The ASC 69th Annual Scientific Meeting

Zubair Baloch, MD, PhD
Chair, Scientific Program Committee
University of Pennsylvania Health System

Christine Booth, MD
Vice-Chair Scientific Program Committee
Cleveland Clinic Foundation

We hope that your summer season is bringing you a myriad of opportunities for fun, relaxation and recharging of one’s self with your loved ones; however, mid-summer seems to turn into early September in the blink of an eye.

When you are ready for some new educational and networking opportunities, look no further than the upcoming ASC Annual Scientific Meeting. With the pandemic in the rear-view mirror, nobody is taking November 11-14, 2021 for granted. With the absence of last year’s live meeting, the educational offerings will probably feel a tad more inspiring, the social gatherings with new acquaintances and and reunions with longtime friends a bit more heartfelt and the food a little more flavorful. If you are unable to attend the live meeting, you will not need to worry about missing important updates. All sessions are available for viewing via an on-demand option.
The Scientific Program Committee has volunteered many hours to organize a superlative scientific program. In addition, to the traditional showstoppers, such as the Papanicolaou Address and Awards, Diagnostic Cytology Seminar, Koss Lecture, State of the Art Symposium and New Frontiers Lecture, we will also feature a variety of innovative symposia, targeted topic-based workshops, video microscopy tutorials and meet-the-professor sessions. You will be able to draw on the experience and engage with our program faculty who are at the forefront of cytopathology and will present the latest advances and critical issues in the field. In conclusion, we want you to know that the ASC has carefully considered our path forward in designing this meeting with a keen focus on our mission: our commitments to Diversity, Equity and Inclusion, Education, Patient Safety, responsibilities to our members and “The Profession of Cytopathology”.

We sincerely hope you can join us in November, either in-person or virtually, and we look forward to seeing you soon!

JOIN US

IAN VEGAS

NOVEMBER 11-14, 2021
GREEN VALLEY RANCH

Live and On Demand or On Demand Only

CME/CE Credits

Laemol Koss Lecture
ASC Hot Topic: Papanicolaou Address

Video Microscopy Tutorials
Short Courses
Platform Presentations

And much more!
HOW TO CORRECTLY CODE FOR CYTOLOGIC EVALUATIONS OF CYSTIC LESIONS

By: Poornima Hegde, MD and Carol Filomena, MD

An ASC member recently requested advice from the Government Affairs and Economic Policy Committee regarding the best way to code for cytologic evaluation of cystic lesions. Should fine needle aspiration biopsy (FNA) codes be utilized or should non-gynecologic codes be utilized for the cytologic evaluation of cystic lesions?

It’s true that coding for cytologic evaluation of cystic lesions is difficult to standardize. Cystic lesions occur in many organs. Some commonly encountered sites of cystic lesions are pancreas, breast, and head and neck including thyroid, parathyroid, thyroglossal duct cyst, branchial cleft cyst and cystic metastases in lymph nodes. Specimens from ovarian cystic lesions are occasionally encountered. Since these specimens are procured with needles of various calibers, needle gauge size has been suggested as a possible way to determine which set of codes to utilize – smaller gauge needles with FNA codes and larger gauge needles with non-gynecologic codes. However, there is a lack of consensus and reproducibility in the utilization of this approach. The best way to achieve consistency is for pathologists to drive the process through the creation of electronic or paper requisitions that provide clear choices for healthcare providers to select. The categories of “Cyst Fluid” and “Fine Needle Aspirate” should be provided on the requisition to enable the procuring physician to select the category that best describes the specimen and the intent of the procedure. When “FNA” is selected, the specimen should be processed by the laboratory and examined by the pathologist as an FNA (diagnostic intent). When “Cyst Fluid” is chosen, the specimen should be processed by the laboratory and examined by the pathologist as a non-gynecologic specimen (therapeutic intent/removal of cyst fluid).

