

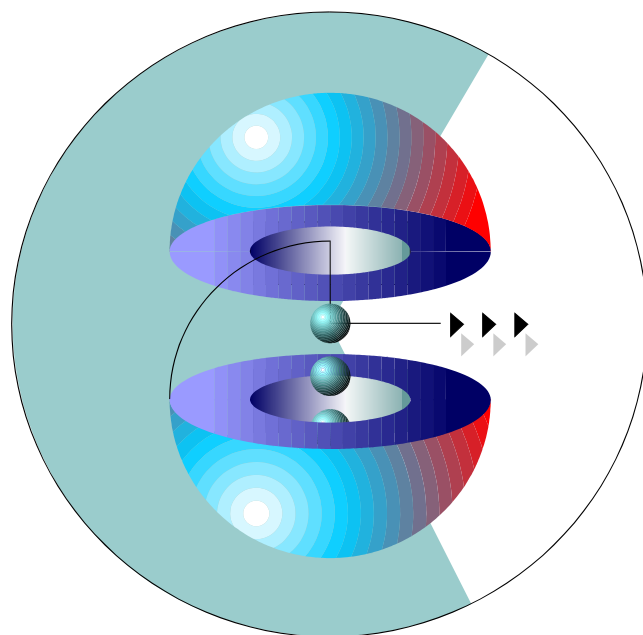


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2003 CytoBase Report

Cervical Cytology Database Statistics
Volume 8, Number 1, December 31, 2003



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Artificial Intelligence in Medicine Inc.
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This report presents database statistics for the period starting January 1st, 2003 through December 31st, 2003 representing the statistics for 2003. This report produced by INSCYTE Corporation contains only a subset of the information that the CytoBase system is capable of providing.

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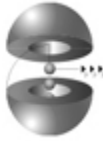
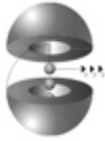


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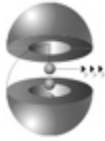




2003 CytoBase Report Highlights

- Focus on women based as opposed to report based data.
- Total number of report received in 2003: 1,442,866
- Total number of women-based reports: 1,126,984
- Number of newly registered women in 2003: 235,158
- Captured 97.2% (1.44 million) reports of Pap smears read in community laboratories and approximately 80% of all Pap smear reports in the province.
- Reports meet international quality benchmarks.
- With the enactment of Bill 31 (PHIPA), Cytobase has been prescribed as a Registry for information related to cervical cancer.
- Ability for cytopathologists to examine on line the prior Pap smear history of women in reporting smears and making recommendations.
- Routine on line access for cytotechnologists to facilitate interpretation of Pap smears.
- Web based access for Physicians/Delegates to CytoBase for Clinicians.





Editorial Commentary

CytoBase continues to build a significant database for use by clinicians, laboratories, and the Ontario cervical screening program. Since its inception in June 1996 the archives of CytoBase have received over 7.7M Pap test results (Pg. 18). In the year 2003 alone over 1.44M reports were entered into CytoBase (pg. 17). Reports from over 235,000 women who have never had a Pap test registered in the database were entered in 2003 (Pg. 12). It is recognized that women may undergo Pap testing more than once in any given year, so once again this necessitates that this report provide both women based statistics using the most severe diagnosis during the year, (pg. 6 to 12), and report based statistics (pg. 13 to 18).

During 2002 some contributing laboratories introduced a liquid based cytology (LBC) technique, SurePath, for Pap testing, and the introduction of this liquid based method for gynecologic cytology is still ongoing in 2004. Consequently, the data within the 2003 CytoBase remains a composite of Pap test results using both SurePath and conventional techniques. The 2002 CytoBase commentary noted that the prevalence (in %) of Within Normal Limits (WNL), Benign Cellular Changes (BCC), Atypical Squamous Cells (ASC), and High Grade Squamous Intra-epithelial Lesion (HSIL) diagnoses was similar to the prior years of 2000 and 2001, whereas a decrease in the reporting rates of Atypical Glandular Cells (AGC) and unsatisfactory specimens, and an increase in Low grade Squamous Intra-epithelial Lesion (LSIL) had occurred. The significance, and possible origins, of these observed changes in the prevalence of AGUS, LSIL, and unsatisfactory Pap tests was unclear at that time. Subsequently, a research group investigated the SurePath detection rates of major diagnostic categories as compared to historical conventional Pap smear practice. The results of this study have now been published: Colgan TJ, McLachlin CM, Cotterchio M, Howlett R, Seidenfeld AM, Mai VM. Results of the implementation of liquid-based cytology – SurePath in the Ontario screening program. Cancer (Cytopathol) 2004; 102: 362 – 7. This study was only possible using CytoBase data and addressed these initial, and other questions, around the introduction of the SurePath technique in Ontario.

