

Cyto Paths

A Communication of the International Academy of Cytology
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The International Academy of Cytology: 40 Years of Continuous Growth

Volker Schneider, M.D., FIAC, Freiburg, Germany

Few, if any, of our members may have observed July 7th as a particular day to remember. Yet it was on this day, exactly 40 years ago, that the International Academy of Cytology was founded in Brussels, Belgium in 1957.

"It was our intention to provide a forum for international exchange among diagnostic cytologists", remembers Dr. George L. Wied, Chicago. "In these days, cytology had attracted a number of young, enthusiastic physicians, some of them having studied

with Dr. George N. Papanicolaou at Cornell University Medical School in New York City. They were distributed throughout the world, such as Dr. Irena Koprowska, Dr. Lina Tsakiris-Coutifaris (Greece), Dr. Guillermo Terzano (Argentina), Dr. J. Bruisma (Netherlands), Dr. Peter Stoll (Germany), Dr. Erica Wachtel (England), Dr. Luis Montalvo-Ruiz (Spain). It was the intention to create an

international network for further stimulation and exchange of ideas. We approached Dr. Papanicolaou who vigorously supported the idea of an international body of experts. Yet, he was not willing to accept the position as inau-



Members of the Founders' Committee of the International Academy of Cytology (1957) left to right: Dr. Hans-Klaus Zinser, Cologne, Germany (1st IAC President); Dr. Guillermo Terzano, Buenos Aires, Argentina; Dr. Ruth M. Graham, Buffalo, New York (1st IAC Secretary-General); Dr. George L. Wied, Chicago, IL, USA (Editor-in-chief); Dr. Peter Stoll, Mannheim, Germany.

gural president because he did not want to alienate the PanAmerican Society of Cytology (founded by Dr. J. Ernest Ayre, Miami), and the InterSociety Cytology Council (lead predominantly by Drs. Hertig, Meigs and Scheffey) which later became the American Society of Cytopathology."

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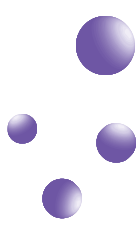


Highlights

- World Congress Japan
- Australia, Cytology



David B. Kaminsky,
M.D., FIAC
and
Atsuhiko Sakamoto,
M.D., FIAC –
Co-Editors,
Cyto Paths



In Spring of 1957, a Founder's Committee (Table 1) of 27 prominent cytologists from around the world was created. This list is a permanent feature of the statutes of the International Academy.¹ The Constitution and Bylaws were formulated using those of the International College of Surgery as a blueprint. The actual inauguration of the International Academy occurred at the Conference by the UICC (International Union Against Cancer) on Early Cancer Detection which was held in Brussels, Belgium in July of 1957.

"Not all members of the Founders' Committee were present in Brussels at that time" recalls Dr. Hans-Klaus Zinser, Cologne, Germany, the first President of the IAC. "Remember that intercontinental travel in those days was mainly by ship. Besides Dr. Papanicolaou, Dr. Ayre, Dr. Ruth Graham and Dr. Wied, I only remember Drs. Gompel, Pundel, Stoll, Terzano and Wachtel being present. It came as a surprise to me that Dr. Papanicolaou who was the Honorary Chair of the Committee nominated me as first IAC President. I published one of the first textbooks on diagnostic cytology in 1951 and had been working closely with Dr. Wied in these years before he went to the United States in 1953. My obligations as president were limited. I presided over the first International Cytology Congress which was held in the Hofburg Palace in Vienna, Austria in August of 1961 where we promoted the development of a uniform international terminology, and I distinctly remember the sumptuous gala dinner we had at the Hotel Sacher. As far as the day-to-day operation of the International Academy was concerned,

it was Ruth Graham as Secretary General and George Wied as Editor-in-Chief who really pulled it off. The distinctive form of *Acta Cytologica* as a forum for written symposia meant a tremendous amount of work with various deadlines, translations of non-English language contributions, etc. for the editor."

