

# Practice Patterns in Cytopathology in Ontario: The IQMH Experience

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# ACKNOWLEDGEMENTS

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Cytopathology (current & recent past)

# OBJECTIVES



After this session, should be able to:

- **Recognize** important changes in cytology patterns of practice in Ontario and their impact on the cytology profession.
- **Reflect** on own cytology practice pattern.

# Sharing of Pattern of Practice Survey Data

- 2008-13
- Response rates: 94-100%
- Parameters:
  - Laboratory demographics
  - Workload & workforce
  - Collection & prep practices
  - Screening & reporting practices

# Sharing of Pattern of Practice Survey Data

## ➤ Parameters:

- Laboratory demographics



# Practice Changes

## Reduction

- # labs licensed for Cytopathology
- esp community labs

## Reasons

- multifactorial
  - regionalization, \$ new tech
  - QA/Acc standards, CCO guidelines

# Sharing of Pattern of Practice Survey Data

## ➤ Parameters:

- Workload & workforce



# Practice Changes

## ➤ Reduction

- # GYN specimens
- # FTEs cytotechnologists

## ➤ Increase

- # Non-GYN specimens

## ➤ Reasons

- GYN: 2011 CCO Pap test screening guidelines
- Non-GYN: shift H to C, reduced # C labs



# Sharing of Pattern of Practice Survey Data

## ➤ Parameters:

- Collection & prep practices



# ROSE Practices

- No comm labs
- Usually CT alone, adequacy ass't
- Lung, thyroid, liver, LN, pancreas
- EUS, EBUS increasing

# Preparation Practices

- GYN specimens by 2013:
  - 100% Comm using non-MLT
  - 10% increase Hospital using non-MLT
- Non-GYN specimens
  - using MLT or in combo non-MLT
  - increased use MLT post FTE drop

# Practice Changes

## ➤ Increased

- ROSE, EUS, EBUS

## ➤ Conversion

- LBPs for GYN > Non-GYN
- Use of non-MLTs for GYN prep

## ➤ Reasons

- standardization prep with LBP

# Sharing of Pattern of Practice Survey Data

## ➤ Parameters:

- Screening & reporting practices



# Screening Practices

- For 2013, avg # slides screened per h:
  - increased since 2008

# Practice Changes

## ➤ Low Increase

- avg # slides screened/CT  
but within limit 80
- % abN diagnoses

## ➤ Reasons

- GYN specimen shifts (screening, colps)
- rare centres using HPV testing
- automated screening

# TAKE HOME MESSAGES

## Changes in demogr, workload & workforce:

- Decreased # licensed labs & GYN cases
- Increased Non-GYN cases
- Decreased CT workforce  
with interval increase





# TAKE HOME MESSAGES

## Changes in collection & prep practices:

- ROSE increasing
- LBPs: increased, commonest ThinPrep®
- Non-MLTs: increased use in prep



# TAKE HOME MESSAGES

## Screening & reporting practices

- Slide screening avg: stable, below max
- GYN diagnosis:
  - slight decrease NILM
  - increase abN



# Future Cytopathology Practice in Ontario

