

DATE:	6 August 2024
TO:	All Physicians, Nursing, Laboratory Staff
FROM:	Anatomical Pathology, Alberta Precision Laboratory
RE:	Clinical Indications for Urine Cytopathology

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- To promote appropriate utilization of lab resources the following changes are being implemented.
- Urine cytopathology (cytology) is indicated to diagnose high grade urothelial carcinoma and should only be ordered when there is a suspicion of bladder cancer. Even when appropriately ordered, a negative result on urine cytology does NOT rule out cancer.
- Urine cytology requests must be accompanied by one of the following indications in the clinical history:
 - Gross hematuria
 - Persistent microscopic hematuria, defined as at least 3 RBC/hpf on two microscopic urinalysis tests
 - Bladder tumor
 - Urine cytology follow up as recommended by urologist, for bladder cancer surveillance
- **As of September 1, 2024, community urine cytology requests with any other history or with no history at all will be rejected.**
- Please also exclude transient causes of hematuria (for example, UTI, menstruation, trauma, instrumentation, exercise-induced hematuria, myoglobinuria) prior to ordering urine cytology.
- **Urine cytology is NOT required prior to urology referral in Alberta (See [Provincial Adult Urology Referral Pathway](#)).**
- Since urine cytology is only indicated in patients to diagnose high grade urothelial carcinoma and should only be ordered when there is a suspicion of bladder cancer this test should be ordered by urologists or on the request of urologists. **Primary care providers are strongly discouraged from ordering urine cytology except when asked to do so by a urologist, or in the circumstance of bladder cancer surveillance.**
A new provincial hematuria / bladder cancer detection pathway is under development.
- Urinalysis is the more appropriate test to order in most cases. It is useful not only to detect microscopic hematuria, but also in the work up of UTI and various renal diseases. Urine cytology is not a substitute for urine microscopy that is performed as a reflex test in conjunction with urinalysis.

Why this is important

- Following these recommendations will reduce the number of low yield urine cytology samples and will also improve efficiency and consistency of patient care across Alberta.



Action Required

- Order urine cytology only when indicated (as outlined in the test directory):
 - [Alberta Precision Laboratories | Lab Services \(albertahealthservices.ca\)](http://albertahealthservices.ca)
- Refer to the “Canadian guidelines for the management of asymptomatic microscopic hematuria in adults” (Canadian Urological Association 2009).
- Sites with Connect Care access must order through Connect Care ordering module.
- Sites that do not have access to Connect Care must order using a **Non-gynecological Cytopathology** requisition – refer to [Requisitions | Alberta Precision Laboratories \(albertaprecisionlabs.ca\)](http://albertaprecisionlabs.ca)

Zone	Requisition
North/Edmonton/Central	Edmonton Nongynecologic Cytopathology Requisition
Calgary/South	NON-GYNECOLOGICAL CYTOPATHOLOGY REQUISITION (albertahealthservices.ca)

Effective Immediately

Questions/Concerns

- June Hwang, Provincial Cytopathology Subspecialty Group Co-Lead, North at June.Hwang@albertaprecisionlabs.ca
- Steve Gorombey, Provincial Cytopathology Subspecialty Group Co-Lead, South at Steve.Gorombey@albertaprecisionlabs.ca

Approved by

- Lori Berry, AP Discipline Lead, APL
- Michael Mengel, Medical Director, North Sector, APL
- Kate O’Connor Medical Director, interim, South Sector, APL

References

Can Urol Assoc J2009;3(1):77-80

Effective September 1, 2023, APL has become the sole provider of all public lab services in Alberta. As a result, community lab services formally provided by DynaLIFE Medical Labs will become the responsibility of Alberta Precision Labs (APL). This change impacts all zones.