

Glandular lesions in cervical cytology

An interactive workshop

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Glandular abnormalities reported in NZ in 2013*

Cytology:

Atypical Glandular Cells/AIS = 456 reports (0.11%)

Adenocarcinoma (all types) = 83 reports (0.02%).

HSIL = 4057 reports; SCC = 41 reports

Histology:

Adenocarcinoma in situ (AIS) = 118 reports

(Adenocarcinoma: heterogeneous group – data
too difficult to dissect)

SCC = 102 reports

**Data relates to report numbers, not new cases or numbers of women
Percentages given relate to satisfactory samples only*

The NZ Cervical Cancer Audit 2000 - 2002

- 336 smears from 178 women taken within 4 years prior to a histological diagnosis of invasive cervical cancer were rescreened.
- 18% of 160 negative smears prior to invasive SCC were upgraded to “high-grade”
- 22% of 65 negative smears prior to invasive (endocervical) adenocarcinoma were upgraded to “high-grade”

Topics

1. Atypical Glandular Cells

2. AIS

Subtypes

Benign Mimics

AIS in LBC samples

3. Diagnosing adenocarcinoma

Endocervical carcinomas

Endometrial malignancies

Rare entities

1. Atypical Glandular Cells

Classification under The Bethesda System

2001: AGC = Atypical Glandular Cells

- Atypical endocervical glandular cells NOS/favour neoplasia
- Atypical endometrial cells NOS
- Atypical glandular cells NOS/favour neoplasia

Adenocarcinoma in situ (AIS) is a specific report category

2. Adenocarcinoma in situ (AIS) subtypes

Well differentiated

Endocervical - dominant component in 59%

Endometrioid - dominant component in 36%

Intestinal – rarely the major subtype

Poorly differentiated

Invasive Adenocarcinoma Cytologic Prediction

Cytology	Proportion invasive
Possible AIS	13.5%
AIS	12.1%
AIS ?Invasion	21.4%
Adenocarcinoma	79.0%
Possible CIN 3	0.2%
CIN 3	1.2%
CIN 3 ?Invasion	19.2%