Initially, membership in the IAC was highly restrictive and essentially by invitation only, creating a small group of international experts. The statutes limited the number of voting members (Fellows and Members) to 300², a number which gradually increased over the years. The numerical restriction was finally dropped in its entirety in the late 1980's. By then the International Board of Cytopathology had been introduced in 1980 as the prerequisite for IAC Fellowship. With this move the selection process was changed from meritorious past achievements to a specialty board examination and it became policy of the IAC to actively increase its membership. As of May, 1997, the total IAC membership stands close to 2,500 with 1,300 medical members (420 FIAC's and 880 MIAC's), 1,050 Cytotechnology Members (CMIAC's) and a few members in the other categories.

The journal *Acta Cytologica* was originally conceived as a circular letter which was to be sent to the members of the International Academy of Cytology.³ Its inauguration was based on the idea that many of the cytopathologists and clinical cytologists lived so far apart that proper scientific exchange of views on pertinent questions was not feasible.

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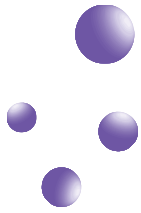
The first program of the contemplated circular letter was scheduled to be on the cytologic effect of androgens on the vaginal epithelium. After this topic was announced, so many inquiries were received in the editorial office that it was felt that a mimeographed circular letter might not be enough to satisfy the scientific interest as well as the technical problem of publication. Several major publishers were contacted as to the possibility of developing a journal of clinical cytology. However, the consensus of their market researchers was that a journal about diagnostic cytology would never exceed a circulation of 500 and thus be of no interest to publishers. Dr. Wied sought advice by Dr. Maurice Fishbein, then the editor of the *J.A.M.A.*, and Dr. Fishbein recommended to initially publish the material by the IAC itself. Mr. Maurice Goldblatt, a philanthropist of Chicago-upon recommendation by Dr. Fishbein-was kind enough to support financially through his organization, the Cancer Research Foundation, Inc., the inauguration in 1957 of a journal, rather than a circular letter. The first issue consisted of 500 copies. These copies were sent to the members of the International Academy and to interested individuals without charge and contained an unusual approach to medical communication, namely symposia by correspondence. The editor (Dr. Wied) and the co-editors (Drs. Graham, Papanicolaou, Pundel and Reagan) suggested main topics and solicited communications from the membership. These communications were then discussed by others and the discussions sent by the editorial office to the original contributors for closing remarks.³ The

volumes of *Acta Cytologica* of 1958 to 1960 contained symposia on cytologic terminology, staining techniques, training of cyotechnologists, various topics of hormonal cytology, etc. By 1961 sufficient interest by various major publishers was generated in clinical cytology that publication was transferred to Lippincott Publishers, and the journal became a regular peer-reviewed periodical in 1961. More on the early history of *Acta Cytologica* may be found in editorials in 1964³ and 1966⁴ on the occasion of the Tenth Anniversary.

In 1996, the readership of *Acta Cytologica* exceeded 8000 and the journal contained more than 1,300 pages of text and has become the official periodical of 43 national and international organizations. Its impact factor ranks high among the international pathology and cytology journals.

Another highlight of the IAC's rich history have been the International Congresses of Cytology of which 12 have been held up to now (Table 3). The first congress, already alluded to by Dr. Zinser, was held in Vienna, Austria, in 1961 following a major gynecologic congress by the FIGO. One of the major outcomes of this first congress was the position paper by the IAC Committee on Histologic Definitions, providing definitions for lesions such as carcinoma *in situ* and dysplasia⁵ which became then the basis of WHO classification for cytology in 1973. Registration of the International Congress has increased from a few hundred to over 1,500. The next international congress will take place in Tokyo, Japan, May 11-14, 1998.

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Other activities of the IAC such as the registration and certification of cytotechnologists, the international cytopathology board examinations, the Tutorials of Cytology, the Teaching Slide Set books, the Compendia have been highly successful and may be dealt with in another article.

