



INSIDE THE CELL

Newsletter of the Texas Society of Cytology

President's Message and Report for 2003 Annual TSC Meeting

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HOUSTON 2003

Since the last newsletter came out announcing myself, Nancy Caraway, M.D., and Christina Alapat, SCT (ASCP), IAC as this year's officers we have done our best in making preparations for the upcoming meeting to be held in Houston, Texas. Most significantly the date of this year's meeting will be September 13 – 14 (full day on Saturday; half day on Sunday). We have packed both of these days with information you won't want to miss, so mark your calendars now! The meeting will be held at The JW Marriott Hotel, which has wonderful conference facilities and is strategically located across from the Galleria shopping area. We were able to secure a great rate for those of you coming from out of town as well as those in the greater Houston area who just want to get away. Of course, we have a number of outstanding lecturers covering a variety of topics. Dr. Richard DeMay will present



Dr. Gregg Staerke
President TSC 2003

two lectures, "Hyperchromatic Crowded Cell Groups: Pitfall in Pap Test Interpretation" and "Where's the Primary?" Dr. Nour Sneige will discuss breast ductal lavage and Dr. Vicki Schnadig will cover infectious diseases seen in cytologic material using a case presentation format. In addition, Leonard Bloom, CT (ASCP), from The University of Tennessee will speak on fine needle aspiration of the thyroid gland (parts I and II), while Drs. Raheela Ashfaq and Donna Coffey will address "High Grade Lesions in Gyn Cytology" and "Body Fluid Cytology", respectively. Last, but not least, John Turner (Director of Industrial Rehabilitation at The Texas Institute of Research and Rehabilitation) will present an interesting topic on "Ergonomics in the Laboratory." The JW Marriott Hotel will host this conference. Our hospital has used them for other conferences. Their rooms are quite nice and comfortable.

Our conference rate is only \$89.00 per night. Hotel amenities include An indoor/outdoor pool with sundeck, fully equipped health club with sauna, steam room and whirlpool, available massage and spa services, and basketball and racquetball courts. As mentioned earlier, the JW Marriott is located in the Galleria area (actually across the street from Galleria II) that has numerous shops and restaurants. For those of you who don't know the Galleria, in the last few months, has opened Galleria III, which has significantly increased an already giant complex of shops (Nordstroms is the big store added at the end of this new extension). For those of you with children, ice-skating is still present in Galleria I. Other attractions, a short drive away include the Museum and Arts District, NASA/Johnson Space Center, Astroworld / Waterworld, Bayou Place (The Aquarium Restaurant in this area has a 25,000 gallon tank as its center point), Houston Zoo, Reliant Stadium (Houston Texans), Minute Maid Park (Houston Astros) and Compaq Center (Houston Rockets/Comets/Aeros). The first two arenas are state-of-the-art and worth a visit if you're a sports fan. Golf and tennis are also nearby and can be arranged through the hotel. You might want to extend your stay so you can take everything in and not miss anything at the conference.

HIGHLIGHTS	
1	Presidents Message
1	Meeting Information
1	Hotel Information
2,3	REGIONAL NEWS
4	New screening guidelines
5	Litigation Guidelines
5	Board of Registry statistics
5	Health Disparities in Texas
6	TSC NOMINATION OF OFFICERS
6	TSC STAT LAB AWARD NOMINEE
7	TSC APPLICATION
8	New LOGO

(Presidents Message continued)

Now having personally spent time arranging the conference, hotel accommodations and food to keep costs down, I would appeal to the membership to be very prompt on four accounts. First, please fill out the membership renewal form and submit your payment of \$25 for cytotechnologists and \$30 for pathologists (see membership form which follows, students in training are free). Second, please indicate if you will or will not be attending the meeting or if at this time you are still undecided. Third, if you are sure or when you are sure that you will be coming, call for your room reservation (if needed) at (713) 961-1500 [or free phone call at Marriott reservations 1 (800) 228-9290]; there is a limited number of blocked rooms for this meeting. I can increase this number if I know soon enough that more are needed but I had to make a very conservative estimate since the society is responsible for unfilled rooms.

