

**KEY REFERENCE SUMMARY - Is the Presence of Endocervical Cells in a Pap Smear Critical?** Evidence-based medicine relies on research published in medical literature. Below is a list of recent publications alongside a brief summary of each study's findings that support the new recommendations.

PUBLICATIONS	FINDINGS	<p>The Bethesda System For Reporting Cervical Cytology - Definitions, Criteria and Explanatory Notes, 2nd Edition states:</p> <p>-----</p> <p>“Specimens that lack EC/TZ elements are not more likely to have a squamous lesion on follow up.”</p> <p>“Since data is unclear regarding the significance of EC/TZ elements, a repeat Pap smear in 12 months is generally suggested.”</p>
Tacken MA. Loss to follow-up of cervical smears without endocervical columnar cells is not disturbing. Eur J Gynaecol Oncol. 2006;27(1):42-6.	The majority of women with Pap smears having no endocervical cells did not have any abnormalities in the subsequent Pap smear.	
Izadi Mood N. Endocervical and metaplastic cells: comparison of endocervical and metaplastic cell number in Papanicolaou smears with and without squamous intraepithelial lesion. Acta Cytol. 2006 Mar-Apr; 50(2):178-80	There is no correlation between increased risk of squamous intraepithelial lesion (SIL) in women with smears lacking endocervical cells compared to smears that have endocervical cells. However, there is correlation between women having smears containing metaplastic cells, which are more likely to have SIL than smears without metaplastic cells.	
Siebers AG. Prevalence of squamous abnormalities in women with a recent smear without endocervical cells is lower as compared to women with smears with endocervical cells. Cytopathology. 2003 Apr;14(2): 58-65.	The rate of squamous lesions in women having recent Pap smears which lack endocervical cells is significantly lower than in the women with smears having endocervical cells.	
Y L Hock. Outcome of women with inadequate cervical smears followed up for five years. J Clin Pathol 2003;56:592–595	Women who lack endocervical cells in repeated Pap smears did not have a significant increased risk for high grade CIN over the five years of this study. However, increased risk was found in women whose Pap smears were “obscured by polymorphs.”	
Kabbani W. Cell block findings from residual PreservCyt samples in unsatisfactory ThinPrep Paps: no additional benefit. Diagn Cytopathol. 2002 Oct;27(4):238-43.	No clinically significant pathologic findings were found on cell blocks (concentrations of liquid-based Paps) performed on previously unsatisfactory Paps. A repeat Pap smear at the next routine visit was felt to be the most cost-effective follow-up protocol since a large majority of lesions identified in the study were low-grade squamous intraepithelial type.	
Selvaggi SM. Endocervical component: is it a determinant of specimen adequacy? Diagn Cytopathol. 2002 Jan;26(1):53-5.	There was no significant difference in the detection of high-grade squamous intraepithelial lesion (HSIL) in Pap smears that contained endocervical cells when compared to Pap smears that did not.	
Mitchell HS. Longitudinal analysis of histologic high-grade disease after negative cervical cytology according to endocervical status. Cancer. 2001 Aug 25;93(4):237-40.	Lack of endocervical cells in Pap smears does not justify short-interval repeat testing because there was not a higher rate of histologic high-grade abnormalities on longitudinal follow up.	
Bos AB. Endocervical status is not predictive of the incidence of cervical cancer in the years after negative smears. Am J Clin Pathol. 2001 Jun; 115(6):851-5.	No significant differences were seen in proportions of pre-invasive lesions found in women after having negative Pap smears without endocervical cells when compared to negative Pap smears which did have endocervical cells.	

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