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## Comparison of Conventional Pap Smears and The ThinPrep Pap Test for Cervical Cancer Screening

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**Objective:** To compare the cytologic diagnoses and specimen adequacy of conventional Papanicolaou smears and fluid-based ThinPrep Pap test obtained with endocervical brush and spatula sampling device. **Methods:** A total of 504 women were included in this study. Cervical cytological material were collected by three different physicians with a endocervical brush and a plastic Ayre's spatula. For each patient a conventional Pap smear was performed and then the residual cells on each sampling device were rinsed into a vial containing preservative fluid (PreservCyt; Cytec Corporation), from which a ThinPrep Pap test slide was made by ThinPrep 2000 Processor automated slide preparation system (Cytec Corporation). All ThinPrep Pap test slides and conventional Pap slides were screened by one cytotechnologist and one pathologist as defined and classified by the Bethesda System. **Results:** For 496 of the 504 cases (98.41%), conventional Pap smear and the ThinPrep Pap test screening diagnoses were identical. The ThinPrep Pap test increased the percentage of cases that could be definitively diagnosed as benign cellular changes (BCC)(infection) by 7.56%, lowered the percentage of BCC (reactive/reparative) by 7.18% in the study population. Identification of atypical squamous cells of undetermined significance (ASCUS) lesion increased 14.39% and atypical glandular cells of undetermined significance (AGUS) increased 51.28%. Cases reported as low grade squamous intraepithelial lesion (LSIL) also increased 102.56% and high grade squamous intraepithelial lesion (HSIL) increased 25.31% as compared to the conventional smear. Review by an independent pathologist confirmed the significant increase in detection of LSIL and more severe diagnoses (LSIL+) by 37.11%. **Conclusion:** Comparison of results from 504 patients indicates improved sensitivity for the detection of abnormal cases with fluid-based ThinPrep cervical slide preparation method.

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## Operative treatment of uterine cervical cancer in Hungary

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In Hungary, 25,399 malignant tumor cases were diagnosed in 1995, of which 1,647 were found to be cervical and endometrial uterine cancer. Of 10 million Hungarian inhabitants, 541 died of cervical carcinoma in 1996 and annually about 600 FIGO stage I cervical cancer cases were discovered, 300 stage II and 300-350 stages III and IV, while the number of in situ carcinomas (CIN III) was nearly 700.

The diagnosis was established in 45 percent of the cases by uterine conisations. The occurrence of epithelial cancer was 91%, adenocarcinoma 7% and other malignancies 2%.

In stage 0, for patients below 35 years of age follow-up investigations are carried out after conisation. For patients above 35 years a simple hysterectomy is performed. In stage IA<sub>1</sub> the treatment is amputation of the cervix in young patients. Pre- and postoperative irradiation and hysterectomies are performed for patients above 35 years, as well as in all stage IA<sub>2</sub> cases. In 1992 in stages IB, IIA and IIB, pre- and postoperative irradiation and simple hysterectomies (n:102), radical abdominal hysterectomies (n:116), and exclusively irradiative therapy (n:153) were performed in Hungary. In the last 20 years the number of patients undergoing operative treatment has increased from 7 to 40% in stage IIB.

Our own material indicates the shift in the operative treatment, as well. Before 1975 the 5-year survival rate in 186 Schauta-Amreich vaginal radical operations was 70% and better (84% in 176 cases) for abdominal radical operations, which is standard treatment since then in cases of stage IB cervical cancer. In this series the postoperative morbidity was 3.22% after the Schauta-Amreich operation and 5.11% after Wertheim-Latzko-Okabayashi-Meigs operation group. At the same time, however, intraoperative complications in abdominal radical operations were 2.84%, and significantly greater (10.22%) in vaginal radical operations.

In some operative centers in stage IIB neoadjuvant chemotherapy is performed besides preoperative irradiation. In cases of central tumor recidives Piver 4 and 5 types of ultraradical operations are done, too.