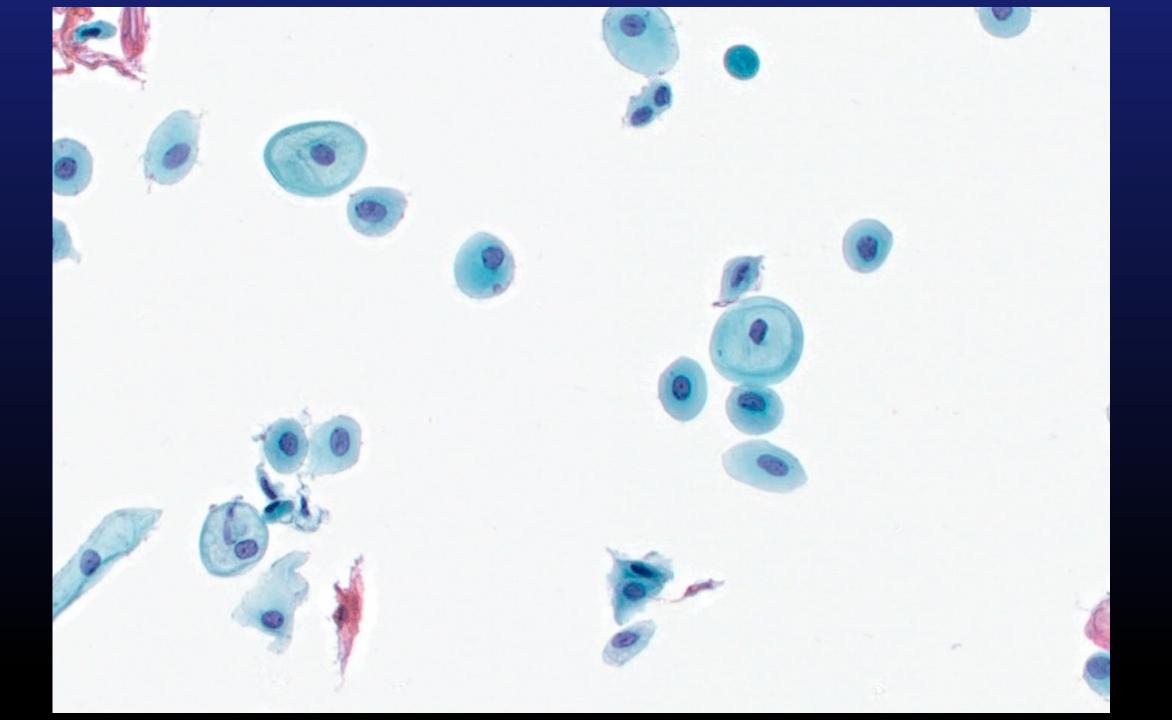


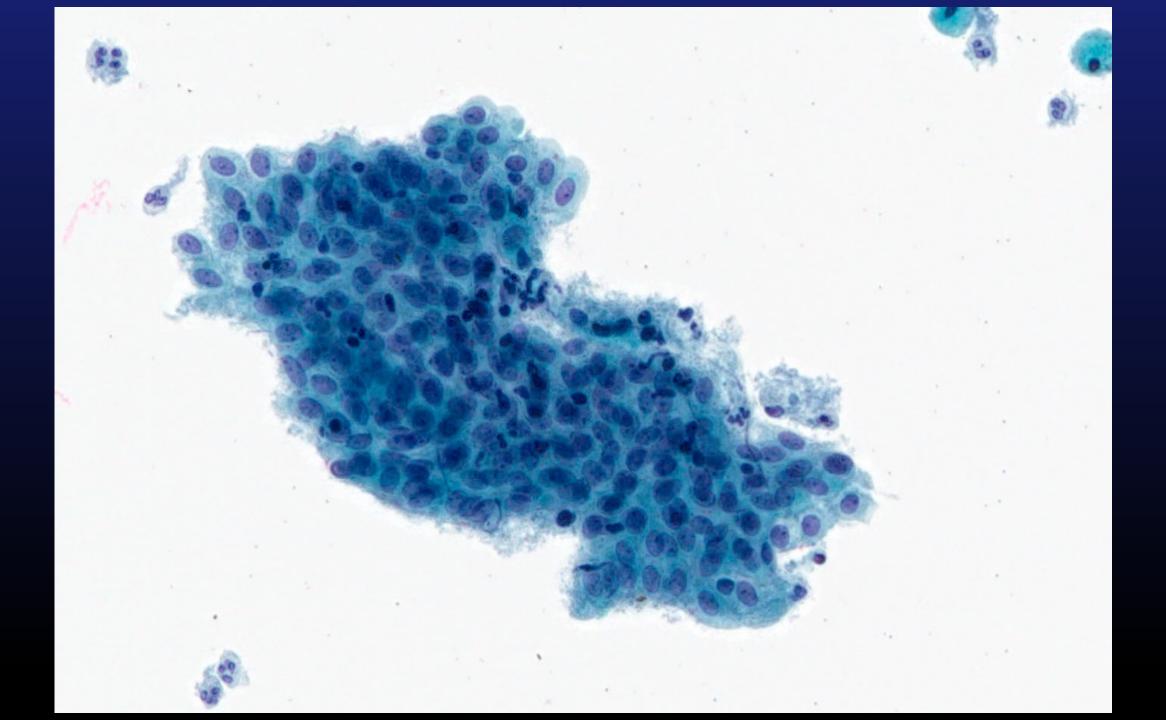
Normal Morphology – Parabasal Cells (Atrophy)

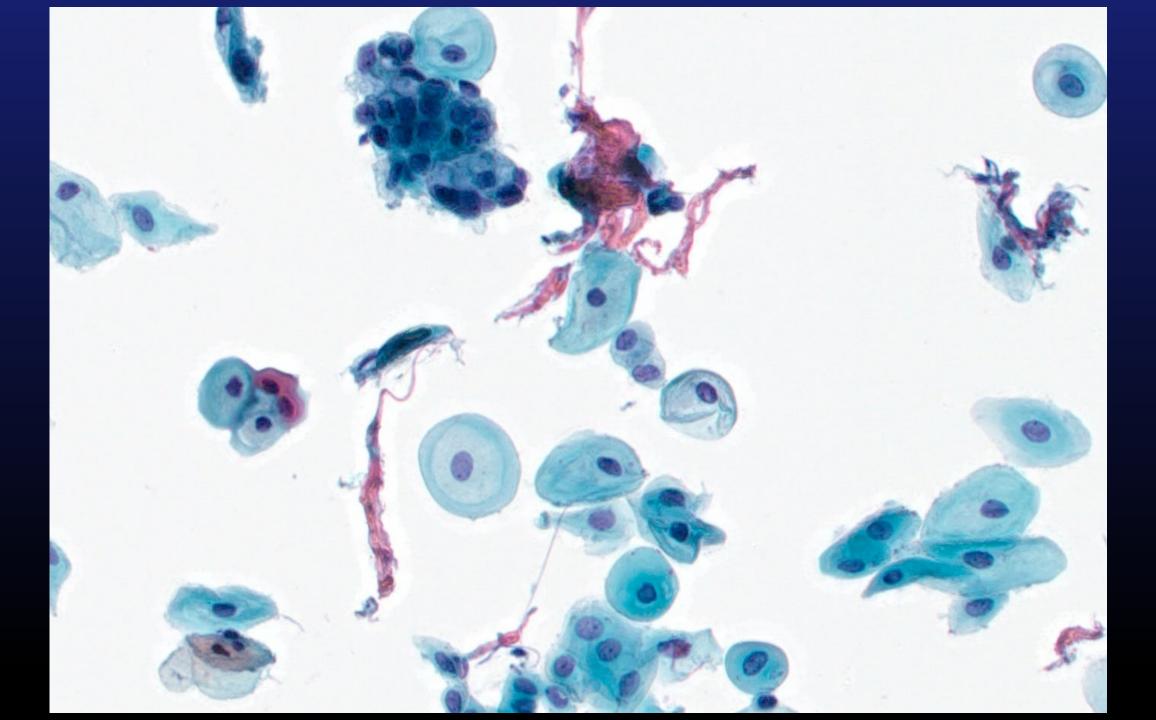
- Single cells and/or flat monolayer sheets with preserved nuclear polarity
- Oval nuclei with finely granular evenly distributed chromatin
- Smooth nuclear membranes
- Nuclear size approximately 50 μm²
- N/C ratio increased compared to intermediate/superficial cells
- Cytoplasm is more granular and dense
- Naked nuclei may be present







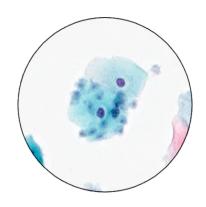


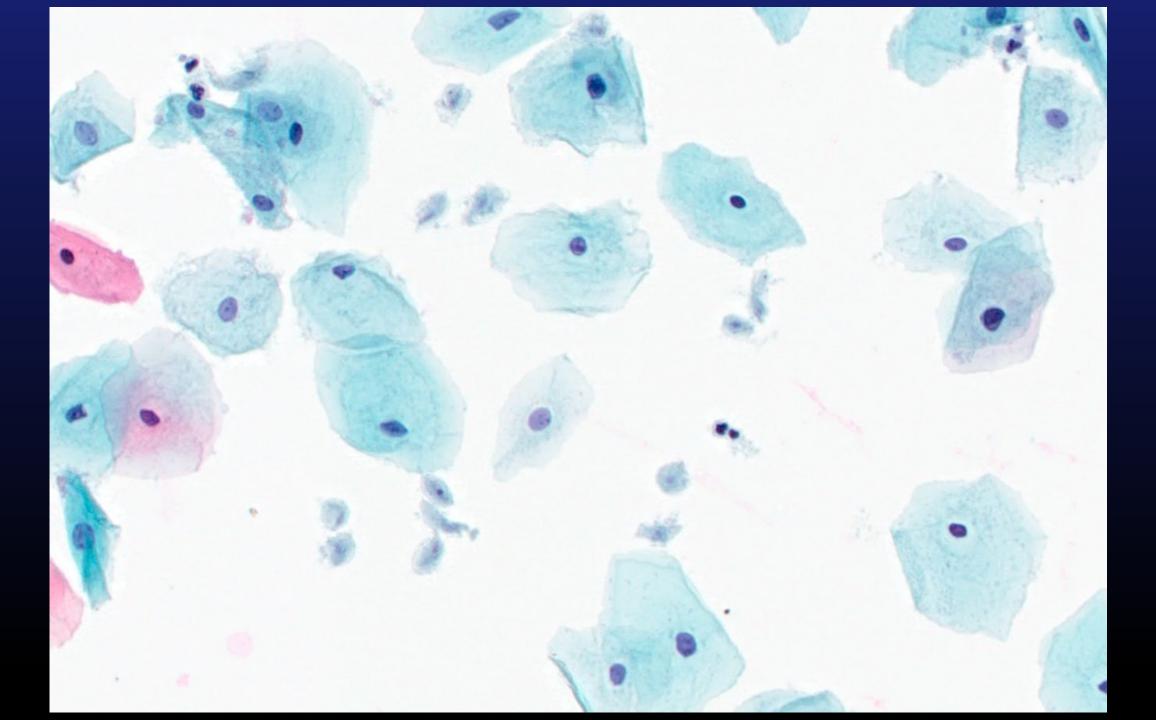


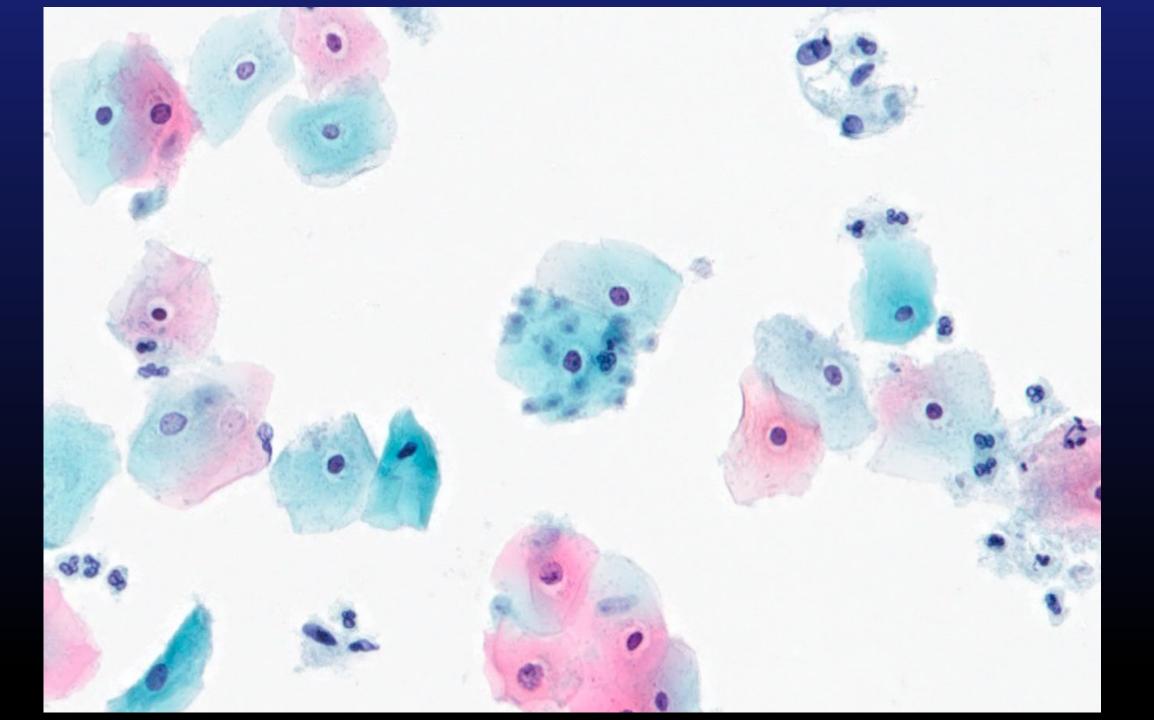


Normal Morphology – Trichomonas

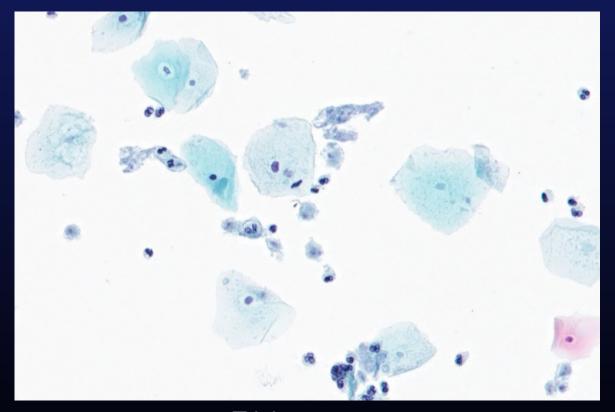
- Pear-shaped, oval and/or round organisms from 15 to 30 μm²
- Eccentrically located pale, vesicular nuclei
- Eosinophilic cytoplasmic granules
- Squamous cells with perinuclear halos











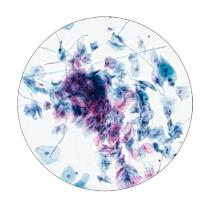
Trichomonas

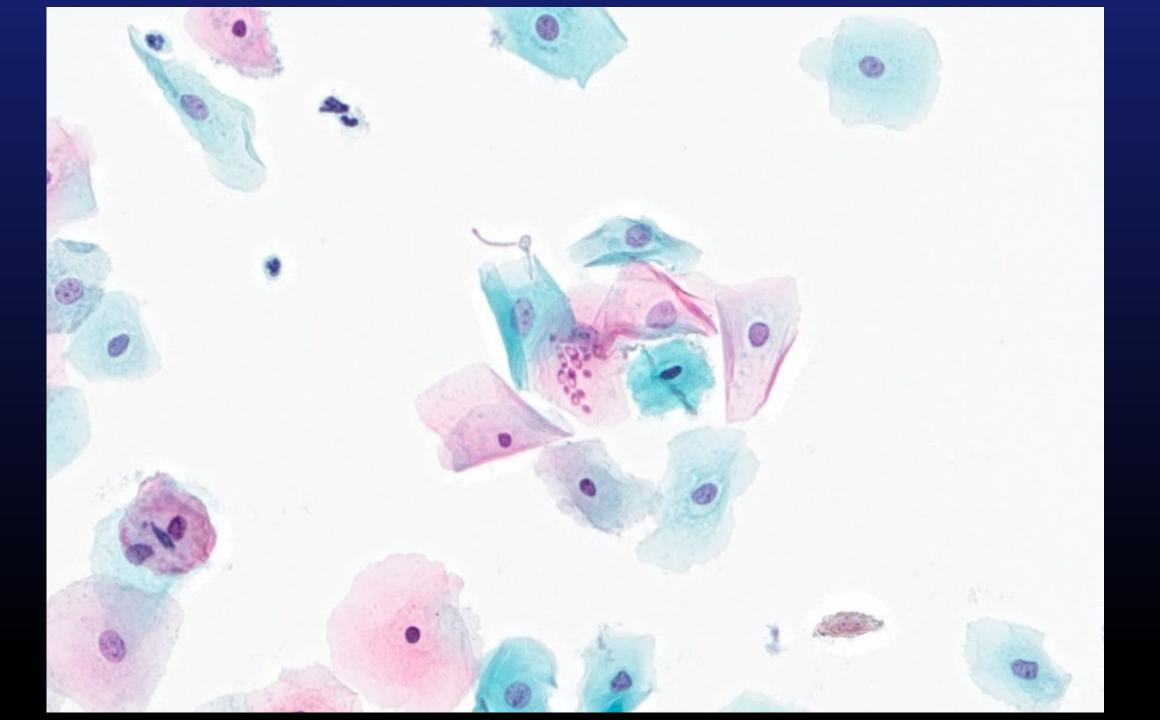
Cytoplasmic Blob



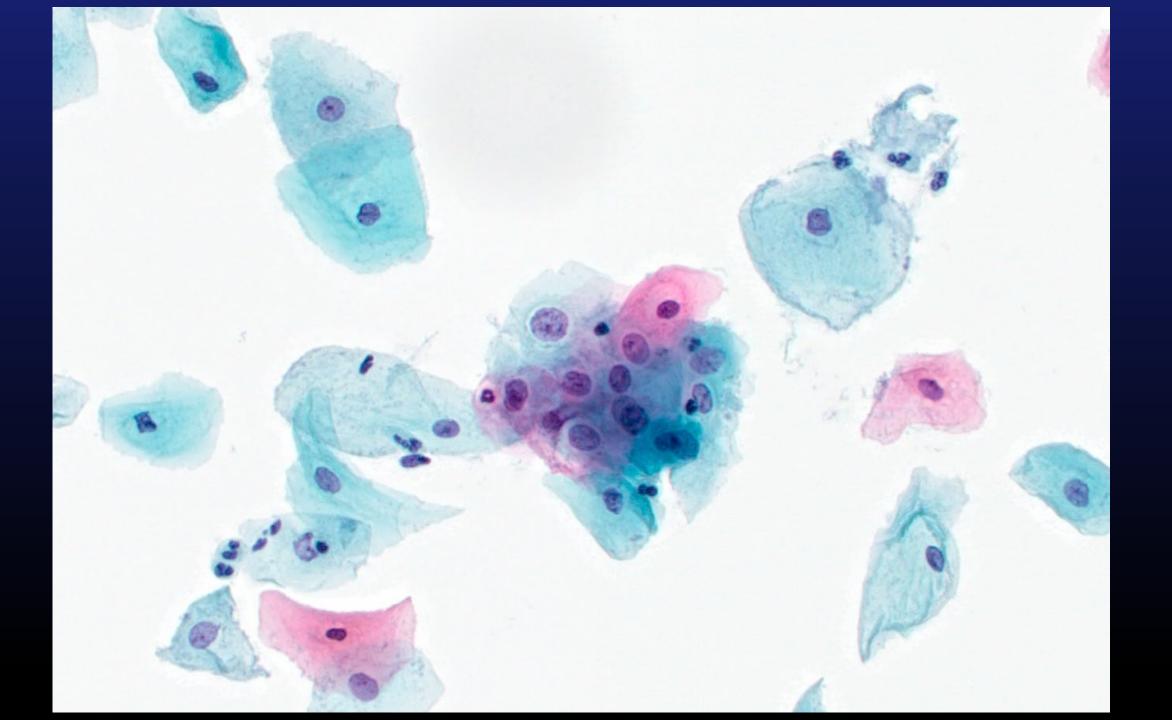
Normal Morphology – Candida

- Pseudohyphae of various lengths
- Budding yeast (3-7 μm²)
- "Spearing" of epithelial cells, often seen on low power
- Reactive squamous cells with mild nuclear enlargement may be seen