Acknowledgement: Dr Jenny Roberts, Sydney

3. Invasive Adenocarcinomas

Primary Endocervical Carcinomas

ADENOCARCINOMA

Mucinous: endocervical / intestinal / signet-ring types

Endometrioid: endometrioid with squamous metaplasia

Clear cell adenocarcinoma

Minimal deviation: endocervical type(adenoma malignum)
endometrioid type

Well-differentiated villoglandular

Serous

Mesonephric

OTHER EPITHELIAL TUMOURS OF CERVIX

Adenosquamous carcinoma

Glassy cell carcinoma

Clear cell adenosquamous carcinoma

Mucoepidermoid carcinoma

Adenoid cystic carcinoma

Adenoid basal carcinoma

Typical/ atypical carcinoid tumours

Large cell neuroendocrine carcinoma

Small cell carcinoma

Undifferentiated carcinoma



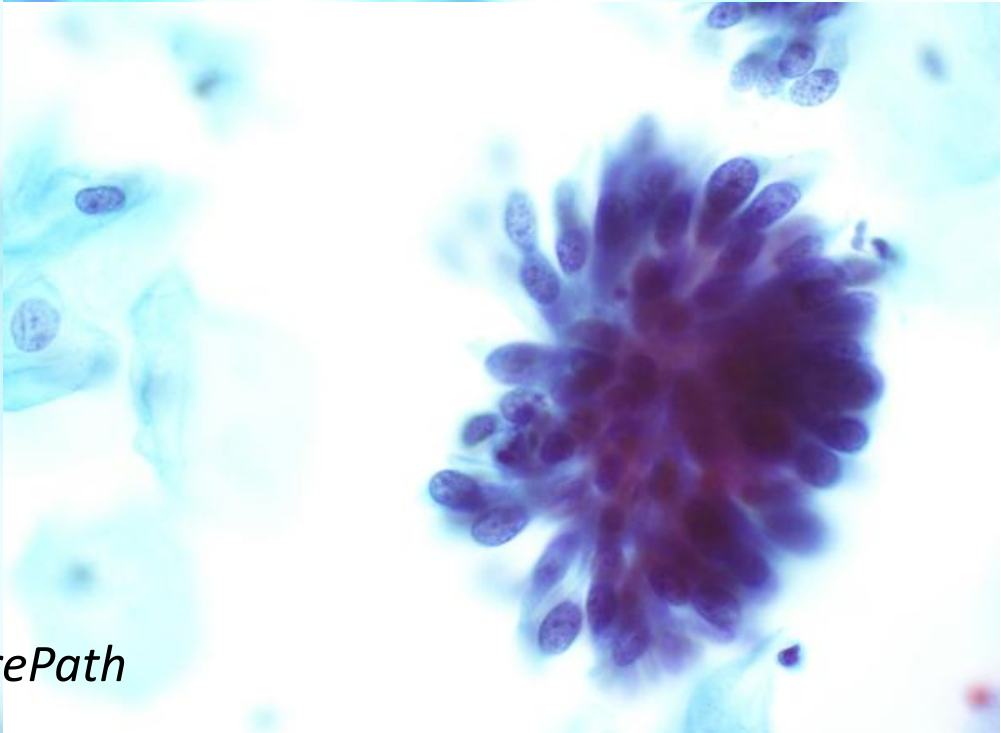
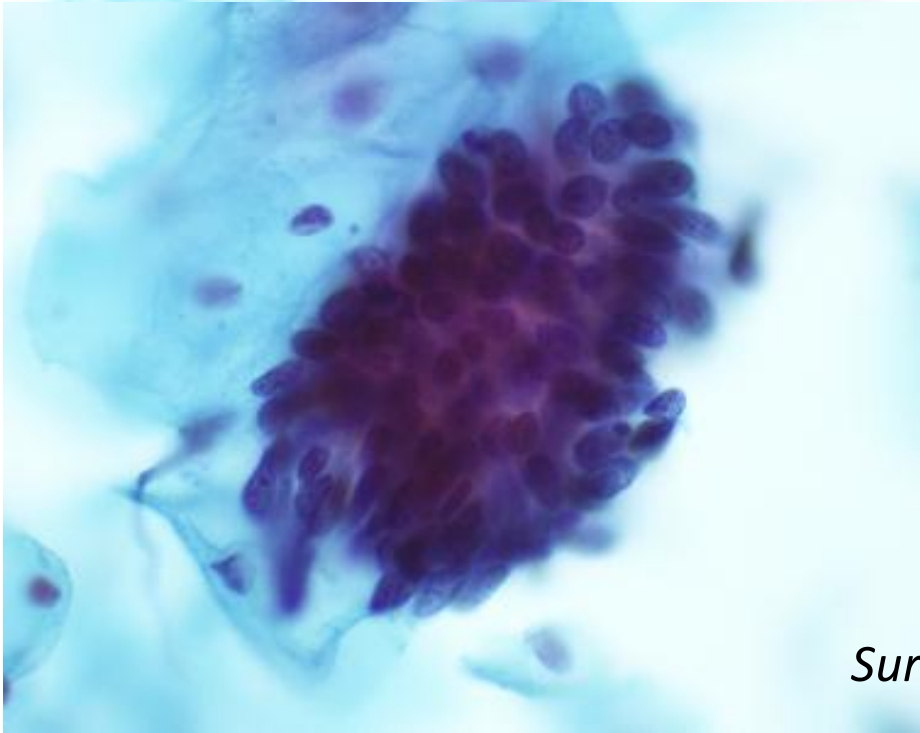
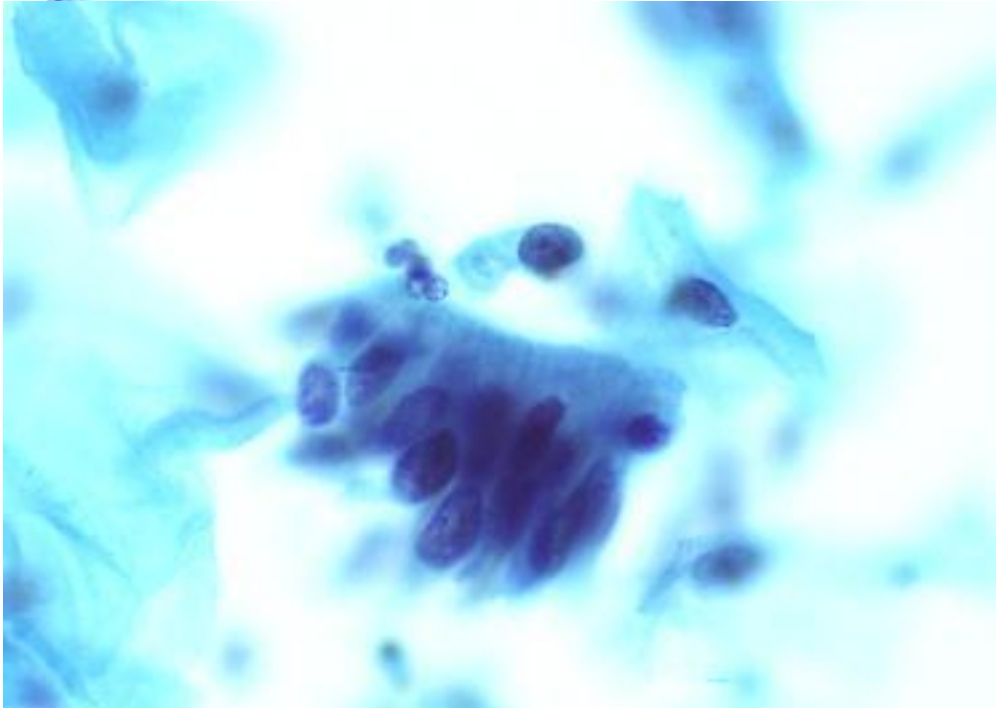
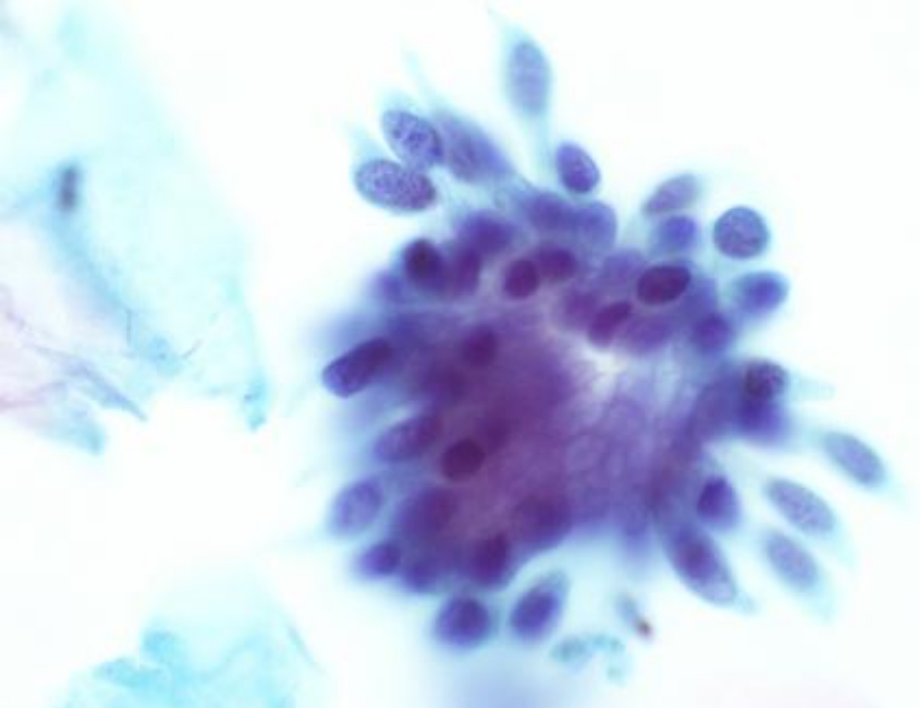
CASE 1