A careful review of the 2003 CytoBase data reveals two new findings. First, it is apparent that the prevalence of BCC reports is decreasing in comparison to prior years. Only 4.21% of report based statistics are BCC (pg. 13), whereas as recently as the year 2000 BCC was almost three times as prevalent and accounted for 11.88% of reports. (Data for 2000 and 2001 are not reproduced in the current report but are available on the website @ www.inscyte.org). It is likely that the diminished proportion of reported BCC is attributable to the Ontario implementation of the 2001 Bethesda Terminologic System for gynecologic cytology that only recognizes BCC as an optional subcategory within the larger category “Negative for Intra-epithelial Lesion and Malignancy” (NILM).

Secondly, the introduction of the revised terminologic system has also been associated with a rise in the number of reports without an identifiable cytodiagnosis. Whereas 1,443,866 reports have been registered in CytoBase in 2003 (pg. 14), only 1,193,131 (or 82.6%) have an identifiable cytodiagnosis and stated age (pg. 13). Previously, the percentage of registered cases with a cytodiagnosis and stated age has been about 98%. The Annual Report summary is only able to capture a cytodiagnosis in satisfactory specimens with both a stated cytodiagnostic category and age in the submitted report. Reports of inflammation, organisms and/or a description of endometrial cells only without a stated cytodiagnosis are not captured in any summary cytodiagnostic table. These types of reports are the likely explanations for the increased number of cases without an identifiable cytodiagnosis. A concerted effort is underway to address this problem. In conclusion, during 2003 CytoBase continues to be a useful tool for a variety of needs and reflects the changing patterns of practice and terminologic use in gynecologic cytology in Ontario.

What is CytoBase?

CytoBase is a patient-centered computerized medical record of Cytology reports with on-line submission and query capabilities. The system was designed, developed and made operational by Artificial Intelligence In Medicine Inc. (AIM), a Toronto based software engineering firm under contract to INSCYTE Corporation, a not for profit organization formed by six private medical laboratories¹ and subsequently Cancer Care Ontario. The system started operations on June 1, 1996.

Participating laboratories automatically download all cervical cytology results and related patient data to the central database on a daily basis. The system software automatically registers new patients and links reports to patient records. Cytotechnologists and pathologists reading smears at the participating laboratories have on-line access to this database to improve diagnostic accuracy, and ensure that pre-neoplastic and neoplastic lesions are not overlooked.

Legend for Diagnostic Classes

All cervical/vaginal cytologic specimen diagnoses are based on The Bethesda System for Reporting Cervical/Vaginal Cytologic Diagnoses (The Bethesda System), which are categorized as follows:

1. WNL/NILM: Within Normal Limits/ Negative for Intraepithelial Lesions and Malignancy
2. BCC: Benign Cellular Changes
3. ASCUS/ASC: Atypical Squamous Cells of Undetermined Significance/ Atypical Squamous Cells
4. AGUSAGC: Atypical Glandular Cells of Undetermined Significance/ Atypical Glandular Cells
5. LSIL: Low Grade Squamous Intraepithelial Lesions
6. HSIL: High Grade Squamous Intraepithelial Lesions (including carcinoma in situ)
7. Ca: Carcinoma
8. Oth.Mal.: Other Malignancies (including sarcoma)
9. Oth.Ab.: Other abnormal cells seen (not otherwise classified)

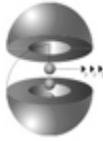
In the diagnostic statistics presented herein, where a report includes findings falling into more than one classification, only the most severe class is included in the count. In the event that a report includes "other abnormal cells" (item 9) in combination with one or more of items 2 through 8, only the most severe of classes 2 through 8 is counted.

