Cervical dysplasia begins most commonly at the squamocolumnar junction or transformation zone. For this reason, the presence of endocervical or squamous metaplastic cells on Pap smears is reported as a quality indicator.

The clinical significance of the endocervical component is controversial. Studies have shown that dysplastic squamous cells are more commonly to be found on Pap tests containing an endocervical component. However, patients with Pap smears lacking endocervical elements are not more likely to have squamous lesions on follow up compared with patients with Pap tests showing an adequate endocervical component. Lastly, case-control studies have not demonstrated a relationship between false negative Pap smears and a lack of endocervical cells.

Because the incidence of endocervical adenocarcinoma is increasing, the importance of the endocervical component may change in the future.

ThinPrep specimens may be collected by one of two methods – the brush/spatula protocol or the broom-like device protocol. Detailed instructions may be found at www.thinprep.com. The choice of collection method may have an impact on the yield of endocervical cells. Studies have shown that the brush/spatula method provides for better endocervical sampling, leading to fewer samples with an absent endocervical component. Thus, for clients seeking to decrease the number of Pap tests lack endocervical cells, switching from the broom to the brush/spatula is one strategy which could be considered.

We would be happy to speak with you regarding endocervical sampling or any other aspect of the Pap test. Please feel free to contact me at 231-935-6108 or Mary Ann Urban at 231-935-6125.