Opinions A. Tubal metaplasia

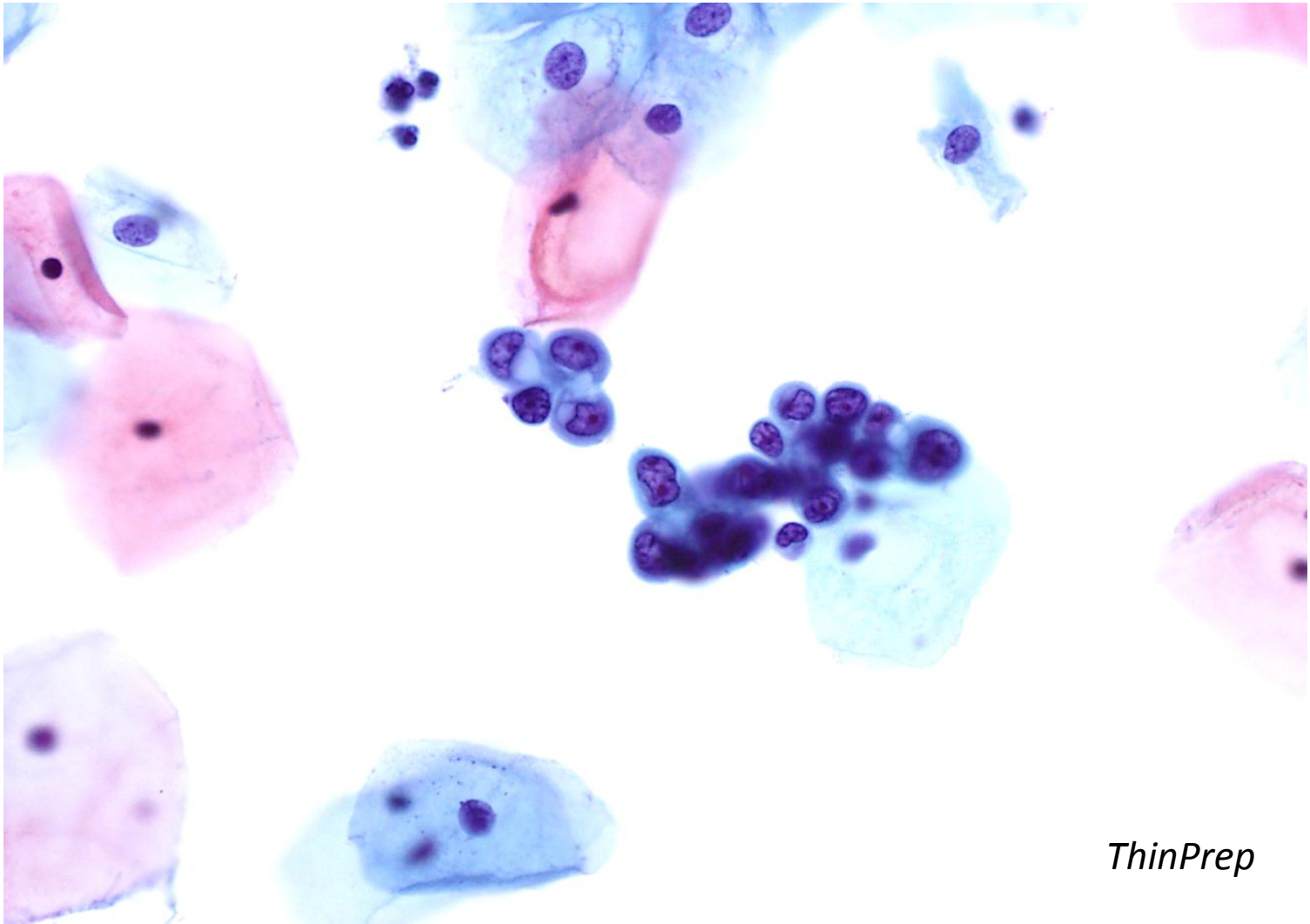
B. **Adenocarcinoma in situ (AIS)**

C. Atypical Endocervical Cells (AGC)

D. **Atypical Endocervical Glandular Cells, favour neoplasia**



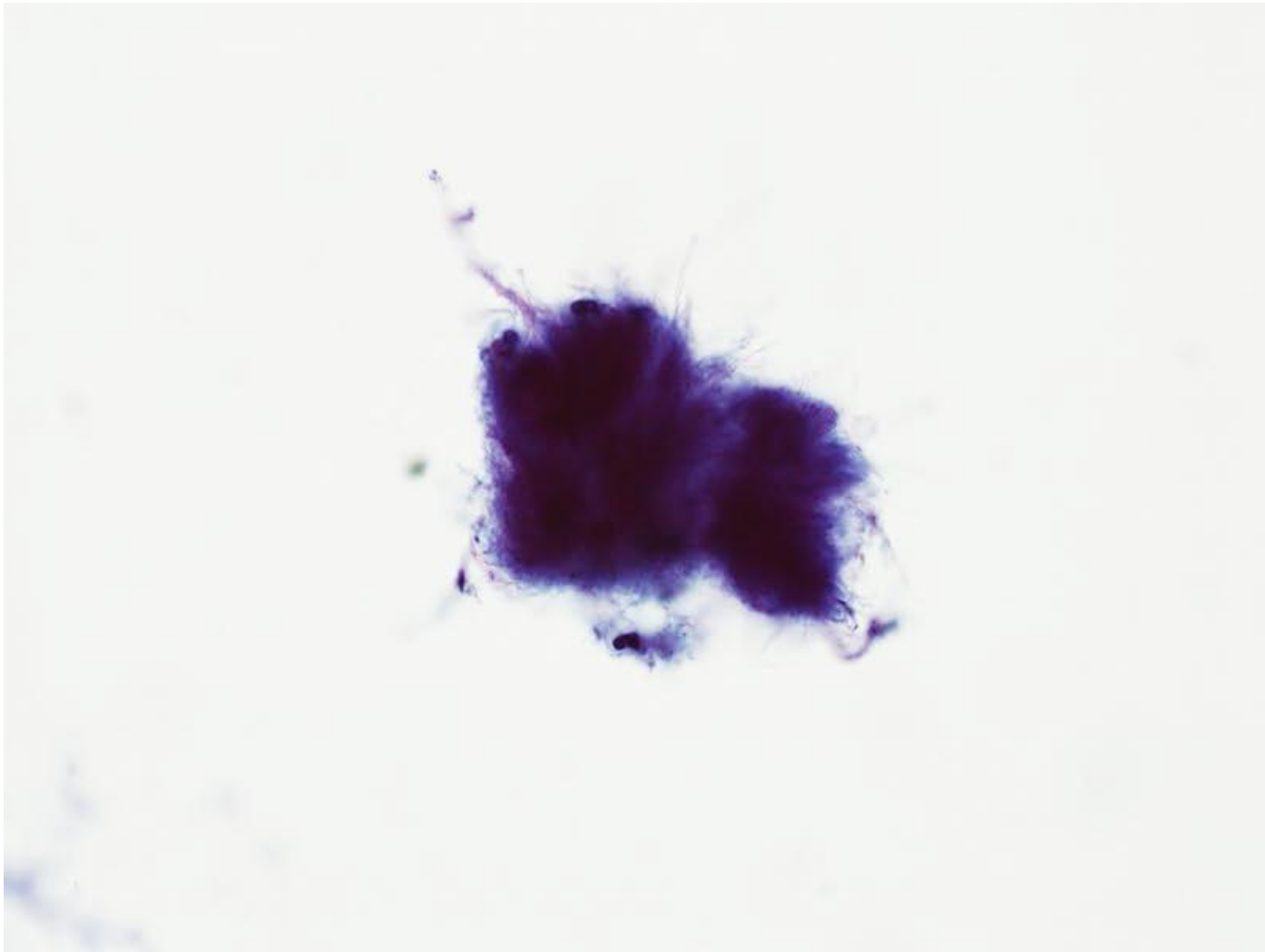
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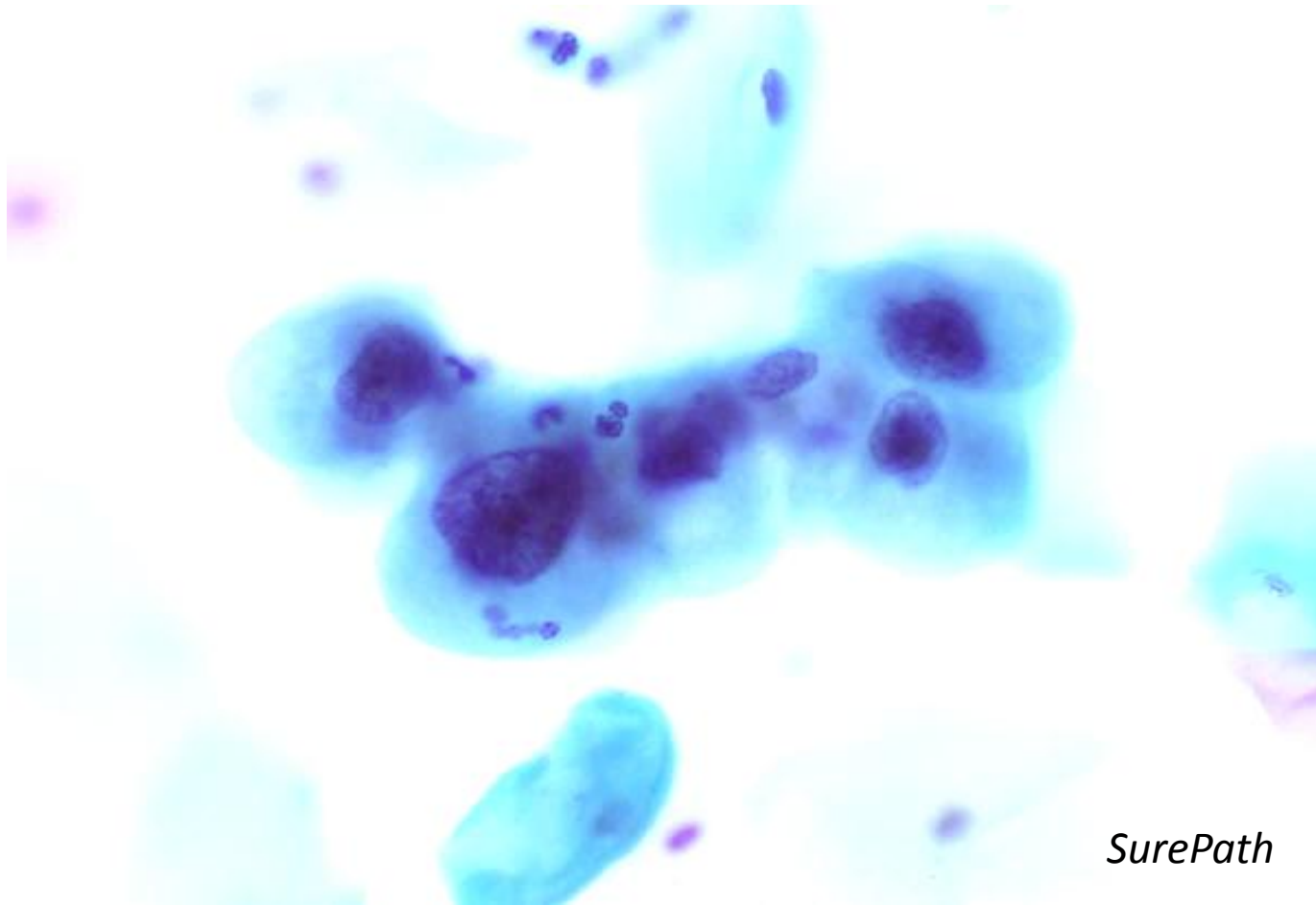
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CASE 2