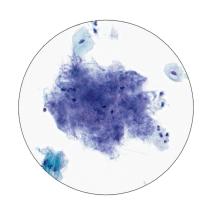
Candida Hyphae

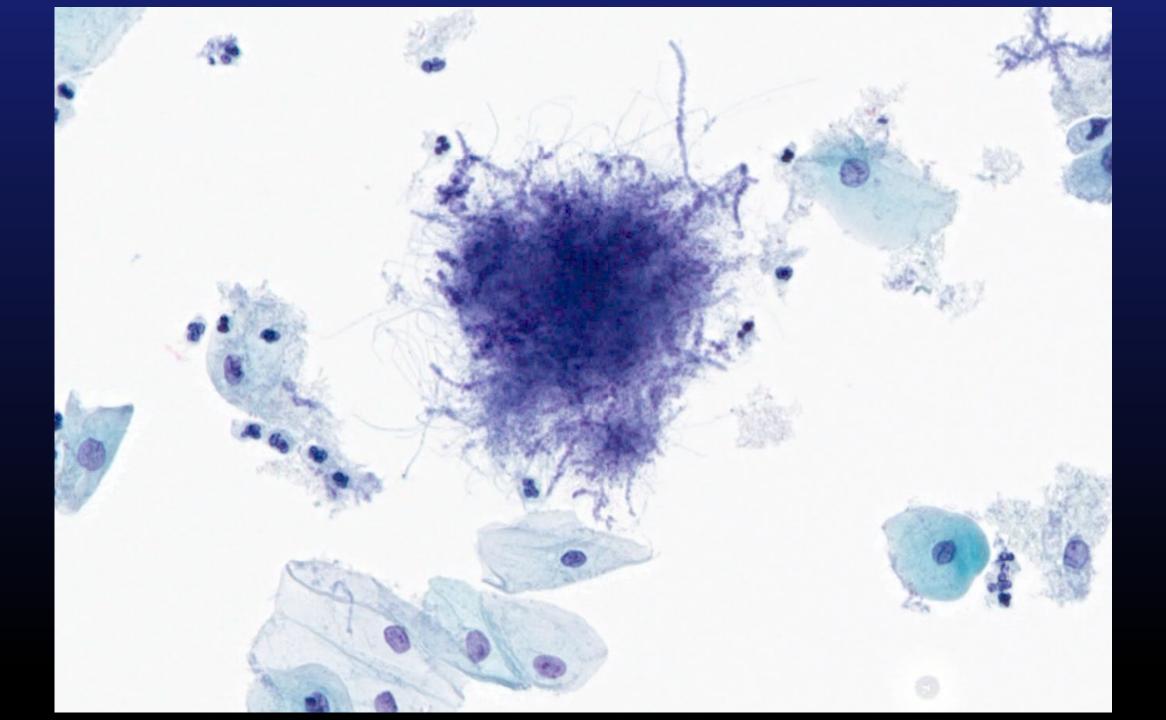
Mucous Strands

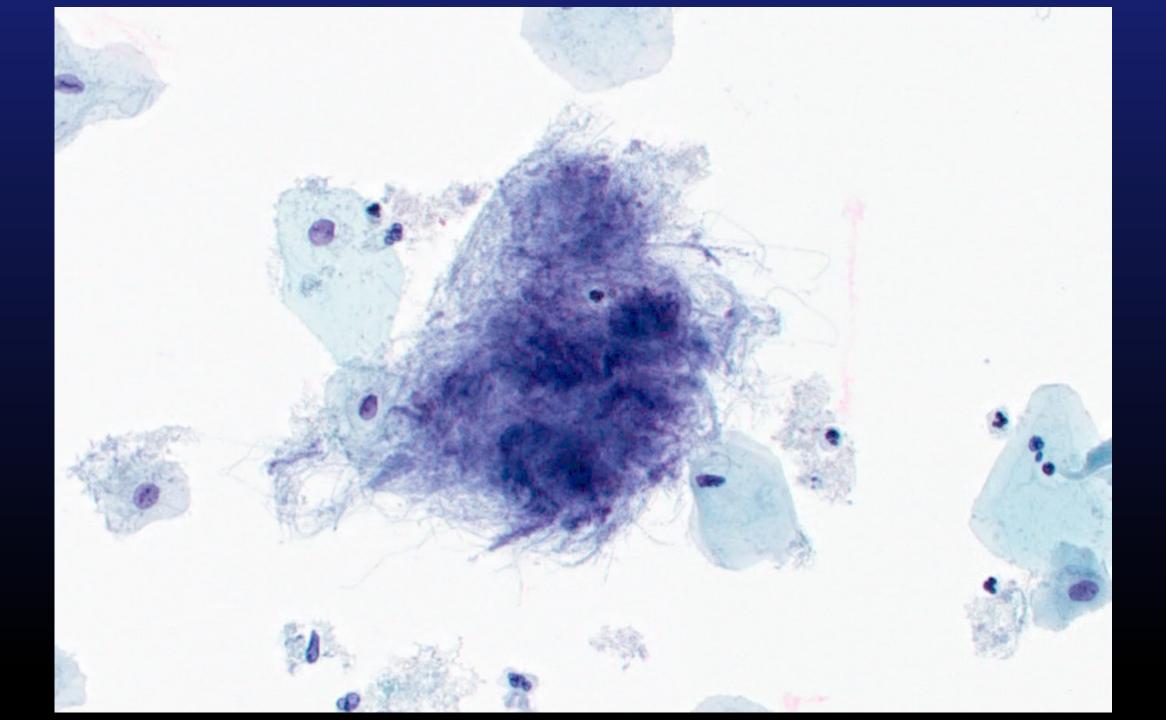


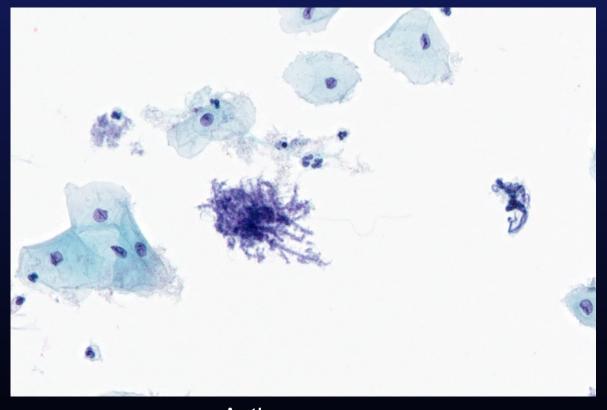
Normal Morphology – Actinomyces

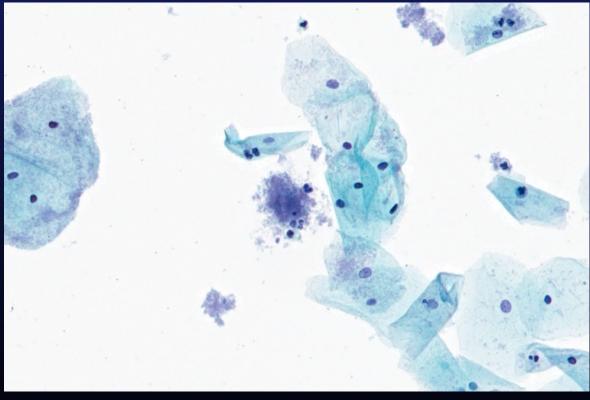
- Thin and thick filaments with radial distribution
- Tangled clumps of filamentous organisms











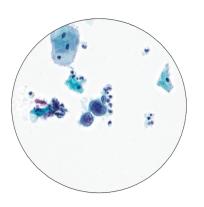
Actinomyces

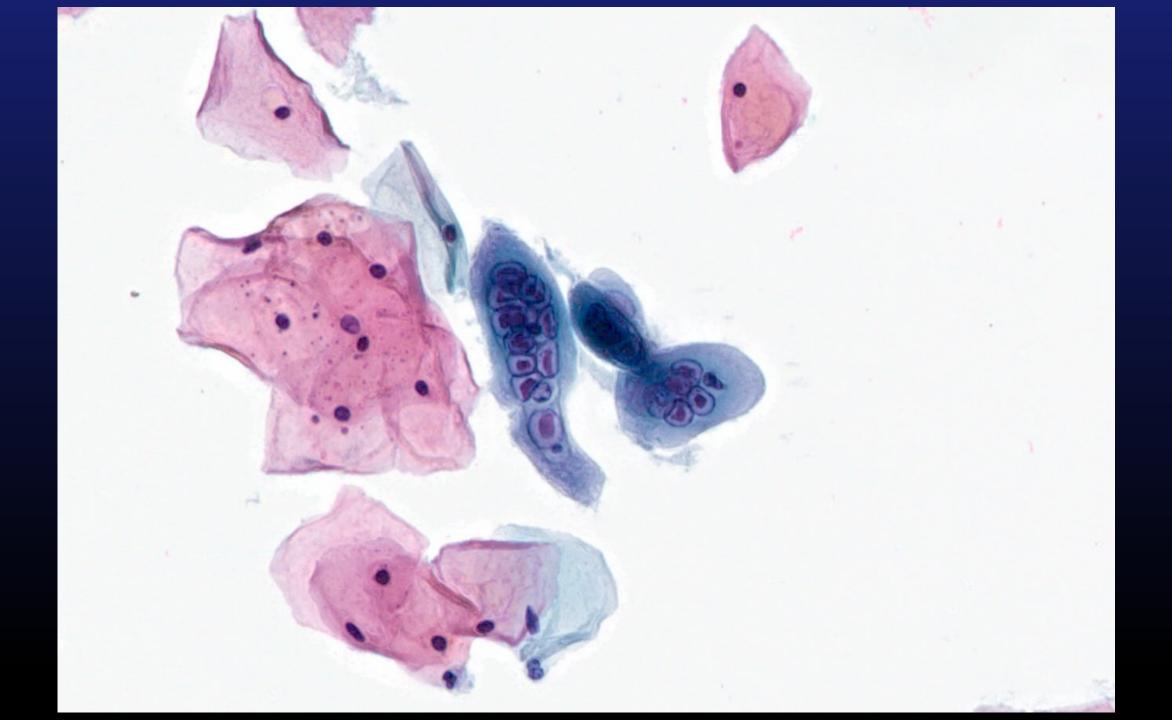
Bacterial Ball

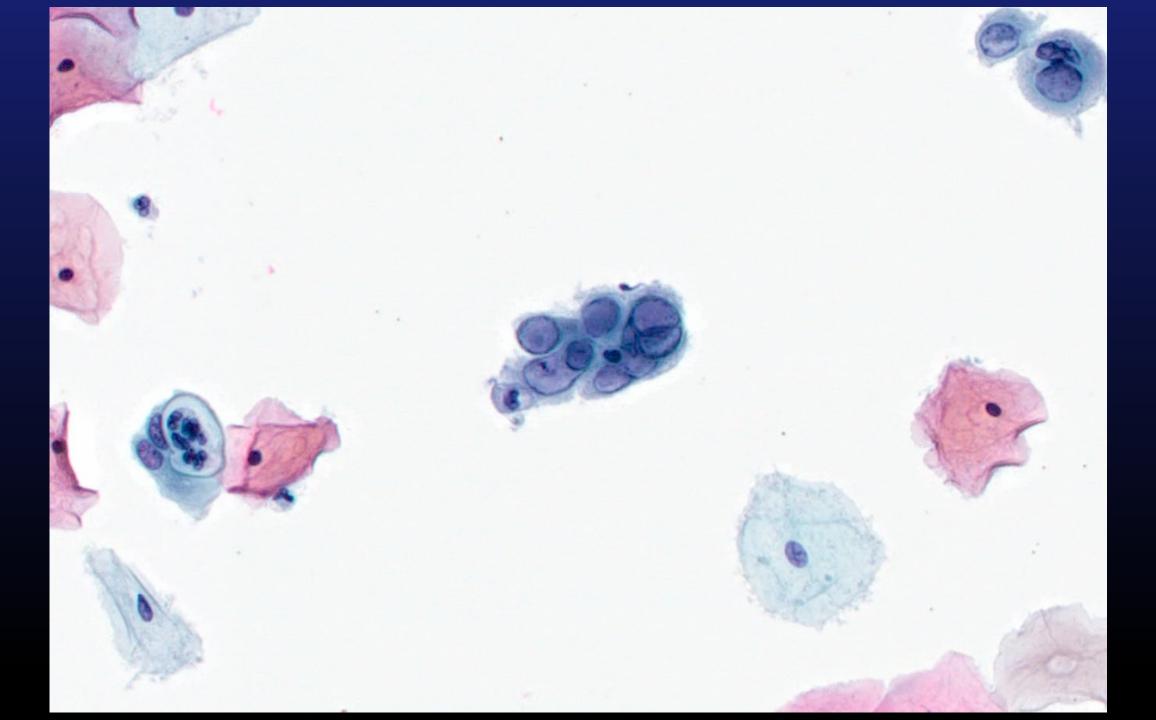


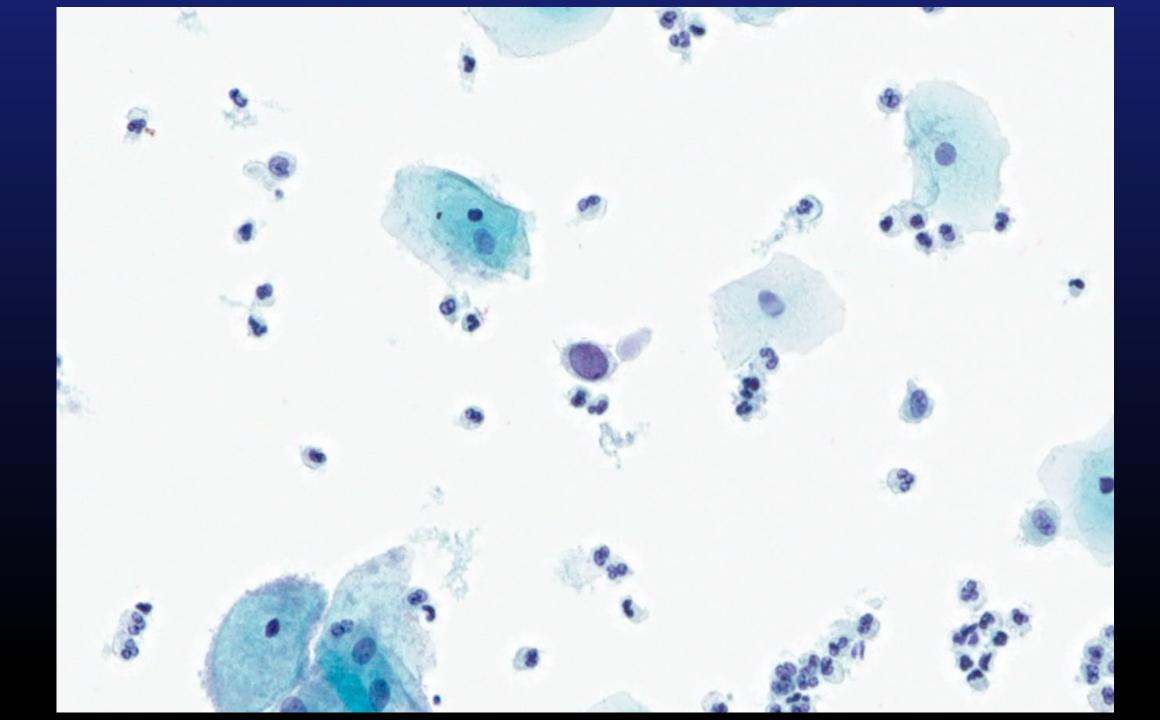
Normal Morphology – Herpes

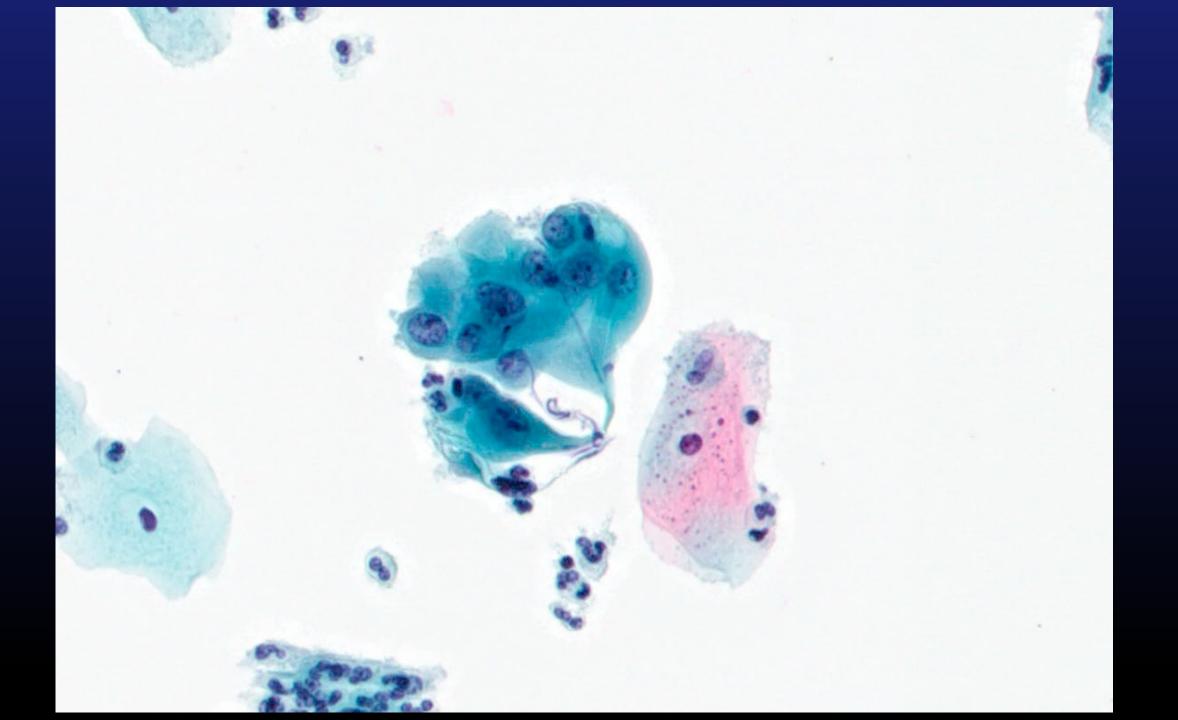
- Nuclei with "ground-glass" appearance
- Multinucleation
- Margination of chromatin
- Nuclear molding
- Eosinophilic nuclear inclusions







