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January 2007

The American Society for Cytotechnology, as the collective voice for the profession, is committed to defining and promoting the profession of Cytotechnology

ASCT 2006 Cytotechnology Wage & Vacancy Survey

The following data was collected through November 21, 2006 from a survey sent to all 750 ASCT members with their dues renewal notices. Charts 1 and 2 show the numbers of responses received from each region.

Regions by Percentage

Career Outlook and Employer Expectations for New Graduates: Are Our Training Programs Meeting Expectations?

A survey was conducted by Indra Balachandran, Ph.D., SCT (ASCP) and Sue Stowell, M.S., SCT earlier in 2006 and the data was reported at the Program Faculty Seminar during the 54th Annual Scientific Meeting of the American Society of Cytopathology on November 3, 2006.

Region 3 in the Spotlight

(Texas, Oklahoma, Louisiana, Mississippi, Arkansas, Illinois, Michigan, Ohio and Indiana)

The 2007 ASCT Annual Conference in conjunction with the Southern Association of Cytotechnologists, Inc. (SAC) and the Texas Society of Cytology will be held April 27-29 in San Antonio, Texas at the Sheraton Gunter Hotel. This will be a great continuing education opportunity to take advantage of and a

Donald Simpson, MPH, CT(ASCP)
Region 3 Director
Publication Schedule

Volume IV Editorial Deadline

Issue 1: December 1, 2006
Mid-January, 2007 available online

Issue 2: February 1, 2007
Mid-March available online

Issue 3: April 1, 2007
Mid-May available online

Issue 4: June 1, 2007
Mid-July available online

Issue 5: August 1, 2007
Mid-September available online

Issue 6: October 1, 2007
Mid-November available online

ASCT

1500 Sunday Drive Suite 102
Raleigh, NC 27607
800-948-3947 phone
919-787-4916 fax

www.asct.com

tremendous time of fun.
Though more details about Fiesta Week and coinciding activities can be found on the ASCT website, the Ford Mariachi Festival will conclude on April 27th from 7:00 pm until 10:00 pm with local middle school and high school Mariachi Bands scheduled to perform on floating barges along the River Walk

ASCT 2007 Annual Meeting

April 27-29, 2007
Sheraton Gunter Hotel
San Antonio, Texas

Join ASCT in San Antonio, the heart of Texas, April 27-29 for the 2007 Annual Meeting. Long a crossroads of history and a meeting place of cultures, San Antonio is a rich blend of deeply rooted traditions and 21st century cosmopolitan flair, a place where America’s past and present merge.

San Antonio is the nation’s 8th largest city and a blend of the flavors and sounds of Native Americans, Old México, the Republic of Texas, Germans, the Wild West, African Americans, and the Deep South

For the Voice in its entirety (.pdf), please click here...

National Cytotechnology Day Design Contest 2007

To commemorate Dr. George Papanicolaou’s contributions to the field of medicine, May 13 – his birthday - has been designated National Cytotechnology Day (NCD).

The idea for NCD was first entertained and pursued at the ASCT Interim meeting in Atlanta, Georgia back in 1984 by ASCT member Bruce Buschmann.

2006 Winner, Karen Chau, MSKCC School of Cytotechnology
"Seeing the World in a Different Way."

The Latest on New York State Licensure: What You Need to Know

On January 30, 2005, the Clinical Laboratory Practice Act (Title VII Article 165) article was passed in New York State (NYS), after 20 years in the making. It establishes laboratory technology as a professional practice requiring licensure through the New York State Education Department (NYSED). The law, which went into effect on September 1, 2006, defines
the practice of clinical laboratory technology and provides for the licensing of clinical laboratory technologists and cytotechnologists as well as the certification of clinical laboratory technicians

Message from Linda P. Miller, Gynecologic Cancer Foundation, Cervical Cancer Campaign Consultant

To National Cervical Cancer Public Education Campaign Partners (ASCT):

It’s December and time to prepare for January, National Cervical Cancer Screening Month. With this note, I want to share with you some of the GCF cervical cancer education activities and offer you some materials for your use during the January awareness month

More>

Cytotechnologist
Cedar Rapids, Iowa

Mercy Medical Center, located in Eastern Iowa, is a 353-bed private hospital and state-of-the-art Level II Trauma Center with a caring attitude toward employees, patients and their families. We are currently seeking a Cytotechnologist to support our Laboratory Department. We have a volume of 6,500 SurePath gyn cytology specimens, 500 non-gyn specimens and 300 FNAs. Cytotechnologists work under the direction of the Pathologists in our Laboratory and accompany a Pathologist on FNAs done in the Radiology Department, as well as the FNAs done in our Laboratory. You will be responsible for processing, screening and reporting of gyn and non-gyn cytology specimens.

More>

Holmquist Award Nominations Sought

Nominations are now being accepted for the prestigious Marion and Nelson Holmquist Cytotechnologist Achievement Award. The objective of this award is to recognize a cytotechnologist for his/her contributions to the field of diagnostic cytology. Emphasis will be on the nominee’s more recent contributions. Any cytotechnologist who is a member in good standing of the ASCT is eligible to be nominated.

NOMINATIONS MUST BE RECEIVED BY ASCT BEFORE MARCH 1, 2007.

News & Updates in Region 1
(California, Oregon, Washington, Idaho, Montana, Alaska, Hawaii, Western Canada)

The California Association of Cytology (CAC) has announced some significant reorganization plans. The two chapters, Northern and Southern, will be combined to establish a single statewide organization. The Constitution and Bylaws are being revised accordingly to reflect this change.

Daniel Cybula, CT (ASCP)
Region 1 Director

Introduction to the Cytopreparation Laboratory Web Course

ASCT has successfully launched a web course hosted by blackboard.com, entitled "Introduction to the Cytopreparation Laboratory." This project was developed due to needs...
expressed from the ASCT membership to obtain assistance in training cytopreparatory personnel.

**ASCT on Location in Toronto!**

ASCT would like to thank all the members that stopped by our booth at the ASC Annual Meeting in Toronto, Canada. In addition, many new faces came by the booth to inquire about membership, publications, the Cytoprep Online course and the 2007 meeting.

