

# Application of microscope-based scanning software (Panoptig) for the interpretation of cervicovaginal cytology specimens

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### Background

Digital pathology has been increasingly gaining the attention of pathologists worldwide. However, the application of digital cytology by Panoptiq<sup>™</sup> is relatively unexplored. The microscope-based scanning software, Panoptiq<sup>™</sup>, enables the operator to combine low-power panoramic digital images with z-stacks at regions of interest with a significantly smaller image size than that obtained by whole slide scanning. This study aimed to evaluate the feasibility of the use of Panoptiq<sup>™</sup> in the digital interpretation of cervicovaginal cytology specimens in comparison with the conventional light microscope.

## Methods

One hundred SurePath<sup>™</sup> liquid-based cytology slides were selected sequentially. The dotted slides were reviewed and scanned where all dotted areas were further scanned by the 20x objective with zstacks. The cases were reviewed by four pathologists and a cytotechnologist using conventional light microscopy and digital cytology images acquired by Panoptiq<sup>™</sup> and interpreted based on Bethesda classification system. The washout time was set as three weeks. The Cohen's kappa coefficient was calculated to measure the agreement between the two modalities.



Figure 1: Methodology flowchart: data acquisition and observers.

### **Digital cytology cases analysis**

- Four out of 100 cases contained corrupted data caused by z-stacks that were not fully embedded on the main scan, this issue was fixed subsequently in the next software version.
- The average data size was 226 megabytes/slide (range: 64.4 - 483.4)
- The average image scanning time was 4.36 minutes/slide (range: 3:11 - 7:03)

Table 1: Concordance Rate and Kappa Statistics for Inter-Modality Agreement (n = 96)

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Observer	Concordance rate% (n)	Kappa value	Confidence interval	Agreement using Conventional Light Microscopy (n = 100)				
					Pathologist B	Pathologist C	Pathologist D	Cytote
Pathologist A	88.5% (85)	0.84	0.75 – 0.93	Pathologist A	0.24	0.26	0.17	0.38
Pathologist B	56.3% (54)	0.41	0.27 – 0.53	Pathologist B	(0.10 - 0.37)	(0.15 - 0.38)	(0.06 - 0.28)	(0.26 –
Pathologist C	81.2% (78)	0.76	0.66 - 0.86			(0.17 – 0.39)	(0.18 – 0.41)	(0.29 –
Pathologist D	57.3% (55)	0.44	0.32 – 0.56	Pathologist C	-	-	0.41 (0.29 – 0.53)	0.27 (0.15 –
Cytotechnologist	89.6% (86)	0.86	0.78 – 0.94	Pathologist D	-	-	-	0.18 (0.05 –

Figure 2: A Blackfly® digital camera (model BFLY-U3-23S6C) was mounted on an Olympus U-TV1XC c-mount. This set was then attached on top of an Olympus BX57 microscope with an UPIanSApo revolver holding the 4x (0.16), 10x (0.4), 20x (0.75), and 40x (0.95) objectives (numerical aperture).



<sup>1</sup>Numerical aperture: 4x (0.16), 20x (0.75) <sup>\*2</sup>Liquid-based cytology preparations



## **Results**

### Table 2: Concordance Rate and Kappa Statistics for Interobserver Agreement using Panontig<sup>TM</sup> imaging system (n = 96).

observer Agre	content doing	inaging system (n = 50)				
	Pathologist B	Pathologist C	Pathologist D	Cytotechnologist		
Pathologist A	0.37 (0.25 – 0.50)	0.22 (0.11 – 0.33)	0.22 (0.12 – 0.33)	0.52 (0.39 – 0.65)		
Pathologist B	-	0.27 (0.15 – 0.38)	0.31 (0.19 – 0.43)	0.72 (0.61 – 0.82)		
Pathologist C	-	-	0.44 (0.32 – 0.56)	0.31 (0.19 – 0.43)		
Pathologist D	-	-	-	0.34 (0.22 – 0.47)		

## Table 3. Concordance Pate and Kanna Statistics for Inter-observer

### **Table 4:** Overview of Discrepant Inter-Modality Diagnosis Rendered by Pathologist B

		Judgment by Panoptiq <sup>TM</sup>							
Judgment by Conventional Light Microscopy		NILM	ASC-US	ASC-H	LSIL	HSIL	SCC	AC	Total
	NILM	0	0	0	0	0	0	0	0
	ASC-US	5	11	0	5	0	0	0	21
	ASC-H	0	1	3	3	0	0	0	7
	LSIL	0	11	2	24	1	0	0	38
	HSIL	0	0	5	7	14	0	1	27
	SCC	0	0	0	0	1	0	0	1
	AC	0	0	0	0	0	0	2	2
	Total	5	23	10	39	16	0	3	96

## Discussion

- · Experience in digital readings matters for inter-modality variation
- Analysis of discrepant cases, seven inter-modality discordant cases of pathologist B were extracted 6 out of 7 were not discordant by group consensus
- · Opportunities for digital cytology in developing countries



## Conclusion

- We showed that cervical cytology can be manually scanned under 5 minutes with an average data size not exceeding 500 megabytes/slide and can therefore be easily used as an alternative to whole slide images for low-throughput laboratories.
- · The cytotechnologist needs to be well aware of the method of image acquisition which could induce a selection bias also observer experience in digital modalities is a risk factor, as the lack of it could lead to an erroneous outcome.

### References

1. Pradhan D, Monaco SE, Parwani AV, Ahmed I, Duboy J, Pantanowitz L. Evaluation of panoramic digital images using Panoptiq for frozen section diagnosis. J Pathol Inform. 2016;7:26. 2. Goswami R, Pi D, Pal J, Cheng K, Hudoba De Badyn M. Performance evaluation of a dynamic telepathology system (Panoptiq<sup>™</sup>) in the morphologic assessment of peripheral blood film abnormalities. Int J Lab Hematol. 2015;37:365-371. 3. Hanna MG, Monaco SE, Cuda J, Xing J, Ahmed I, Pantanowitz L. Comparison of glass slides and various digital-slide modalities for cytopathology screening and interpretation May 30, 2017. Cancer Cytopathol. doi: 10.1002/cncy.21880.

Figure 3: Major discordant intermodality same case, (left, LSIL x20 captured by Panoptig<sup>™</sup> embedded z-stack, (right, HSIL x20) captured by microscope in an unscanned area. One observer disagreed with the microscopic diagnosis of LSIL, other observers in this study favoured LSIL interpretation.



