



Improving lives through the prevention and  
treatment of anogenital & HPV-related diseases

## **Practice Pearls 7: Tips for Best Practice on Unsatisfactory Cytology**

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An unsatisfactory cytology result is reported when there are insufficient cells for the cytopathologist to evaluate the specimen. This occurs in approximately 2% of cytologic samples. A number of factors can contribute to this outcome, including atrophy, poor or improper collection technique, obscuring inflammation, poor slide preparation, presence of blood, excessive lubricant in the specimen, and increased thickness of the smear.

When specimen results are reported as unsatisfactory, the 2019 Management Guidelines have been revised<sup>1</sup> (2023). For patients with an unsatisfactory cytology result and no, unknown, or a negative HPV test result, repeat age-based screening (cytology, cotest, or primary HPV test) as soon as convenient and no later than 4 months is recommended (BIII).

Waiting 2 months before repeating the cytology test is not necessary and in the presence of cancer could lead to potential harm, specifically if other recommended workup for symptomatic patients is not performed. For this reason, the 2019 recommendations were updated.

A negative HPV test obtained in conjunction with unsatisfactory cytology should not be considered a valid result. In this scenario, the recommendation is to repeat both the cytology and HPV test as soon as convenient and not later than 4 months is recommended. Colposcopy should be performed if the subsequent cytology result is again unsatisfactory.

This topic may become less relevant with more widespread adoption of primary HPV testing over time.

### **Standard Abbreviations**

**HPV** - Human Papillomavirus

**hrHPV** - High-Risk Human Papillomavirus

**HSIL** - High-Grade Squamous Intraepithelial Lesion

**VaIN** - Vaginal Intraepithelial Neoplasia

**NCCN** - National Comprehensive Cancer Network

**LSIL** - Low-Grade Squamous Intraepithelial Lesion

**NILM** - Negative for Intraepithelial Lesion or Malignancy

**ASC-H** - Atypical Squamous Cells, Cannot Rule Out High-Grade Lesion

**ASC-US** - Atypical Squamous Cells of Undetermined Significance

**AGC** - Atypical Glandular Cells

**AIS** - Adenocarcinoma In Situ

**LEEP** - Loop Electrosurgical Excision Procedure

**ECC** - Endocervical Curettage

**CIN** - Cervical Intraepithelial Neoplasia

**SCJ** - Squamocolumnar Junction

**mRNA** - Messenger Ribonucleic Acid

**CO<sub>2</sub>** - Carbon Dioxide

**WHO** - World Health Organization

1. Perkins, Rebecca, Guido, Richard, Castle, Philip, et al. 2019 ASCCP Risk-Based Management Consensus Guidelines: Updates Through 2023. *J. low. genit. tract dis.* 2024;28(1):3-6. doi:10.1097/LGT.0000000000000788.