**News & Briefs**

A large Danish study has found that for older women (age 40 and older), a test for human papillomavirus (HPV) is a much more effective way to screen for potential cancer than the traditional pap smear. The reason, report researchers in the November 1, 2006 issue of *Cancer Research*, is that HPV infection is rarer and more persistent in older women, putting a woman at substantial risk for the disease before changes in cervical cells, detected by Pap smears, are obvious.

**Joint Commission Field Review Notice**

**Potential 2008 National Patient Safety Goal (NPSG) Requirements and Implementation Expectations**

**Accreditation Manuals**

Ambulatory Care | Behavioral Health Care | Critical Access Hospitals | Disease-Specific Care | Home Care | Hospitals | Laboratories | Long Term Care | Office-Based Surgery

**Timeframe:** Posted for comment through **January 26, 2007**

**Website Link to Field Review:**

http://www.jointcommission.org/Standards/FieldReviews/

**Cytology PT Rule from CMS Delayed Until July**

A notice was published in Monday's Federal Register from the Centers for Medicare and Medicaid Services (CMS) indicating that the agency will not publish its proposed rule on Cytology Proficiency Testing (PT) until July of 2007. CMS had announced earlier that it intended to publish the rule in February of 2007. A federal advisory panel recommended in June revisions to the current regulation, including significant revisions to the scoring and the frequency of the test.
ASCT 2006 Cytotechnology Wage & Vacancy Survey

Survey Results as of November 21, 2006

The following data was collected through November 21, 2006 from a survey sent to all 750 ASCT members with their dues renewal notices. Charts 1 and 2 show the numbers of responses received from each region.

Overall Salary Ranges

<table>
<thead>
<tr>
<th>Salary Ranges</th>
<th>MIN</th>
<th>AVG</th>
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<tbody>
<tr>
<td>Hourly</td>
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<td>$30.35</td>
<td>$64.00</td>
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<td>Annually</td>
<td>$19,500.00</td>
<td>$67,339.61</td>
<td>$120,000.00</td>
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Salary Ranges for Position Titles

1. (A) Staff Cytotechnologist
2. (B) Lead, Chief, or Senior Cytotechnologist
3. (C) Supervisory Cytotechnologist
4. (D) Educational Program Director
5. (E) Quality Assurance Manager
6. (F) Lab Director

<table>
<thead>
<tr>
<th>Salary Ranges</th>
<th>MIN</th>
<th>AVG</th>
<th>MAX</th>
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Survey Statistics by Regions

Salary Range Statistics
What State do you work in?

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<td>40</td>
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</table>

Are you male or female?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Members</th>
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<tr>
<td>Male</td>
<td>40</td>
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<tr>
<td>Female</td>
<td>129</td>
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</tbody>
</table>

What is your hourly rate?

Hourly Survey Results by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>MIN</th>
<th>AVG</th>
<th>MAX</th>
</tr>
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</table>

What is your annual salary?

**Salaried Survey Results by Region**

<table>
<thead>
<tr>
<th>Region</th>
<th>MIN</th>
<th>AVG</th>
<th>MAX</th>
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<tbody>
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<td>1</td>
<td>$60,000.00</td>
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<td>2</td>
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<td>$61,593.33</td>
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<td>5</td>
<td>$52,000.00</td>
<td>$79,034.61</td>
<td>$120,000.00</td>
</tr>
</tbody>
</table>

What is your position title?

(Number of Years)

Number of years you have worked in Cytology
Number of years in current position

Type of Facility

Number of cytotechnologists employed in your laboratory?

Number of cytotechnology vacancies in your cytology lab?
Summary

- Approximately 18% of the surveys were responded to, however not all questions were answered on all survey questions. The replies to each of the questions are noted in the individual charts.

- The region with the most survey responses was region 3. The region with the least responses was region 1.

- The state of Michigan had the most responses, with 6.4% of the responses.
• American states that did not respond to the survey: Arkansas, District of Columbia, Delaware, Georgia, Hawaii, Oregon, Rhode Island, South Dakota, West Virginia, and Wyoming

• International responses received from Saudi Arabia are included in Region 4.

• 68.2% of the respondents were hourly paid employees, 31.8% were annual salaried employees.

• The hourly salary range of respondents was $20.50 to $64.00.

• The annual salary range of respondents was $19,500.00 to $120,000.00.

• 17.5% of respondents have been in the cytotechnology profession for 26 to 30 years.

• 42% of respondents held the Staff Cytotechnologist position.

• 14% of respondents have been at their current positions for less than 5 years.

• 34% of respondents have been at their current facility for less than 5 years.

• 62% of the Cytotechnology Laboratories surveyed have 5 or less people employed.
  o The most position vacancies were in Ohio.
A survey was conducted by Indra Balachandran, Ph.D., SCT(ASCP) and Sue Stowell, M.S., SCT earlier in 2006 and the data was reported at the Program Faculty Seminar during the 54th Annual Scientific Meeting of the American Society of Cytopathology on November 3, 2006.

The 44 active cytotechnology programs were surveyed. Thirty-seven (84%) of the surveys were returned after much reminding, coaxing and pleading. Twenty (54%) of the programs confer a Bachelor of Science degree, 16 (43%) issue post-baccalaureate certificates, the remaining programs confer a combination of degrees/certificates, and two (5%) confer master’s degrees.

The data was provided from survey results including 156 graduates from 2004 and 145 graduates from 2005. When asked, “Where did the 2004 and 2005 graduates find jobs?” the majority of graduates had been hired in large private labs. Most new graduates found their jobs before graduation, and the majority (71%) learned of employment opportunities via networking or from program personnel. The remainder learned of opportunities from web searches or print media.

Regarding the day-to-day cytology practice for these graduates, 100% of the graduates screen liquid based cytology samples. Somewhat surprisingly, 87% also screen conventional Pap smears. 85% screen non-gynecologic samples, and 80% are also screening slides from fine needle aspiration (FNA) biopsies. Over half (58%) of the new graduates attend FNA procedures and assist in the preparation of these samples. Slightly less than half (49%) provide adequacy assessments during FNA procurement.