- Opinions
- A. Normal endometrial cells
 - B. Atypical endometrial cells
 - C. Malignant endometrial cells
 - D. HSIL

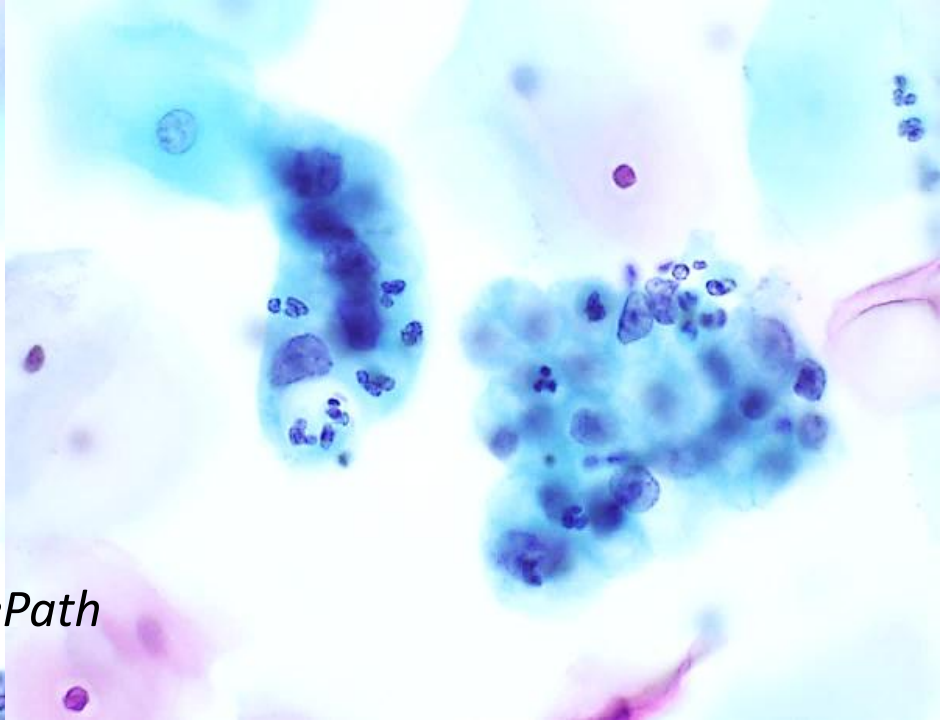
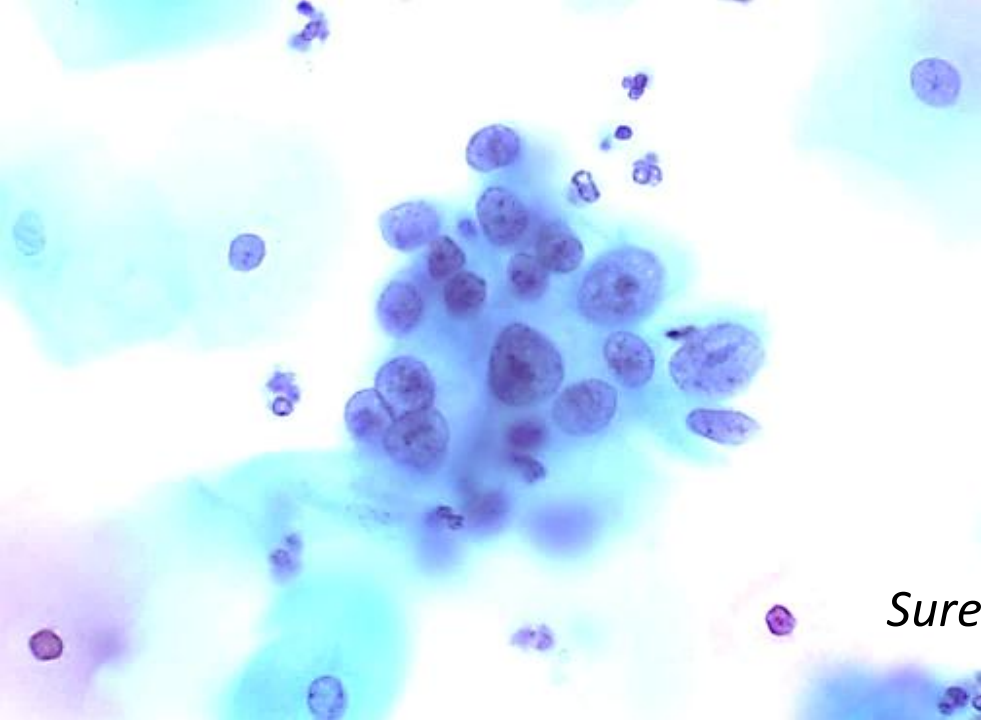
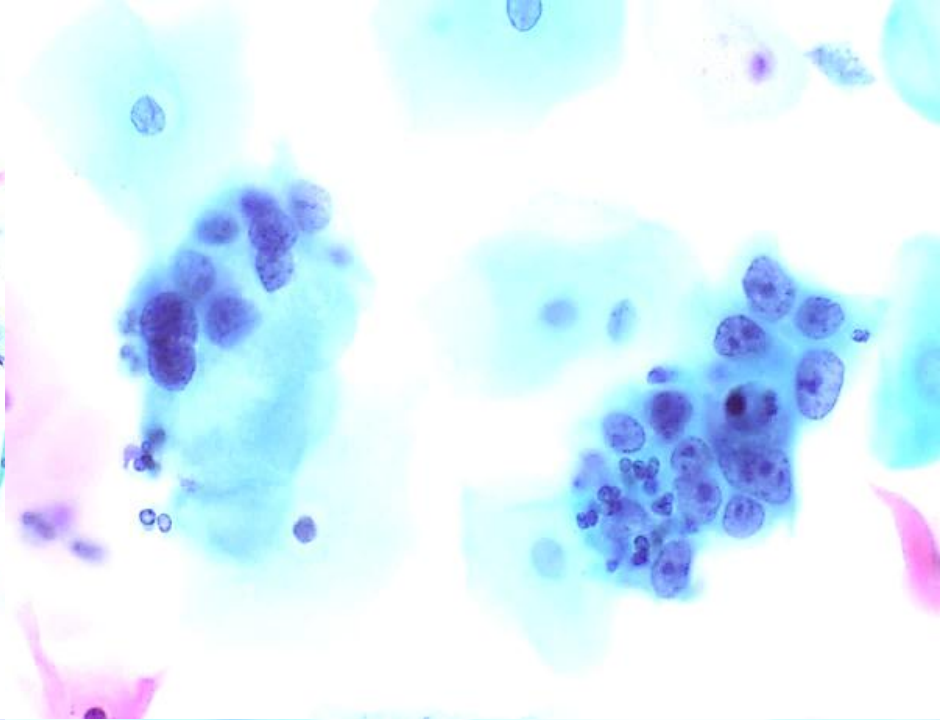
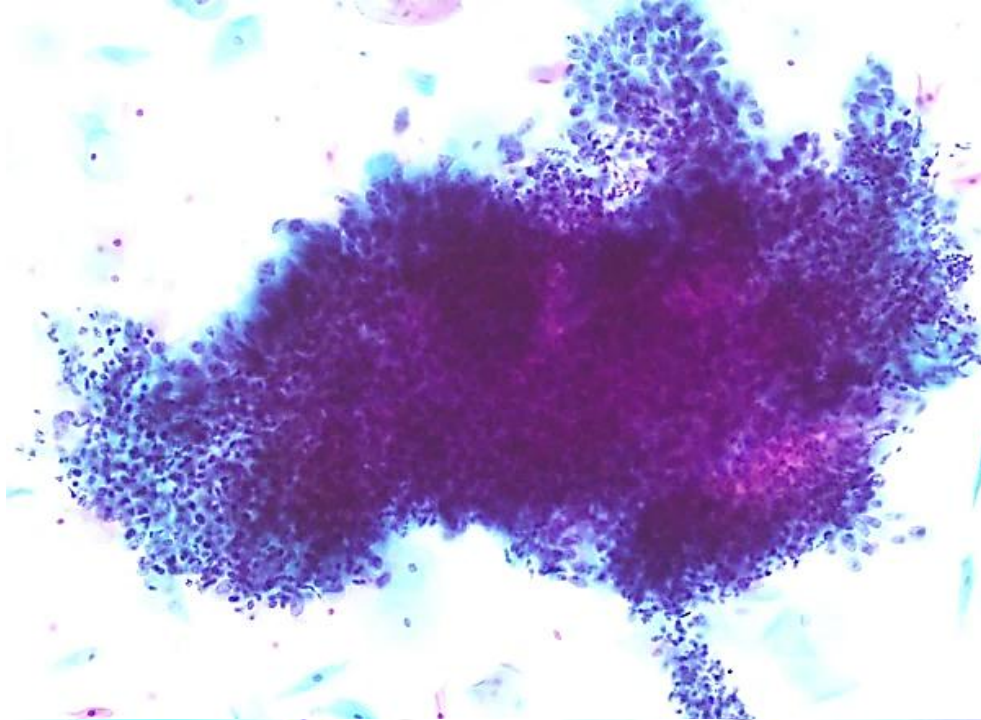