References:

1. The Constitution and Bylaws of the International Academy of Cytology. *Acta Cytol* 36:851-860, 1992
2. The Constitution and Bylaws of the International Academy of Cytology. *Acta Cytol* 12:263, 1968
3. Editorial: New Publisher for Acta. *Acta Cytol* 8:1-2, 1968
4. Editorial: The Tenth Anniversary of the Journal. *Acta Cytol* 10:1-2, 1966
5. Editorial: An International Agreement on Histological Terminology for Lesions of the Uterine Cervix. *Acta Cytol* 6:235-236, 1962

Table 1. The Members of the Founders' Committee (1957)

1. George N. Papanicolaou*, U.S.A., Honorary Chairman	8. Jorge Campos R. de C., Peru	18. Hannah Peters*, India
2. Hans-Klaus Zinser, Germany, Chairman	9. W. Kenneth Cuyler*, U.S.A.	19. J. Paul Pundel, Luxembourg
3. Ruth M. Graham*, U.S.A., Secretary	10. Clarice do Amaral Ferreira, Brazil	20. Abraham E. Rakoff*, U.S.A.
4. Anthony F. Anderson, United Kingdom	11. Claude Gompel, Belgium	21. James W. Reagan*, U.S.A.
5. J. Ernest Ayre*, U.S.A.	12. Alberto Guzman*, Chile	22. Edmund Schueller*, Austria
6. Jean Berger*, Switzerland	13. Olle Kjelgren, Sweden	23. Peter Stoll*, Germany
7. Jean A. de Brux, France	14. Julieta C. de Laguna, Mexico	24. Lina Tsakiris-Coutifaris*, Greece
	15. Olaf Messelt*, Norway	25. Guillermo Terzano*, Argentina
	16. Junji Mizuno*, Japan	26. George L. Wied, U.S.A., Editor
	17. Luis Montalvo-Ruiz*, Spain	* indicates deceased

Table 2. The Past Presidents of the International Academy of Cytology

Hans-Klaus Zinser, MD, FIAC, Cologne, Germany	1957-1961
J. Paul Pundel, MD, FIAC, Luxembourg, Luxembourg	1961-1965
Clarice do Amaral Ferreira, MD, FIAC, Rio, Brazil	1965-1968
Jorge Campos R. de C., MD, FIAC, Lima, Peru	1968-1971
Emmerich von Haam, MD, FIAC, Columbus, Ohio, USA	1971-1974
Peter Stoll, MD, FIAC, Mannheim, Germany	1974-1977
George L. Wied, MD, FIAC, Chicago, Illinois, USA	1977-1980
Kazumasa Masubuchi, MD, FIAC, Tokyo, Japan	1980-1983
Nils Stormby, MD, Ph.D., FIAC, Malmoe, Sweden	1983-1986
Alexander Meisels, MD, FIAC, Quebec, Que, Canada	1986-1989
Michael Drake, MD, FIAC, Melbourne, Australia	1989-1992
Marluce Bibbo, MD, ScD, FIAC, Philadelphia, PA, USA	1992-1995

Table 3. The International Congresses of Cytology: 1961-2004

1st:	Aug. 31-Sept. 2, 1961	Hofburg, Vienna, Austria
2nd:	May 21-23, 1965	UNESCO, Paris, France
3rd:	May 19-22, 1968	Copacabana Palace, Rio, Brazil
4th:	May 23-27, 1971	Grosvenor House, London, U.K.
5th:	May 29-June 1, 1974	Americana Hotel, Miami, FL, USA
6th:	May 2-5, 1977	New Otani Hotel, Tokyo, Japan
7th:	May 18-22, 1980	Sheraton Hotel, Munich, Germany
8th:	June 19-23, 1983	Queen Elizabeth Hotel, Montreal, Canada
9th:	May 26-29, 1986	Expo Center, Brussels, Belgium
10th:	May 14-18, 1989	Sheraton Hotel, Buenos Aires, Argentina
11th:	May 3-7, 1992	Congress Center, Melbourne, Australia
12th:	May 22-24, 1995	Melia Castillo Hotel, Madrid, Spain
13th:	May 11-14, 1998	Keio Plaza Hotel, Tokyo, Japan
14th:	May 27-31, 2001	Congress Center, Amsterdam, Netherlands
15th:	2004	Congress Center, Cape Town, South Africa



