



# TECHNICAL BULLETIN

Volume 4 Issue 1 March 2006

## CYTOLOGY UPDATES

Physicians Laboratory Services is in the process of implementing several changes in the area of Cytology. We are evaluating all of our internal processes, from receiving specimens to reporting results. This initiative is designed to improve our overall service to our clients. Most of the changes will be transparent to your office, but ultimately will increase our efficiency in responding to your needs. Please contact us if we can assist you during this transition process.

## THINPREP® IMAGING SYSTEM

**Effective March 13, 2006, the ThinPrep® Imaging System for Pap Smears is now available to our clients upon request.**

The specimen is submitted in the liquid base Thin Prep® vial. ThinPrep® processing creates a slide. The ThinPrep® Imaging System prescreens the entire slide and selects 22 "fields of view" for the cytotechnologist. The cytotechnologist evaluates these areas and issues the report or sends the slide to the pathologist for further review.

### To request this:

**Write "Imaged" on the cytology requisition.**

CPT: 88175

Cost: \$30

Note: SurePath® Autocyte Liquid Based Pap and the Bethesda slide test will still be offered, but cannot be screened on the ThinPrep® Imaging System.

Questions: Contact Angie Gedik  
Cytology Supervisor

## HPV TESTING

Physicians Laboratory Services is pleased to announce we will start performing Human Papilloma Virus (HPV) testing in-house on Liquid Based PAP specimens in the near future. A memorandum will be sent to announce the starting date.

High-risk HPV subtypes are found in > 99.8% of cervical cancer cases. A stronger association between chronic HPV infection and cervical cancer exists than between smoking and lung cancer. Our assay is based on PCR technology and if positive, results are type specific.

HPV can be ordered as a reflex on any ASCUS diagnosis, any abnormal PAP or as an HPV screen by itself. All positive results are reported with the type(s) found and the risk associated with the type. The assay is set up twice/week and most results should be available within three working days of being ordered or triggered by reflex.

Orders for HPV on conventional slides or tissue blocks or orders for the Digene HPV will continue to be "sent out" to a reference lab.

The new test will be #7680, which will be performed at Physicians Laboratory. Please contact your sales representative for pricing information.

Gregory Post, Ph.D.  
Director of Clinical Services

## **NEW TEST #983**

### CLOSTRIDIUM difficile TOXIN A and B

**Effective March 13, 2006**

**Note: This test replaces Test #646 which only tested for Clostridium difficile Toxin A.**

Specimen:	1 gram of fresh, unpreserved feces, refrigerated or frozen
Note:	If ordering other tests on this specimen, place specimen in 3-vial Para-Pak.
Testing:	Tests for both A and B toxins with no differentiation. Performed daily. Reported within 24 hrs.
Reference range:	Negative.
CPT code:	87324
Cost	Client \$30
Questions:	Contact Shari Talbert Microbiology Supervisor

## LABORATORY MANAGER IN LINCOLN

We are pleased to announce Toni Goldenstein MT(ASCP) has joined our staff as Laboratory Manager of Lincoln Corporate Center, LMEP and Elizabeth Park South phlebotomy. Sue Behrends remains as Technical Supervisor at the Lincoln Corporate Centre.

Toni may be reached at (402) 499-0212 or by email [tgoldenstein@physlab.com](mailto:tgoldenstein@physlab.com).

## **WHAT TO ORDER WHEN CHECKING TOENAILS FOR FUNGUS**

The toenail must be submitted in a sterile container  
We offer three tests:

### **Test #1608 Fungal Stain (PAS Stain):**

Performed in: Histology  
Turnaround time: 48 hrs.  
Reporting: Negative or Positive for fungus

### **Test #631 KOH Prep:**

Performed in: Microbiology  
Turnaround time: 48 hrs.  
Reporting: Negative or Positive for fungus

### **Test #608 Fungus Culture**

Performed in: Microbiology  
Turnaround time: Days to weeks  
Reporting: Preliminary results reported at two weeks.  
Final results reported at four weeks.

## **CREATININE AND GLOMERULAR FILTRATION RATE (GFR)**

**Effective 03/21/2006**, Physicians Laboratory Services (PLS) is now reporting Creatinine (Cr) values to 2 decimal places.

The decision is based on the recommendation of the National Kidney Disease Education Program in the effort to increase the diagnosis and treatment of chronic kidney disease. Serum Cr is used to estimate the glomerular filtration rate (GFR) and increasing the decimal place results in more accurate estimates of this parameter. PLS uses the MDRD (*Modification of Diet in Renal Disease*) formula to calculate the GFR and this is valid for anyone between the ages of 18 – 70. For patients under 18, a pediatric calculator is available at the following web site:

[http://nephron.com/cgi-bin/peds\\_nic.cgi](http://nephron.com/cgi-bin/peds_nic.cgi)

Gregory Post, Ph.D.  
Director of Clinical Services

## **THE ROLE OF FREE PSA IN PROSTATE SCREENING**

Prostate Specific Antigen (PSA) is a natural occurring protein produced by the prostate gland. Normal range for PSA is  $\leq 4$  ng/mL in serum. As men age, the frequency of BPH (benign prostatic hypertrophy) enlargement of the prostate gland and prostatic cancer increase. Both of these conditions can cause an elevation of PSA  $>4$  ng/mL. PSA in conjunction with digital rectal exam is recommended for men aged 50 and older as a screen for detecting these conditions.

Uncomplexed (free) PSA can constitute up to 45% of the total PSA in disease free men. The FDA has recommended free PSA testing when the total PSA falls between 4-10 ng/mL. This is considered a diagnostic gray zone. Higher ratios of free PSA/Total PSA are found in BPH compared to men with prostate cancer.

Several studies have demonstrated that setting a free PSA cutoff of  $\leq 25\%$  detected 95% of cancers and reduced biopsy rates by 20%. When the PSA values are higher than 10 ng/mL, there is approximately a 50% likelihood of harboring prostate cancer, and it is accepted practice to perform a biopsy on this population to determine the clinical diagnosis.

Gregory Post, Ph.D.  
Director of Clinical Services

## **IMPROVED WEBSITE**

Our improved Website is now available.

[www.physlab.com](http://www.physlab.com)

Special features are:

1. Access to our Test Directory  
This includes test number, specimen requirements and CPT codes.
2. "Links" to the reference laboratories we use and other helpful sites.
3. "Technical Bulletins" are available for reprint and/or review.
4. "Pop" the bubbles fun!! Pop the bubbles as they float up your screen.

## **"PHYSICIANS LAB. POINTERS"**

- *To provide faster turnaround time for "stats", please place the specimen in a red labeled "STAT" biohazard bag and tell the courier you are sending a "stat".*
- *To improve our follow-up process, please note the name of the person you spoke with at Physicians Laboratory. This helps us address all questions in a timely manner.*
- *In conversations, we have discovered a few physicians are unaware of our quarterly "Technical Bulletin". "Technical Bulletins" may now be found on our Website or you may notify us and we will add his/her name to our mailing list.*