

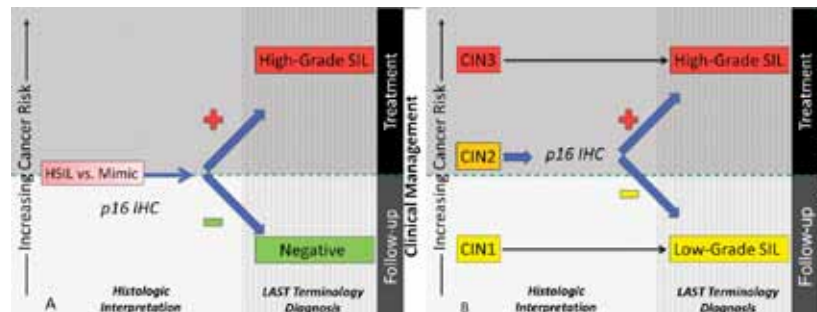
## LAST Terminology

### Pathology

Pathology terminology for dysplastic squamous lesions involving the lower anogenital sites is currently evolving. Recent consensus recommendations from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology as a result of the Lower Anogenital Squamous Terminology (LAST) Project aim to unify terminology across lower anogenital sites to better reflect human papillomavirus (HPV) biology, available biomarkers, and improve communication across different medical specialties. Until recently, the most accepted terms were grading dysplasia based on a 3-tiered system. For example, squamous dysplasia of the cervix was reported as “cervical intraepithelial neoplasia (CIN) 1, 2, or 3”. However, current understanding of HPV biology does not support a 3-tiered system. The category of –IN 2 is equivocal and not a reproducible histologic category among pathologists. The proposed change is to modify the terminology to a 2-tiered system, similar to the Bethesda terminology for pap smears, namely low-grade squamous intraepithelial lesion (LSIL) and high-grade squamous intraepithelial lesion (HSIL). It is recommended that the -IN designation be included in parentheses following the main diagnostic category of LSIL or HSIL.

Part of the LAST Project was evaluating the use of molecular markers in conjunction with morphology for specimens from the lower anogenital tract. Only p16 immunohistochemistry

was found to have enough evidence to support an independent recommendation for use. p16 is recommended in two scenarios: 1) when the H&E morphologic differential diagnosis is between precancer and a mimic of precancer and 2) to help categorize a lesion when the pathologist is entertaining the



morphologic interpretation of –IN 2 (under the old terminology). If the p16 is negative, the lesion represents either LSIL or a non-HPV associated mimic.

“Pathologic diagnoses using p16 and potential clinical management

options for cervical biopsies. A, Use of p16 to evaluate the differential diagnosis of HSIL versus a mimic, such as immature squamous metaplasia and atrophy. B, Use of p16 to evaluate morphologic CIN 2. The choice of clinical management for HSIL depends on the entire clinical scenario including patient’s age, colposcopic findings, and biopsy diagnosis. Management options include excisional therapy (cold knife conization, LEEP), ablative therapy (cryotherapy, laser vaporization), and close observation, as during pregnancy.”

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### References:

The Lower Anogenital Squamous Terminology Standardization Project for HPV-Associated Lesions: Background and Consensus Recommendations from the College of American Pathologists and the American Society for Colposcopy and Cervical Pathology. Darragh et al. Archives of Pathology and Laboratory Medicine. October 2012. pgs. 1266-1297.

\*In the spirit of keeping you well-informed; the physicians involved in this program are neither agents nor employees of Cadence Health or any of its affiliate organizations, including HealthLab. These physicians have selected our facilities as the place where they want to treat and care for their private patients.



# Spotlight On:

## Specimen Processing

Your samples are delivered directly to our Specimen Processing Department by a HealthLab courier. Each specimen is “received” by verifying: the patient identification, the test(s) on the label vs. the requisition, the appropriate collection container, sample volume, transport temperature and date and time received. The sample data is confirmed in our lab computer system, and then each specimen is labeled with a unique accession number and bar code used by our instrumentation. Some specimens require further handling such as centrifugation and aliquot preparation before they are delivered to our clinical testing areas. Our 24/7/365 processing service has been optimized to deliver accurately labeled and prepared specimens to our clinical testing areas for quick turnaround. Over 15,000 specimens are handled at our facility every day.

# Lab Accreditations and Certifications

For offices required to provide documentation of HealthLab’s accreditation, certificates from the College of American Pathologists (CAP) and Centers for Medicare & Medicaid Services Clinical Laboratory Improvement Amendments (CLIA), please call Client Services at 630.933.2633 and we will be happy to fax them to you. TTY for the hearing impaired 630.933.4833. Copies are also located on our website:

<http://www.healthlabtesting.com/Services/Testing-Services.aspx>



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## FAQ

### Does the Testosterone, Free/Weak test include a total testosterone?

Testosterone, Free/Weak otherwise referred to as free and albumin-bound, FWBT, or bioavailable testosterone

**DOES** include a total testosterone result in the report. Sex hormone binding globulin (SHBG)-bound testosterone is not included.

### TESTOSTERONE, FREE/WEAK (2191598)

- SST (gold)
- Transport refrigerated
- Stable 14 days at room temperature or refrigerated

For complete test information, follow this link to our online test directory:

<http://www.healthlabtesting.com/Test%20Directory/Test%20Directory%20Item.aspx?itemGuid=13375178-9c1b-4744-a495-fbbb9151e54f>