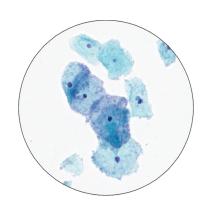


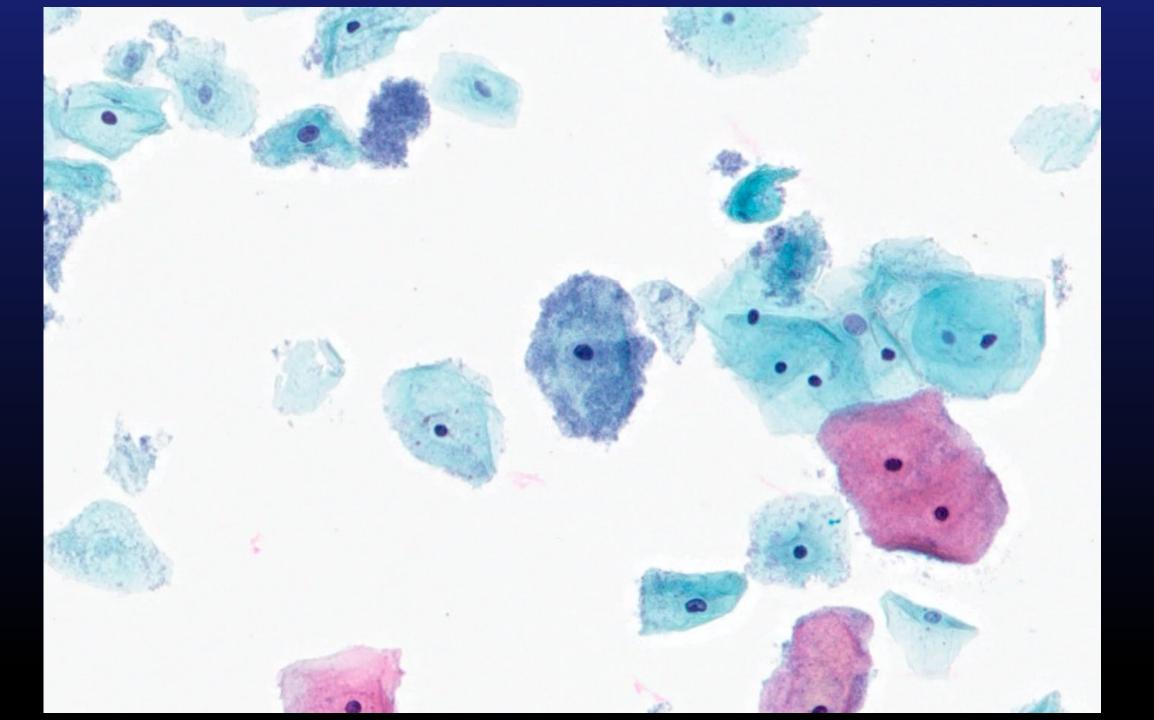




Normal Morphology – Shift in Flora (Bacterial Vaginosis - BV)

- Squamous cells covered with coccobacilli "clue cells"
- Cloudy, filmy appearance

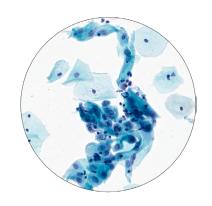


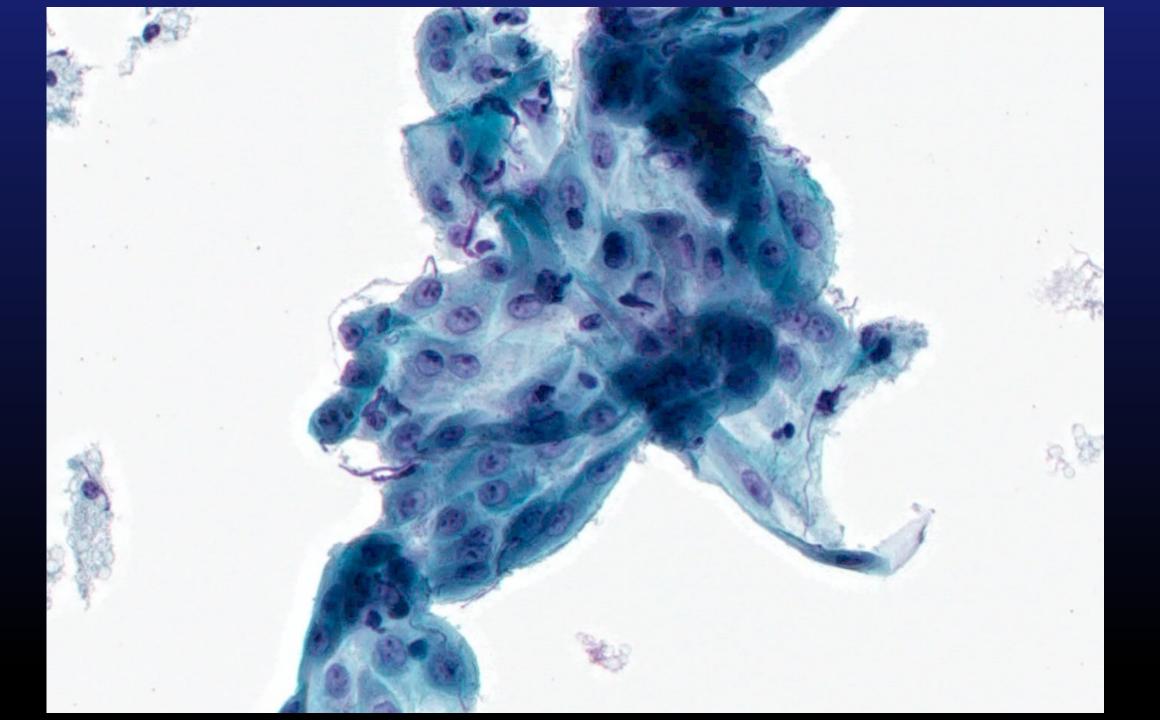


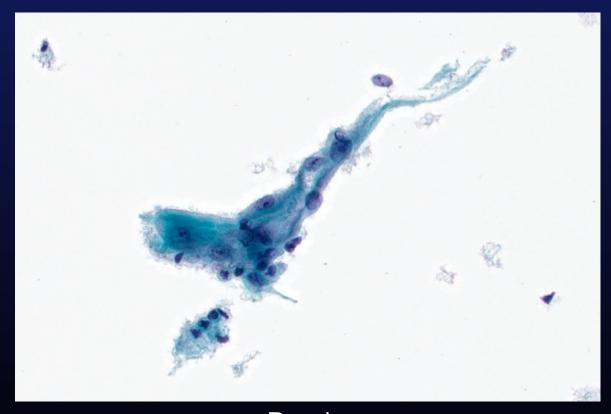


Normal Morphology – Reactive/Repair

- Cells present in cohesive sheets with maintained polarity ("school of fish")
- Nuclear size variable
- Nuclear membranes are smooth, round, and uniform
- Chromatin is finely granular and evenly distributed
- Prominent single or multiple nucleoli may be seen
- Cytoplasmic boundaries are well defined







Repair

Non-Keratinizing Squamous Cell Carcinoma



Normal Morphology – Radiation Changes

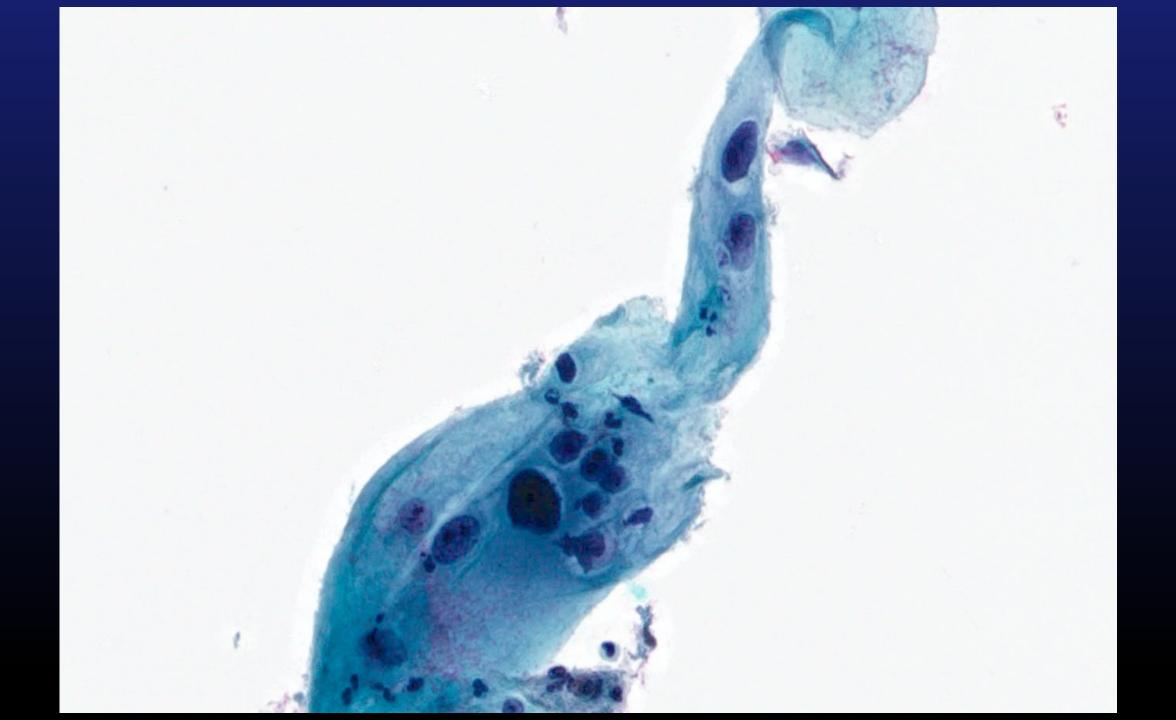
- Cell size markedly increased without substantial increase in N/C Ratio
- Bizarre cell shapes
- Binucleation and multinucleation
- Enlarged nuclei with degenerative/smudgy chromatin or mild hyperchromasia
- Prominent single or multiple nucleoli may be seen
- Cytoplasmic vacuoles and/or polychromasia may be seen

PATIENT HISTORY IS KEY











ThinPrep Pap Test:

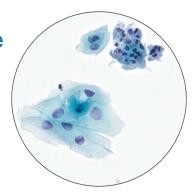
Abnormal Morphology

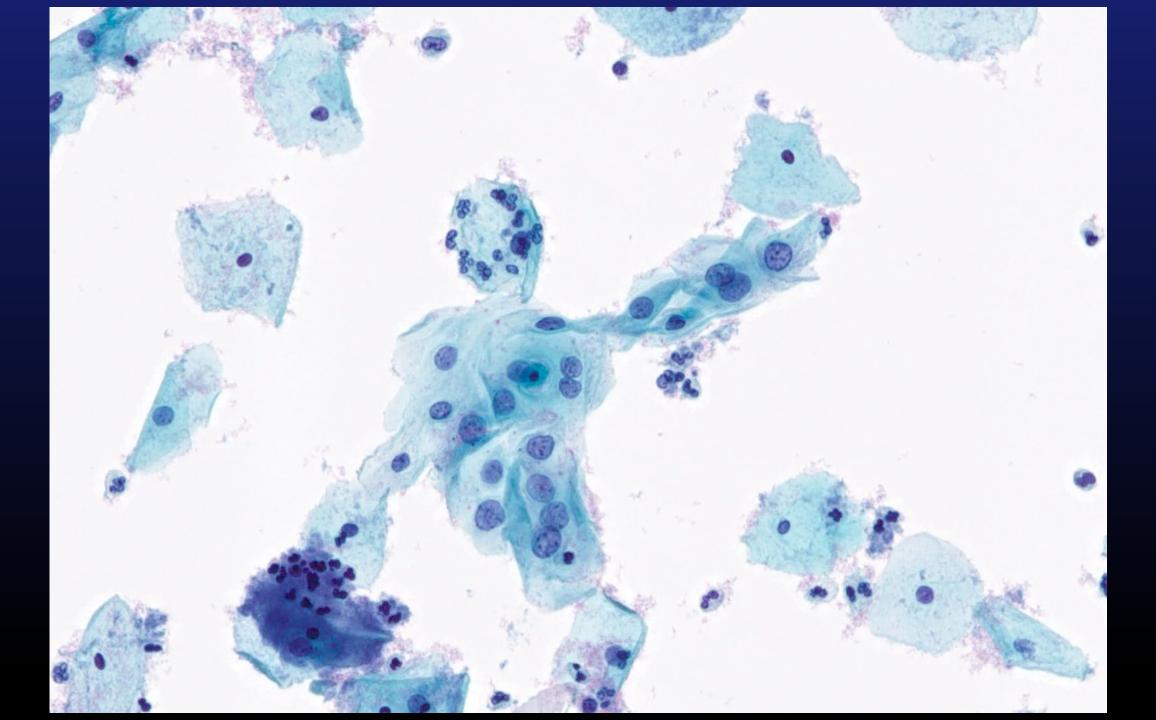


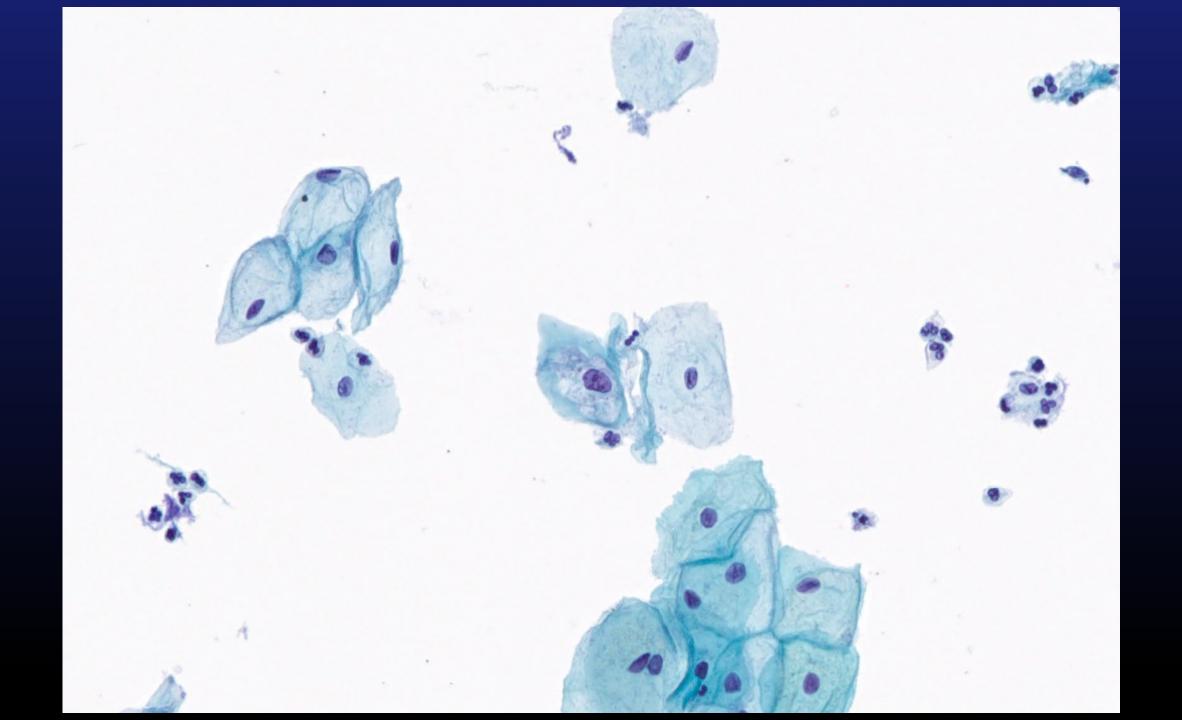


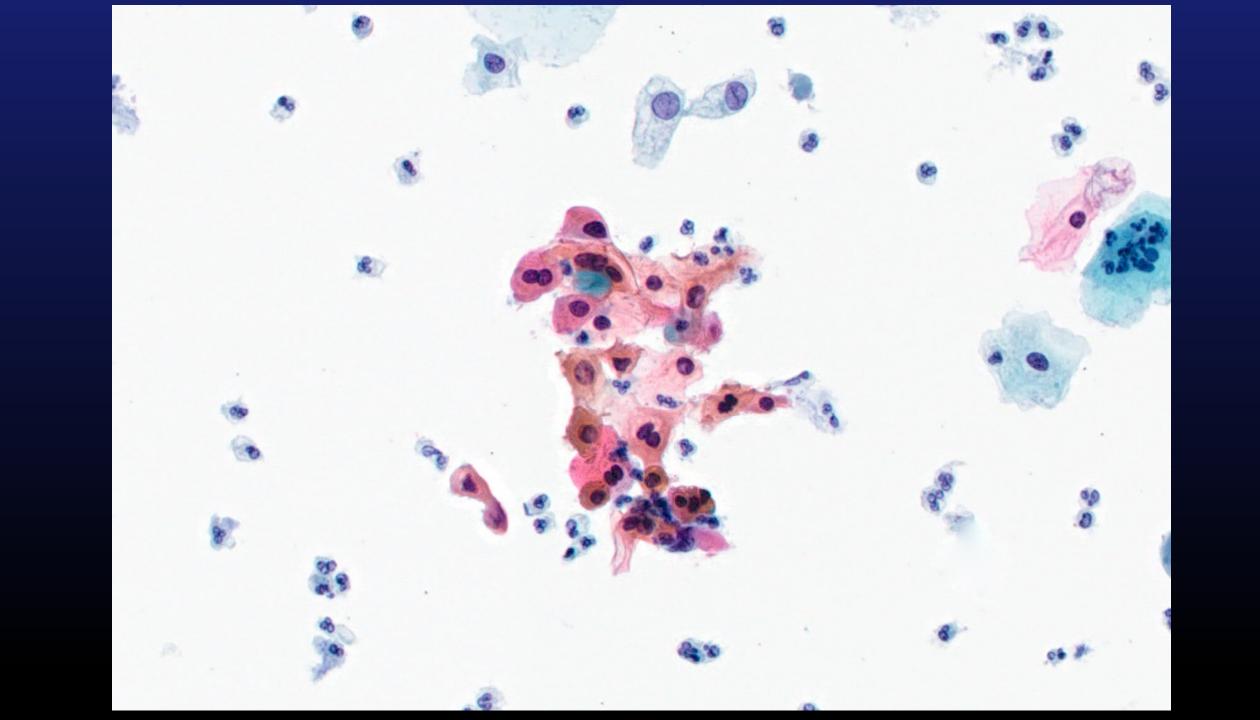
Abnormal Morphology – Atypical Squamous Cells of Undetermined Significance (ASCUS)

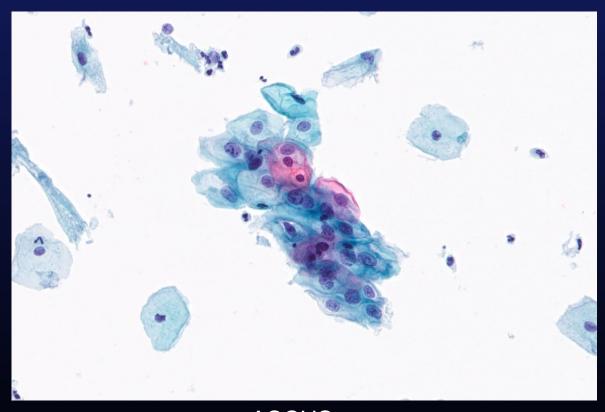
- Singly or sheets
- Nuclei 2 ½ to 3 times the area of an intermediate nucleus
- Slight increase in N/C ratio
- Mild irregular nuclear membranes
- Minimal hyperchromasia
- Mild irregular chromatin distribution
- Cytoplasm can be keratinized and/or exhibit poorly defined cytoplasmic halos or vacuoles