More recent developments in the field of cytology include cytotechnologists participating in a variety of tests including (but not limited to) flow cytometry, HPV testing, FISH and PCR. About a quarter (26%) of the new graduates reported performing the HPV testing using Digene Hybrid Capture II. 15% of the graduates were performing flow cytometry tests. Very few graduates (8) were involved with FISH and fewer still (4) were performing PCR testing. (1) Some states, including Tennessee, limit the laboratory testing that cytotechnologists may be involved in. (2)

In summary, Dr. Balachandran reported that basic screening and diagnostic skills are still of paramount importance. Cytopreparation, including fine needle aspiration prep and assessment, were considered important but not always practiced. Adjunct technologies were considered important by those responding to the survey, but not commonly practiced.

A career in the medical field involves constant change and needs adapting to the changes. As always, it is important to be open-minded, aware and pro-active in embracing the changes. (3) The respondents to Dr. Balachandran’s survey not only provided the data as requested, but also let us know how dedicated they are to accommodating the needs of our ever-evolving profession.

1. Balachandran I, Stowell S. Entering the Real World: Job Outlook and Employer Expectations, presentation at the Program Faculty Seminar, 54th Annual Scientific Meeting of the American Society of Cytopathology, November 3, 2006. Toronto, Canada
2. Benstein B. verbal communication, Program Faculty Seminar, 54th Annual Scientific Meeting of the American Society of Cytopathology, November 3, 2006. Toronto, Canada
3. Silva F. The Future of Pathology, Pathology Grand Rounds, Indiana University School of Medicine, November 28, 2006. Indianapolis, IN
Region 3 in the Spotlight
(Texas, Oklahoma, Louisiana, Mississippi, Arkansas, Illinois, Michigan, Ohio and Indiana)

The **2007 ASCT Annual Conference** in conjunction with the Southern Association of Cytotechnologists, Inc. (SAC) and the Texas Society of Cytology will be held **April 27-29 in San Antonio, Texas at the Sheraton Gunter Hotel**. This will be a great continuing education opportunity to take advantage of and a tremendous time of fun. Though more details about Fiesta Week and coinciding activities can be found on the ASCT website, the **Ford Mariachi Festival** will conclude on April 27th from 7:00 pm until 10:00 pm with local middle school and high school Mariachi Bands scheduled to perform on floating barges along the River Walk.

Please also mark your calendars now to be in attendance at the 2008 meeting of the **Southern Association of Cytotechnologists, Inc.** scheduled for July 24th through 28th at the historic Hotel Monteleone in New Orleans and experience first-hand the rebuilding of a culture and a transformation of your career. More information will be available at [www.sacpage.org](http://www.sacpage.org) and updated as details are finalized.

**Jan Nelson**, Cytology Supervisor at Alexian Brothers Medical Center in Chicago, Illinois, provided representation for the ASCT to Career Cruising. During an in-person interview Jan spoke up for our profession by answering questions about the field of Cytopathology and the importance of becoming active in professional organizations like the ASCT. **Career Cruising** is an interactive career resource designed for people of all ages that assists with finding the right career, exploring different career options, or planning future education and training.

**Maggie Jones**, Cytology Supervisor at Elmhurst Memorial Hospital in Chicago, Illinois reported that 60 people were in attendance at the state cytology meeting during the summer. Presenters included Donna Mulford (GYN Self-Assessment Workshop) and Dr. Thomas Bonfiglio (Cytology of Glandular Lesions in Liquid-Based Gynecologic Specimens).

The September 13th edition of the **Detroit News** reported that Michigan may force girls to get a vaccine “that can prevent cervical cancer” should a proposed bill pass. In fact Michigan would become the first state to require girls entering the sixth grade to receive HPV vaccination under legislation introduced in the Michigan Senate.

Individuals recently added to the Region 3 list of ASCT Ambassadors include **Marilyn Dawlett** with the MD Anderson Cancer Center in Houston, Texas and **Andrea Black** with the Detroit Medical Center in Detroit, Michigan. If you or someone you know would be interesting in serving the ASCT in this capacity please contact me directly by e-mail (simpsondonald@uams.edu) or phone (501-686-8448) for more information about the role and responsibilities ambassadorship provides.
Join ASCT in San Antonio, the heart of Texas, April 27-29 for the 2007 Annual Meeting. Long a crossroads of history and a meeting place of cultures, San Antonio is a rich blend of deeply rooted traditions and 21st century cosmopolitan flair, a place where America's past and present merge. San Antonio is the nation's 8th largest city and a blend of the flavors and sounds of Native Americans, Old México, the Republic of Texas, Germans, the Wild West, African Americans, and the Deep South.

The ASCT Annual Meeting attracts over 200 attendees from the US and Canada to further their education in an era of rapidly evolving regulations, science and technology. CE is essential for maintenance of competency and professional development. The Annual Meeting features 15.75 CE credits and a variety of workshops, lectures and panel luncheons to increase knowledge and improve skills in the field of Cytotechnology. Plus you'll enjoy more diverse faculty than ever before.

Watch your mail for the 2007 Registration Form and be sure to sign up early as these hot sessions fill up quickly! The registration form is also posted online at www.asct.com/2007.

Attention Students!!!

ASCT will be holding our annual contest for students to present interesting cases at the Annual Meeting April 27-29 in San Antonio. This is a wonderful way to foster professionalism and introduce students to the type of continuing education we hope you will take advantage of throughout your career. The deadline for entry will be February 15th so please begin thinking about submissions now. Winners will be chosen by March 1.

You may submit your interesting case to:
Sue Stowell, SCT(ASCP), CMIAC
(315) 464-6900
stowells@upstate.edu

Indra Balachandran SCT(ASCP), CMIAC
(518) 694-7390
To commemorate Dr. George Papanicolaou’s contributions to the field of medicine, May 13 – his birthday - has been designated National Cytotechnology Day (NCD).

