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To: All Clinicians

From: John Fazio, M.D., Medical Advisor of Cytology

CC: Onondaga Hill Pathology, Pathology Associates,  
St. Joseph's Pathology

Date: April 11, 2016

Subject: New Urinary Cytology Reporting System

There is a new standardized terminology system for reporting urine cytology specimens called The Paris System for Reporting Urinary Cytology. Effective immediately, we will be using this system to sign out our urinary cytologies.

The categories of this reporting system are as follows:

1. Negative for high-grade urothelial carcinoma (Negative): This includes atypia due to benign conditions, but could also include atypia due to low-grade urothelial neoplasms, which are often not able to be diagnosed by urine cytology.
2. Atypical urothelial cells (AUC): Includes cells with mild to moderate cytologic atypia which fall short of a diagnosis of suspicious for high-grade urothelial carcinoma or positive for high-grade urothelial carcinoma. If there are atypical cells present, but they are consistent with origin from a known benign condition, then they will be reported as negative for high-grade urothelial carcinoma.
3. Suspicious for high-grade urothelial carcinoma (SHGUC): This diagnosis implies a high-risk for urothelial carcinoma, and should generally prompt further work-up, as clinically indicated.
4. Positive for high-grade urothelial carcinoma (HGUC): This could be invasive urothelial carcinoma or urothelial carcinoma in situ.

5. Low-grade urothelial neoplasm (LGUN): These changes could be seen with urothelial papilloma, papillary urothelial neoplasm of low malignant potential (PUNLMP), low-grade papillary urothelial carcinoma, or flat urothelial dysplasia (but not CIS).
6. Other (non-urothelial) primary or metastatic malignancy: This includes primary bladder tumors such as squamous cell carcinoma, adenocarcinoma, and sarcoma, as well as metastatic lesions. This diagnosis will only be rarely rendered.
7. While not a new category in The Paris System, urine specimens will be diagnosed as unsatisfactory/nondiagnostic when the urothelial cells are obscured by blood, inflammatory cells, etc., and cannot be evaluated.

Please do not hesitate to contact me at 315-492-5096 or Janet Miller, Cytology Department Manager, at 315-410-7210, if you have any questions or concerns about this change in reporting.