

### PATHWAY

**Enrol** by end of January year 1

1. Provide evidence of: Degree qualification, CTASC and ASC CEC enrolment
2. Nominate mentor.
3. Apply for Part III exemption if relevant.
4. Pay fee for Part I.



#### **PART I**

Submit **Casebook** by end of January the following year.



passed Part I

#### **PART II**

**Dissertation** topic submitted within 3 months and approved.

Fee for Part II paid.

#### **PART III**

Apply to sit **examination** anytime but must give 3 months notice.

Fee for Part III paid.



passed both Parts II & III

#### **PART IV**

Apply to sit **viva**.

Viva held in conjunction with ASC ASM.

Fee for Part IV paid.



passed Part IV

**FASC awarded.**

## REQUIREMENTS

### *Expected standard*

This qualification denotes competency to direct the scientific practice of a large or complex Cytology department and fulfil a senior diagnostic role.

### *Prerequisites*

1. A degree in Medical Laboratory Science (or equivalent)
2. CTASC
3. Minimum of 8 years fulltime diagnostic experience in cytopathology (or equivalent).
4. Current financial member of the ASC
5. Enrolled in the ASC CEC for at least two years.
6. Currently employed in a diagnostic Cytology laboratory.

### *Proposed pathway*

Employment in a Cytology laboratory for a minimum two years full-time.



Awarded CTASC



Eight years full-time (or part-time equivalent) diagnostic experience in a Cytology laboratory (this may include diagnostic time spent as a trainee).



Commence FASC



Complete in two-three years

### *Format/timeframes*

The qualification must be completed in a maximum of four years, unless the Fellowship Board grant an extension. The minimum time for completion is two years.

1. Enrol. Show proof of qualifications, experience and CEC Certificate of Participation for the previous two years. Nominate a mentor (this should be Cytopathologist or a Senior Scientist with >10 years experience or a postgraduate qualification. Apply for an exemption to Part III if applicable (see attached application form).
2. In year 1 submit casebook.
3. Submit dissertation and sit examination at any time in the next two years.
4. Sit viva following successful completion of parts I-III. Viva to be held in conjunction with the ASC ASM.

All application for extension of timelines must be made in writing to the Fellowship Committee. All communication should be addressed to the Fellowship Board via the ASC Office.

Candidates who have been inactive for more than three years must formally reapply to continue their candidature, including payment of relevant fees for uncompleted fellowship parts.

### *Fees*

\$500.00 per part payable on commencement unless an exemption is granted.

## PART I - CASEBOOK

A collection of four case descriptions of publishable standard. All cases must have histological or other followup data and be referenced and illustrated with a minimum of six high quality photomicrographs/illustrations. The text should be succinct and no more than five typed, single-spaced pages with 10-20 references. Referencing should be in Vancouver style, numbered in the order in which references appear in the text (see Instructions for Authors in the journals Cytopathology or Diagnostic Cytopathology for details). The discussion should include a critical, selective appraisal of the relevant literature.

The format should be arranged under the following headings:

- Clinical presentation
- Cytological findings
- Additional relevant testing (if applicable)
- Histological findings/follow-up
- Case discussion (including differential diagnoses and clinicopathological correlation). This section should be at least twice as long as the other sections and should focus on a discussion of the case in terms of the clinical and cytological presentation and potential pitfalls, how to avoid them and the lessons we can learn from the particular case. In some cases the utility of ancillary testing may also be relevant.

Figures must be of publishable standard. Ensure they have a near-white background and sufficient clarity to clearly demonstrate the features discussed. (Many images benefit from digital sharpening and adjusting contrast, although this should not detract from the original staining quality). Figure captions should be stand-alone in the format: Specimen: brief summary of principle features illustrated, followed by stain and magnification in parenthesis. For light microscope images the objective power is sufficient.

The cases may include either or both gynaecological and non-gynaecological cytology but must include examples of the following:

1. A diagnostic challenge
2. A case that illustrates a useful teaching lesson
3. A case that demonstrates a failure of quality systems
4. A case where adjunctive testing was valuable (for gynaecological cytology this may include liquid based and image analysis techniques).
5. A case highlighting the contribution of cytology to clinical management

At least one of the cases must be a benign condition.

