

# PostScript

## CORRESPONDENCE

If you have a burning desire to respond to a paper published in *Journal of Clinical Pathology*, why not make use of our "rapid response" option?

Log on to our website ([www.jclinpath.com](http://www.jclinpath.com)), find the paper that interests you, and send your response via email by clicking on the "eLetters" option in the box at the top right hand corner.

Providing it isn't libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on "read eLetters" on our homepage.

The editors will decide as before whether to also publish it in a future paper issue.

## Pathologists like a bit on the slide

I read with interest the article on the role and histological classification of needle core biopsy (NCB) in conjunction with fine needle aspiration cytology (FNAC) in the preoperative assessment of impalpable breast lesions by Ibrahim *et al.*<sup>1</sup> The authors state that FNAC had an inadequacy rate of 58.7%, a complete sensitivity of 34.5%, and a specificity of 47.6%.

These findings are at variance with the published literature. My own research on FNAC of impalpable breast lesions demonstrated non-diagnostic (no epithelial cells) in 14% of samples. When this was combined with imaging (ultrasound), all of the non-diagnostic cases were resolved, with 70% showing no change on follow up, 17% producing benign histology, and 13% yielding a malignant outcome.<sup>2</sup> The inadequacy rate, sensitivity, and positive predictive value for the symptomatic lesions were 4%, 95.2%, and 100%, respectively.<sup>3</sup>

In a further study, I compared FNAC cytology with NCB at several anatomical sites, including the breast. NCB was only marginally better, occasionally offering additional information. This slight advantage resulted from the availability of tissue from the first and often the only pass for assessment of architecture and performance of ancillary tests.<sup>4</sup>

The main reasons for abandonment of FNAC in favour of NCB in the preoperative management of patients with breast lesions are failure of the aspirator to produce diagnostic material and unfamiliarity of the interpreter with the subtleties of breast FNAC.

I believe by taking an active role with on site assessment of the FNAC material and discussion with radiological colleagues, the cytopathologist could offer an FNAC service comparable to surgical pathology in sensitivity and very similar to frozen section in specificity.<sup>2</sup>

FNAC is cost effective, with consistent results in experienced hands; sensitive, with

relatively few false negative results; and highly specific.<sup>3</sup>

I M Zardawi

Mayne Health, Newcastle Laboratory, PO Box 801, Newcastle, NSW, Australia 2300; [zardawi@hotmail.com](mailto:zardawi@hotmail.com)

## References

- 1 Ibrahim AEK, Bateman AC, Theaker LM, *et al.* The role and histological classification of needle core biopsy in conjunction with fine needle aspiration cytology in the preoperative assessment of impalpable breast lesions. *J Clin Pathol* 2001;54:121-5.
- 2 Zardawi IM, Hearnden F, Meyer P, *et al.* Ultrasound-guided fine needle aspiration cytology of impalpable breast lesions in a rural setting. *Acta Cytol* 1999;43:163-8.
- 3 Zardawi IM. Fine needle aspiration cytology in a rural setting. *Acta Cytol* 1998;42:899-906.
- 4 Zardawi IM. Fine needle aspiration cytology vs. core biopsy in a rural setting. *Acta Cytol* 1998;42:883-7.

## BOOK REVIEW



## Atlas of Tumor Pathology: Tumors of the Prostate Gland, Seminal Vesicles, Male Urethra, and Penis, 3rd series, Fascicle 28

Young RH, Srigley JR, Amin MB, *et al.* Armed Forces Institute of Pathology, 2000. ISBN 1 881041.

This long awaited book is the outcome of a collaborative effort by a group of internationally well known experts from the USA, Canada, and Paraguay. It covers in depth the tumour pathology of the prostate gland. Chapters on the seminal vesicles, male urethra, and penis are also included. Pathological features and diagnostic criteria are described in a strictly disease oriented manner. Profiles of all recognised benign, premalignant, and malignant lesions and their variants include incidence, age, location, clinical signs and symptoms, and predictive factors. The book contains more than 500 colour images and several tables. The images are all excellent and truly representative of the lesions. The tables summarise the relevant features of the lesions.