South Africa Today

South Africa is visualized as a third world country in collision with and embraced by a first world country. This duality is symptomatic of a complex history of blacks and whites, British and Afrikaners, freedom and repression, poverty and wealth, cultural and geographic diversity. A new personality is forming as South Africa emerges from its apartheid schism with optimism inspired by Mandela and closure to nightmares by truth and reconciliation. The country lead by its destiny transforms visitors forever, spiritually and emotionally. The magnetism of its people and animals evokes a captivating disturbance in the soul, a type of irrevocable attraction. What is *first world, first class* about South Africa is its sophisticated cytopathology and the devotion of cytopathologists and cytotechnologists to the art, science and humanity of their profession. Despite immeasurable challenges imposed by restricted financial and professional resources that would preclude screening its vast population for gynecologic disease, organized cytology cares appropriately with commitment and expertise for the patients who can be accessed and followed. Automated screening has been introduced in synchrony with American and European penetration, technical advancements in cytopreparatory techniques are available in medical centers, and aspiration biopsies are performed and analyzed with superb clinical

acumen. Cross training of cytotechnologist-nurse clinicians has provided an additional workforce for specimen acquisition and clinical intervention. The South African Institute for Medical Research has an inspirational cytology department under the leadership of Dr. Gladwyn Leiman and Dr. Colleen



Wright who articulate the ultimate standards for cytopathology practice. Baragwanath Hospital, the largest hospital in the southern hemisphere, if not the world, has a modern and active cytology service guided by its youthful but invigorated and talented Dr. Pamela M. Michelow. The Universities of Cape Town and Stellenbosch Medical Schools and their private practice derivatives, Dr. Judith Whittaker and Dr. Bryan Kenyon Knight, have elevated the practice of cytopathology to standards that are equivalent to or exceed those of "first world" countries throughout the globe. They set examples, interact in

Left to right, Dr. David Kaminsky, Dr. Gladwyn Leiman, Peter Divall, Dr. Colleen Wright, Shân McCallum, George Wikeley.

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education and research, and present an intuitive voice to reinforce our professional goals and growth. Extraordinary cytotechnologists have assumed leadership roles to promulgate cytology in South Africa. George Wikeley is highly regarded for his work in Natal and internationally. His colleague Shân McCallum has used her extraordinary talents to guide medical and cytotechnology in Durban and South Africa. She is the current president of the South African Society of Clinical Cytology (SASCC) and the 1996 recipient of the IAC's Cytotechnologist of the Year Award. Peter Divall has used his expertise in medical and cytotechnology to organize the highly regarded combined national congresses for medical and cytotechnology in South Africa, united by the theme *Changing Technologies*, held May 12-16, 1997 in Bloemfontein, with Dr. David Kaminsky as the invited overseas keynote speaker. This conference was notable for the introduction of cytoteleconferencing to South Africa as a joint pioneer project of the American

Society of Cytopathology (Dr. Daniel Kurtycz), the editorial/communications committee of the IAC, and the University of Cape Town Medical School (UCT) under the provocative leadership of Dr. Peter Cruse. Dr. Stanley Inhorn presented from his laboratory in Wisconsin a real time, interactive conference on standards for fine needle aspiration biopsy which was transmitted with clarity and vivacity to the UCT Medical School and the national congress in Bloemfontein. Special awards in cytopathology were extended to Drs. Leiman and Wright, and to the cytotechnologists Yvonne van Zyl and June Teare. Cytology in South Africa has matured in the hands of its dedicated, remarkably talented and professional, closely-bonded, small but highly energized cytology community. It is a working team that carries the principles of the IAC in mind, heart, and hand as it prepares to open its collective arms to the World Congress of Cytology in Cape Town, in the magical year 2004.