Each CytoBase report also contains the following information (to the extent that it has been provided by the source):

- a) Detailed description of specimen adequacy or limitations thereof
- b) Diagnostic classification according to the CytoBase Abstract Coding Syntax based on the Bethesda System (Please refer to the INSCYTE Website www.inscyte.org)
- c) Identification of specimen collection method
- d) Identification of slide preparation (e.g. traditional or monolayer)
- e) Identification of analysis method (e.g. microscopic, automated, computer assisted)
- f) Pathologist's recommendations (e.g. repeat smear in # months, colposcopy, biopsy, curettage, etc.)
- g) Pathologist's comments

¹ Med-Chem Laboratories Ltd.
The Dynacare Health Group Inc.
Excel Bestview Medical Laboratories Ltd.
Flemingdon Medical Laboratories Ltd.
Gamma North Peel Laboratories Ltd.
MDS Health Group Inc.





CytoBase Technical Summary (as of Nov 15th, 2004)

Performance:

Min. Report Transmission Speed: 229 reports per minute at 44,000 BPS (average)
Auto-Registration Rate: 50 patients reports per minute (average)
Rejection Rate: 1.7% average (primarily due to missing information or format errors)
Registered Reports: 10,345,868
Registered Patient ID's: 3,992,730
System Capacity: 15 million reports on current storage devices
7.5 million women on current storage devices

Hardware & Software:

Production Server

CPU: Compaq Alpha Server ES40 AXP 64-bit RISC @ 233 MHz
Memory: 512 Mbytes RAM
Operating System: Compaq TRU-64 UNIX (copyright © Compaq)
Database System: Oracle 8i - v8.1.6 RDBMS (copyright © Oracle Corporation)
Application Software: ISIS-CSP (copyright © AIM Inc.)
ISIS-CEI (copyright © AIM Inc.)
ISIS-CY_CDR (copyright © AIM Inc.)
TransMed EDI (copyright © AIM Inc.)
Disk Capacity: 48 Gigabytes RAID V
36 Gigabytes JBOD
Network Protocol: TCP/IP
Messaging Protocol: HL7 Version 2.3
Fault Tolerance: RAID Level 1 & 5 Hot Swap, UPS, auto-shutdown and auto-backup,
advanced replication
Security: PKI based private key, public key, and session key

Mirror Server

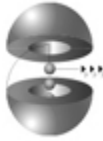
CPU: Digital Equipment Alpha AXP 64-bit RISC @ 233 MHz
Memory: 256 Mbytes RAM
Operating System: Compaq TRU-64 UNIX (copyright © Compaq)
Database System: Oracle 8i - v8.1.6 RDBMS (copyright © Oracle Corporation)
Application Software: ISIS-CSP (copyright © AIM Inc.)
ISIS-CEI (copyright © AIM Inc.)
ISIS-CY_CDR (copyright © AIM Inc.)
TransMed EDI (copyright © AIM Inc.)
Disk Capacity: 28 Gigabytes RAID V
36 Gigabytes JBOD
Network Protocol: TCP/IP
Messaging Protocol: HL7 Version 2.3
Fault Tolerance: RAID Level 1 & 5 Hot Swap, UPS, auto-shutdown and auto-backup,
advanced replication
Security: PKI based private key, public key, and session key

Submitting Laboratories

Participating Laboratories	Date of First Transmission to CytoBase	Specimen Date of Reports From	Specimen Date of Reports From
* Gamma North Peel Laboratories	Jun. 9, 1996	Jun. 1, 1993	Oct. 24, 1997
* Flemingdon Laboratories	Jun. 11, 1996	Apr. 15, 1996	Jun. 12 1998
MDS Laboratories	Oct 10th, 1996	Oct 2, 1996	
Gamma-Dynacare Medical Laboratories - Airport Division	Nov. 22, 1996	Nov. 14, 1996	
* Excel Bestview Medical Laboratories Limited	Mar. 17, 1997	May 5, 1992	Dec. 31, 1996
Gamma-Dynacare Medical Laboratories - Ottawa Division	Jul. 15, 1998	Jan. 19, 1998	
Gamma-Dynacare Medical Laboratories - Windsor Division	Aug. 17, 1999	May 12, 1999	
Canadian Medical Laboratories	Dec. 22, 1999	May 11, 1999	
Medical Laboratories of Windsor	Oct. 19, 2000	Feb. 5, 1999	

* Laboratories now merged with others.





Women Based Statistics

The following tables and figures categorize women by the most severe diagnosis for the period of time specified (January 1, 2003 to December 31, 2003) and the woman's age. The age is calculated based on the woman's date of birth at the time the specimen was taken with the most severe diagnosis. If a women had more than one Pap in 2003 with the same diagnosis and the women fell in two age ranges then the older was selected.

