COMMENTS ON COMPUTER BASED PROFICIENCY TESTING FOR CYTOLOGY
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Thank you for the opportunity to comment on this important topic. First, I want to commend CDC for the progress in developing computer based proficiency testing (CBT), and for addressing the issue of validation of the computer based images in the recently completed study. The study suggests near equivalence in the performance of subjects on glass slides and CBT when the images are validated. The different pass rates when unvalidated images are used suggest that validation of a glass slide should not be extrapolated to a digitized images of that slide. Instead, the glass slides and computer based images need to be validated independently.

Secondly, I suspect that viewing images on a computer monitor tests interpretative skills primarily, and may not be as good a test for screening (locator) skills. This is because when viewing a slide through a microscope, the field of view is wider than it is when viewing an image on a computer monitor at commonly used distances, which makes the sensory aspects of examining a glass slide with a microscope somewhat different than examining an image on a computer monitor. It may even be easier to detect rare abnormal cells while screening a digital image than it is using glass slides once the user is comfortable with CBT, because of the narrower field of view. These suspicions are based on 15 years of cytopathology practice and extensive experience with digital imaging and not published, peer reviewed data, but I think it is important that they be investigated as part of the development of CBT.

Finally, I feel that the algorithm for scoring the tests, which was introduced over a decade ago, needs to be updated with consideration given to the nomenclature revisions in Bethesda 2001 and recently published practice guidelines for the management of abnormal Pap tests issued by the American Society for Colposcopy and Cervical Pathology. Specifically, implicit in the current scoring system is the assumption that the dividing line between low grade squamous intraepithelial lesions and high grade squamous intraepithelial lesions is one of the most important distinctions to be made. Under the current practice guidelines however, the next step in the management of patients with either of these interpretations of their Pap tests is the same. The scoring algorithm should reflect this.

The American Society of Cytopathology would be pleased to be of assistance to the committee or to CDC on any issue regarding the practice of cytopathology. Thank you.