35 years
Asymptomatic, IUCD

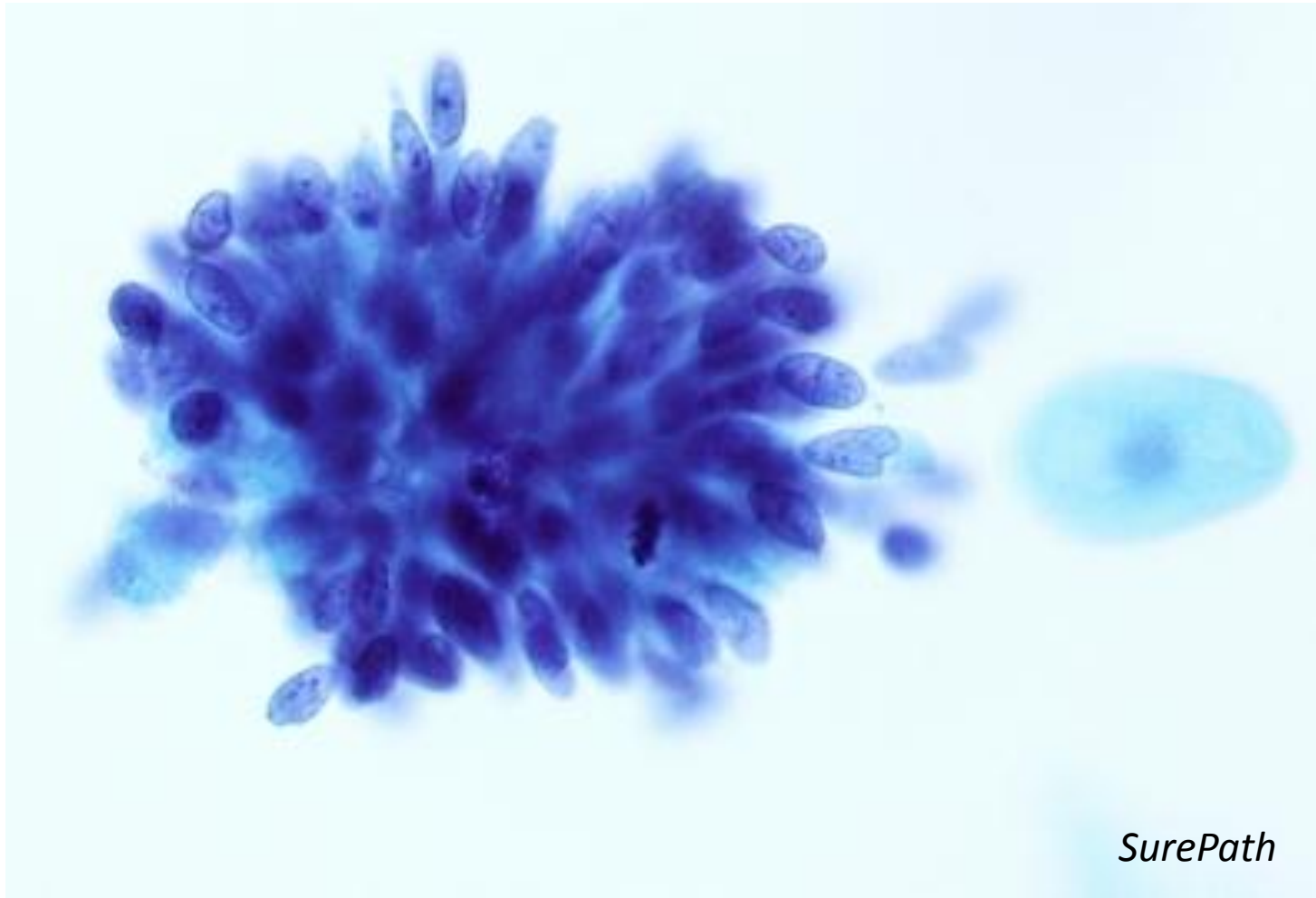


CASE 3

- Opinions
- A. Reactive metaplastic squamous cells
 - B. Reactive endocervical glandular cells
 - C. **Atypical Endocervical Glandular Cells**
 - D. **Adenocarcinoma**