Global Learning



Belgium. The 1997 Cytology Course organized by the Cytology Foundation will be held in Brussels, September 16-19, 1997. The course comprises lectures, demonstrations and slide seminars to provide a wide range of different aspects of clinical cytology. It is supported by the IAC and Belgian Ministry of Health.

Contact: I. Chorowitz, Secretary,
Cytology Foundation, Institut Bordot,
1000 Brussels, Belgium, Fax 32 2

5347910. **Slovenia.** The 24th European Congress of Cytology will be held in Ljubljana, September 21-24, 1997. See previous issue for details. **Canada.** The 48th Annual Meeting of the Canadian Association of Pathologists will occur in Vancouver, British Columbia, September 24-28, 1997. The Cytology Symposium sponsored by the Canadian Society of Cytology will take place September 26. The program will focus on diagnosis and management of ASCUS and AGUS by Drs. David Wilbur and Monique

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Bertrand, respectively. Dr. George Anderson of the British Columbia Cancer Agency will discuss Cervical Screening Programs, Present and Future. *Contact:* CAP '97 Conference Office, Tel 613 531 9210 Fax 613 531 0626 E-mail events@adan.kingston.net

Germany. The 20th Meeting of the German Society of Cytology will be held jointly with the Austrian and Swiss Societies of Cytology from October 2 through 5, 1997 in Freiburg, Germany. A mixed educational format will address basic cytology, sampling techniques, gyn cytology, automation and FNA. Official languages: English and German. *Contact:* Dr. N. Freudenberg, Albertstraße 19, 79104 Freiburg, Germany, Tel 0049 -(761) 203-6758 Fax 0049 -(761) 203-6769.

Republic of Russia. The 5th MiniTutorial on Digestive Tract and Breast Clinical Cytology (12 lectures) will be held on Saturdays in Moscow at the Cancer Research Center, Russian Academy of Medical Sciences, from October 18-December 28, under the auspices of the Russian Association of Clinical Cytologists. *Contact:* Dr. N.A. Shapiro, Zorge Str. 18/124, 125252, Moscow. Tel and Fax (095) 943 4574

United States. The 45th Annual Scientific Meeting of the American Society of Cytopathology is scheduled for November 4-8, 1997 at the Westin Copley Place, Boston, Massachusetts. *Contact:* Trina Smith, Tel 302 429 8802 Fax 302 429 8807 E-mail psmith@cytopathology.org. The 43rd Tutorial on Clinical Cytology will be offered March 13-20, 1998 at the Drake Hotel, Chicago, Illinois. *Contact:* Tutorials of Cytology, Tel 773 947 0098 Fax 773 947 0290. This is in conjunction with the 5th International Conference

on the Computerized Cytology and Histology Laboratory, March 21-24, 1998, also at the Drake. The main conference theme is **The Cytologic Dream Machine: What the Clinician Expects & What Modern Design Can Provide.**

Greece. The 4th National Congress of the Greek Cytological Society will be held on March 27-28, 1998 in Athens. *Contact:* D. H. Symiakaki, General Secretary, Greek Cytological Society, 95-97 Skyrou Str., 11353 Athens, Greece.

Japan. The 13th International Congress of Cytology will be held from May 10-14, 1998 at the Keio Plaza Hotel, Tokyo. *Contact:* Secretariat, International Medical Communications Center, Tokyo Medical College, 6-7-1 Nishishinjuku, Shinjuku-ku, Tokyo 160, Japan. Fax/ Answering Device +81 3 3342 5392.