Fourth, look around your place of work, institution and city and encourage others – cytotechnologists, pathologists, etc., with an interest in cytology to participate, at least this year by joining as a member. The viability of this society depends on motivated old and new blood. Cytotechnology students can attend the meeting free of charge (however, a charge for meals is incurred if they wish to partake in the provided breakfasts and lunch). Since there are significant upfront estimates of the number of people, costs and selections of food, the more promptly you respond the better off the society, the planning committee, and I will be (please don't give me an ulcer by making me sweat it out!).

We are in the process of getting CME credit hours for both cytotechnologists (through the ASC) and pathologists (through the AMA). I'm estimating that we should be approved for 9 ½ hours.

A brochure is forthcoming, at the end of this month, detailing the conference, registration fees, hotel accommodations and meal selections (i.e. vegetarian, meat eater, etc.).

Lastly, please send in your nominations for the STAT Lab Award. The award is given to an individual (cytotechnologist) who has shown excellence in the field of cytotechnology, making a positive difference in their laboratory, for cytotechnology education, etc. (see nomination form which follows). I have received one unsolicited nomination already. These nominations should include a brief write-up on why the individual is deserving and a contact number. Also, vote for the 2004 TSC Officers, the proposed group of individuals are from the Dallas-Fort Worth Metroplex area (see voting ballot in this issue). Well, I guess this President's message has gone on long enough, so I will stop for now. I hope to see you at this

REGIONAL NEWS

PICTURES PAGE 3 left to right:

HOUSTON 9TH ANNUAL COURSE ON CONTEMPORARY ISSUES IN CYTOPATHOLOGY

Friends meet again– Carol Cherry and Shanta Setty

Speaker: Sandra Fite: “New Technologies - Experiences with ThinPrep, SurePath, Focal Point, and HPV - DNA Testing”.

Students of Cytotechnology presenting their posters
Edith Hardison, (student), Chris Collins (alumnus)

Participants and Debbie Smith at the vendors show

Speaker Dhaval Patel, Ph.D. “Effective Communication and Professionalism in the Medical Field”

Students of Cytotechnology Program at MDACC

Charisse Neal, Elham Pourahimi and

Lauri Shoemaker.

Participants Najaf Iqbal, Betsy Jacob and

Bramara Muttyala

Speakers: Dr. Nancy Caraway and Charles Herbert,
“Microscopic Work shop for Coordinators”

Administrative Assistant of Program in
Cytotechnology Mamie Simmons at the registration desk.

San Antonio

CASA PRESENTATION

Dr. Philip Valente spoke May 13 on

Cytotechnology Day, for CASA the Cytology Association of San Antonio journal club. The presentation was entitled *University Hospital Comparison of Conventional and ThinPrep® Pap Smear Preparations*.

It was well attended celebrating 10 years of CASA presentations as well as Cytotechnology Day with Greek style food and a cake commemorating Dr. Papanicolaou.

TASK FORCE RECOMMENDS REGULAR CERVICAL CANCER SCREENING BUT SUPPORTS LESS FREQUENT SCREENING FOR SOME WOMEN

The U.S. Preventive Services Task Force today strongly recommended that women between the ages of 21 and 65 be screened regularly for cervical cancer, but it concluded that some women can safely discontinue regular screening or can be screened less frequently.

In its screening recommendations, the Task Force addressed the appropriate ages to begin and end screening, the screening interval, and screening method. These recommendations are supported by the National Cancer Institute and are largely consistent with the recommendations of the American Cancer Society.

The recommendation is published on the AHRQ Web site and can be viewed at

<http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm>

Previous USPSTF recommendations, summaries of the evidence, easy to read fact sheets explaining the recommendations, and related materials are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or e-mailing ahrqpubs@ahrq.gov.

US Preventive Services Task Force www.ahrq.gov

Screening Recommendations by the USPSTF

The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening women for cervical cancer if they are sexually active and have a cervix.

The USPSTF recommends against routinely screening women older than age 65 if they have had adequate recent screening with normal Pap smears and are not otherwise at increased risk for cervical cancer.

The USPSTF recommends against routine Pap screening for women who have had a total hysterectomy for benign disease.

The USPSTF concludes that the evidence is insufficient to recommend for or against new technologies such as ThinPrep® in place of conventional Pap tests.

