

LabMed Report

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IN THIS ISSUE: The Paris System for reporting urine cytology **March 2021** Volume 3
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Effective March 29, 2021, Munson Healthcare Cytopathology Laboratory will be implementing The Paris System for reporting urine cytology. The primary purpose of urine cytology is to detect high-grade urothelial carcinoma. The Paris System was designed as a standardized reporting system with that focus in mind, to convey risk and help guide clinical decision making.

The diagnostic categories for The Paris System for reporting urine cytology are:

1. Nondiagnostic/Unsatisfactory.
2. Negative for high-grade urothelial carcinoma (NHGUC).
3. Atypical urothelial cells (AUC).
4. Suspicious for high-grade urothelial carcinoma (SHGUC).
5. High-grade urothelial carcinoma (HGUC).
6. Low-grade urothelial neoplasm (LGUN).
7. Other: primary and secondary malignancies and miscellaneous lesions.

The most notable change from the current reporting system will be the inclusion of "atypical" cells (not worrisome for high-grade urothelial carcinoma) in which the atypia is attributable to changes in architecture or to known clinical scenarios such as stones, infection, etc., into the category of negative for high-grade urothelial carcinoma.

The risk of malignancy and management for each diagnostic category as outlined in the original publication of The Paris System is as follows:

<u>CATEGORY</u>	<u>RISK OF MALIGNANCY</u>	<u>MANAGEMENT</u>
Satisfactory/Nondiagnostic	<5%	Repeat cytology, cystoscopy in 3 months if clinical suspicion.
Negative for HGUC	0-10%	Clinical follow up as needed.
Atypical urothelial cells (AUC)	8-35%	Clinical follow up as needed.
SHGUC	50-90%	Potential use of ancillary testing
HGUC	>90%	More aggressive follow up. cystoscopy, biopsy, staging.
LGUN	~10%	More aggressive follow up, cystoscopy, biopsy, staging.
OTHER MALIGNANCY	>90%	Cystoscopy and biopsy to further evaluate.
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