The 2021 CPT Professional Codebook published by the American Medical Association states that, “a fine needle aspiration (FNA) biopsy is performed when material is aspirated with a fine needle and the cells are examined cytologically.” The CPT codes for FNA procedures are 10021 (without imaging guidance, first lesion), 10004 (without imaging guidance, each additional lesion) and eight additional imaging guidance codes (10005-10012). Cytologic evaluation of fine needle aspirates utilize CPT codes 88173, 88172 and 88177 (Table 1). If a cell block is performed, the surgical pathology code 88305 should be added (only once, even if multiple cell blocks are prepared). If a cytospin slide or selective cellular enhancement technique slide is prepared from FNA needle rinses, the codes 88108 and 88112 are not permitted to be reported with the FNA codes.

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<th>CPT code</th>
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<tr>
<td>88173</td>
<td>Cytopathology, evaluation of fine needle aspirate; interpretation and report</td>
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<tr>
<td>88172</td>
<td>Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site</td>
</tr>
<tr>
<td>88177</td>
<td>Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site</td>
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Puncture aspiration of cysts may be performed for therapeutic purposes. For example, puncture aspiration of a breast cyst may be performed with the intent to relieve or resolve the cyst. In such a situation, the submitting physician may select the category “Cyst Fluid” and specify right or left breast as the source. This type of specimen should be processed by the laboratory as a non-gynecologic cyst fluid and coded by the pathologist with the appropriate non-gynecologic code(s) (Table 2). If a cell block is performed, the surgical pathology code 88305 should be added (only once, even if multiple cell blocks are prepared). If the submitting physician chooses to categorize the specimen as a “Fine Needle Aspirate” on the test requisition, the specimen should be accessioned and processed by the laboratory as an FNA and the appropriate FNA
CPT codes should be reported.

Non-gynecologic codes are generally dependent on the method of preparation rather than the specimen type. FNA codes are not dependent on the specimen processing method(s) utilized by the laboratory and should be reported regardless of whether the specimen is processed as direct smears, cytospin or selective cellular enhancement technique.

Table 2

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<th>CPT code</th>
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<tr>
<td>88104</td>
<td>Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation</td>
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<td>88106</td>
<td>Simple filter method with interpretation</td>
</tr>
<tr>
<td>88108</td>
<td>Cytopathology, concentration technique, smears and interpretation</td>
</tr>
<tr>
<td>88112</td>
<td>Cytopathology, selective cellular enhancement technique with interpretation, except cervical or vaginal</td>
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References:


Vertebral & Pelvic Bone Lesions in an Elderly Man

Ryland Richards, MD
Dartmouth-Hitchcock Medical Center Pathology Dept.
Lebanon, New Hampshire

Clinical History
An 85-year-old male presents for evaluation of a lesion in the L5 vertebra discovered on imaging during evaluation for low back pain. His medical history is significant for colorectal cancer (surgically resected 18 years prior with no evidence of recurrent disease), basal cell carcinoma of the upper nasal bridge (treated with Mohs surgery 18 months prior), monoclonal gammopathy of uncertain significance (MGUS), hypertension, angina, and stroke. He also reports a draining right facial lesion that has grown in size over the past several weeks but otherwise has no complaints, including neurologic, constitutional, or other symptoms.

On an MRI of the lumbar spine and pelvis, the L5 vertebral lesion is described as an expansile mass with complete replacement of the marrow. Additional marrow lesions are noted in L4 as well as within the pelvis. A CT-guided needle core biopsy with touch imprint cytology of the L5 vertebral lesion is performed.

Cytopathology Features
Touch imprint cytology of CT-guided needle core biopsies showed cohesive clusters of epithelioid cells with moderate nuclear-to-cytoplasmic ratios. Mucin in the background was noted. The nuclei were hyperchromatic and anisomorphic with rare prominent nucleoli. Some cells had cytoplasmic mucin droplets. H&E slides of the cell block showed neoplastic cells in nests and well-formed glandlike structures with surrounding desmoplastic stroma. Rare individual cells showed keratinization. Luminal cells in the glandlike structures had cytoplasmic mucin vacuoles, while basally located cells and the cells in nests had moderate to abundant pink cytoplasm.