Distribution of the Most Severe Diagnosis for Women by Age and Class

Specimens Received January 1, 2003 to December 31, 2003

Age	WNL /NILM	BCC /ASC	ASCUS /ASC	AGUS		LSIL	HSIL	Ca.	1		Total	%
				/AGC	EAIS				Oth.Mal.	Oth.Ab.		
10-14	819	35	42	0	0	42	3	0	0	0	941	0.08%
15-19	42,396	2,593	2,494	25	1	2,900	159	0	0	8	50,576	4.49%
20-24	94,899	5,768	5,945	120	0	6,223	614	0	0	29	113,598	10.08%
25-29	115,045	5,926	4,595	201	1	3,993	857	4	0	34	130,656	11.59%
30-34	127,142	6,072	3,815	269	5	2,408	787	5	0	45	140,548	12.47%
35-39	129,891	6,709	3,656	296	2	1,890	602	16	0	27	143,089	12.70%
40-44	129,224	6,865	3,497	325	6	1,485	446	16	0	27	141,891	12.59%
45-49	111,228	5,639	2,900	329	1	992	256	8	1	29	121,383	10.77%
50-54	91,618	3,777	2,202	286	2	658	145	18	2	22	98,730	8.76%
55-59	69,797	2,305	1,335	168	0	329	86	22	1	16	74,059	6.57%
60-64	45,842	1,331	748	107	0	189	70	21	2	8	48,318	4.29%
65-69	31,396	856	534	73	0	117	38	18	3	8	33,043	2.93%
70-74	16,694	470	281	43	0	66	28	15	1	6	17,604	1.56%
75-79	8,187	250	130	31	0	22	14	10	2	4	8,650	0.77%
80-84	2,805	112	65	12	0	10	3	5	0	2	3,014	0.27%
85-89	650	32	13	4	0	6	1	3	0	0	709	0.06%
90 +	150	14	2	3	0	2	1	2	1	0	175	0.02%
Total	1,017,783	48,754	32,254	2,292	18	21,332	4,110	163	13	265	1,126,984 ³	100.00%
%	90.31%	4.33%	2.86%	0.20%	0.00%	1.89%	0.36%	0.01%	0.00%	0.02%	100.00%	

¹ The "other malignancies" category includes Consistent with Malignancy (3) and Malignant cells seen (3)

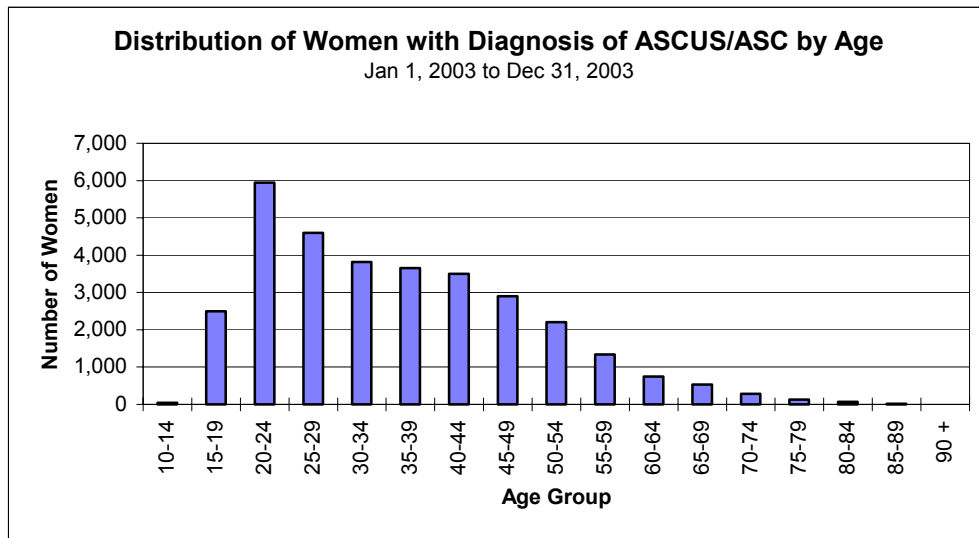
² The "other abnormal" category includes findings and/or suspicion of abnormalities that were not formally classified.