The idea for NCD was first entertained and pursued at the ASCT Interim meeting in Atlanta, Georgia back in 1984 by ASCT member Bruce Buschmann. History was made the following year in Philadelphia, PA when the week of May 12-18, 1985 became the first ever National Cytotechnology Week. The presentation of the proclamation, given by then Mayor of Philadelphia, W. Wilson Goode, was attended by Past ASCT President, Shirley Greening. Many local celebrations, mayoral and gubernatorial proclamations followed as NCD events grew in popularity.

In addition to celebrating the important work of Dr. George Papanicolaou, NCD has been utilized as a means to promote the importance of the Pap test in women’s health and the contributions of cytotechnologists to the health care field.

Each year ASCT promotes NCD by hosting an annual NCD Logo Design Contest. The winning logo is used on promotional products for cytotechnologists and laboratories to celebrate NCD.

2006 Winner, Karen Chau, MSKCC School of Cytotechnology
"Seeing the World in a Different Way

National Cytotechnology Day 2007 Design Contest
WINNER TO RECEIVE $100 CASH
Submit design and slogan by February 9, 2007

Entries should be submitted to:
Nancy Yockel, NCD Chairman
PO Box 1573
Bethany, OK 73008
nyockel@sbcglobal.net

The award will be mailed March 15, 2007, and the winning design acknowledged at the 2007 Annual ASCT meeting in San Antonio, TX, April 27-29, 2007.

Rules:
1. Design must be an original concept of the applicant
2. Artwork cannot be an advertising copyright or reproduction of a trademark.
3. Design and slogan selected becomes the property of ASCT and Action Specialty, Co.

1. Principle winner cannot be a minor.
2. All entries received after the February 9, 2007 deadline will not be accepted.
3. All entries must be submitted with applicants name, address, E-mail and phone number.

Back to the articles
The Latest on New York State Licensure: What You Need to Know

By Maria A. Friedlander M.P.A., CT(ASCP)

On January 30, 2005, the Clinical Laboratory Practice Act (Title VII Article 165) article was passed in New York State (NYS), after 20 years in the making. It establishes laboratory technology as a professional practice requiring licensure through the New York State Education Department (NYSED). The law, which went into effect on September 1, 2006, defines the practice of clinical laboratory technology and provides for the licensing of clinical laboratory technologists and cytotechnologists as well as the certification of clinical laboratory technicians.

Historical Perspective: How did this happen?
The licensure movement in New York can be traced back more than three decades to the 1960s when a group of medical technology educators and laboratory managers in upstate New York first attempted to seek licensure after media reports leaked shoddy clinical laboratory practices. The first licensure bill was drafted in 1974 and failed to pass the legislature. By the 1980’s, the findings of the NYS Labor-Health Industry Task Force on Health Personnel identified many issues fueling a new generation of licensure advocates. These issues included lack of professional status for clinical laboratory practitioners, difficulty in recruitment and retention of healthcare workers, personnel shortages and scarcity of educational programs for prospective medical technologists. A strategic decision to build a broad based, diverse coalition representing all laboratory professionals resulted in the development of the Professional Standards Coalition for Clinical Laboratory Personnel. Cytotechnologists came on board in an effort to be recognized professionally, to protect their scope of practice and to be actively involved in decisions that could potentially affect their profession. This unique consortium of 22 professional organizations, educators, industry representatives and health care unions represented a collaborative effort for a single, unified voice for licensure in NYS. After many years of debate, revisions and lobbying, the bill was finally passed on January 30, 2005. It is interesting to note that the majority of laboratory professionals were not active during the legislative process and actually unaware of the impact of the law until the proposed regulations were publicly posted in May 2006.

The Regulations to Implement the Law
The regulations to implement the law took almost 1 1/2 years to draft. The regulations were drafted by the NYSED with the assistance of the State Board of Clinical Laboratory Technology, The State Board is composed of eleven members - 4 licensed clinical laboratory technologists, 2 licensed cytotechnologists, 1 certified clinical laboratory technician, 2 members of the public, 1 representative of the diagnostic/manufacturing industry, and 1 director of a clinical laboratory who must be a physician. The State Board was appointed in November 2005 to advise and assist the Board of Regents and the NYSED on matters related to their respective professions. The initial draft of the regulations was presented for public comment in May 2006. Clinical educators were the most vocal party to respond. Minimum educational standards were developed by the State Board to address diversity in state-wide training programs. Current course requirements as established by accreditation agencies of clinical training programs were viewed as inadequate. All training programs would be required to register with NYSDOE and be recognized as a program leading to licensure. For cytotechnology, proposed minimum course requirements were more stringent than those currently recommended by the cytotechnology program accreditation agency. An informal survey of cytotechnology training programs revealed that there was not one program in the state or country who currently met all proposed course requirements. It is also important to note that as per the proposed regulations, all clinical training programs (both baccalaureate and advanced certificate) would need to be credit-bearing programs registered by the NYSDOE or deemed substantially equivalent. The regulations failed to provide sufficient time to address program and curricular changes to meet these requirements by September 2006, the effective date of the law.

Clinical laboratory practitioners were also vocal in responding to the regulations as the new law recognizes the “generalist” laboratory professional only. There is no mechanism in place under the licensure law to recognize categorical licensing. There was great concern that this would limit the ability of laboratories to employ qualified individuals in the future, especially to perform esoteric
and specialized tests.

Unexpected & Unintended Consequences
Other unexpected and unintended consequences were revealed upon posting of the initial regulations:

- Special provisions did not grandfather all currently employed laboratory practitioners, including those qualified to practice under NYS Department of Health regulations. These included experienced cytotechnologists who have been practicing for over 20 years but lack a baccalaureate degree. Educators engaged in the full-time education of cytotechnologists were also overlooked in the special provisions.
- Recent and current graduates who had not met the minimum professional experience requirement were not subject to grandparenting provisions and would be required to take the state licensure examination, which was yet to be determined by the NYSDOE. It was also unclear if these graduates would also be required to return to school and take additional courses to meet new minimum educational requirements.
- Numerous clinical training programs have closed. It was unclear how graduates from these programs would be able to verify completion of their professional education.
- Medical directors who were employed in laboratories that are no longer in operation may be unavailable to attest to applicants' professional experience within the past 5 years.
- Legal requirement that both licensure and registration fees be submitted at the same time will result in a large upfront expense for professionals affected by new licensure law.