The casebook must be accompanied by a completed Declaration (attached) witnessed by the mentor, attesting that the cases have been reported from the candidate's laboratory in the previous five years, that the work is original and the case has not previously been published or submitted as part of a course of study.

### *Submission of the casebook*

Casebooks should be submitted to the ASC office as two printed copies and as a PDF file (Word documents may be saved in a PDF format using the 'save as' function). Elaborate binding or presentation is not necessary, however it is recommended that images be printed on photo quality paper ('everday'-type A4 photo paper is sufficient). Pages should be numbered.

### *Marking*

Casebooks will be rejected, accepted without revision or accepted subject to correction. Candidates will not be allowed to continue on to other parts until the casebook is passed. Candidates may be invited to publish cases in Cytoletter and/or present cases at ASC meetings.

### *Exemption*

Exemption from one case will be granted for each case report that the candidate has published as first author in a peer reviewed journal.

## PART II - EXAMINATION

This will take the form of six case-based questions (from which three must be attempted) and one mandatory essay/notes type question. The examination will include both gynaecological and nongynaecological cytology topics, however, with the exception of the mandatory question, candidates will be allowed to choose topics from only one of these if they wish (ie choose to slant the exam to gynae or nongynae).

Candidates will have to answer four questions in three hours. Information examined in the written tests includes topics covered in the CTASC syllabus, however, a significantly greater depth of knowledge is expected. It should be emphasised that candidates are expected to be familiar with the recent cytology literature, techniques and relevant Standards and Guidelines.

One example questions is appended.

Candidates must apply to the Fellowship Board three months prior to sitting. The examination may be supervised in the candidate's laboratory by an invigilator approved by the committee.