Immunohistochemistry for CK7 was positive in the former subset of cells, while p63 was positive in the latter. TTF1 showed rare, faint nonspecific positivity. CK20, CDX2, and NKX3.1 were negative.

Disclosure: We do not have any affiliations or financial interests in any of the corporate organizations involved with the products to which our case study will refer.

Continuing Medical Education (CME): The American Society of Cytopathology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Cytopathology designates this enduring educational activity for a maximum of 1 AMA PRA Category 1 credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

American Board of Pathology Maintenance of Certification (MOC): This product can help fulfill the CME requirements and Self-Assessment Modules (SAMs) mandated by the American Board of Pathology MOC process.

Continuing Medical Laboratory Education (CMLE): The ASC designates this activity for the indicated number of CMLE credit hours and also fulfills requirements of the ABMS to participate in the Maintenance of Certification program.

This program is approved for continuing education credits in the State of Florida for 1 credit and the State of California for ½ credit.

Disclosure for Education Planners
Review the Case Study and visit the ASC Web site to take the test for Continuing Education Credit.
The 2021-2022 Cyto-econference Webinar Series Continues!

September 28, 2021 | 3:00 pm ET

**Challenging Dilemmas in GYN Cytology**

Amy C. Clayton, MD  
Pathologist and Division Chair, Anatomic Pathology  
Mayo Clinic  
Rochester, Minnesota

Despite numerous advances that have improved the detection of cervical carcinoma and other lesions of the female genital tract, morphologic detection on GYN PAP specimens remains a foundational aspect of cervical carcinoma screening. The interpretation can be challenging, particularly when faced with lesions that have overlapping features. The webinar will focus on challenging dilemmas in the interpretation of GYN PAP specimens.

October 26, 2021 | 3:00 pm ET

**Morphologic Patterns in Salivary Gland Cytopathology**

Derek B. Allison, MD  
Assistant Professor of Pathology & Laboratory Medicine  
University of Kentucky College of Medicine  
Lexington, Kentucky

Salivary gland cytopathology can be challenging due to the sheer number and diversity of pathologic diagnoses. As a result, building a differential based on the most commonly encountered patterns is an easy way to simplify the morphologic assessment. Once you know the pattern, you can begin to look for the presence of unique features that are diagnostic of a particular entity. If a discrete diagnosis cannot be made, the pattern will help you properly classify the sample within the Milan System for Reporting Salivary Gland Cytopathology.
“The RNome represents a conceptual RNA-based home of life, believed to evolve in a period of time of primitive Earth’s history roughly about four million years ago. In the last five decades or so, this RNome concept has emerged to empower RNA as a plausible precursor to the complex system of DNA-RNA-proteins on which the living state is based.”

This is the motif of the book, spotlighting RNA in its various biological roles and how its evolution and our own understanding has brought RNA front and center, in terms of its vital biological purpose and importance to life.

Cancer RNome: Nature and Evolution contains five comprehensive segments, mapping out RNAs important regulatory and housekeeping role. The first and second segments delve into the classic structure and function of RNA, coding and non-coding, with particular focus on how our view of RNAs’ function in relation to DNA/protein dynamics has favorably evolved. Segments three, four and five explore the symbiotic relationship between non-coding RNAs (ncRNAs) and tumor gene regulation. And importantly, it highlights the revolutionary role of ncRNAs as pivotal biomarkers in cancer diagnostics and prognostics. Of this the author states, “The increasing acknowledgement of the non-coding RNAs (ncRNAs) as important players (as opposed to transcriptional noise) in the gene regulation has prompted the researchers across the globe to shift their focus from the “protein-coding genes” to ncRNAs. Several studies have explicitly demonstrated the ncRNAs are differentially expressed in cancer cells and their dysregulation is associated with malignant transformation.” This is the bold revelation and scientific contribution of the RNome, further unlocking the doors to re-imagined cancer diagnosis and treatment with the hopes of our patients and families as the inspiration pushing the discoveries beyond the realm of what is imaginable and possible in the future.

In short, Cancer RNome: Nature and Evolution is an extraordinary call to attention; solidifying RNAs’ place in the complex cosmos of Genome.