In response to public comment, revised regulations were drafted and approved as an emergency measure by the Board of Regents in July 2006 to initiate licensure procedures and meet September 1, 2006 deadline, as specified in the law. The emergency regulations provide a route for the licensure of all 3 professions by establishing grandparenting provisions, a transition pathway, limited permit provisions and a provision for licensing examination. Some of the issues outlined above have been addressed in these emergency regulations, but other issues continue to challenge the NYSDOE as they work to license as many professionals as possible within the constraints of the law.

Who needs to apply for a license?
All clinical lab technologists, clinical lab technicians and cytotechnologists must be licensed if they practice in NYS. There are a few exceptions which include:

- persons who work in laboratories operated by the federal government;
- persons licensed or otherwise authorized to practice or offer the services and activities of medicine, physician assistant, dentistry, podiatry, nurse practitioner, respiratory therapy, or respiratory therapy technician; provided, however, that these persons shall not use the titles licensed laboratory technologist, cytotechnologist, or certified laboratory technician, unless they are licensed or certified in the clinical laboratory technology professions;
- clinical laboratory technology practitioners engaged in teaching or research, provided that the results of any examination performed are not used in health maintenance, diagnosis or treatment of disease and are not added to the patient's permanent record;
- students or trainees enrolled in approved clinical laboratory technology education programs provided that these activities constitute a part of a planned course in the program, and these persons are designated by a title such as intern, trainee, or student, and the persons work directly under the supervision of an individual licensed or exempt under this law;
- persons employed by a clinical laboratory to perform supportive functions not related to the direct performance of laboratory procedures or examinations;
- a director of a clinical laboratory.

Employees entitled "accessioners," "processors," "assistants," or a similar title, may be required to possess a license if their job descriptions show that they are responsible for performing services or activities that fall within the scope of practice of the aforementioned licensed professions. The term cytopreparatory technician is not defined in the law and it is unclear if these individuals need to apply for a clinical laboratory technician license. However, the NYSDOE feels that preparatory staff's daily activities do fall within the scope of practice of clinical lab technician – that is, the performance of laboratory procedures pursuant to established and approved protocols which require limited exercise of independent judgment and which are performed under the supervision of a licensed cytotechnologist, laboratory supervisor, or director of a cytopathology laboratory. Therefore, individuals performing such work must be licensed, unless subject to one of the
What are the requirements I need to apply for a CT license?

A cytotechnologist is defined as “clinical laboratory practitioner who, pursuant to established and approved protocols of the Department of Health, performs cytological procedures and examinations, and any other such tests including maintaining equipment and records and performing quality assurance activities related to examination performance, and which require the exercise of independent judgment and responsibility, as determined by the Education Department.” The requirements necessary to apply for a cytotechnologist license include:

1. **Application:** file an application with the NYSDOE;
2. **Education:** possess a bachelor's degree or higher in cytotechnology from a program registered by the department or determined by the department to be the substantial equivalent, or possess a bachelor's degree that includes a minimum number of credit hours in the sciences and received appropriate clinical education in an accredited cytotechnology program or a program determined by the department to be the substantial equivalent; (unless licensed by grandparenting)
3. **Examination:** pass an examination acceptable to the board and in accordance with the commissioner's regulations; (unless licensed by grandparenting)
4. **Age:** be at least eighteen years of age;
5. **Character:** be of good moral character as determined by the department;
6. **Fees:** pay a fee of $175 for an initial license and a fee of $170 for each triennial registration period.
7. **Experience:** shall have successfully performed the duties of a cytotechnologist for two years, meaning 2,880 clock hours, over the five years immediately preceding September 1, 2006 (for licensure by grandparenting only).

In addition to meeting the requirements outlined above, applicants must also certify that they have reviewed the laws, rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a cytotechnologist in New York State.

What if I do not meet all these requirements? Can I still get a license?

There are three pathways for licensure:

**Special provisions (grandparenting) pathway:** Not all practicing cytotechnologists will meet all of the above requirements and will need to apply for a license via grandparenting provisions. Grandparenting provisions provide a pathway to licensure for individuals who meet acceptable alternative requirements without having to pass the licensing examination requirement. This pathway is applicable to cytotechnologists who meet the professional education requirement and have been practicing for a minimum of two years, (meaning 2,880 clock hours within the past 5 years) as of September 1, 2006.

Applicants who lack a baccalaureate degree are eligible to qualify for a license via special provisions if they held a Certificate of Qualification to practice as a cytotechnologist that was issued by the City of New York Department of Health prior to 1995. These applicants also need to meet minimum experience requirement as outlined above.

Experienced applicants engaged in practice outside of NYS who want to apply for a NYS license may want to do so now as special provisions allow grandparenting of applicants only until September 1, 2007. After September 2007, all out-of-state applicants will need to meet all requirements as listed above. Cytotechnologists who have graduated from cytology training programs outside of NYS, which are not registered with the NYSDOE, will be evaluated on a case-by-case basis to see if their professional education is substantially equivalent to programs registered as licensure qualifying. The process to obtain a license may take longer to accommodate this evaluation process.

**The transition pathway:** This pathway applies to those individuals who have recently graduated (since September 2004) or who are currently in educational programs. This pathway provides a route for them to work as a cytotechnologist while the educational programs they attended or are attending apply to be recognized as licensure-qualifying. These individuals also do not meet the required 2 year work experience requirement as outlined in grandparenting provisions above.
Applicants under this pathway are required to meet the licensing examination requirement. In October 2006, the State Board recently recommended to NYSED that the American Society of Clinical Pathology (ASCP) be the provider for administration of the licensing examination. Details on the logistics of this arrangement are unavailable as of yet. Regulations state that a converted score of 75% is required.

Applicants who qualify for the transition pathway must also apply for a limited permit (one year renewable) to enable them to work until they demonstrate that they have passed the licensing exam.

Revised regulations allow for a 5 year transition period for training programs to update their curricula as necessary. It also allows sufficient time for non-credit bearing training programs to affiliate with credit-bearing institutions who will award 4+1 advanced certificates to graduates upon completion of the program. This pathway ends on September 1, 2011, by which time all clinical training programs must be registered as licensure qualifying, or determined by NYSDOE to be substantially equivalent.