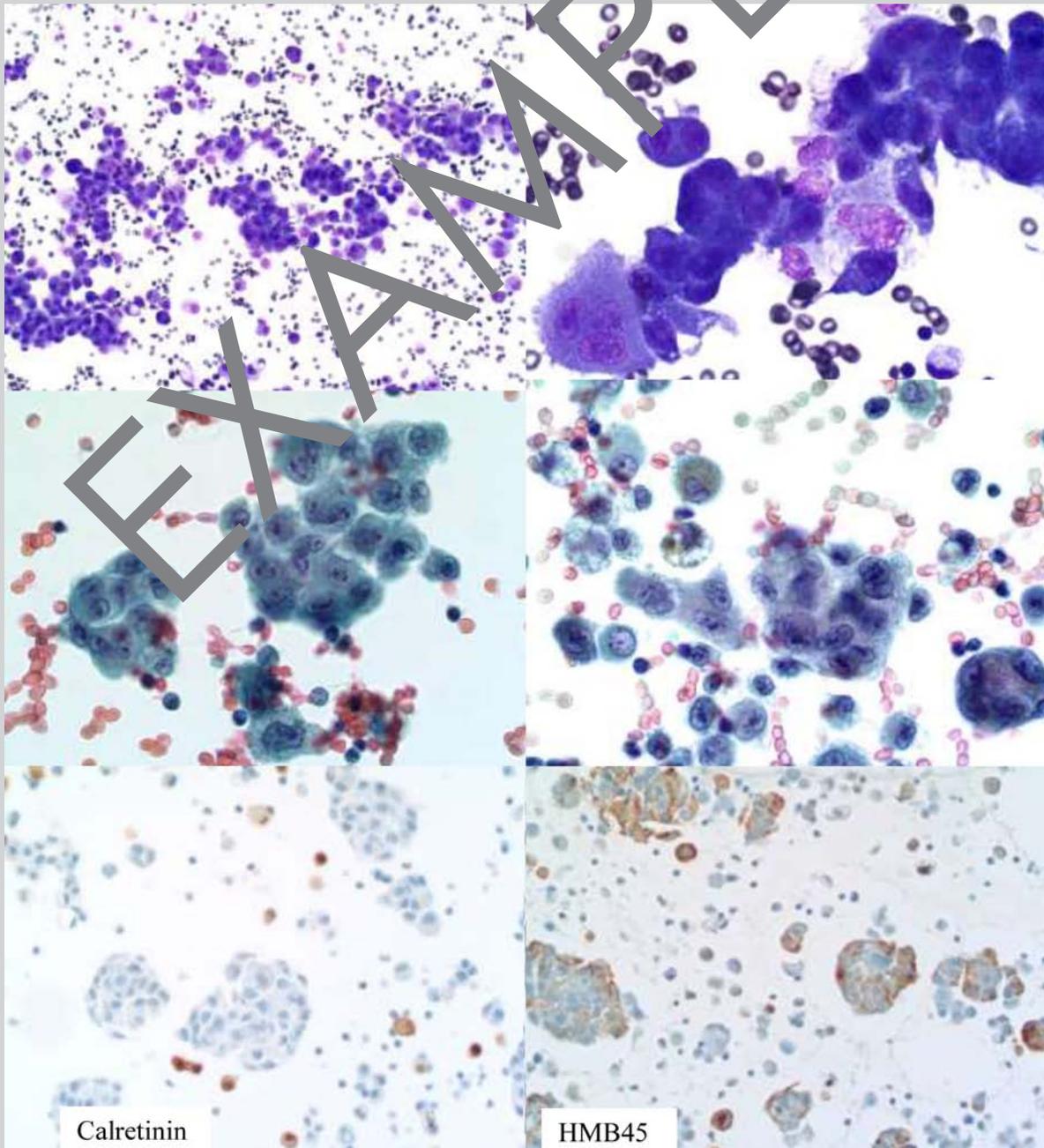
### *Marking*

Candidates are expected to obtain a high standard (>75%). The Chair of the Fellowship Board will have discretion to review marking.

FASC EXAMINATION  
EXAMPLE QUESTION

80mL of bloodstained pleural fluid specimen was received from a 70 year old man with a history of colonic carcinoma. The man also had a melanoma removed from his back 12 months prior. The specimen was processed to produce air-dried and alcohol fixed smears and a cell block. Representative fields are illustrated below.

- Write a report in the style of your laboratory.
- Discuss the presentation and differential diagnosis of metastatic melanoma in effusion specimens
- Write a brief protocol for the preparation of cell blocks from fluid specimens.
- Stains performed on the cell block are also illustrated below. How would you interpret them? Discuss other testing that may be performed and how this might contribute.



## PART III - DISSERTATION

The dissertation topic and a brief outline (<250 words) must be submitted to the Fellowship Board for approval within three months of notification of passing Part I.

The dissertation is an original literature review of a topic relevant to diagnostic cytopathology. The review should comprise around 5000 words (24 double spaced pages) and approximately 50 references and cannot have been submitted previously for publication or as part of a higher degree thesis.

### *Submission of the dissertation*

Dissertations should be submitted to the ASC office as two printed copies and as a PDF file (Word documents may be saved in a PDF format using the 'save as' function). Elaborate binding or presentation is not necessary. The manuscript should be double spaced and referenced in the Vancouver style, as for the casebook. The dissertation should be accompanied by a declaration from the mentor that the manuscript has been reviewed (see below).

### *Exemption*

An exemption to the dissertation may be granted to candidates who have successfully completed a higher degree in a discipline relevant to Cytopathology with a thesis or dissertation component. Application for an exemption should be made with the initial enrolment application.

### *Marking*

Dissertations will be rejected, accepted without revision or accepted subject to correction. Candidates may be invited to publish the dissertation in Cytoletter, present it at ASC meetings or encouraged to submit the review to a peer reviewed journal.

## PART IV - VIVA

The viva will be conducted by at least two examiners chosen by the Fellowship Committee and held concurrently with ASC ASM. Slanting of the viva towards gynaecological or non-gynaecological cytology is allowed.

The viva will take the form of a discussion focused on current developments in the field, quality and management. Candidates will be provided a number of questions for brief perusal at the commencement of the viva.