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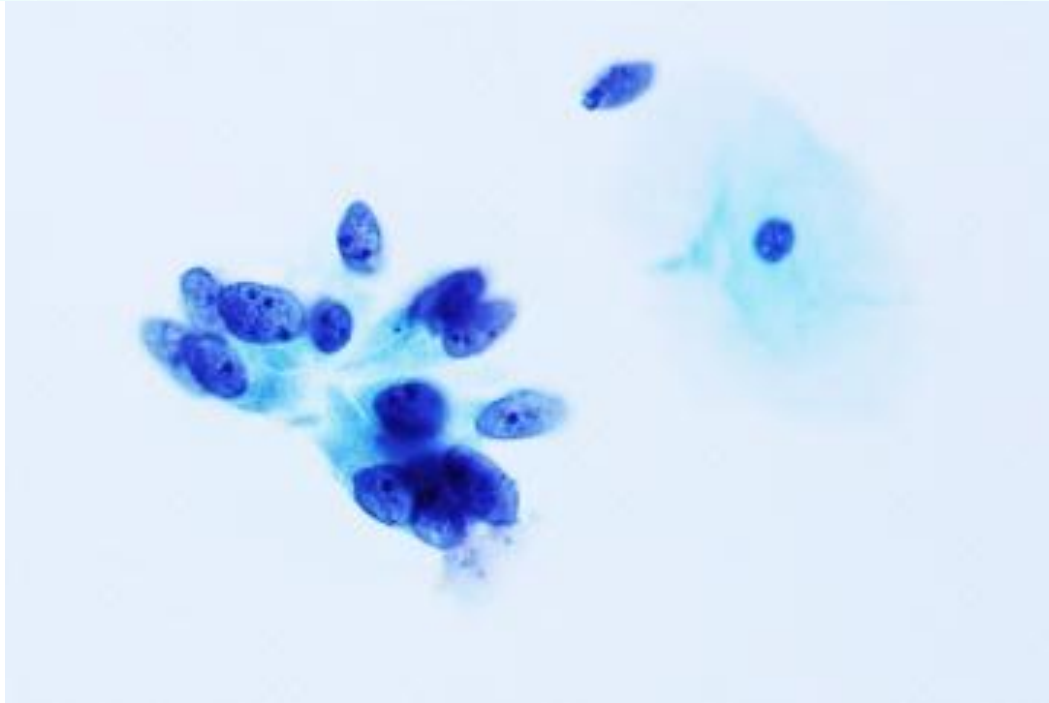
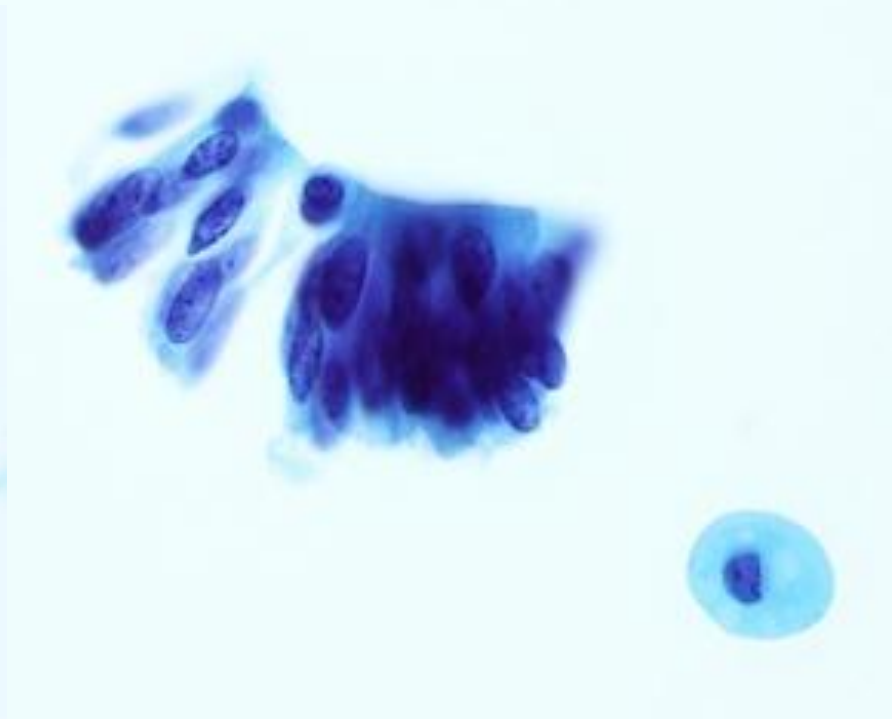
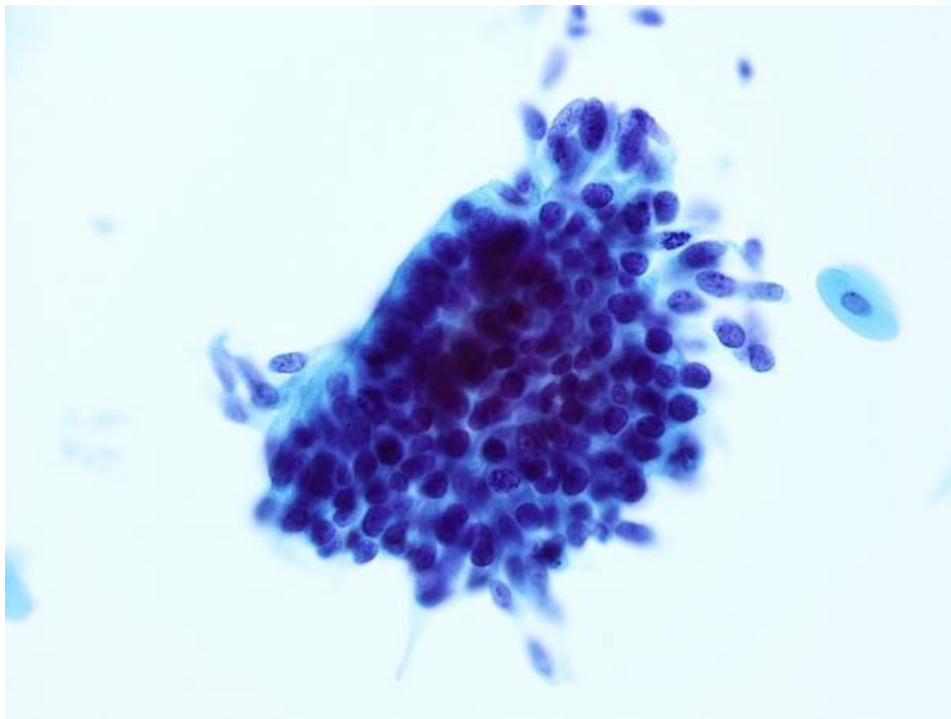
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Opinions A. Tubal metaplasia