**The standard pathway:** Applicants who do not meet the qualifications for licensure under the transition pathway or by grandparenting will need to apply via the standard pathway. Applicants under this pathway must attend a program registered as licensure qualifying and meet all other requirements for licensure as outlined above.

**The Future of Licensure in NYS**

As of September 2006, approximately 16,000 individuals have applied for licensure in the three professions and have received a letter authorizing them to work until their applications are fully reviewed for approval. The State Board plans to continue communications with training programs and other professional representatives to develop Practice Alerts and Guidelines to assist licensees in understanding the rules of their professional practice under the statute. Regulations will be refined to accommodate professional practice concerns in the context of the changing field of laboratory medicine.

Cytotechnologists must actively be involved in defining and protecting their scope of practice in light of future changes in cytopathology. In Tennessee, cytotechnologists cannot perform molecular testing as it was not included within their scope of practice. In Florida, molecular testing’s CPT code is under the microbiology specialty and cytotechnologists are unable to perform molecular testing, despite a broadly written scope of practice. Scope of practice language should not be too specific or too broad that it fails to incorporate future technologies. Attention must also be paid to the development of scope of practice for other disciplines in laboratory medicine. Cytotechnologists may be disenfranchised from performing future tests that are suited to our discipline if these tests are incorporated within the scope of practice of other areas.

New York joins 11 other states (California, Florida, Georgia, Hawaii, Louisiana, Montana, Nevada, North Dakota, Rhode Island, Tennessee, West Virginia) and Puerto Rico with licensure requirements for cytotechnologists; 8 other states (Illinois, Indiana, Massachusetts, Minnesota, Missouri, Pennsylvania, Iowa, Vermont) are currently or have previously considered licensure of clinical laboratory personnel. Cytotechnologists and pathologists need to be aware of licensure efforts in their state. The NYS licensure law is a comprehensive law that took a long time to pass. It caused more debate among laboratory professionals after the law was passed, rather than before it. To avoid unintended and unexpected consequences such as what occurred in NYS, input from all communities of interest is essential during the development of licensure legislation and regulations.

All information pertaining to NYS licensure for clinical laboratory practitioners is available on-line at: http://www.op.nysed.gov/clp.htm


**References:**


New York State Register - Rule Making Activities, August 16, 2006; 28(33): 12-16.
Message from Linda P. Miller, Gynecologic Cancer Foundation, Cervical Cancer Campaign Consultant

To National Cervical Cancer Public Education Campaign Partners (ASCT):
It’s December and time to prepare for January, National Cervical Cancer Screening Month. With this note, I want to share with you some of the GCF cervical cancer education activities and offer you some materials for your use during the January awareness month. I am sure that you have been as busy over the last 6 months with cervical cancer education activities, as we have been at GCF. 2006 has been a watershed year for cervical cancer. What an exciting time!

We have updated our web site with new information on the vaccine and HPV. Check it out at [http://www.cervicalcancercampaign.org/](http://www.cervicalcancercampaign.org/). On the site we have posted our new brochure, “You Can Prevent Cervical Cancer. Vaccinate Early. Screen Regularly.” It is available in a PDF format in both English and Spanish for your use. We also have created a Web banner to celebrate January as National Cervical Cancer Screening Month which is attached. Other new material is also available on our Web site. There will soon be an updated cervical cancer PowerPoint educational presentation designed for the public. We will share it with you as soon as it becomes available. And last, there is new and updated information on HPV to help answer the numerous questions about the virus from the public.

Capitalizing on the public’s interest in cervical cancer, we have launched public information messages in a variety of media. We are in the midst of a web broadcast to over 3 million women ages 20-30, telling them about the vaccine. This is a new educational media for us and we are eagerly awaiting its results.

We have also conducted several focus groups to refine the messages to be used in the January radio news campaign we discussed at the July partners meeting. The audio news release (ANR) targets five distinct groups: 1) the general public, 2) young women age 17-26, 3) parents of teens, 4) African-American women, and 5) Latinas. It should have a reach of over 30 million listeners. We are also releasing a mat release (a press article for community newspapers that can be used any time throughout the year) telling a human interest story about a survivor of cervical cancer.

A number of people and organizations have requested materials (brochures – “You Can Prevent Cervical Cancer. Vaccinate Early. Screen Regularly,” pamphlets – “Understanding Cervical Cancer”, or “Take the Pledge” brochures, cards and wristbands) from GCF for use during local events that they are planning for January. GCF has a product order form on the web site, [http://www.thegcf.org/](http://www.thegcf.org/). We would be happy to do the same for your organization. Alternatively, we would be pleased to distribute these cervical cancer public education materials to your membership on your behalf.

I’m looking forward to a lot of January “buzz” about cervical cancer and the vaccine. Don’t hesitate to call on me if any of these materials can be helpful to your January efforts.

The GCF thanks CYTYC LP Corporation, GlaxoSmithKline and Merck & Co., Inc. for their generous support of the GCF National Cervical Cancer Public Education Campaign. Their unrestricted educational grants support, in part, these efforts.

On behalf of the Gynecologic Cancer Foundation, I hope this correspondence finds you preparing for a happy and healthy holiday season.

[Back to the articles](http://asc.com/newsletter/jan07/art7.html)
Holmquist Award Nominations Sought

Nominations are now being accepted for the prestigious Marion and Nelson Holmquist Cytotechnologist Achievement Award. The objective of this award is to recognize a cytotechnologist for his/her contributions to the field of diagnostic cytology. Emphasis will be on the nominee’s more recent contributions. Any cytotechnologist who is a member in good standing of the ASCT is eligible to be nominated. The following criteria are used to evaluate nominees: Clinical skills (as documented by references); professional involvement; teaching/research activities; honors/awards in cytotechnology and commitment/dedication to cytotechnology. Nominators should submit the following materials to be reviewed: nominees current curriculum vitae; two letters of reference (one from nominator); other applicable supporting documentation the nominator feels are needed. The nominations will be reviewed by the awards committee and the Executive Council. The award winner will receive a plaque and a monetary award to be presented at the ASCT 2007 Annual Conference to be held April 27-29, 2007 in San Antonio, Texas.