The USPSTF concludes that the evidence is insufficient to recommend for or against HPV testing as a primary screening test for cervical cancer.

The Task Force concluded that screening should begin within 3 years of the start of sexual activity or age 21, whichever comes first and should be done at least every 3 years. The risk for cervical cancer and the yield of screening decline through middle age. For women older than 65 who have had normal Pap smears the benefits of continued screening may not outweigh the potential harms, such as false-positive test results and invasive procedures. The Task Force also concluded that the yield of detecting vaginal neoplasm is too low to justify continuing screening after a total hysterectomy.

American Family Physician™ Apr 15, 2003 Table from <http://www.aafp.org/afp/20030415/editorials.html>

Comparison of Guidelines on Screening for Cervical Cancer

Criteria	USPSTF guideline	ACS guideline
Age to initiate Screening	Optimum age unknown; within three years of onset of sexual activity or by age 21	Three years after the onset of sexual activity; no later than age 21
Screening frequency	At least every three years	Annually with conventional cytology or every two years with liquid-based cytology. After age 30, women with three consecutive normal tests may be screened every two to three years.
Screening after Hysterectomy	No cytologic testing after total hysterectomy for benign condition	No cytologic testing after total hysterectomy for benign condition
Discontinuation of screening*	After age 65	After age 70
Routine screening for HPV infection	Insufficient evidence	Not yet approved by FDA. If approved, conventional cytology or liquid-based cytology combined with test for DNA from high-risk HPV subtypes should be performed not more often than every three years (preliminary recommendation)

USPSTF = U.S. Preventive Services Task Force; ACS = American Cancer Society; HPV = human papillomavirus; FDA = U.S. Food and Drug Administration.

*--For women with an intact cervix and consistently normal prior smears (see guidelines for specific definitions of "consistently normal prior smears"). Women with a history of cervical intraepithelial neoplasia grade 2 or 3, cervical cancer, or in utero diethylstilbestrol exposure, or women who are immunocompromised should continue screening unless deemed inappropriate because of significant co-morbidity. Women who have tested positive for HPV should continue screening.

The Texas Society of Cytology is now listed on the ASC website under
**“Organizations that have Adopted Guidelines for Review of
Gynecologic Cytology Samples in the Context of Litigation or Potential Litigation.”**

These guidelines were discussed and adopted at the TSC meeting in San Antonio 2002.

www.cytology.org/guidelines/guide_organizations.php

CELEBRATE TEXAS CYTOTECHNOLOGISTS AND PATHOLOGISTS!

Participate in your profession by sending information, recommendations, and corrections for the
TSC Newsletter to: LCWiatrowski@university-health-sys.com

WHY CONVERT TO LIQUID BASED TECHNOLOGY?

Donna Mulford MS, CT (ASCP), HT (CMIAC) reported in
Laboratory Medicine Feb 2003 number 2 vol 34

Alternatives to the Traditional Papanicolaou (Pap) Smear-Liquid Based Cytology (LBC) concluded: Advantages include the potential for multiple slide preparation from the same cell suspension, special stains and DNA probes; HPV reflex testing and potential infectious disease testing . Liquid based technology has the potential to detect more precancerous lesions and allow additional testing from a single

BOR Newsletter 2003

The ASCP Board of Registry has provided 74 years of service to the public and laboratory community certifying competency of laboratory personnel, setting the standard for quality examination development, assisting education programs, and more.

Examination statistics: Cytotechnologists were first certified in the year 1957. The total number taking the exam July – Dec 2002 was 244. 13,420 Cytotechnologists are certified to date. 5,934 individuals received certifications from the ASCP BOR in 2002 representing an 8.3% increase compared to 2001.

CAP dropped its support for legislation for annual screening Pap smears by Medicare, citing the latest ACS guidelines.



DISEASE PREVENTION NEWS MAY 7, 2003

www.tdh.state.tx.us/phpep/ Vol 63 No.8

Health Disparities in Texas

Health disparities are differences in the incidence, prevalence, mortality and burden of diseases that exist among variously defined populations. The Texas Department of Health is committed to improving the health status of all Texans, and its programs have historically provided services to underserved, vulnerable, and special needs populations. Much of the disparity in the priority health care services is related to health care access. Barriers include health insurance income availability and proximity to health care providers. The rate of uninsured for all Texans is 24%; for non-Hispanic whites 16%; for African Americans 28% and for Hispanics 38%.