Austria. The 21st International Tutorial on Clinical Cytology is scheduled December 5-11, 1998 at the Vienna Intercontinental Hotel, Vienna. *Contact:* The IAC Committee on Continuing Education and Quality Assurance, 1640 East 50th Street, Chicago, Illinois 60615-3161, USA Tel 773 947 0098 Fax 773 947 0290 E-mail TutorialsC@aol.com Websites: www.acta-cytol.com or www.cytology-iac.org

**13th International Congress
of Cytology
Tokyo, Japan - May 10-14, 1998**

Congress Secretariat

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Shinjuku-ku, Tokyo 160, JAPAN
Tel: 81-3-3342-6111 (ext. 5998/ 5921)
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Cytopathology in an Industrialized Society: The Japanese Experience

Tadashi Sugishita, M.D., Ph.D., MIAC., Vice President, Sasaki Institute Kyoundo Hospital

Thirty years ago, I was just over 30 years old. In those days, Japanese cytopathologists were struggling to develop automated cytology systems. One researcher, Yoshitaro Sakai, M.D., drew contour lines of cells as if cells were mountains on the glass slide. He entered individual information into a conventional computer to decide conditions for classifying cellular mountains into two categories, benign mountains and malignant ones. Another researcher, Dr. Takahashi, measured nuclear chromatin density to identify malignant cells. My boss, Yoshio Tenjin, M.D., suggested, *change your inspiration*. To perform cytological diagnoses like watching movies in a theater, movie film on which cells were attached should be generated! But, there was no good idea for the choice of films. At first, cell smears were made on 8 mm film to produce a solid line arrangement; however, the cells turned out to be a dotted line. The issues were Planum tonus and Boundary surface. Contiguity angle of a waterdrop and film surface were measured, detergent was added, and cells were finally drawn on a line. With excess detergent cells detached. Considering the principle of interlocking, the film was covered by another sheet of film.

In those days, researchers in the USA and Japan held a Joint Seminar on Cancer Cytology. American researchers spoke of the Flow system while Japanese investigators talked about their work for constructing the film-based

automated cytology system. They did not understand each other, because the Flow system was a completely new idea for the Japanese. I received a scholarship from the Science Council of Japan and went to the Los Alamos National Laboratory in New Mexico where I was welcomed by the splendid Paul Mullaney. As a physician, I could not understand fluid dynamics which is a subject of the faculty of technology. I was reinforced by the genius of Dr. Noguchi, a technology member of the Ministry of International Trade and Industry, sent as a second delegate. During this interval, development of an instrument for automated cytology, **CYBEST™** (Noboru Tanaka, M.D., *Toshiba*) was completed in Japan. Our film method was also completed, but did not sell well. Enthusiasm for automated cytology gradually faded from Japan for several years. Then three companies that manufactured instruments for flow cytometry were established in Japan. Now I work as General Secretary of the Japan Cytometry Society. Japan is an exceptional country where Mass Screening (MS) has grown successfully. A prefecture of great success in terms of MS is Miyagi where Kiichiro Noda, M.D. made an enormous contribution. Automated cytology is an absolute sine qua non for examination of the quantity of slides required for MS. Nevertheless it failed in Japan. One reason is the lack of computer literacy with reticence to accept pattern recognition by computer.



Japanese Culture: A Luxurious Feast for Visitors

Harubumi Kato, M.D., Ph.D., FIAC, FCCP, Tokyo, Japan

The 13th International Congress of Cytology will be held in Tokyo on May 10-14, 1998. This is the last IAC congress in the 20th century. I would like to invite you to Japan and its cultural cornucopia, and introduce Japan to the people who are planning to visit this small country in the Far East on the occasion of the IAC meeting.

Geographically, Japan is an arc of islands, the four largest ones - Hokkaido, Honshu, Shikoku, and Kyushu - and thousands of small ones lying between the Eurasian continent and the Pacific Ocean. Mountains are everywhere, forming more than four-fifths of the land surface. Mt. Fujii is the highest and most well-known mountain in Japan and one of approximately 250 volcanoes, a number of which are still active. May is one of the best seasons in Japan because the country areas near Tokyo are green with new foliage, the weather is clement and it is an ideal time to visit Mt. Fujii and other mountain areas.