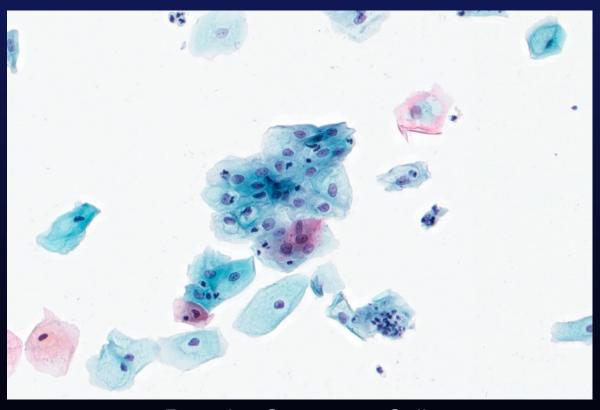












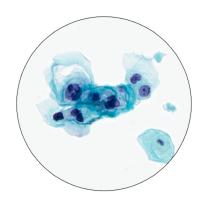
ASCUS

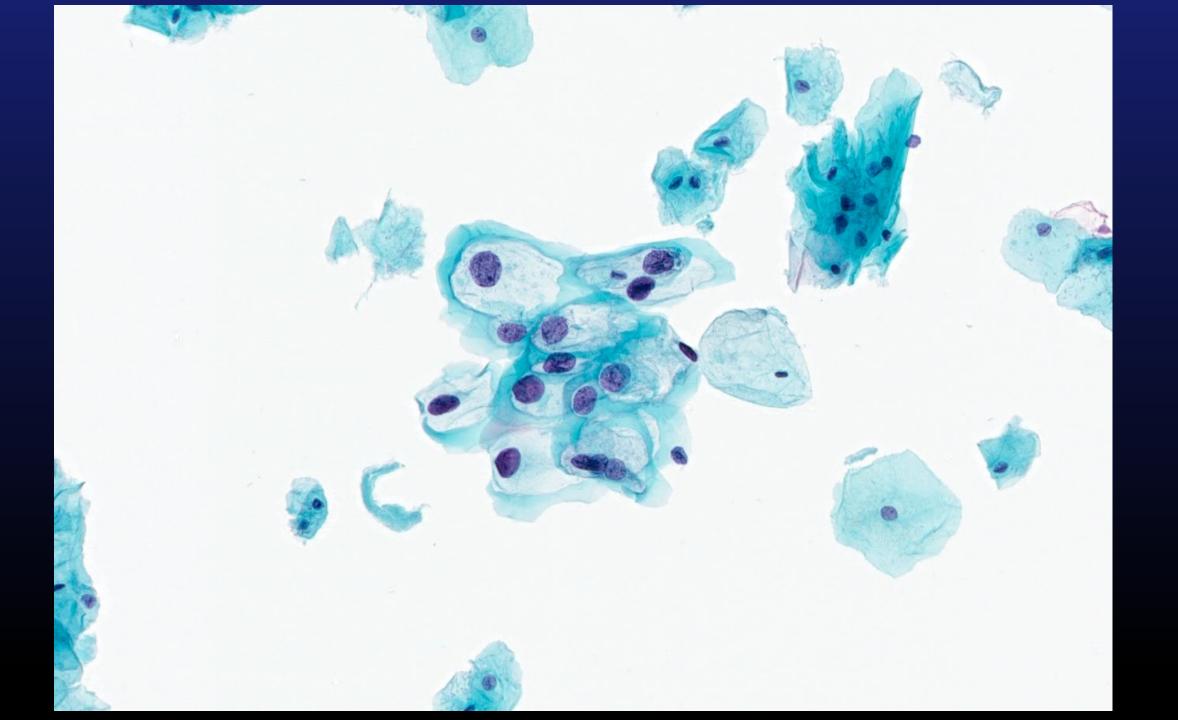
Reactive Squamous Cells

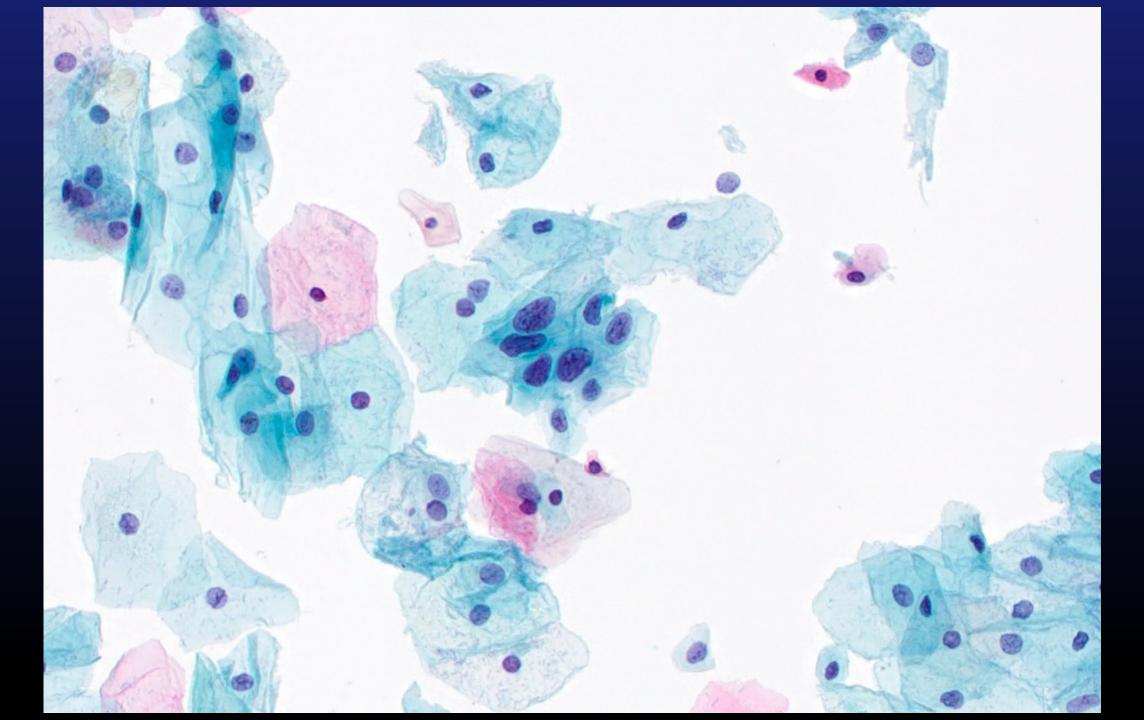


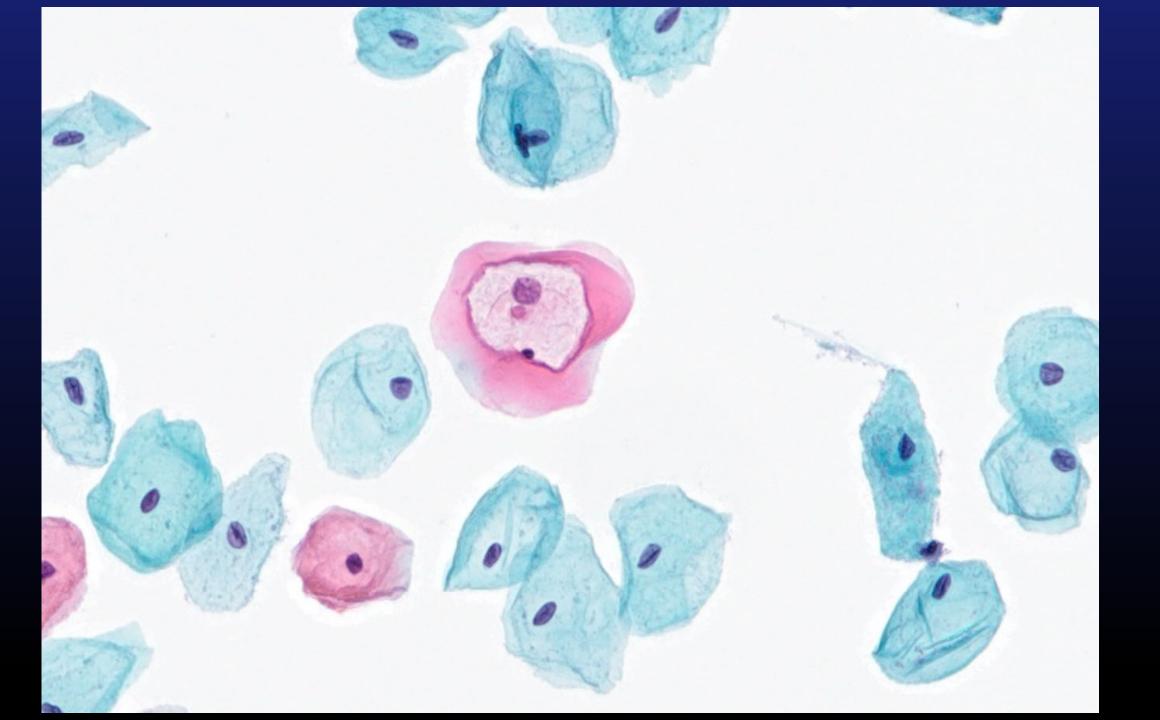
Abnormal Morphology – Low Grade Squamous Intraepithelial Lesion (LSIL)

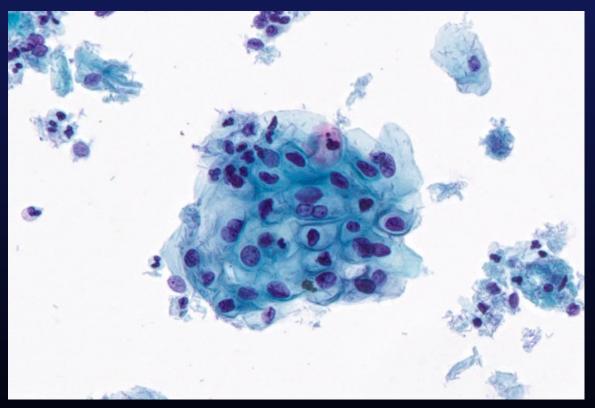
- Cells occur singly, in clusters, and in sheets
- Low but slightly increased N/C ratio
- Nuclei more than 3 times the area of an intermediate nucleus.
- May be hyperchromatic
- Chromatin is uniform and coarsely granular, smudgy and/or opaque
- Variable nuclear membranes
- Koilocytosis/perinuclear cavitation
- Binucleation and/or multinucleation
- Nucleoli absent or inconspicuous if present

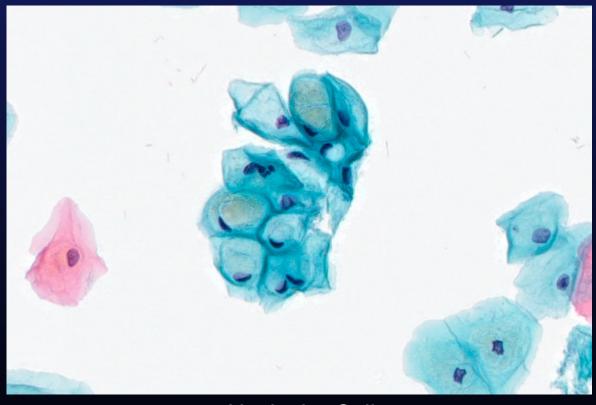












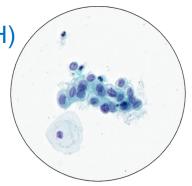
LSIL Navicular Cells

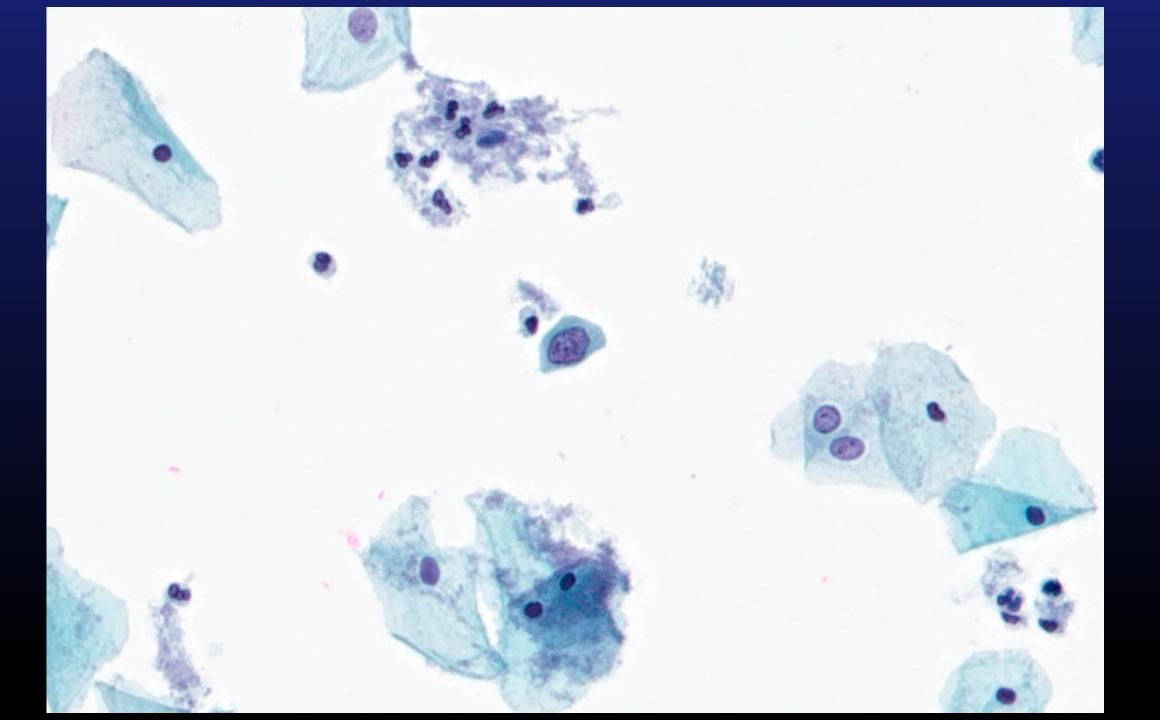


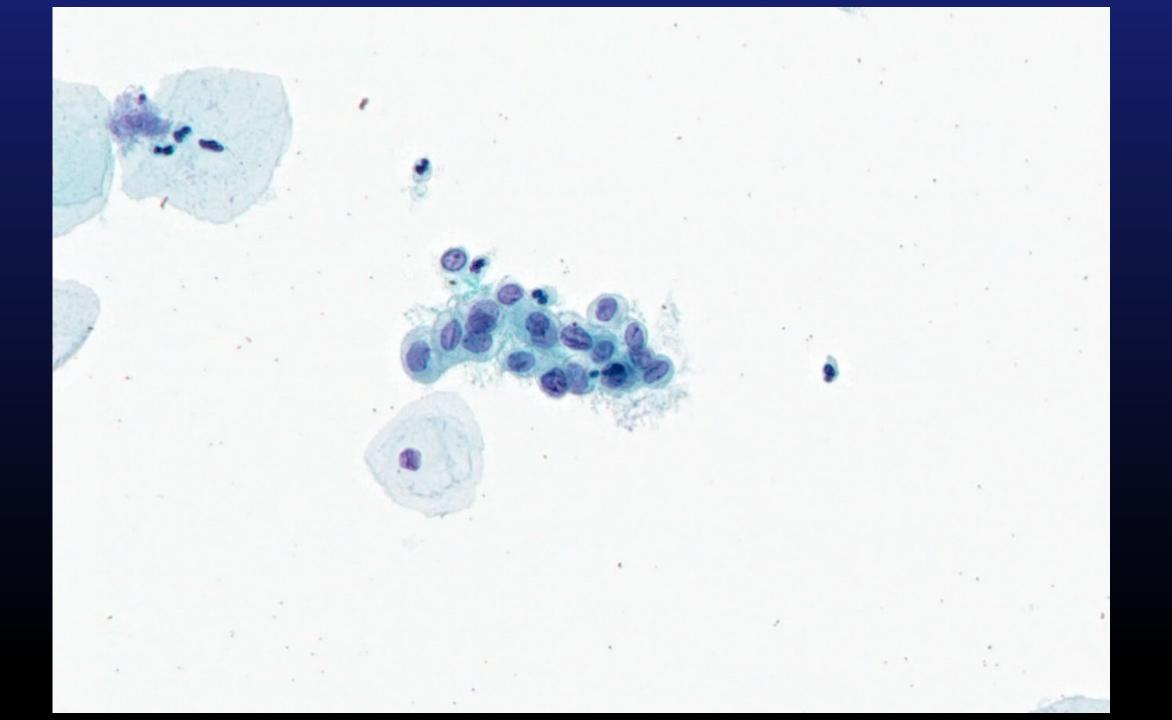
Abnormal Morphology – Atypical Squamous Cells- Cannot Exclude HSIL (ASC-H)

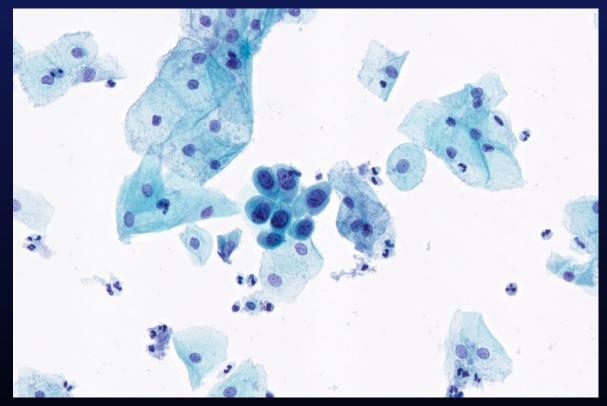
- Occurs singly or in small groups of less than 10 cells
- Nuclei 1 ½ to 2 ½ times the area of a normal metaplastic nucleus
- N/C ratio similar to that of HSIL
- Chromatin irregularity
- Hyperchromasia
- Irregular nuclear membranes