Excerpts from the report about cancer rates:

African Americans in Texas have much higher incidence rates of cancer than other groups, particularly for colorectal, prostate and cervical cancer, cancers for which preventive screenings are available. African American males also have higher rates of lung cancer than both non-Hispanics whites and Hispanic groups. Although African American females experience a lower incidence of breast cancer than other groups, they experience higher mortality from the disease. This outcome suggests major disparities in early diagnosis, treatment, and possibly access to care. With the exception of cervical cancer, Hispanics in Texas have lower rates of cancer compared with non-Hispanic whites. The cervical cancer death rate is twice as high in Hispanic females as in non-Hispanic whites. The full report is available at www.tdh.state.tx.us/minority/pubs/Dispall.PDF



Selection of 2004 TSC Officers

Vice President/President-elect 2003

(assumes the position of President in 2004)

Sefik Tunc Gokaslan, M.D. _____

write in candidate _____

Secretary 2004

Momin Siddiqui, M.D. _____

write in candidate _____

Treasurer 2004

Ann Marie West, CT (ASCP) _____

write in candidate _____

Mail your selections to Christina Alapat, SCT (ASCP), IAC 1714 Berkoff Drive Sugar Land, Texas 77479



STAT Lab Nominee

Name: _____

Submitted by: _____

Contact phone #: _____

email address (if available): _____

Reason candidate is deserving of award (additional comments may be attached)



Application for Membership:

New Renewal

Name: Mrs. Ms. Dr. _____

Mailing Address: _____

Please circle your area:

Dallas	San Antonio	South Texas
Houston	East Texas	Central Texas (Austin, Waco)
Fort Worth	West Texas	S.E. Texas (Galveston, Beaumont)

Education (new members):

College or University _____ Date graduated _____

Cytotechnology School _____ Date graduated _____

Qualifications for Membership:

Registered CT (ASCP) Dues \$25

Registry eligible (expect to take the exam on _____) Dues \$25

Student in an approved School of Cytotechnology (will graduate on _____) Free!

Physician (Specialty: _____) Dues \$30

Statement of Intent:

I wish to apply for membership in the Texas Society of Cytology. I understand that dues as specified above must be submitted with this application.

Date: _____

Signature: _____

Please forward this application to:

Christina Alapat, SCT (ASCP), IAC
1714 Berkoff Drive
Sugar Land, Texas 77479

E-mail: calapat@mail.mdanderson.org

I will be attending conference 9/13 – 9/14

I will not be attending conference

Still undecided about my attendance



CAROL CHERRY UPDATES TSC LOGO

GREGG STAERKEL M.D.

Those of you who have been with the Texas Society of Cytology over a year know that this newsletter is sporting a new logo. While the old logo has served us well, it seemed to me that an update might be in order. Many of you may not know the origins of either logo so I thought I might briefly explain. Although the society was founded in 1971, by Dr. John Lukeman, it wasn't until Carol Cherry, CT (ASCP), who received her cytotechnology training at The University of Texas Medical Branch in Galveston (1971 – 1972, as she states “back in the olden days”), came to work for Dr. Lukeman (1976) at The University of Texas M. D. Anderson Cancer Center that the logo came into existence. The exact year of creation was 1977; the logo was based on illustrations Carol had made for some of Dr. Lukeman's workshops. As you can surmise, Carol is both an excellent cytotechnologist and artist. The original logo had no writing. The words “Texas Society of Cytology” were added a few years later and “founded in 1971” a few years after that.

Since it occurred to me that the logo might need an update and Carol has been starting rumors that she is going to retire sometime soon, I thought it only appropriate to go back to the source, while she is still available, for a new creation. Carol, who attended the founding meeting of this society in 1971 and would later serve as its secretary in 1994, generously agreed and the results are as you see. We are using both logos in this issue, but hopefully we can take a vote at this year's annual business meeting about updating to the new logo permanently provided it is well received by the membership.

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