³ The total number of women in the above table is less than the number of reports received (1,442,866) and do not include: those patient's with reports classified as unsatisfactory, the diagnostic class according to the Bethesda System for Reporting Cervical/Vaginal Cytologic Diagnoses cannot be determined and the date of birth cannot be determined, and duplicate pap reports (315,882).

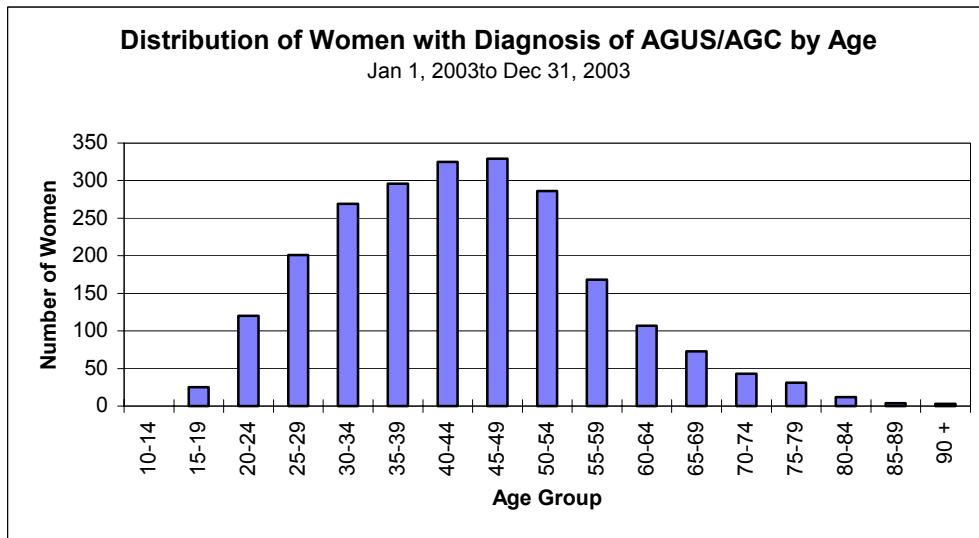
In the diagnostic statistics presented herein, where a woman has two or more reports, only the most severe class is included in the count.

Women Based Statistics

Distribution of Women with Diagnosis of ASCUS/ASC and AGUS/AGC by Age

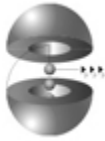


Atypical squamous cells of undetermined significance account for 2.86% (32,254) of reported findings.



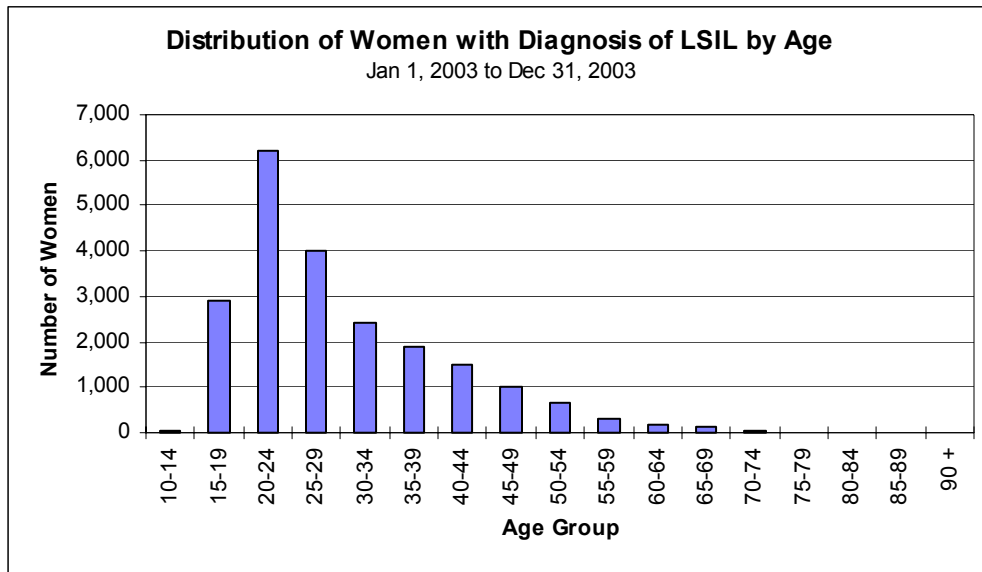
Atypical glandular cells of undetermined significance account for 0.20% (2,292) of reported findings.