CRITERIA INSUFFICIENT FOR HSIL DIAGNOSIS

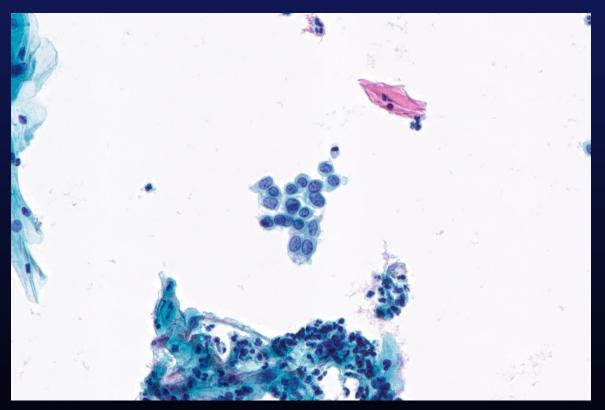


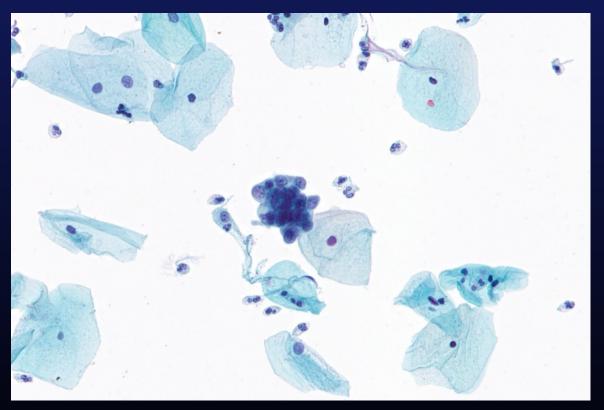






ASC-H Reactive Squamous Metaplasia



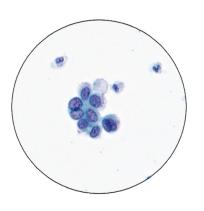


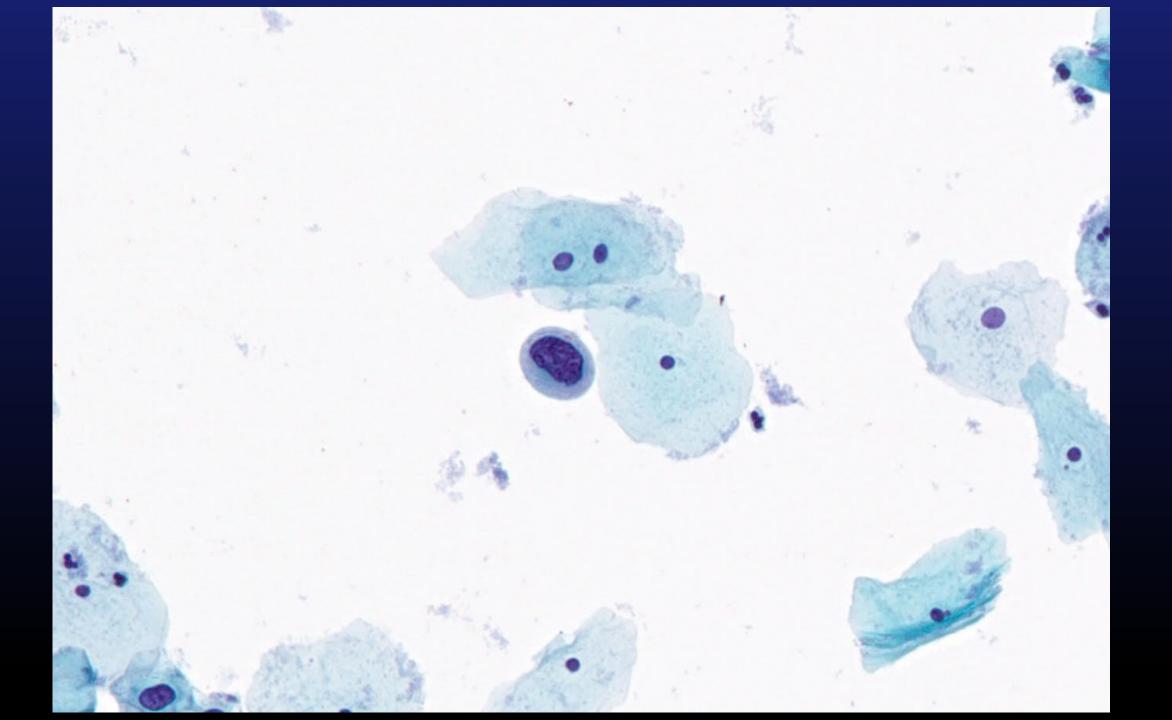
ASC-H Endometrial Cells

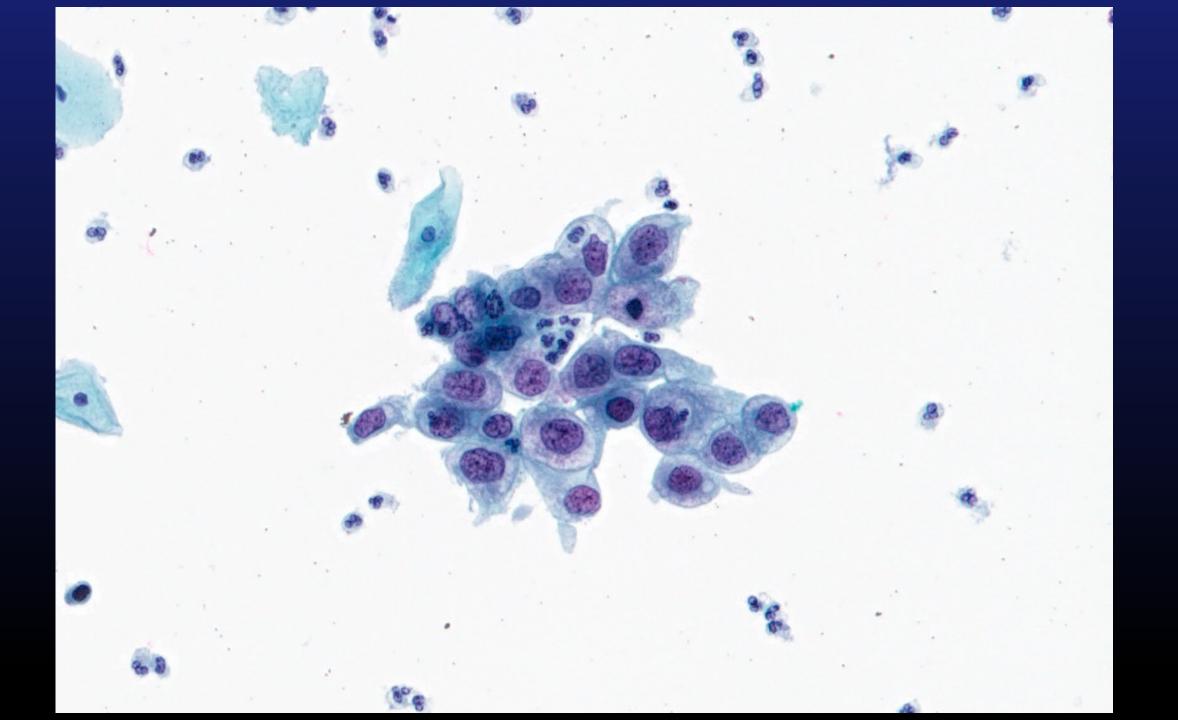


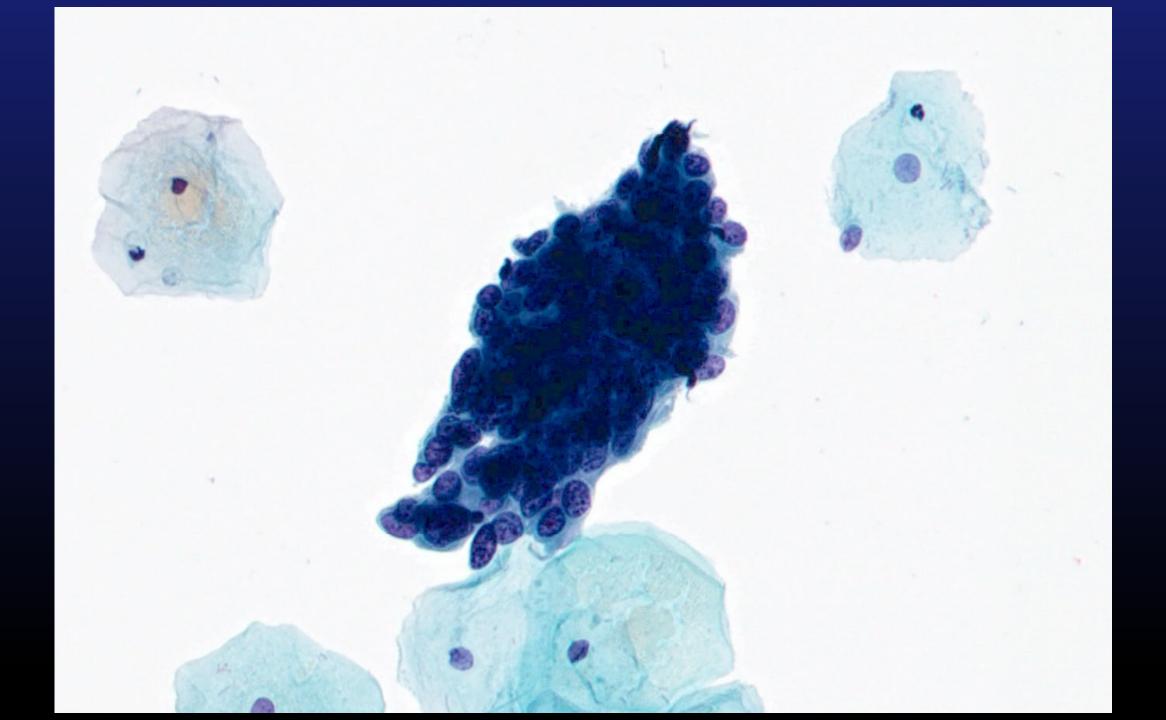
Abnormal Morphology – High Grade Squamous Intraepithelial Lesion (HSIL)

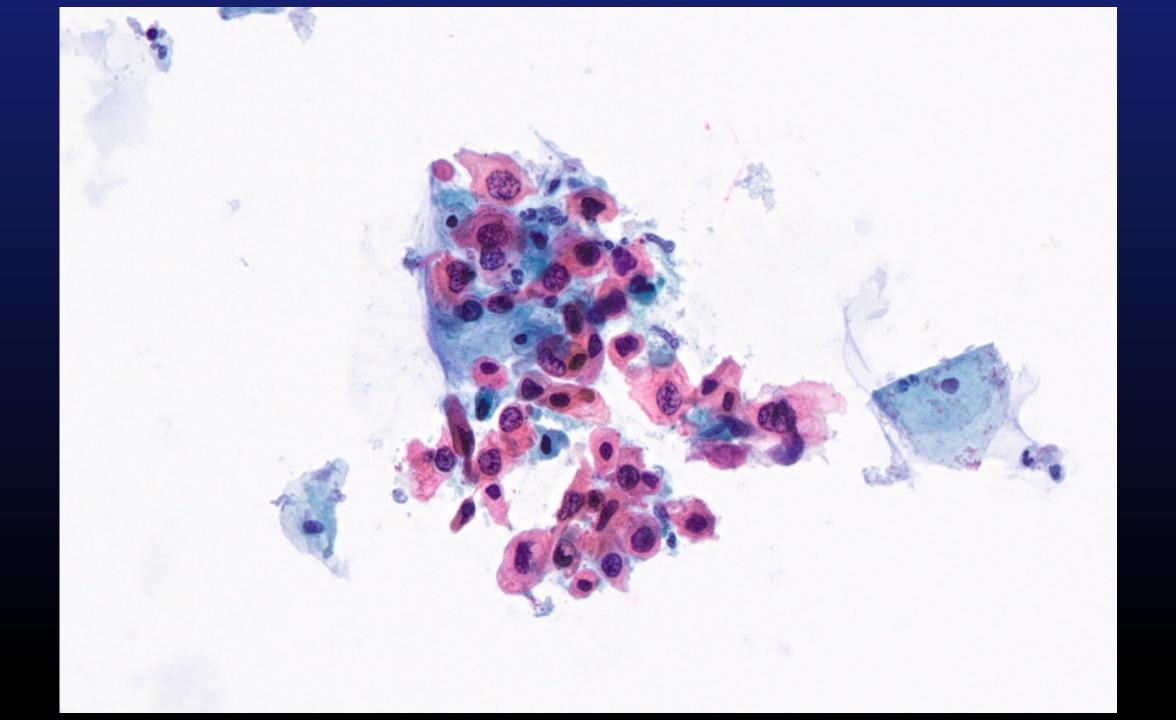
- Appear singly, in sheets, or in syncytial-like aggregates
- High N/C ratio
- Variable nuclear size
- Chromatin can be fine or coarse and evenly distributed
- May appear hyper- or hypochromatic
- Irregular nuclear membrane with frequent indentations/grooves
- Cytoplasm can appear "immature", lacy, and delicate, densely metaplastic, or keratinized
- Nucleoli generally absent but may occasionally be seen

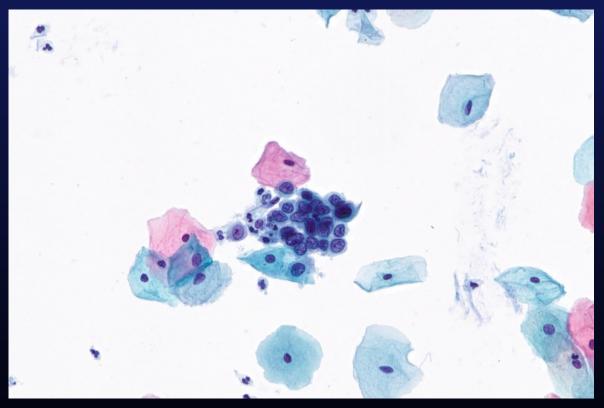




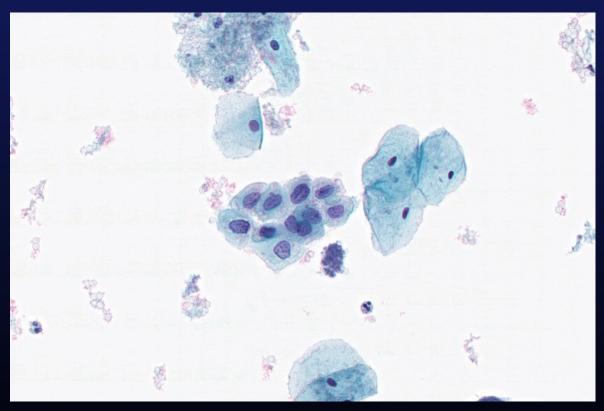




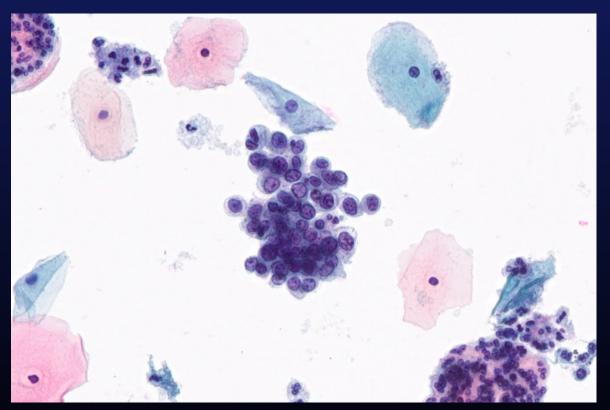


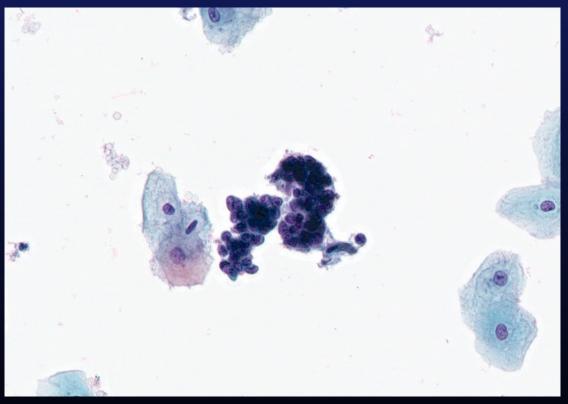


Hyperchromatic HSIL

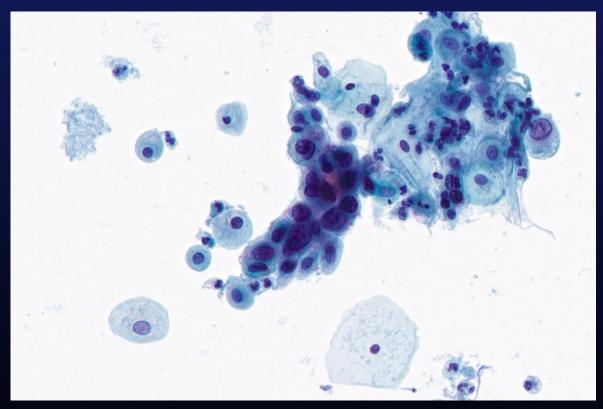


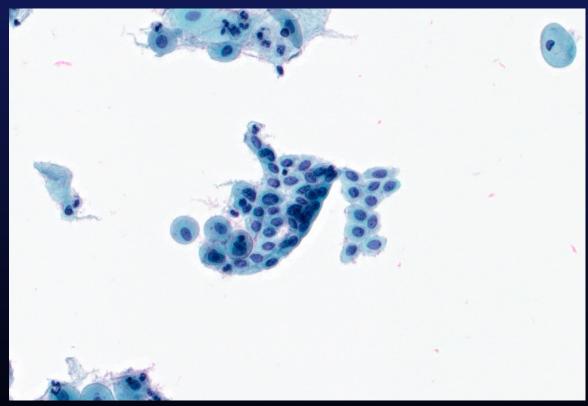
Hypochromatic HSIL





HSIL Endometrial Cells



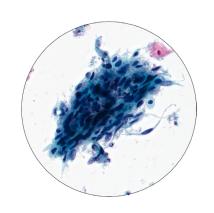


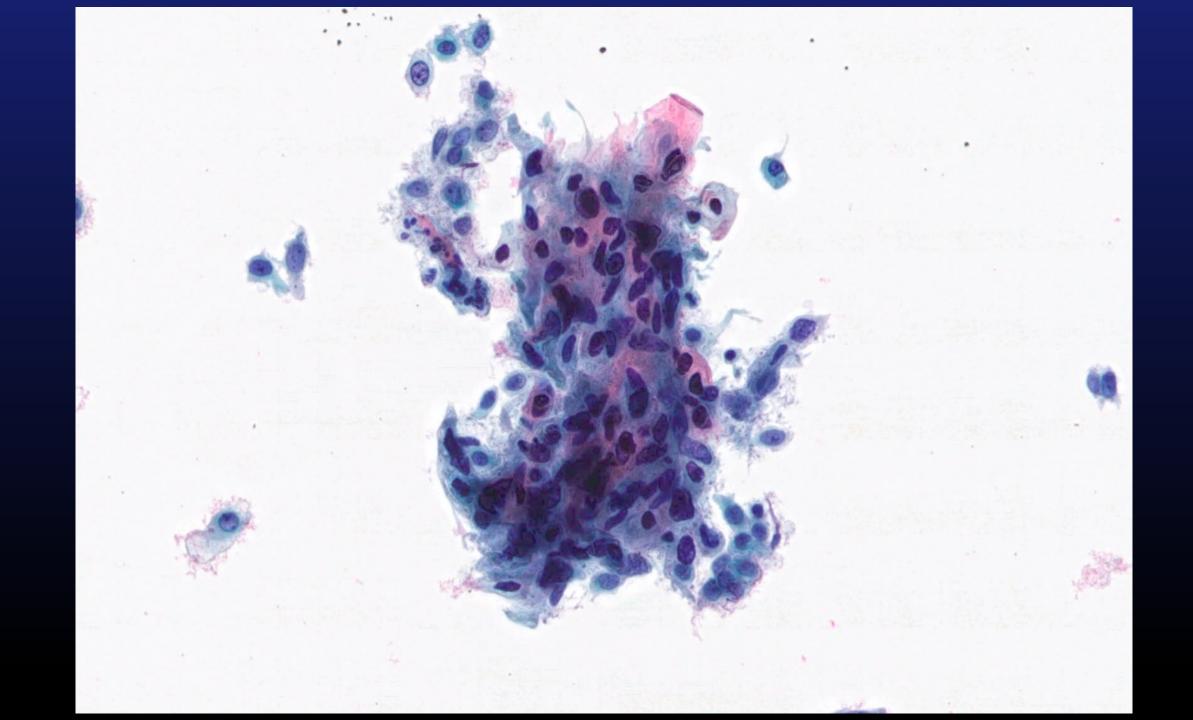
HSIL Parabasal Cells

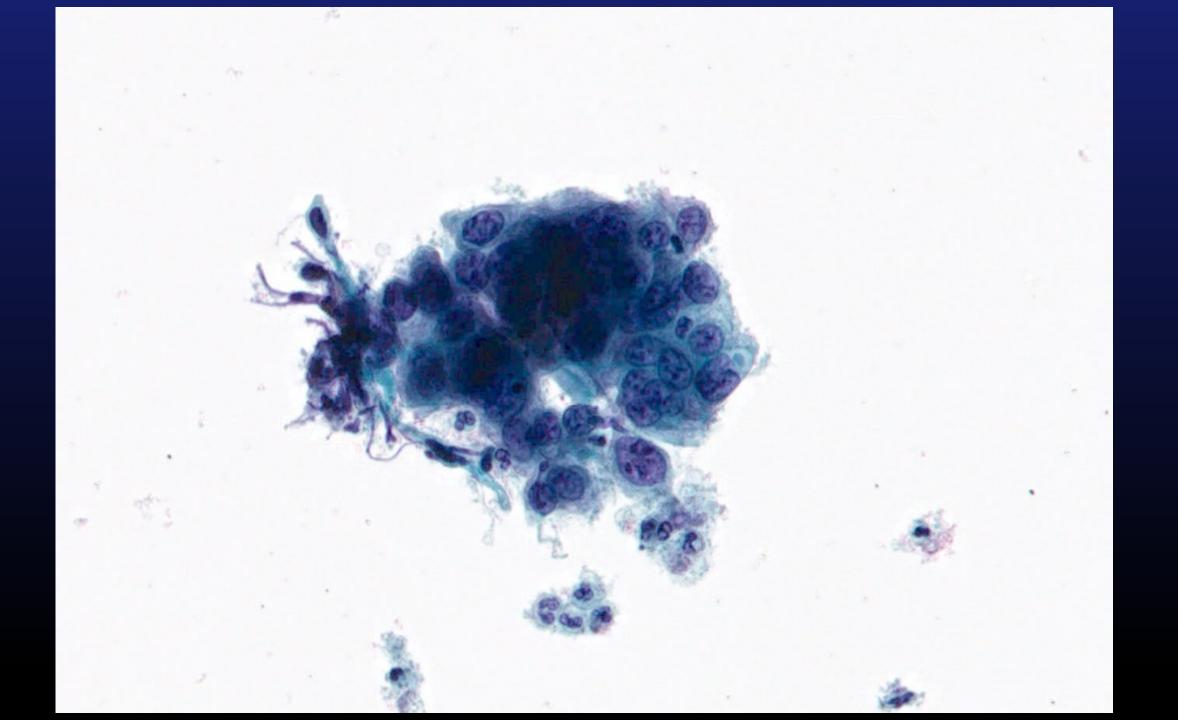


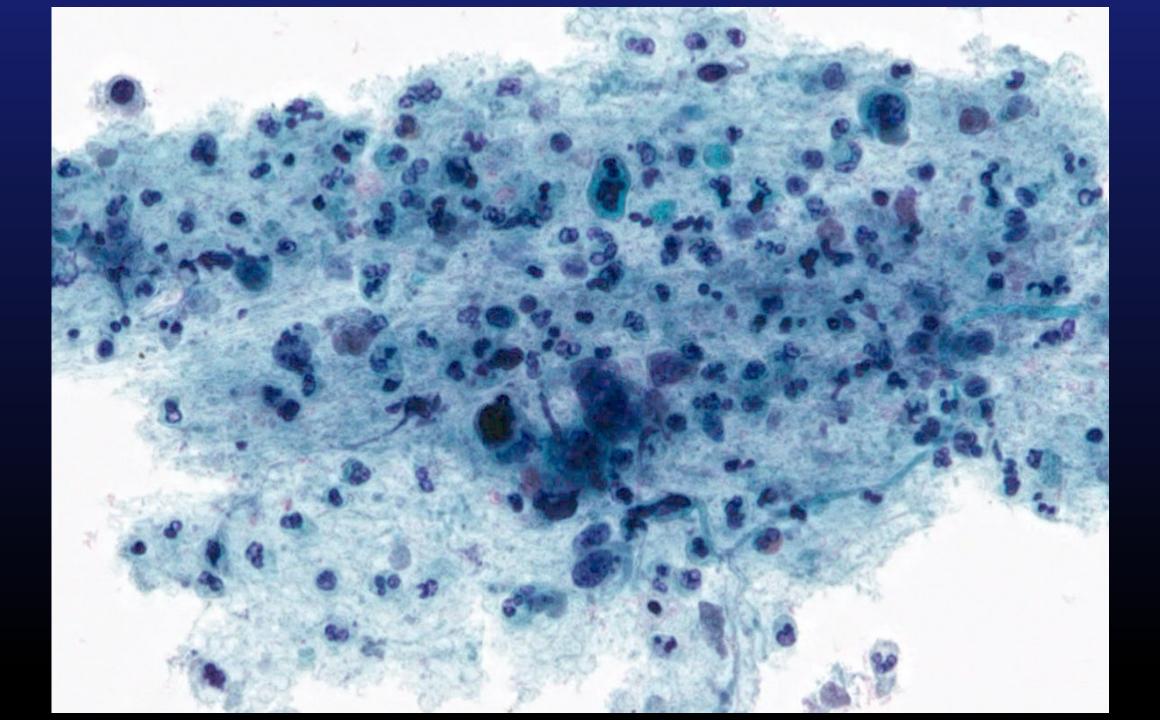
Abnormal Morphology – Squamous Cell Carcinoma