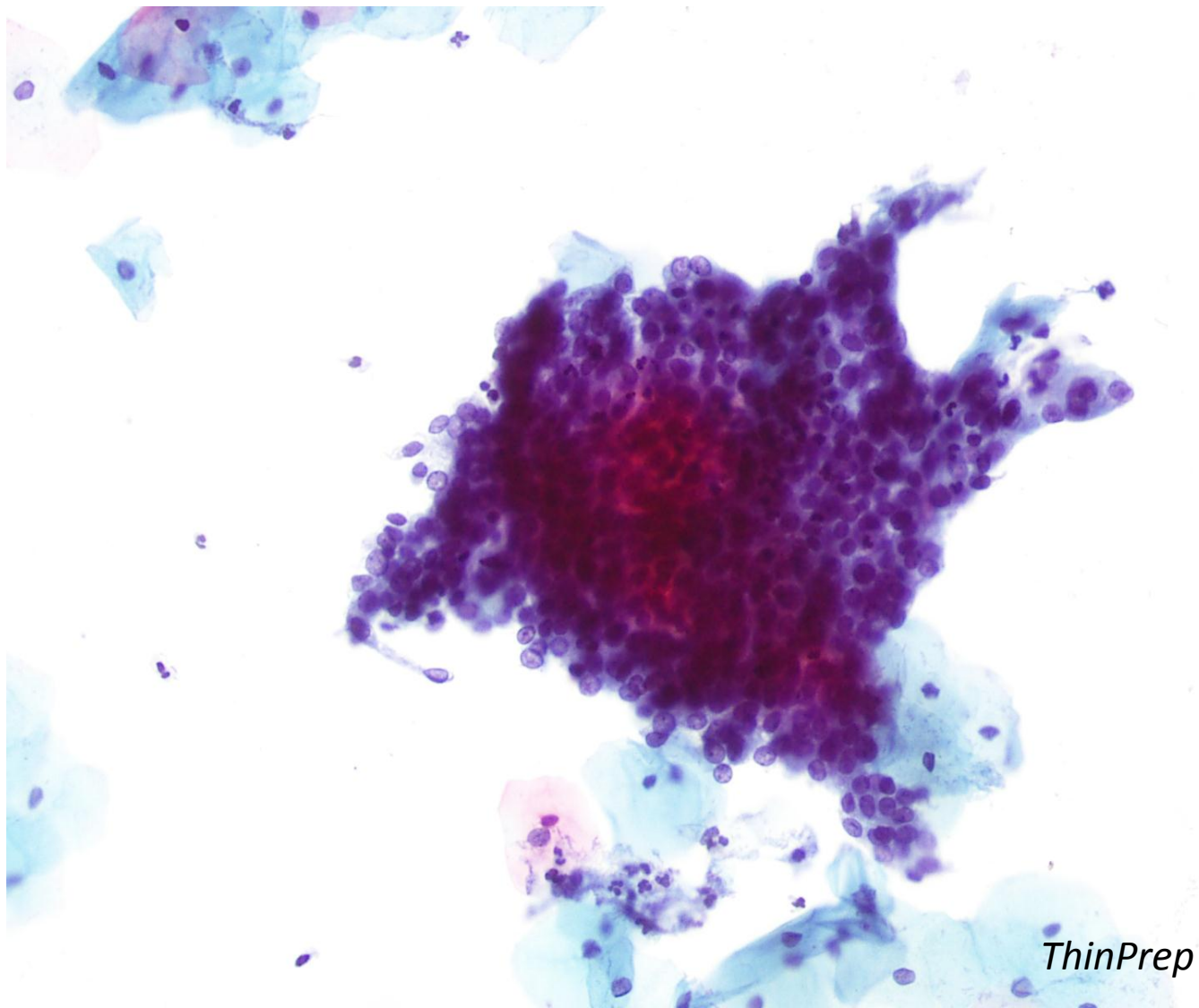
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C. Atypical Endocervical Cells (AGC)

D. Atypical Endocervical Glandular Cells, favour neoplasia

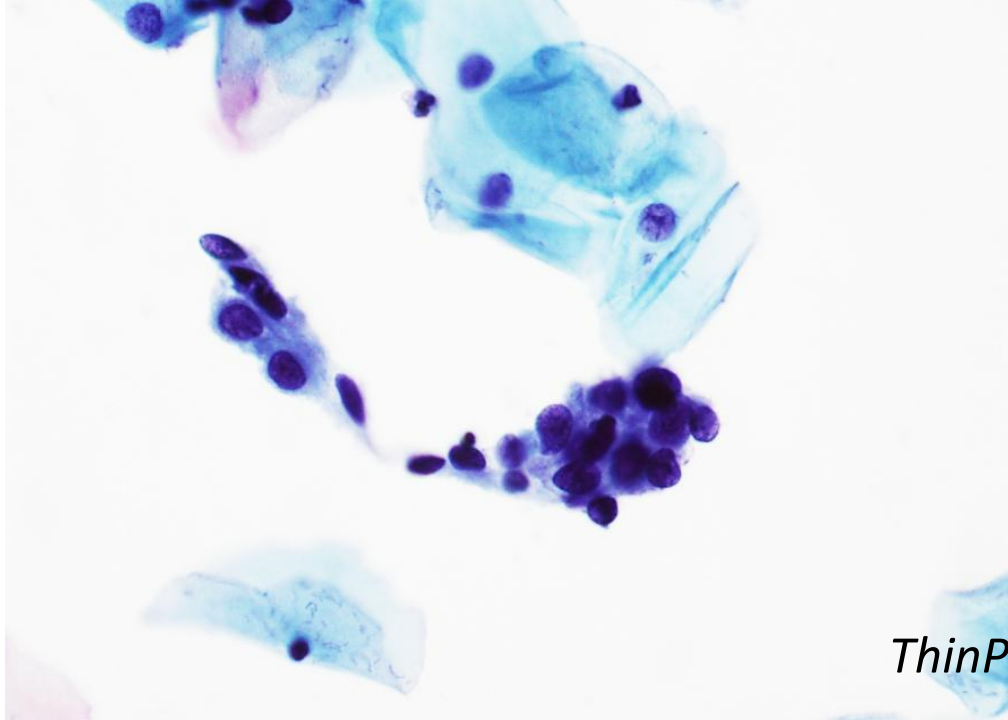
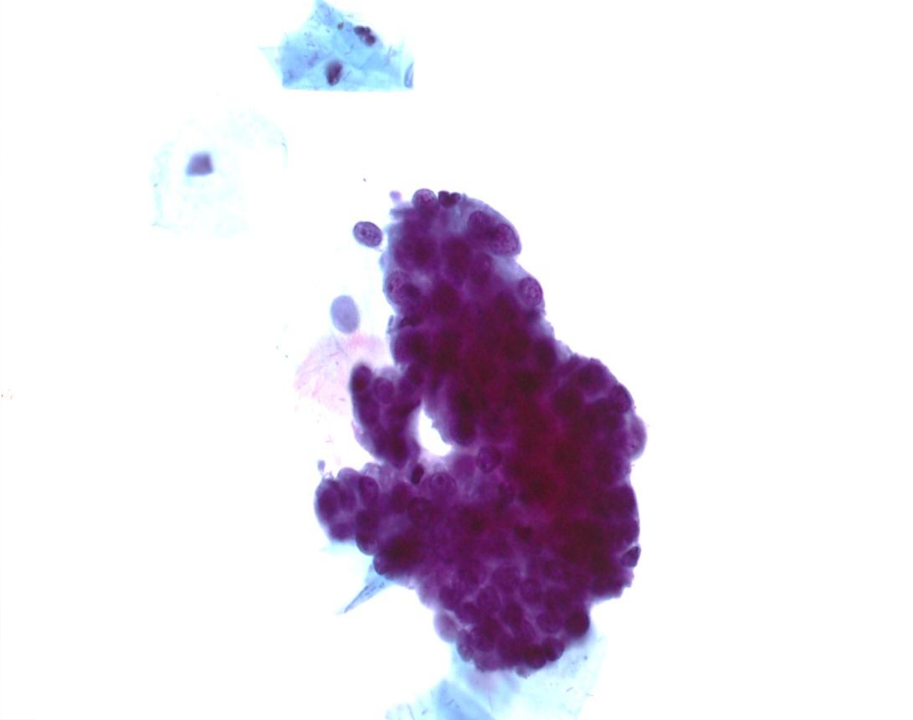
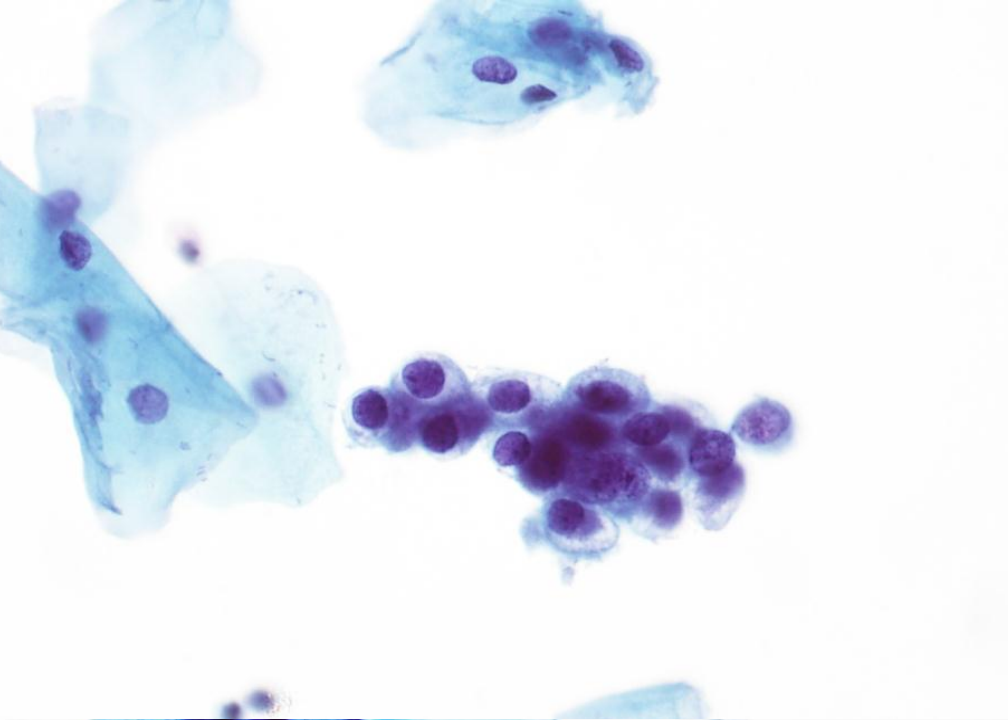