The two earliest known cultures in Japan were the Jomon, from around 10,000 to 200 B.C. and the Yayoi, from around the 3rd century B.C. Both are named after their pottery. By the 4th century, A.D., migration from Kyushu to the area near the present Osaka-Kyoto area had taken place and the first recorded state, the Yamato court, had been created. The capital moved several times during the past 1500 years and as a result there are several former capital cities, Nara (710-784), Kyoto (794-1192, 1336-1573) and Kamakura (1192-1333),

as well as many other rural towns that, although they were never capital cities, also offer a plethora of cultural experiences. In particular, Nara is often called the cradle of Japanese civilization. The Nara basin and the surrounding hills are filled with sites of ancient historical and religious importance. Nearby Kyoto is filled with temples, shrines, palaces and gardens, and it also presents an abundance of traditional culture. Kamakura, which can be visited on a day trip from the congress site, is a small provincial town with an interesting intermingling of modern buildings and ancient temples. Nara and Kamakura have unforgettable giant buddhas. Visits to many cities and regions have been arranged in the optional tours during your stay in Japan.

One of the features of Japanese culture is the contrast and harmony between tradition and modernity. Japanese have kept alive and actually breathed new vigor into their traditional culture- its arts, music, drama, literature and ways of life- while at the same time deeply imbibing the cultures of other countries and developing a modern industrialized



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society. Among the traditional Edo entertainments still performed is the Kabuki theater, which has remained virtually unchanged over three centuries. However, just outside the Kabuki theater is the Ginza, one of the most fashionable areas in the world. The congress site, the Keio Plaza Intercontinental Hotel, is located adjacent to the new city hall and newly constructed national opera and concert halls.

Although Japan has a reputation for being expensive, the organization has made special efforts to ensure a wide range of good accommodations to suit all participants' budget priorities. The Japanese Organizing Committee has arranged what we believe is a truly impressive scientific meeting, and

we have tried to make it accessible to all. The registration package will also contain a guide to how locals live economically including the breathtaking range of inexpensive and incredibly varied eating establishments in and around Shinjuku. We look forward to welcoming you to Tokyo!



Cytology Training “Down Under”, The Australian Experience

G.F. Sterrett, MB; BS, FRCPA, FIAC

Pathologist, Western Diagnostic Pathology and Western Australian Centre for Pathology and Medical Research

Cytotechnology training in Australia, as in other countries where financial accountability and efficiency have become the main driving force of health systems, has suffered various pressures over the past few years. Training has shifted from hospital cytopathology



departments to universities of technology, with support from pathologists and scientists on a voluntary or paid basis. Universities have been under pressure to abandon courses with small numbers of students, or to incorporate cytology teaching as a minor component of laboratory science courses. States or territories with smaller populations have particularly suffered from this trend, but more populated states have not been immune. Nevertheless, there has been a gradual upgrading of existing courses from certificate to diploma and then degree level. Where formal courses have been lost, training has reverted to *in-house* teaching, reinforcing

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external certifying examinations of the Australian Society of Cytology and the IAC. Recruitment is difficult despite incentives of high salaries. Work has shifted from the public sector to private laboratories, threatening training more for pathologists than scientists/cyto-technologists.

Strong state-based branches of the Australian Society of Cytology have assumed a leading role in continuing education by offering regular scientific meetings, workshops, and refresher courses for examination candidates. Forces encouraging training within laboratories have included *guidelines* from the National Cervical Screening Programme about Quality Assurance measures, external QA programs

conducted by the Royal College of Pathologists of Australasia (RCPA), a high expectation of diagnostic accuracy from the general public, and a medico-legal climate which encourages increased quality assurance. There has been intensified supervision from national accrediting bodies, and introduction of *performance standards* or goals for laboratory achievement administered through the RCPA. The implementation of state-based *Cervical Cytology Registries* will help this process by providing data about screening rates and statistics regarding detection of abnormalities and follow-up for cyto-histological correlation in laboratory teaching and quality assurance.