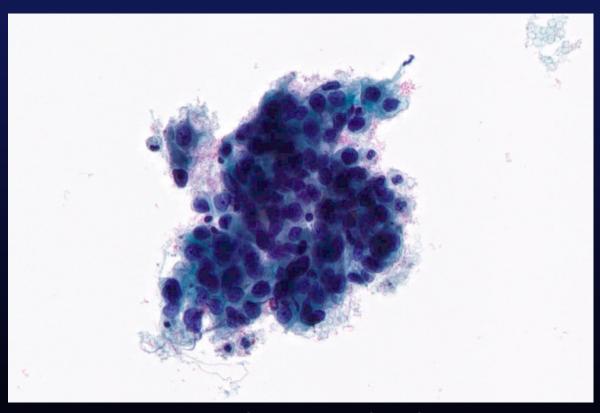
- Isolated single cells or syncytial aggregates with poorly defined cell borders
- Nuclei vary markedly in size and shape and may be densely opaque
- Irregular nuclear membranes
- Chromatin may appear coarsely granular, irregularly distributed with chromatin clearing
- Nucleoli may be prominent, but less common in Keratinizing Squamous Cell Carcinoma
- Caudate/spindle cells
- May be keratinized
- Tumor diathesis



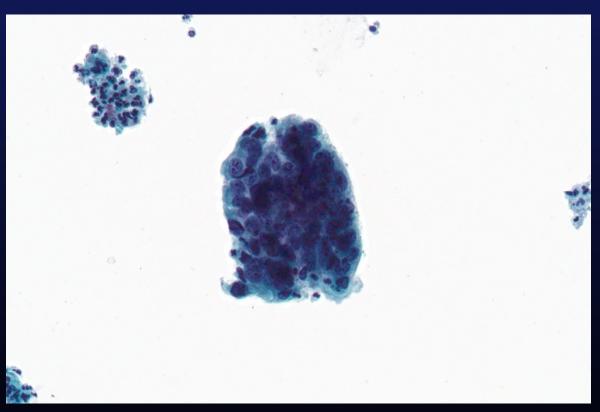








Non-Keratinizing Squamous Cell Carcinoma

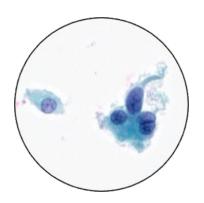


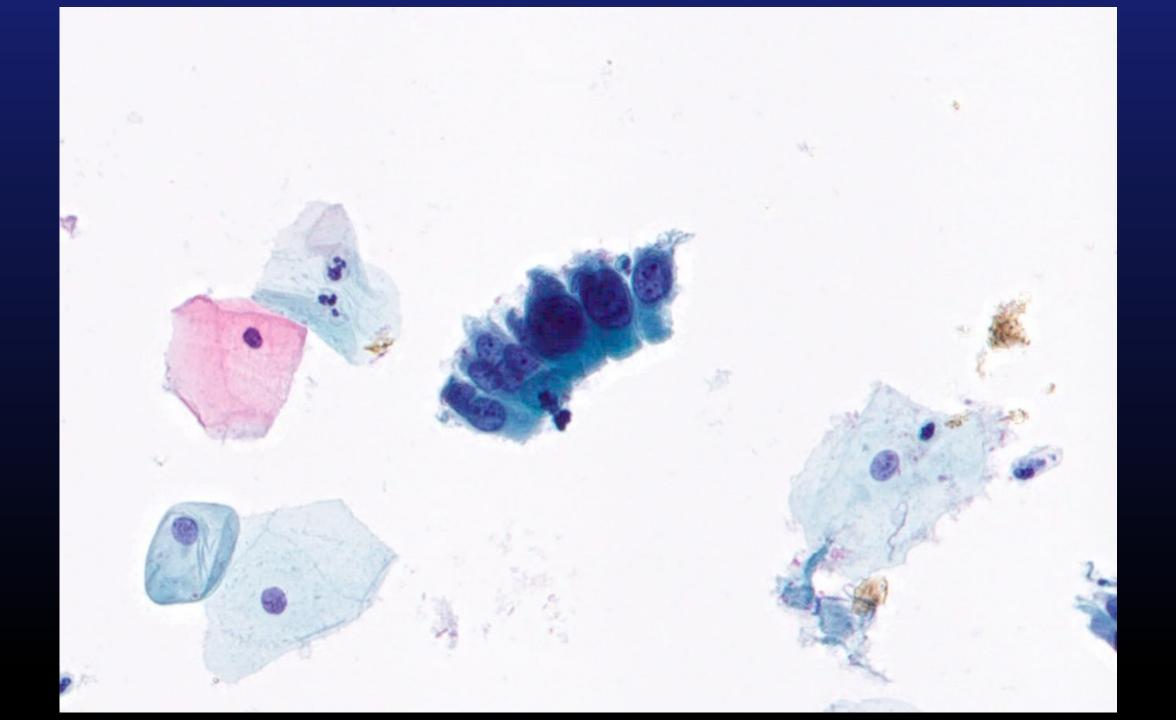
Endocervical Adenocarcinoma

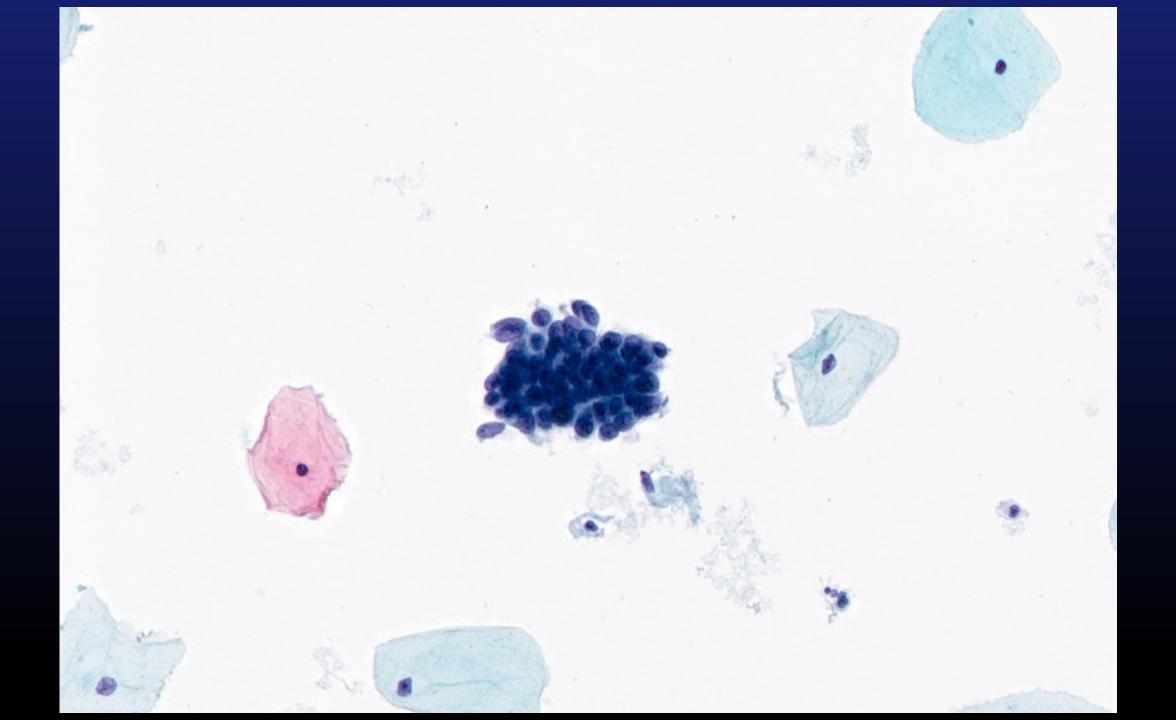


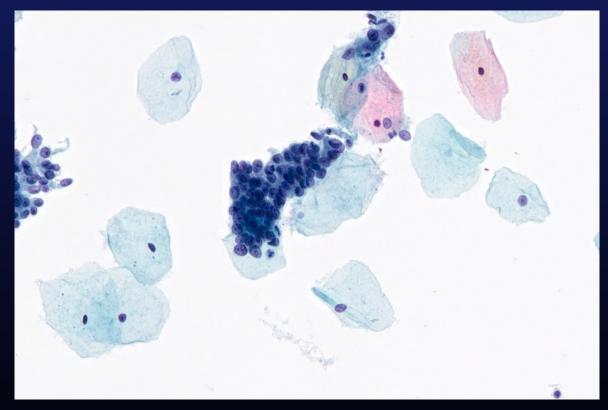
Abnormal Morphology - Atypical Endocervical Cells, NOS

- Sheets, strips and/or 3-dimensional clusters with cell crowding, nuclear overlap and/or pseudostratification
- Slight variation in nuclear size and shape
- Nuclear enlargement, up to 3 to 5 times normal
- Mild nuclear hyperchromasia and chromatin irregularity
- Occasional nucleoli
- Cytoplasm may be abundant with distinct cell borders

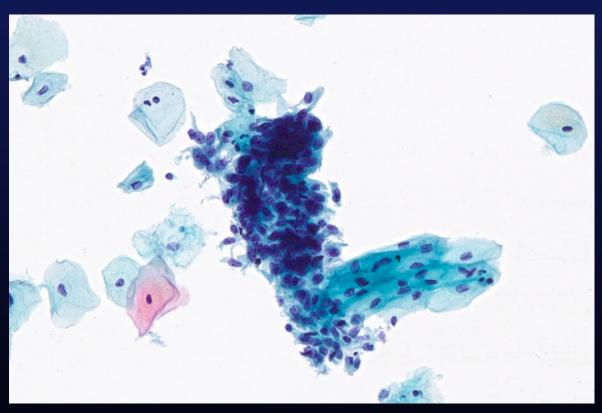




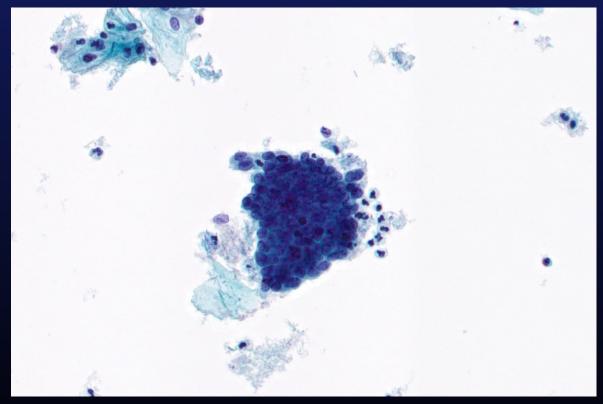




AGC Endocervical, NOS

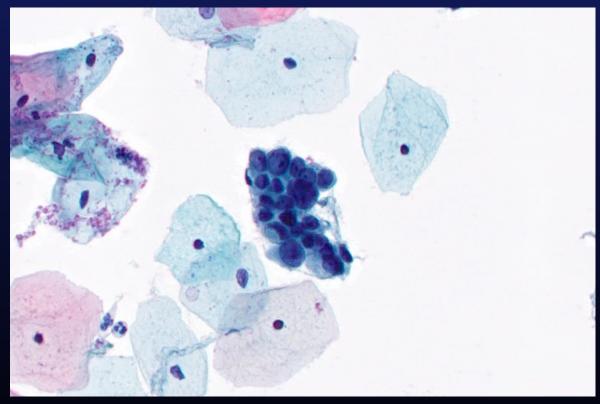


Reactive Endocervical Cells



HSIL with Glandular Involvement

AGC Endocervical, NOS



AGC Endocervical, NOS

Tubal Metaplasia

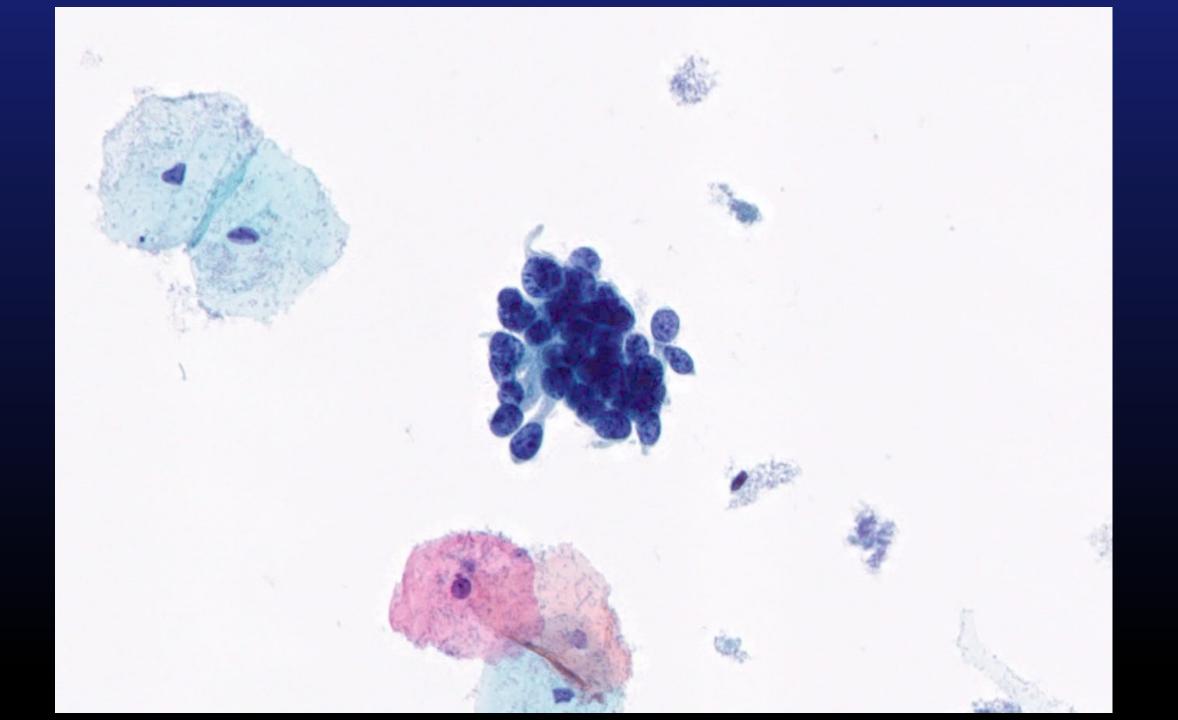


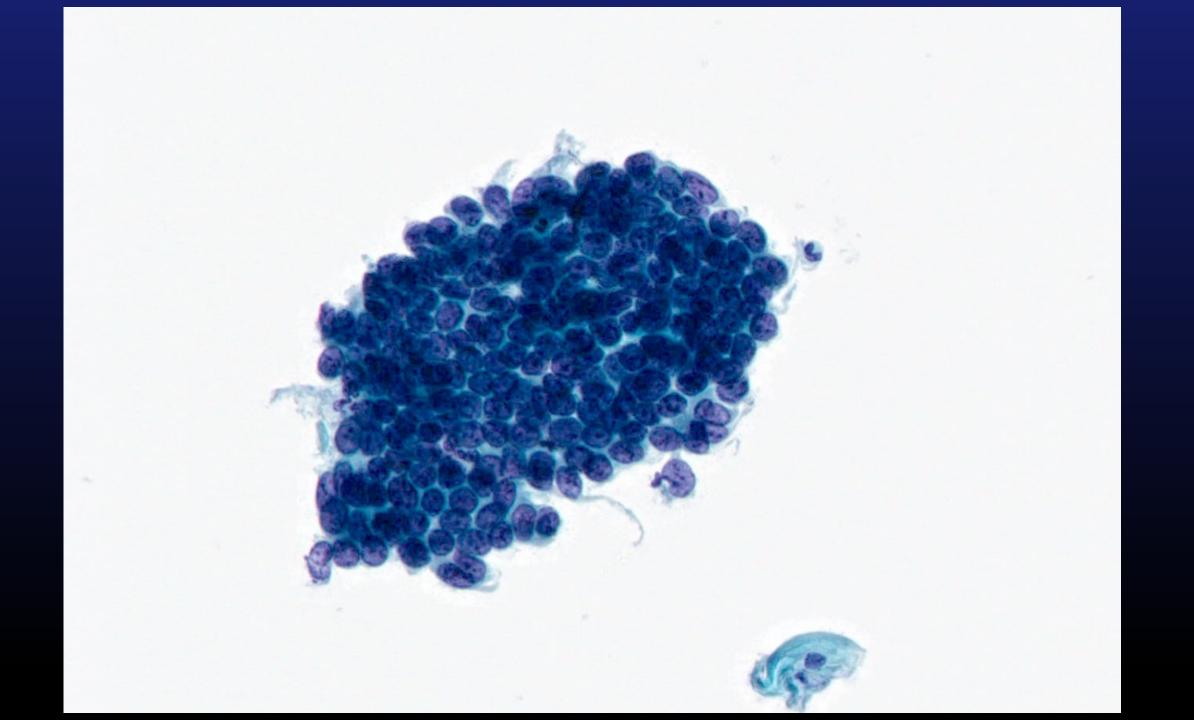
Abnormal Morphology – Atypical Endocervical Cells, Favor Neoplastic

