

November 25, 2019

DISCIPLINE: HEMATOPATHOLOGY

## Changes to Fine Needle Aspiration and Body Fluids: Collection, Triaging and Reporting

### Background Information:

In collaboration with multidisciplinary clinical teams involved in the care of lymphoma patients, we are implementing provincial wide changes to specimen collection and triaging protocols on fine needle aspirations and body fluids. The revamped protocol aligns our diagnostic processes with NCCN clinical practice guidelines, Lugano classification, 2016 WHO classification and diagnostic criteria, and our very own lymphoma patient journey.

### Change in Test Procedure:

#### (A) Fine Needle Aspiration Specimens: nodal and extra-nodal sites.

- Specimens clinically identified as “suspicious for lymphoma”, morphologic review will be performed by a cytopathologist and hematopathologist to screen for both non-hematologic and hematologic pathologic processes as needed.
- Flow cytometry studies will not be routinely performed on these limited specimens.

#### (B) Body Fluids:

Body fluids submitted as “suspicious for lymphoma” will be triaged by cytopathology-hematopathology joint review. Necessary ancillary studies will be performed under the guidance of a hematopathologist as needed.

#### (C) Cerebrospinal fluids:

No changes are made to flow cytometry requests on spinal fluids. Flow cytometry testing will be performed on samples submitted to the hematology/immunology laboratory from the clinical teams across the province as indicated, or from the cytopathology laboratory review process.

### Patient Impact:

- Standardized provincial wide approach in the collection, processing, triaging, and reporting of fine needle aspiration specimens, body fluids and cerebrospinal fluids.
- Improvement in turnaround time from specimen collection to final diagnosis on cytopathology-hematopathology combined reporting.

### System Improvements:

- Appropriate utilization of complex diagnostic testing platforms such as flow cytometry testing to assure accurate and expedited diagnostic outcomes.
- Development of patient-centric diagnostic procedures between hematologic and non-hematologic clinical indications.

### Contact Information:

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