There are six states and two territories in Australia. Cytotechnology and scientist training vary considerably:

Northern Territory

Australian Capital Territory (Canberra)

No formal training courses;
cytotechs recruited from other states
for in-house training

Tasmania

3 week intro to cytology as part of
histology training; in-house training

South Australia

Cytology component in 4 yr full
time Degree in Biomed Science and
4 yr part time Diploma in Biomed
Science

Western Australia

1 yr cytology component of Degree
course in Applied Science, Curtin
Univ. Tech.

Queensland

Formal cytology qualifier as compo-
nent of Degree course Medical Lab
Science or Assoc. Degree in Clin Lab
Techniques, Queensland Univ. of
Technology

Victoria

Cytology offered as courses, elec-
tives, compulsory subject and major
discipline for various degrees and
refreshers

New South Wales

Cytology taught as specialty for 3rd
year of a bachelor's degree program,
Univ. of Technology, Gore Hill,
Sydney

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The CT(ASC) examination conducted by the Australian Society of Cytology, or an equivalent for those cytotechnologists from other countries, is seen as an essential qualification to obtain, although not for initial employment. As degree courses including cytology have arisen, the CT(ASC) has undergone a change from a basic primary qualification for those seeking employment to a more post-graduate examination. Many cytotechnologists sit for the IAC examinations.

Despite some negative forces, particularly fiscal constraints in the public sector, the discipline of cytotechnology is alive and well, maintained by the enthusiasm of its practitioners. The "cytotech" network is among the

strongest in laboratory medicine, and post-graduate meetings are among the best attended of any medical scientific congresses. Proffered scientific papers and posters by cytotechnologists are an important component of the Australian Society of Cytology national meetings.

Job prospects are high and there seems to be a continual shortage of trained staff in all states. The newer technologies are only likely to increase the need for well-trained staff with a thorough scientific and screening background. *Anyone interested, please apply!*

Acknowledgments: Thanks to the Australian Society of Cytology state branch secretaries for course information.

Greek Cytological Society Elects New Officers

Dr. M. Efstratiadou, National Editor of *Acta Cytologica* announced the election of new officers of the Greek Cytological Society effective October 29, 1996 as follows:

President H. Koutselini, M.D., F.I.A.C.	Vice President B S. Veneti, M.D., M.I.A.C.	Assistant Secretary M. Papaefthimiou, M.D.	Member E. Politi, M.D.
Vice President A E. Tamvakopoulou, M.D., M.I.A.C.	General Secretary H. Symiakaki, M.D.	Treasurer Ch. Destouni, M.D.	

IAC – 1997-98 Tentative Examination Schedule

Location	Day/Date	Cytotechnology Comprehensive	Cytotechnology Restricted to Gynecologic Samples	Cytotechnology Non-gynecologic Samples	Cytopathology Board	Application Deadline* (receipt in our office)
Brussels	Friday, Sept. 19	•			•	Aug. 9
Wellington	Saturday, Oct. 18	•				Sept. 1
Sevilla	Sunday, Oct. 19	•			•	Sept. 1
Helsinki	Friday, Nov. 21	•	•	•		Oct. 15
Dijon	Friday, Nov. 21	•				Oct. 15
Munich	Saturday, Dec. 6	•			•	Oct. 24
London	Tuesday, Dec. 9	•	•	•		Oct. 24
Melbourne	Saturday, Feb. 14	•			•	Jan. 2
Chicago	Sunday, Mar. 22	•			•	Feb. 1
Bindlach	Sunday, Apr. 26	•	•		•	Mar. 14

* Application deadline is six weeks prior to examination.