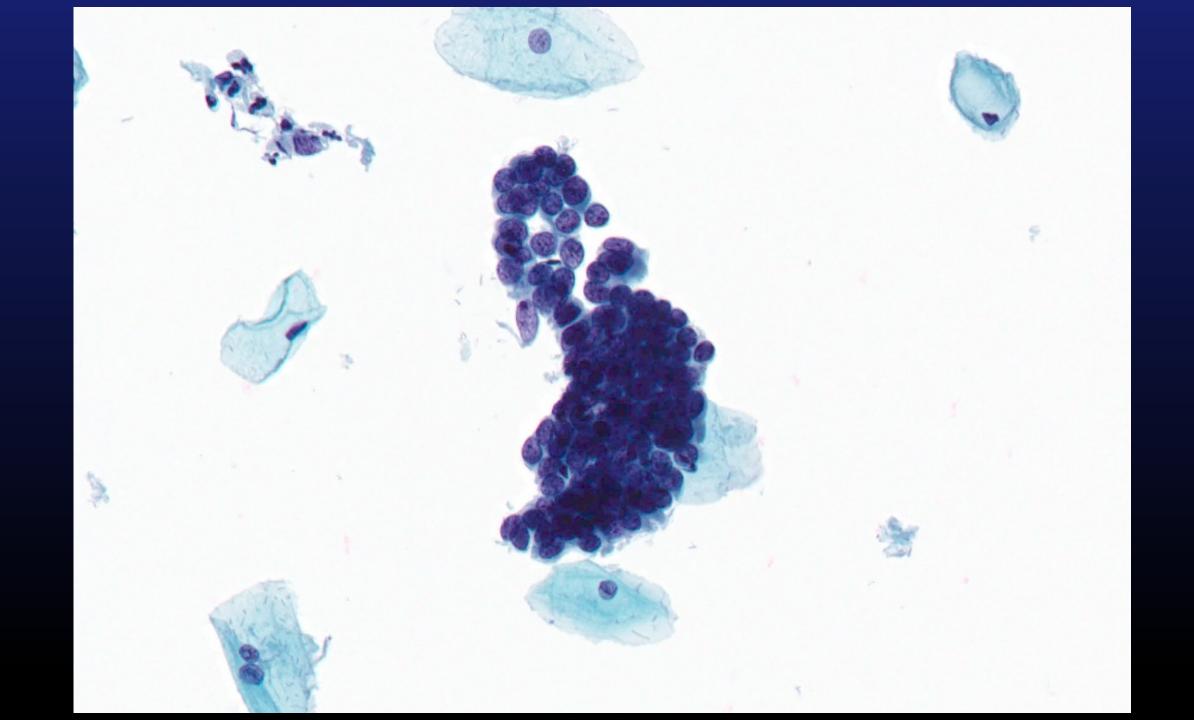
- Appear in sheets and strips with nuclear crowding, overlap, and/or pseudostratification
- Rare cell groups with rosettes or feathering
- Nuclei are enlarged and often elongated with some hyperchromasia
- Variable coarse chromatin
- Increased N/C ratio
- Poorly defined cell borders

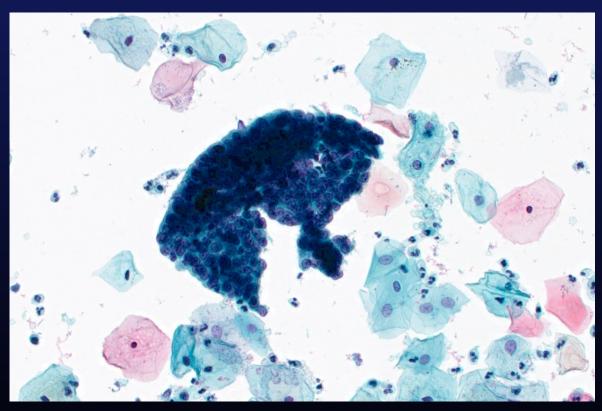
CRITERIA INSUFFICIENT FOR AIS OR INVASIVE ADENOCARCIMONA



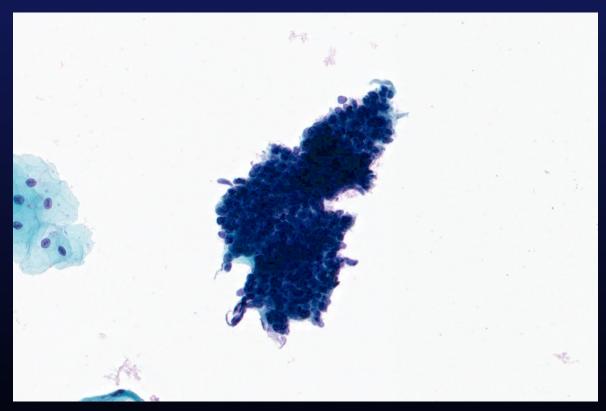








AGC Endocervical, Favor Neoplasia



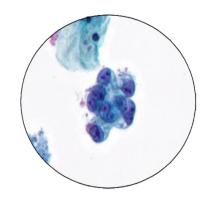
Lower Uterine Segment (LUS)



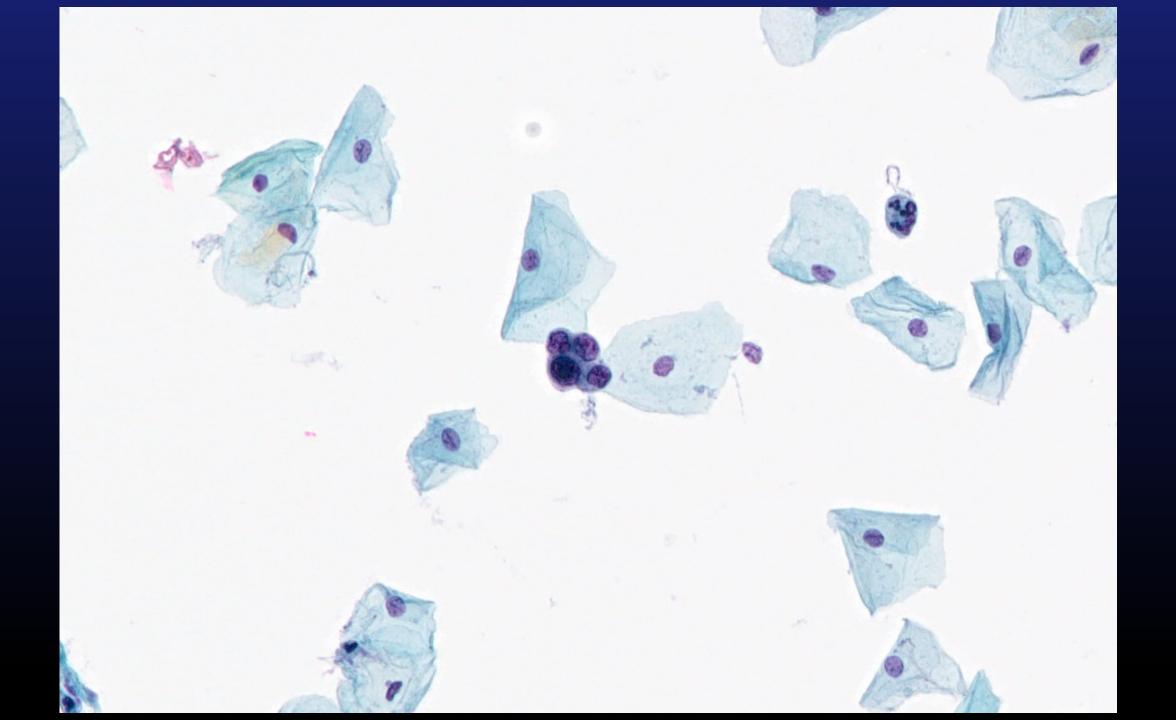
Abnormal Morphology – Atypical Endometrial Cells

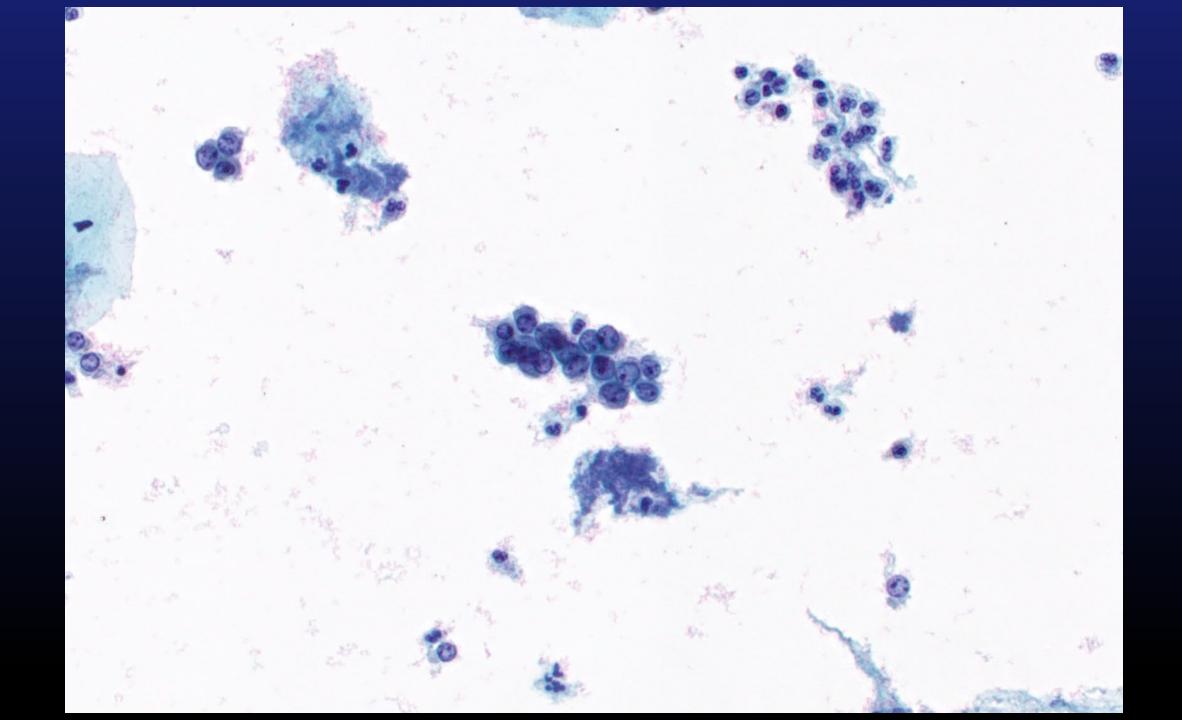
- Small 3-dimensional clusters (usually 5-10 cells per group)
- Nuclei are slightly enlarged compared to normal
- Chromatin variability
- Mild hyperchromasia
- Occasional small nucleoli
- Scant, vacuolated cytoplasm

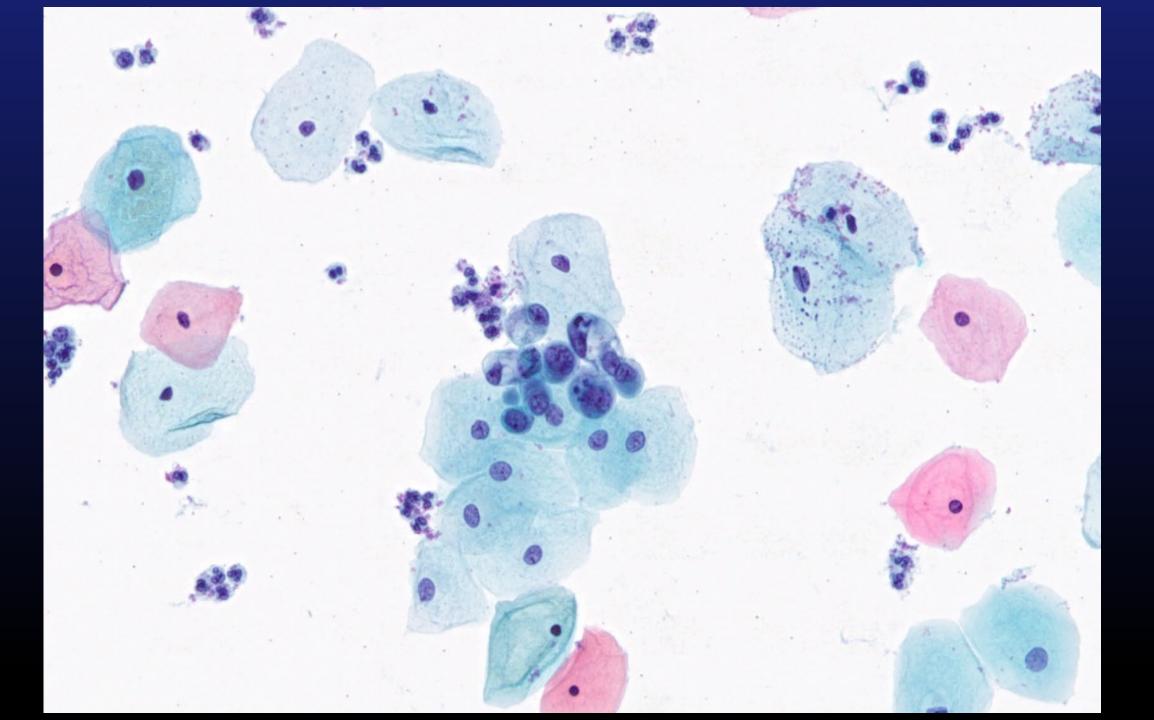
ATYPICAL ENDOMETRIAL CELLS ARE NOT FURTHER QUALIFIED







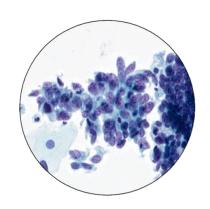




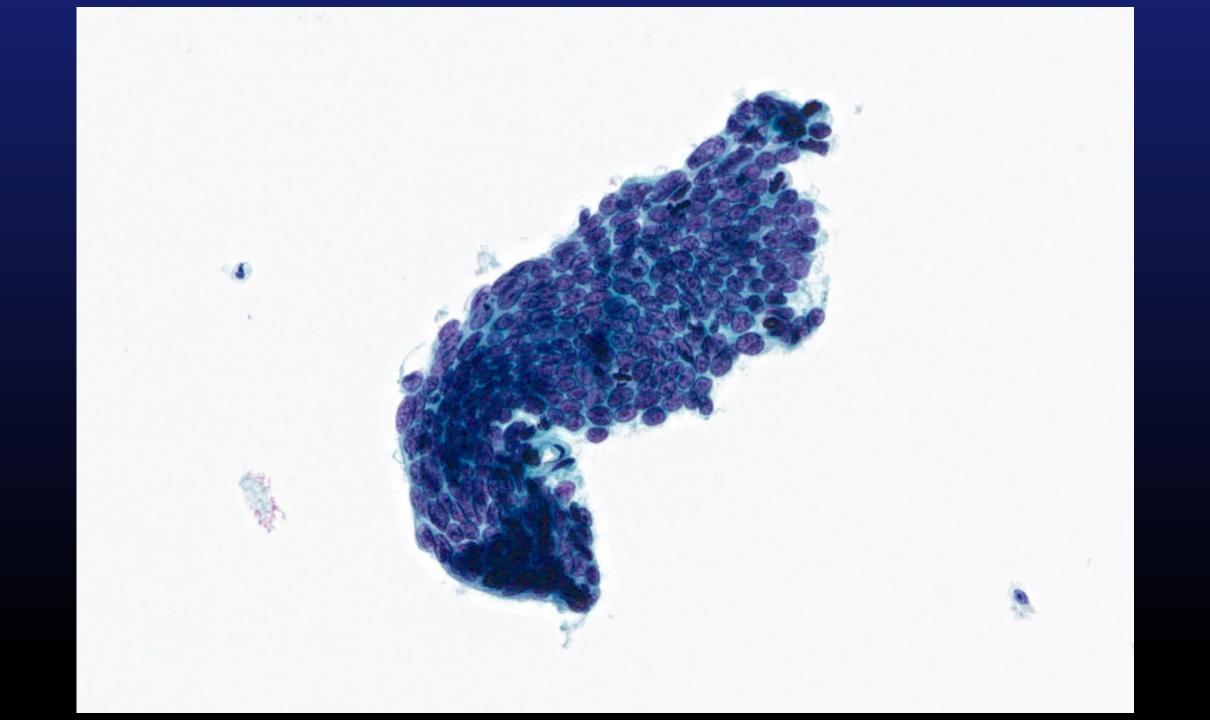


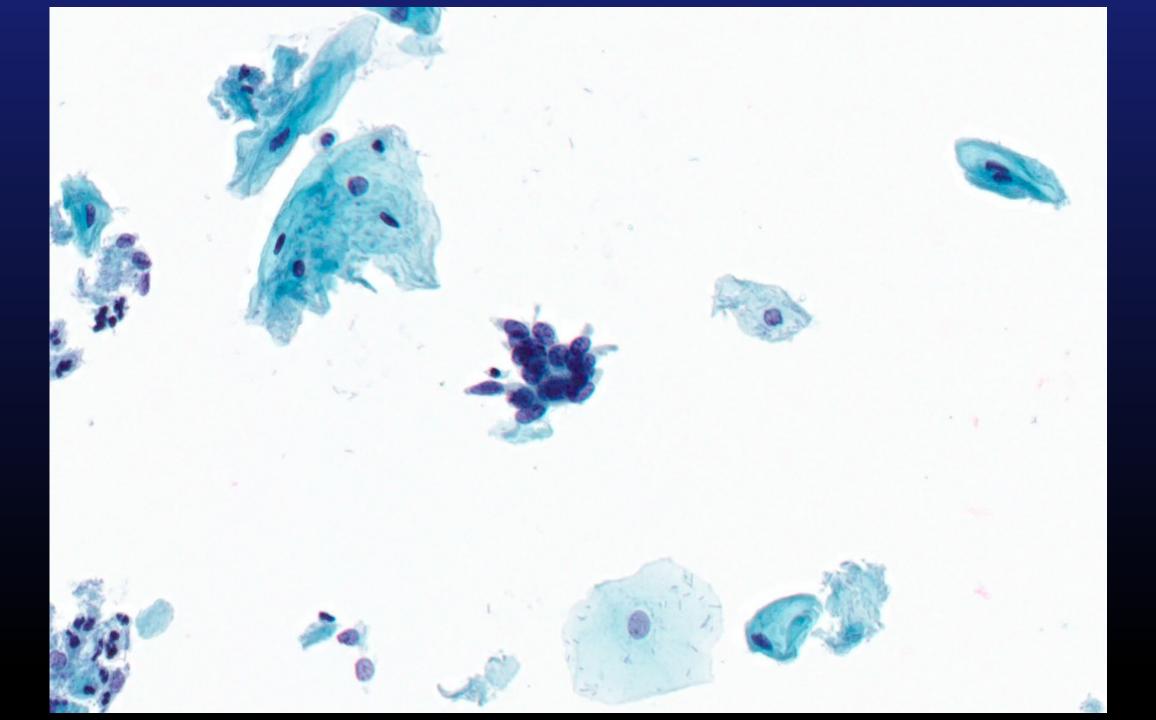
Abnormal Morphology – Endocervical Adenocarcinoma In Situ (AIS)

- Hyperchromatic crowded groups (HCG)
- Pseudostratified strips and/or rosettes
- Palisading nuclear arrangement- "feathering"
- Nuclear enlargement with crowding and overlap
- Oval or elongated nuclei of variable sizes
- Hyperchromatic nuclei with evenly dispersed, coarsely granular chromatin
- Small or inconspicuous nucleoli
- Mitotic figures common
- Absence of tumor diathesis





