

Effective February 1, 2017, TriCore’s cytopathology laboratory is transitioning to *The Paris System for Reporting Urinary Cytology*. This system was initially discussed at the 18th International Congress of Cytology in Paris in May 2013. It standardizes urine cytology reporting similarly to the *Bethesda System for Reporting Cervical Cytology*.

The Paris System for Reporting Urinary Cytology should reduce the diagnostic frequency of equivocal (atypical) urine cytology diagnoses. It emphasizes the detection of high grade urothelial carcinoma (HGUC) as the main objective of urinary cytology.

Urine cytology has a high sensitivity of detecting HGUC due to morphologic features that are well defined and easily identifiable. However, low grade urothelial lesions (LGUL) have cytologic features that can resemble benign urothelium; therefore urine cytology shows poor sensitivity and specificity in these cases.

The Paris System has defined diagnostic categories and reproducible morphologic criteria, allowing it to be universally accepted and used worldwide.

<i>The Paris System for Reporting Urinary Cytology</i> Diagnostic Categories
1. Nondiagnostic/Unsatisfactory
2. Negative for HGUC (High Grade Urothelial Carcinoma)
3. Atypical urothelial cells
4. Suspicious for HGUC
5. High grade urothelial carcinoma (HGUC)
6. Low grade urothelial neoplasm (LGUN)
7. Other malignancies, both primary and secondary

For additional information, please see <https://paris.soc.wisc.edu>.

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REFERENCE

Rosenthal DL, Wojcik EM, Kurtycz DFI, eds. *The Paris System for Reporting Urinary Cytology*. New York: Springer; 2016.