
The Papanicolaou Society of Cytopathology System for Reporting Respiratory Cytology

Lester J. Layfield • Zubair Baloch
Editors

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Definitions, Criteria, Explanatory Notes,
and Recommendations for Ancillary
Testing

 Springer

Editors

Lester J. Layfield
Department of Pathology and Anatomical
Sciences
University of Missouri
Columbia, MO
USA

Zubair Baloch
Department of Pathology and Laboratory
Medicine
Hospital of the University of Pennsylvania
Philadelphia, PA
USA

ISBN 978-3-319-97234-3 ISBN 978-3-319-97235-0 (eBook)
<https://doi.org/10.1007/978-3-319-97235-0>

Library of Congress Control Number: 2018959741

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Preface

This atlas is an extension of the Respiratory Guidelines sponsored by the Papanicolaou Society of Cytopathology [1, 2]. The guidelines are composed of documents describing a categorization system with definitions, criteria, and explanatory notes as well as recommendations for ancillary testing of pulmonary specimens. The guidelines are developed to address the diagnosis and categorization of pulmonary specimens obtained by sputum cytology, bronchial brushings, bronchial washings, and fine-needle aspiration cytology. The final guidelines resulted from an initial draft document prepared by multidisciplinary committees of physicians with expertise in the diagnosis and management of patients with respiratory disease. The guidelines were first published in *Diagnostic Cytopathology* [1, 2]. All documents are based on the expertise of the authors, a review of the literature, and discussion of the draft document over an 18-month period.

This atlas monograph is on the proposed standardized terminology scheme for respiratory cytology specimens. The atlas is supplemented with cytologic criteria, sample interpretive reports, explanatory notes, and a large number of photomicrographs illustrating specimen types assigned to the various diagnostic categories. The proposed terminology scheme recommends a six-tiered system similar to that used for the Papanicolaou Society of Cytopathology system for reporting pancreaticobiliary cytology [3]. The respiratory guidelines use the categories: nondiagnostic, negative (for malignancy), atypical, neoplastic (benign or low grade), suspicious for malignancy, and positive for malignancy. The present scheme for respiratory cytology uses the neoplastic category in a way similar to that first pioneered in the Papanicolaou Society of Cytology system for reporting pancreaticobiliary cytology [3].

The neoplasm category includes clearly benign neoplasms such as pulmonary hamartoma and granular cell tumor but also contains lesions of undetermined malignant potential. The category positive for malignancy is reserved for high-grade malignancies including squamous cell carcinoma, adenocarcinoma, and small-cell carcinoma of the lung. Also included within the malignant category are carcinoid tumors following the histopathologic classification recommended by the World Health Organization [4, 5]. Because bronchioloalveolar carcinoma is no longer considered a diagnostic category by the WHO, these neoplasms are classified as adenocarcinoma in situ, minimally invasive adenocarcinoma, or invasive adenocarcinoma with a lepidic pattern based on resection specimens [6]. This has complicated cytologic and indeed small core biopsy analysis of such adenocarcinomas. The World Health Organization has stated that the

terms adenocarcinoma in situ and minimally invasive adenocarcinoma should not be used in the diagnosis of cytology specimens [5]. When a noninvasive pattern is found in a small biopsy specimen or when the cytology specimen demonstrates attributes of adenocarcinoma in situ, the tumor should be diagnosed as an adenocarcinoma with a comment that adenocarcinoma in situ, minimally invasive adenocarcinoma, or invasive adenocarcinoma with a lepidic pattern may be present.

Traditionally, pulmonary carcinomas were divided into small cell and non–small cell types. Subsequent to the development of targeted therapies, it is now required that non–small cell carcinomas should be classified into a more specific type such as adenocarcinoma or squamous cell carcinoma whenever possible. This may require immunohistochemical staining, but cytologists should bear in mind the need to preserve material for molecular analysis when an adenocarcinoma is present.

The present cytologic terminology scheme places specimens into useful diagnostic categories associated with known and progressive malignancy risks while attempting to provide maximum flexibility for patient management.

Columbia, MO, USA
Philadelphia, PA, USA

Lester J. Layfield
Zubair Baloch

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Contents

1	Overview of Diagnostic Terminology and Reporting	1
	Jalal B. Jalaly, Ioannis Ioannidis, Lester J. Layfield, and Zubair Baloch	
2	Category I: Nondiagnostic	7
	Lester J. Layfield and Zubair Baloch	
3	Category II: Negative (for Malignancy)	13
	Lester J. Layfield and Zubair Baloch	
4	Category III: Atypical	27
	Gordon H. Yu	
5	Category IV: Neoplastic (Benign)	41
	Lester J. Layfield and Zubair Baloch	
6	Category IV: Neoplasm—Undetermined Malignant Potential	51
	Tamar C. Brandler and Andre Luis Moreira	
7	Category V: Suspicious for Malignancy	81
	Leslie G. Dodd and Allen Cole Burks	
8	Category VI: Malignant	95
	Lester J. Layfield, Esther Diana Rossi, Andre Luis Moreira, and Zubair Baloch	
9	Recommendations for Ancillary Testing	125
	Sinchita Roy-Chowdhuri and Nikoletta Sidiropoulos	
	Appendices	143
	Index	147

Contributors

Zubair Baloch, MD, PhD Department of Pathology and Laboratory Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA, USA

Tamar C. Brandler, MD, MS Department of Pathology, New York University Langone Health, New York, NY, USA

Allen Cole Burks, MD Medicine – Division of Pulmonary and Critical Care Medicine, University of North Carolina Chapel Hill, Chapel Hill, NC, USA

Leslie G. Dodd, MD Cytopathology Department of Pathology and Laboratory Medicine, University of North Carolina Chapel Hill, Chapel Hill, NC, USA

Ioannis Ioannidis, MD, PhD Department of Pathology and Laboratory Medicine, Temple University Hospital, Philadelphia, PA, USA

Jalal B. Jalaly, MBBS, MS Department of Pathology and Laboratory Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA, USA

Lester J. Layfield, MD Department of Pathology and Anatomical Sciences, University of Missouri, Columbia, MO, USA

Andre Luis Moreira, MD, PhD Department of Pathology, New York University Langone Health, New York, NY, USA

Esther Diana Rossi, MD Division of Anatomic Pathology and Histology, Catholic University of Sacred Heart, Rome, Italy

Sinchita Roy-Chowdhuri, MD, PhD Department of Pathology, Division of Pathology/Lab Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, USA

Nikoletta Sidiropoulos, MD Genomic Medicine Program, Department of Pathology and Laboratory Medicine, University of Vermont Health Network, Larner College of Medicine at the University of Vermont, Burlington, VT, USA

Gordon H. Yu, MD Department of Pathology and Laboratory Medicine, Cytopathology Section, Hospital of the University of Pennsylvania Health System, Philadelphia, PA, USA