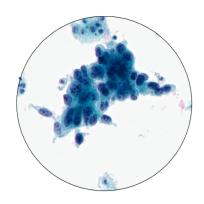


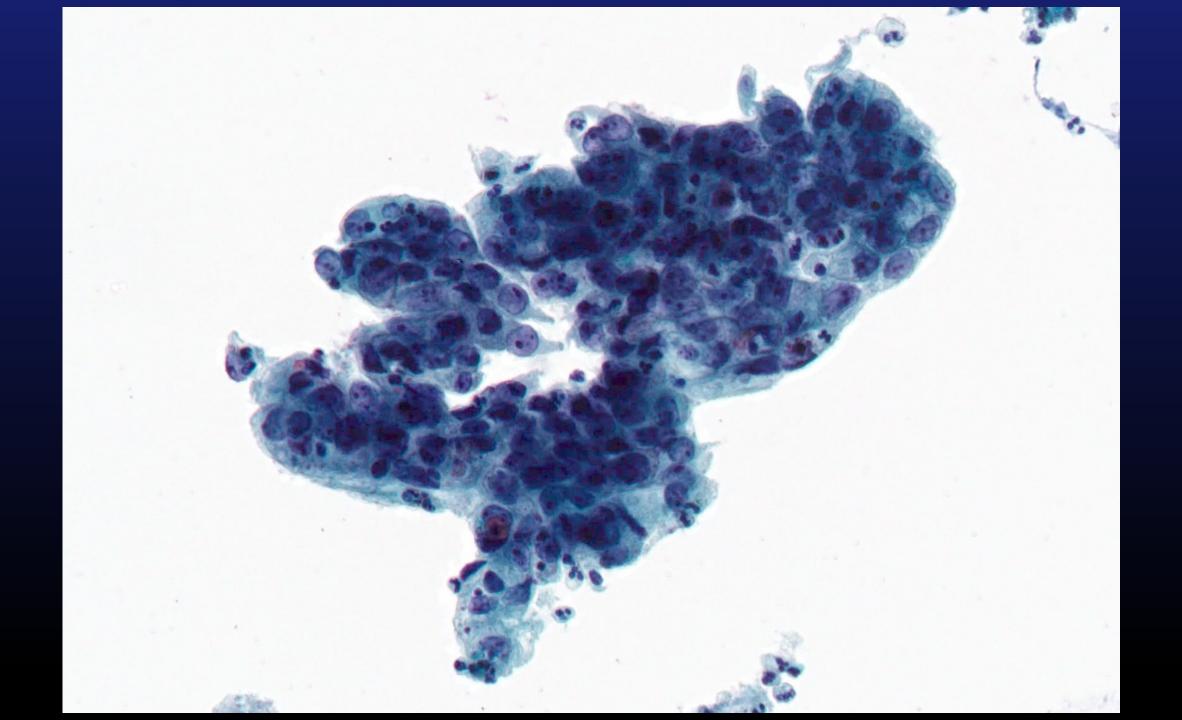


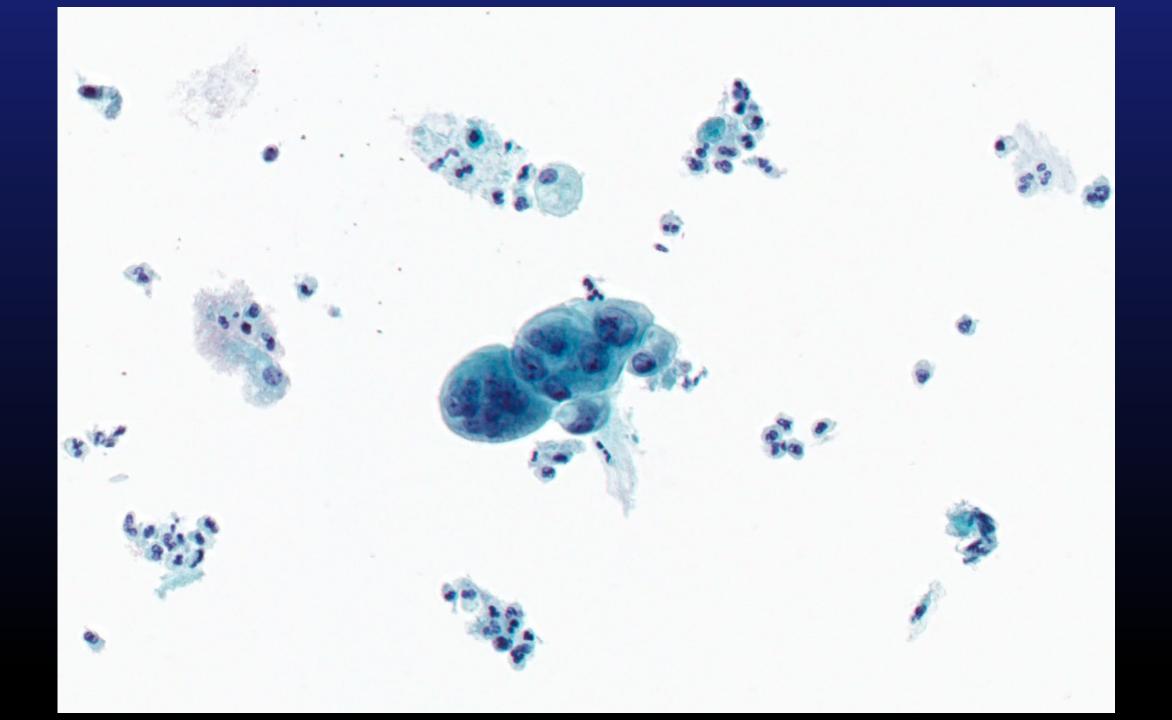


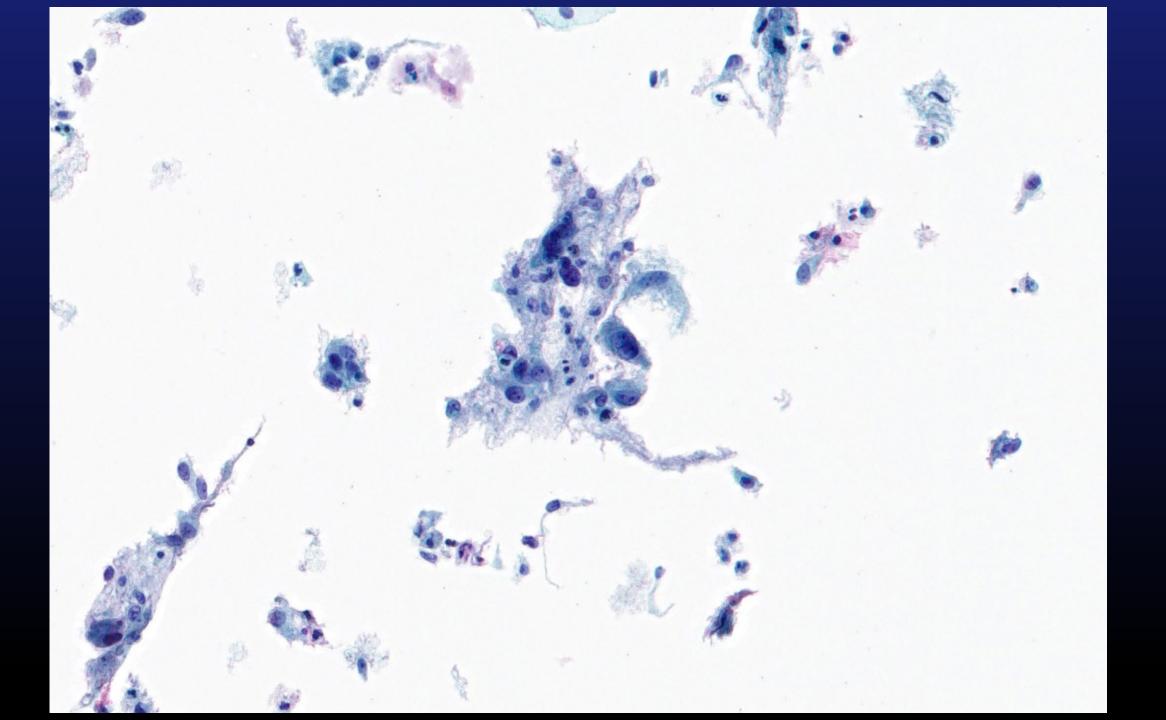
Abnormal Morphology – Endocervical Adenocarcinoma

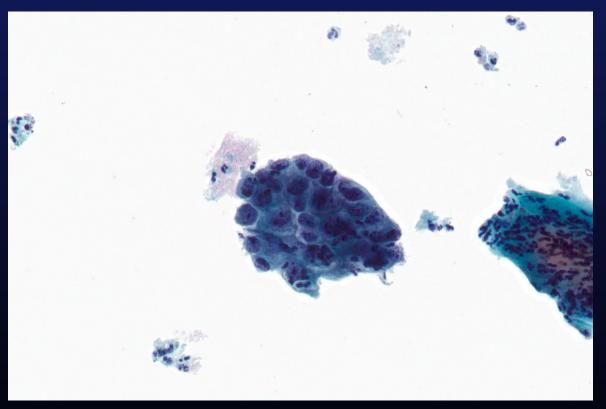
- Single cells, sheets, and/or 3-dimensional clusters with cell crowding
- Nuclear enlargement with pleomorphism
- Fine or coarsely granular but irregularly distributed chromatin
- Irregular nuclear membranes
- Prominent nucleoli
- Vacuolated cytoplasm
- Tumor diathesis



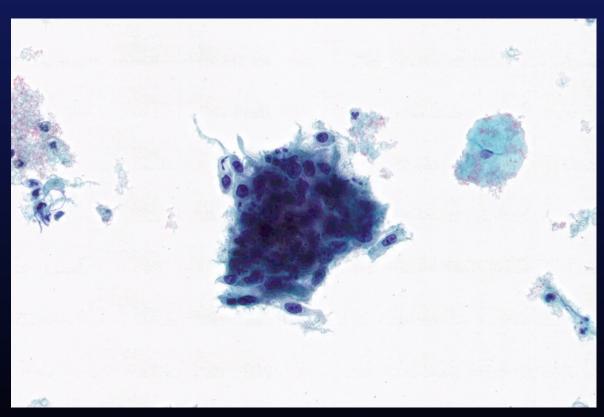








Endocervical Adenocarcinoma



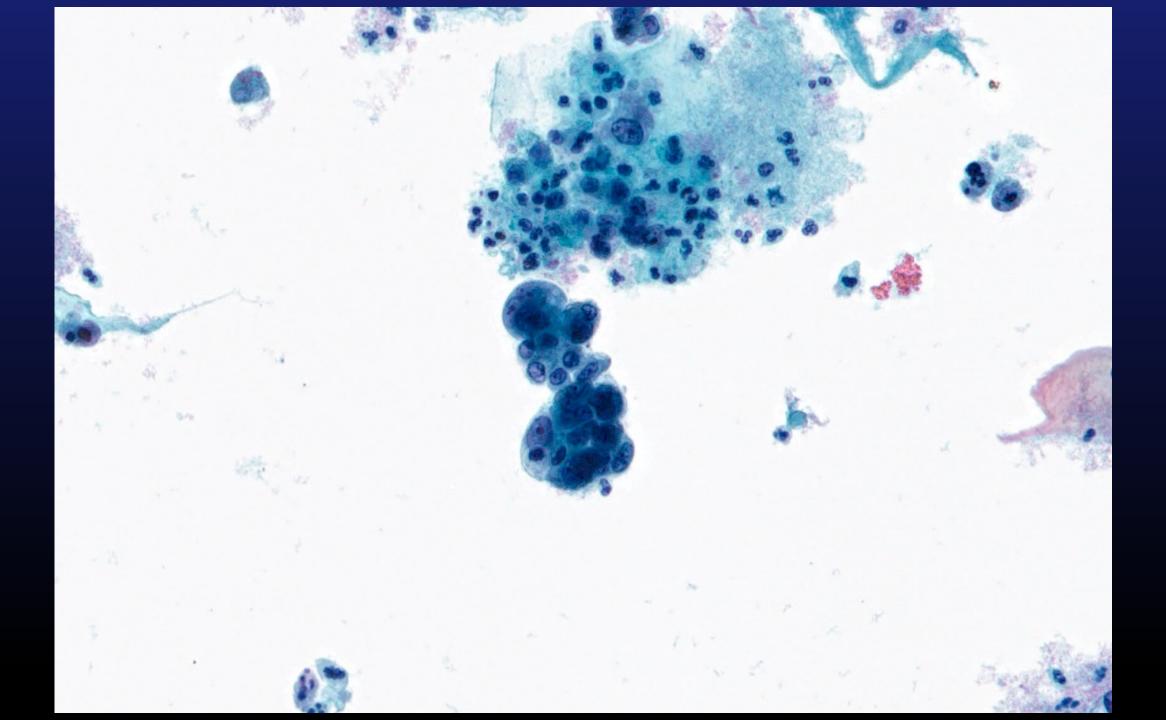
Non-Keratinizing Squamous Cell Carcinoma

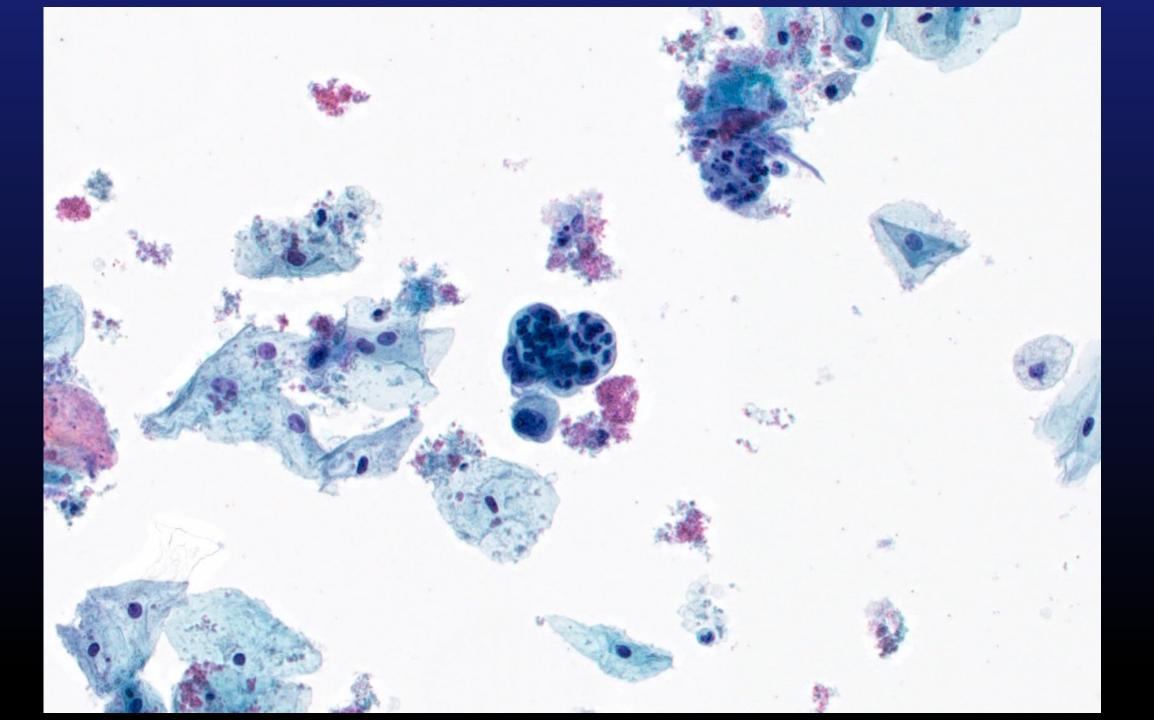


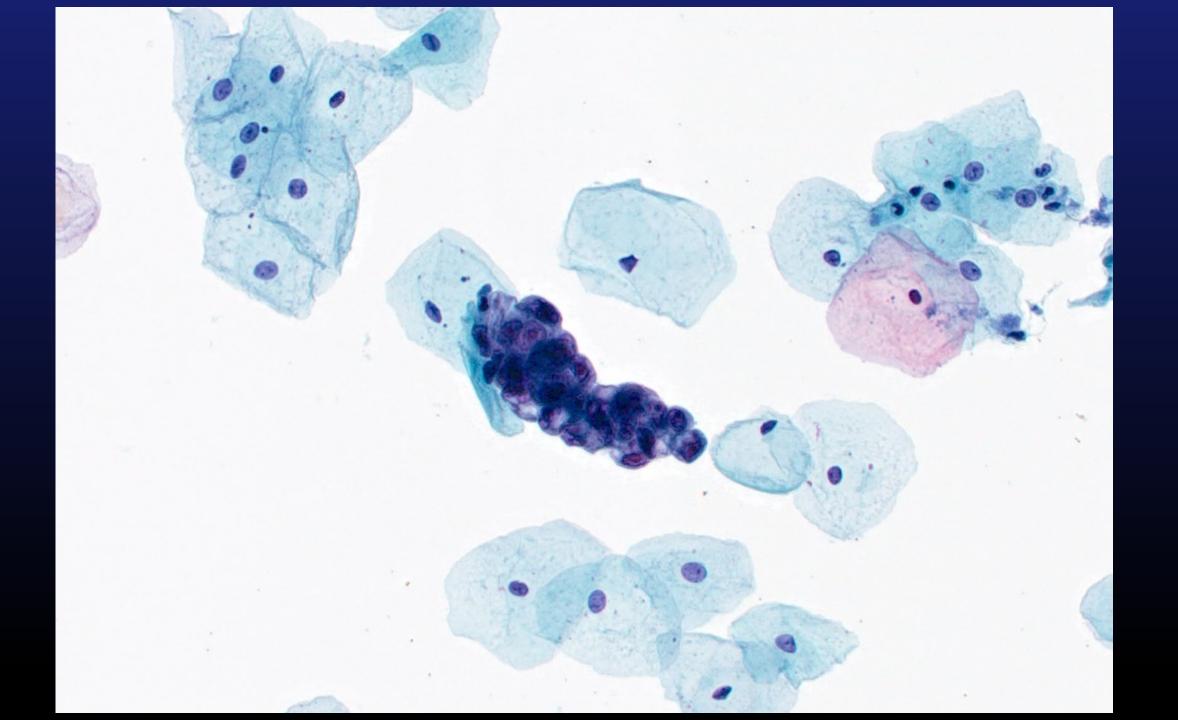
Abnormal Morphology – Endometrial Adenocarcinoma

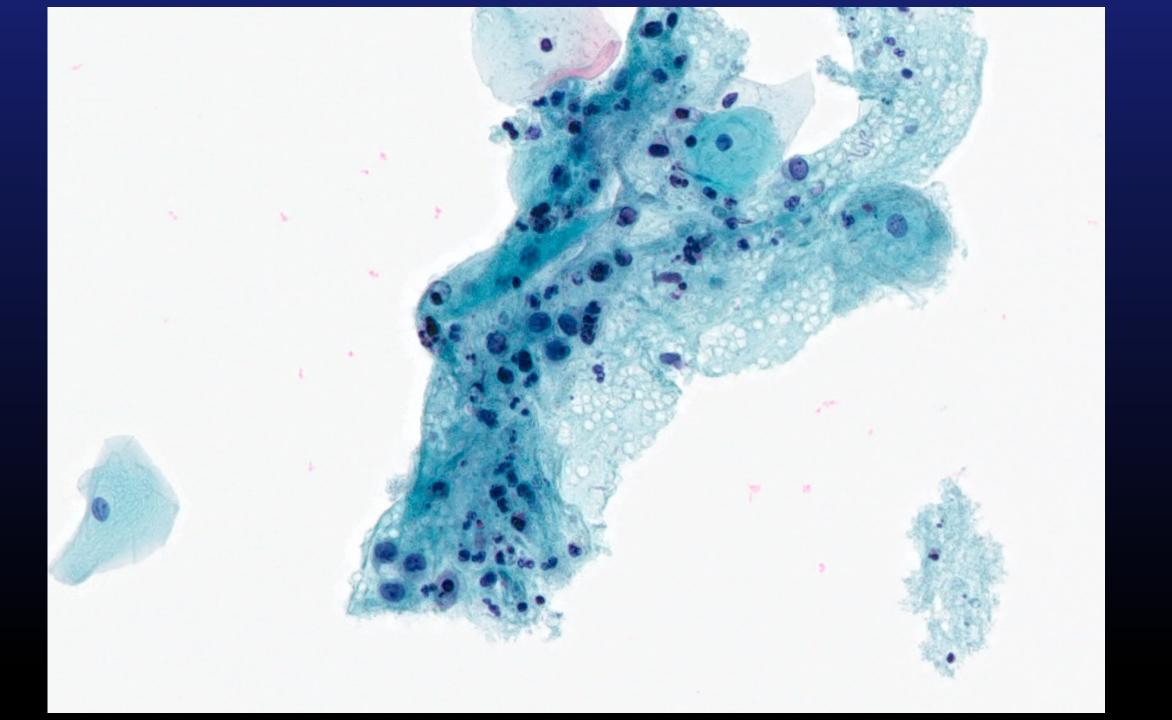
- Single cells and/or small 3-dimensional clusters with cell crowding
- Variable nuclear enlargement
- Fine or coarsely granular, slightly irregular chromatin
- Small to prominent nucleoli
- Vacuolated cytoplasm
- Poly engulfment may be present
- Tumor diathesis may be finely granular or "watery"













Thank you for your participation