Personally, I found this publication of great interest for the following three reasons:

- (1) The book represents an adequate source of detailed information and images for teaching classes, both at the undergraduate and post-graduate levels.
- (2) The reference lists that are added at the end of each chapter include all the relevant

publications on the different topics. In particular, the lists include both the latest papers, this in relation to the date of acceptance of the publication (1999), and the studies undertaken by the European researchers.

(3) The pathology residents in my institute have all being asked to read this book. It has enabled them to widen the range of diagnosis that they can make and to be more accurate.

Authoritative and concise, this book provides an international standard for pathologists, urologists, and oncologists.

R Montironi

## CALENDAR OF EVENTS

Full details of events to be included should be sent to Maggie Butler, Technical Editor JCP, The Cedars, 36 Queen Street, Castle Hedingham, Essex CO9 3HA, UK; email: [maggie.butler2@btopenworld.com](mailto:maggie.butler2@btopenworld.com)

### Histopathology of the Bone Marrow

2 April 2003, Hammersmith Hospital, London, UK

Further details: [m.colasanto@imperial.ac.uk](mailto:m.colasanto@imperial.ac.uk) or <http://www.med.ic.ac.uk/divisions/7/Meetings.htm>

### Laboratory Aspects of Haemoglobinopathy Diagnosis

3 April 2003, Hammersmith Hospital, London, UK

Further details: [m.colasanto@imperial.ac.uk](mailto:m.colasanto@imperial.ac.uk) or <http://www.med.ic.ac.uk/divisions/7/Meetings.htm>

### One Day Symposium on Clinical Management of Thalassaemia and Sickle Cell Disorders

4 April 2003, Hammersmith Hospital, London, UK

Further details: [c.andrews@imperial.ac.uk](mailto:c.andrews@imperial.ac.uk)

### UK NEQAS for Blood Coagulation Annual Scientific Meeting

10-11 June 2003, Sheffield Hallam University, Sheffield, UK

Further details: Timothy AL Woods, UK NEQAS for Blood Coagulation, Rutledge Mews, 3 Southbourne Road, Sheffield S10 2QN, UK. (Tel: +44 (0)114 267 3300; Fax: +44 (0)114 267 3309; email: [talwoods@coageqa.demon.co.uk](mailto:talwoods@coageqa.demon.co.uk))

### UK NEQAS for Leucocyte Immunophenotyping Annual Scientific Meeting

24-25 June 2003, Sheffield Hallam University, Sheffield, UK

Further details: June Pidd, UK NEQAS for Leucocyte Immunophenotyping, Rutledge Mews, 3 Southbourne Road, Sheffield S10 2QN, UK. (Tel: +44 (0)114 267 3600; Fax: +44 (0)114 267 3601; email: [ukneqasli@btconnect.com](mailto:ukneqasli@btconnect.com))

### ACP Management Course for Pathologists, 2003

10-12 September 2003, Hardwick Hall Hotel, Sedgfield, County Durham, UK

Further details: Ms Valerie Wood, ACP Central Office, 189 Dyke Road, Hove, East Sussex, BN3 1TL, UK. (Tel +44 01273 775700; Fax +44 01273 773303; email [valerie@pathologists.org.uk](mailto:valerie@pathologists.org.uk))



## Pathologists like a bit on the slide

I M Zardawi

*J Clin Pathol* 2003 56: 319

doi: 10.1136/jcp.56.4.319

---

Updated information and services can be found at:

<http://jcp.bmj.com/content/56/4/319.1.full.html>

---

*These include:*

### References

This article cites 4 articles, 1 of which can be accessed free at:

<http://jcp.bmj.com/content/56/4/319.1.full.html#ref-list-1>

### Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

### Notes

---

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>