

# **CLINICAL COMMUNICATION**

# The Paris System for Reporting Urinary Cytology Focuses on Identifying High Grade Cancers

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Effective January 1, 2018, Diagnostic Services of Manitoba will implement a new reporting system for urinary cytology. The Paris System better communicates that urine cytology is most effective for the detection of high grade urothelial carcinoma, and is not an effective way to screen for low grade urothelial lesions.

Using the Paris System, pathologists employ stricter criteria for atypical urothelial cells. This limits reporting of atypical cells to those with features that raise the possibility of high grade carcinoma. In the old system "atypical cells" included those which raised consideration of low grade papillary lesions as well. Compared to the previous urine cytology reporting method, diagnoses of "atypical urothelial cells" under the Paris system should be less frequent, and should relay a greater risk for high grade carcinoma. In some cases, the pathologist may be able to identify and report mildly atypical cells as benign if provided with adequate clinical information (such as the presence of calculi, etc.) on the requisition.

Provision of pertinent clinical information on the cytology requisition is the responsibility of the submitting physician, and should be considered mandatory.

## Reporting categories within the Paris System include:

Non-diagnostic or unsatisfactory specimen
Negative for high grade urothelial carcinoma
Atypical Urothelial Cells
Suspicious for high grade urothelial carcinoma
Positive for high grade urothelial carcinoma
Rarely you may see other specified diagnoses (such as lo

Rarely you may see other specified diagnoses (such as low grade urothelial neoplasm, and others) may be seen

If you have any questions, please do not hesitate to contact Dr. Gabor Fischer or Dr. Julianne Klein.

### References/Resources:

The Paris System for Reporting Urinary Cytology. Rosenthal D.L. et al. Springer International Publishing. 2016.

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