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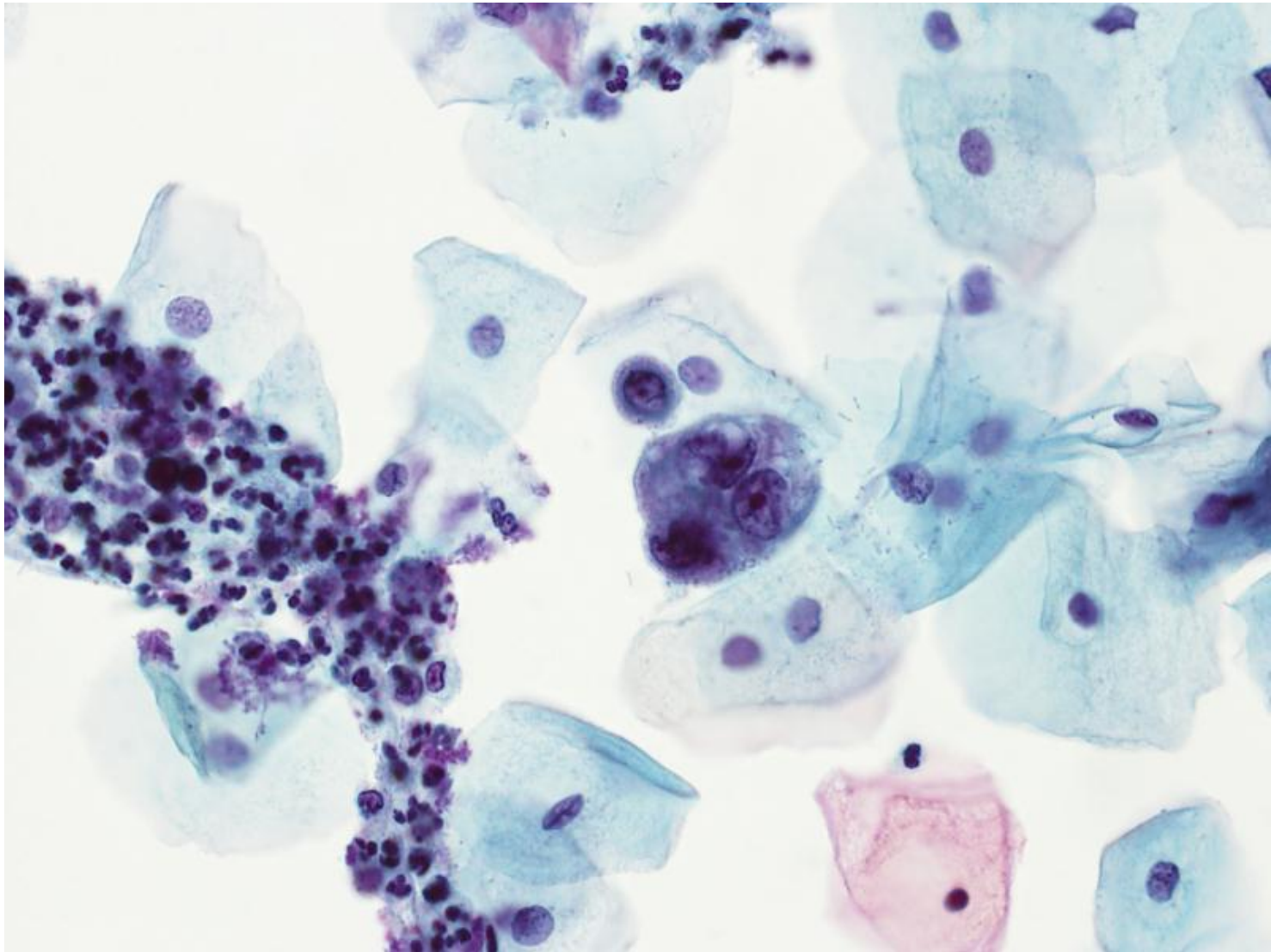


CASE 5

- Opinions
- A. Tubal metaplasia
 - B. Adenocarcinoma in situ (AIS)
 - C. Atypical Endocervical Cells (AGC)
 - D. **HSIL**



ThinPrep



CASE 6

- Opinions
- A. Degenerate endometrial cells
 - B. **Endometrial adenocarcinoma**
 - C. IUCD cells
 - D. Endocervical adenocarcinoma