NOMINATIONS MUST BE RECEIVED BY BETH DENNY AT ASCT BEFORE MARCH 1, 2007.

Nominee’s Name  
__________________________________________________________

Nominee’s Affiliation  
__________________________________________________________

Nominee’s address  
__________________________________________________________

Nominee’s City  
__________________________________________________________

State  
____________________

Zip  
____________________

Nominee’s Phone  
__________________________________________________________

Nominator’s Name  
__________________________________________________________

Back to the articles
The California Association of Cytology (CAC) has announced some significant reorganization plans. The two chapters, Northern and Southern, will be combined to establish a single statewide organization. The Constitution and Bylaws are being revised accordingly to reflect this change. The CAC has asked ASCT member, Deanna Iverson, to help with defining the Cytotechnologists Scope of Practice and to act as a liaison to the California Department of Health Services. The CAC and Ms. Iverson will be involved in reviewing the changing role of the Cytotechnologist. The organization also hopes to be instrumental in making recommendations to the state government on the ways Cytotechnologists can be instrumental in providing quality, low cost health care to Californians.

The date and location of the 2007 CAC Annual Workshop-Seminar has not yet been announced. It has been suggested that semi-annual regional (Northern and Southern California) workshops be held.

Introduction of a new Assistant Director, Lisa Forslund - California

Lisa Forslund has been a Cytotechnologist for 24 years, an ASCT member since 2003, and an active member of the California Association of Cytotechnologists. She has held many positions in the CAC, including President in 2000. She was honored by the CAC as Cytotechnologist of the Year in 2005. After working for 20 years at a private laboratory, Lisa is now employed in a hospital screening GYN and NON-GYN cases, as well as attending Fine Needle Aspiration Biopsies in Radiology and Endoscopy.
Introduction to the Cytopreparation Laboratory Web Course

ASCT has successfully launched a web course hosted by blackboard.com, entitled "Introduction to the Cytopreparation Laboratory." This project was developed due to needs expressed from the ASCT membership to obtain assistance in training cytopreparatory personnel. This course is intended to provide fundamental information about the cytopreparation laboratory, supplementing the orientation materials that are typically given to new cytoprep employees when they are initially hired. The course is very basic, assuming the participant has no knowledge of laboratory procedures. The content is also suitable for new cytotechnology students or others who may benefit from learning about the activities in the cytopreparation laboratory.

The course consists of an Introduction and seven chapters to include:
Specimen Receipt,
Specimen Preparation,
Staining Theory and Purpose,
Equipment Orientation and Maintenance,
Troubleshooting Common Problems,
Quality Assurance, and
Safety

All subscriptions last for 12 months from the date of registration and access to the course and its resources are available for the entire 12 month period. Enrollment forms are available at www.asct.com and can be emailed or faxed to ASCT with payment. You will receive your user name and password via email from ASCT after payment is received. You MUST fill in your email address in order to receive your user name and password.

In addition to the chapter text, the course includes a lab terminology dictionary, discussion board, and self-assessment exercises for each chapter. Participants can print their own test results. There is no minimum score required, nor passing grades defined. Laboratories who wish to, may monitor the tests and set Pass/Fail requirements. Individuals who complete the course may request a Certificate of Completion from ASCT.

Contributors to the course are Karen Allen, Rose Marie Gatscha, Gary Gill, Deanna Iverson, Janie Roberson, and Brenda Schultz.

Cost:
$95     individual
$90     lab registering 2-3 people/person
$85     lab registering 4-5 people/person
$80     lab registering 6+ /person
$100    per program for Cytotech programs

Testimonials from participants have been very positive and laboratory managers have reported that this course was beneficial for the entire cytopreparatory department. Educators in cytology programs applaud the convenient and affordable per program fee. One participant noted that prior to this course, continuing education for cytopreparatory personnel was difficult and costly to obtain.

Questions about the course can be directed to ASCT at www.info@asct or by calling 1-800-948-3947.
ASCT on Location in Toronto!

ASCT would like to thank all the members that stopped by our booth at the ASC Annual Meeting in Toronto, Canada. In addition, many new faces came by the booth to inquire about membership, publications, the Cytoprep Online course and the 2007 meeting.

ASCT would also like to recognize the winners of the drawing held during the conference. Member Judith Connor of Binghamton, NY (Region 5) won a deck of playing cards and non-member Evans Lazarre, Stamford, CT (Region 5) won a National Cytotechnology Day tote bag. For those interested in these items, they may be purchased directly from ASCT or at the 2007 Annual Meeting.
News Updates from AMWA on HPV

HPV Test Better at Screening for Cancer
A large Danish study has found that for older women (age 40 and older), a test for human papillomavirus (HPV) is a much more effective way to screen for potential cancer than the traditional pap smear. The reason, report researchers in the November 1, 2006 issue of Cancer Research, is that HPV infection is rarer and more persistent in older women, putting a woman at substantial risk for the disease before changes in cervical cells, detected by Pap smears, are obvious. To find out how effective the HPV test was at predicting that risk, researchers from the Danish Cancer Society analyzed samples from two groups of women, one including 8,666 women age 22-32 and the other including 1,578 women age 40-50. The researchers found that among older women who had a positive HPV test and a negative Pap smear, nearly 25% developed cervical abnormalities within 5 years; after 10 years, more than 35% experienced an abnormal Pap test. (AACR News, 11/1/06)

HPV Vaccine Added to CDC's Vaccines for Children
The Centers for Disease Control and Prevention (CDC) has added Merck's cervical cancer vaccine, Gardasil, to the CDC's Vaccines for Children (VFC) contract for girls and women, age 9 to 18. Gardasil was approved in June by the Food and Drug Administration (FDA) for use in girls and women ages 9 to 26 years, and is the only vaccine currently available for the prevention of HPV types 16- and 18-related cervical cancer, cervical pre-cancers (CIN 2/3 and AIS), vulvar pre-cancers and vaginal pre-cancers, and for the prevention of genital warts and low-grade cervical lesions caused by HPV types 6, 11, 16 and 18. The VFC program provides vaccines to children through the age of 18 who are Medicaid-eligible, uninsured, underinsured or Native American. After the CDC's Advisory Committee for Immunization Practices (ACIP) has made a recommendation for the use of a given vaccine and it is accepted for inclusion in the VFC program, eligible adolescents may receive recommended vaccines at no charge. To learn more about the VFC, go to http://sdm3.rm04.net/ctt?kn=20&m=668132&r=NTA0Mjg1NDIzNAS2&b=0&j=MjI5MTE4MjAS1&mt=1

The Joint Commission’s Standards and Survey Procedures Committee recently approved new and revised laboratory standards related to molecular testing that address required safeguards, including quality control, validation testing, preventing specimen contamination, and reporting. Molecular testing has tremendous potential for improving the prediction, prevention, detection, and treatment of disease and promises to be extremely useful in epidemiologic investigations and infection control efforts. The Joint Commission convened an expert panel to help frame the new set of requirements.

Find the complete story online http://www.jointcommission.org/Library/JCAHOnline/jc_11_06.htm#6

ASCT member, Dorothy Green of Stoneham, MA, passed away September 2, 2006 at Massachusetts General Hospital in Boston after a short illness.

Mrs. Green had worked as a cytotechnologist at Holy Family Hospital in Methuen and was still working part time. Previously, she had worked 10 years at the Division of Comparative Medicine at Massachusetts Institute of Technology. In addition to being a long-standing member of ASCT, Mrs. Green was also a member of the Massachusetts Cytology Society and the College of American Pathologists.

Gifts in her memory may be made to the Pulmonary Fibrosis Foundation, 1332 N. Halsted St, Suite 201, Chicago, IL  60622.

Back to the articles
Joint Commission Field Review Notice

Potential 2008 National Patient Safety Goal (NPSG) Requirements and Implementation Expectations

Accreditation Manuals
Ambulatory Care | Behavioral Health Care | Critical Access Hospitals | Disease-Specific Care |
Home Care | Hospitals | Laboratories | Long Term Care | Office-Based Surgery

Timeframe: Posted for comment through January 26, 2007

Website Link to Field Review: http://www.jointcommission.org/Standards/FieldReviews/

Questions: Contact Jennifer Hoppe - Division of Standards and Survey Methods - at (630) 792-5936 or jhoppe@jcaho.org

Topic Background

- The Joint Commission seeks your comments on potential new National Patient Safety Goals, Requirements, and Implementation Expectations being considered for 2008. Your opinions are a very important input into the selection process for 2008 Goals and Requirements.

- The Joint Commission first introduced its National Patient Safety Goals in January 2003 in an expanded effort to improve patient safety in accredited organizations. Each Goal includes specific evidence-based Requirements that identify opportunities for reducing risk to patients.

- An advisory group assists the Joint Commission in the identification and development of the Goals, Requirements, and Implementation Expectations. The advisory group includes both patient safety experts and health care professionals who have hands-on experience in addressing safety issues. Each year, Joint Commission staff work with the advisory group to review and update the Goals and Requirements to ensure that they continue to be relevant and focused on important safety issues.

- For 2008, the advisory group is expected to recommend retention of most of the 2007 Goals and Requirements. It may also suggest the adoption of a limited number of new Goals and/or Requirements.

- The potential new Goals, Requirements and Implementation Expectations under consideration for 2008 implementation can be accessed on the Joint Commission website through the link listed above

Molecular Testing Standards, CLIA alignment for QC.4.23

The Joint Commission’s Standards and Survey Procedures Committee recently approved new and revised laboratory standards related to molecular testing that address required safeguards, including quality control, validation testing, preventing specimen contamination, and reporting. Molecular testing has tremendous potential for improving the prediction, prevention, detection, and treatment of disease and promises to be extremely useful in epidemiologic investigations and infection control efforts. The Joint Commission convened an expert panel to
help frame the new set of requirements. 
Find the complete story online: 
http://www.jointcommission.org/Library/JCAHOnline/Jo_11_06.htm#6
Cytology PT Rule from CMS Delayed Until July

A notice was published in Mondays Federal Register from the Centers for Medicare and Medicaid Services (CMS) indicating that the agency will not publish its proposed rule on Cytology Proficiency Testing (PT) until July of 2007. CMS had announced earlier that it intended to publish the rule in February of 2007. A federal advisory panel recommended in June revisions to the current regulation, including significant revisions to the scoring and the frequency of the test.

Laboratory professionals will again be subjected to testing in 2007 under the current regulation.

The Cytology Proficiency Testing Improvement Act, S. 4056, was introduced in the Senate in November and a House version, H.R. 6133, was introduced in September. Both bills would make the regulation educational rather than punitive. In 2005, the House passed H.R. 4568, The Proficiency Testing Improvement Act of 2005, which called upon CMS to suspend the current program and to implement specific changes to the program.
Cytotechnologist
Cedar Rapids, Iowa

Mercy Medical Center, located in Eastern Iowa, is a 353-bed private hospital and state-of-the-art Level II Trauma Center with a caring attitude toward employees, patients and their families. We are currently seeking a Cytotechnologist to support our Laboratory Department. We have a volume of 6,500 SurePath gyn cytology specimens, 500 non-gyn specimens and 300 FNAs. Cytotechnologists work under the direction of the Pathologists in our Laboratory and accompany a Pathologist on FNAs done in the Radiology Department, as well as the FNAs done in our Laboratory. You will be responsible for processing, screening and reporting of gyn and non-gyn cytology specimens.

The qualified candidate must be ASCP registered and a graduate of an ASCP approved Cytology Program. 1-2 years experience is desirable. Microscopic skills, specimen-processing abilities, knowledge of the use of staining materials and computer skills are a must.

Experience the enviable quality of life, low cost of living and work/life balance you can only find in Cedar Rapids, Iowa. We are located just 25 miles from the University of Iowa and equidistant from Chicago, Minneapolis, St. Louis and Kansas City. Please apply online at www.mercycare.org and click on Employment and Volunteering.

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