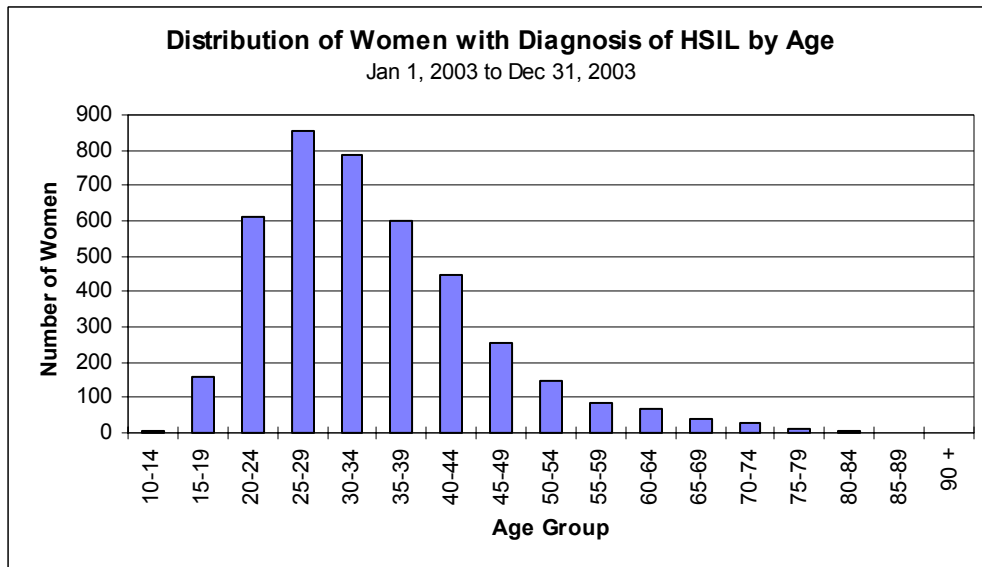


Women Based Statistics

Distribution of Women with Diagnosis of Low Grade and High Grade Squamous Intraepithelial Lesions by Age



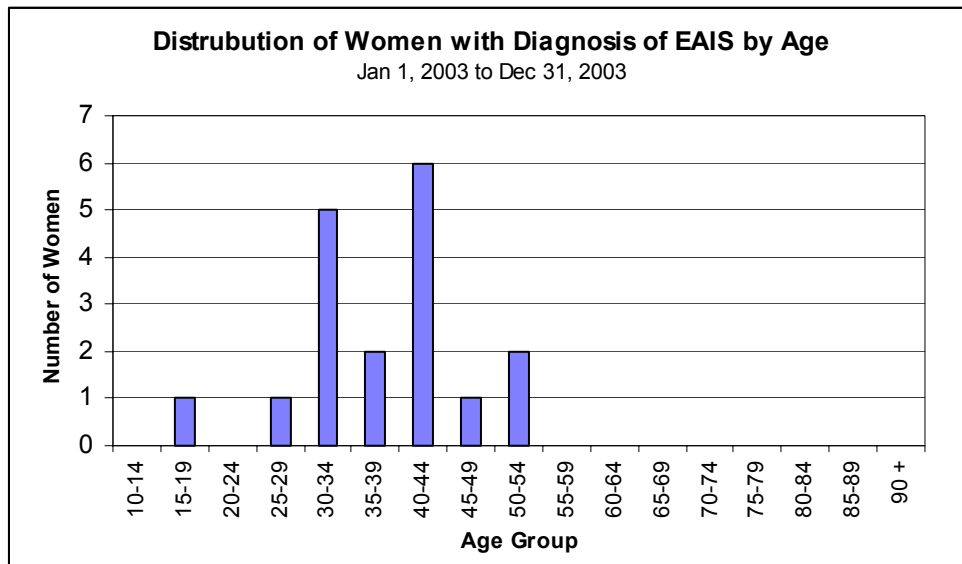
Low grade squamous intraepithelial lesions account for 1.89% (21,332) of reported findings.



High grade squamous intraepithelial lesions account for 0.36% (4,110) of reported findings.

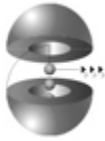
Women Based Statistics

Distribution of Women with Diagnosis of Endocervical Carcinoma in situ by Age



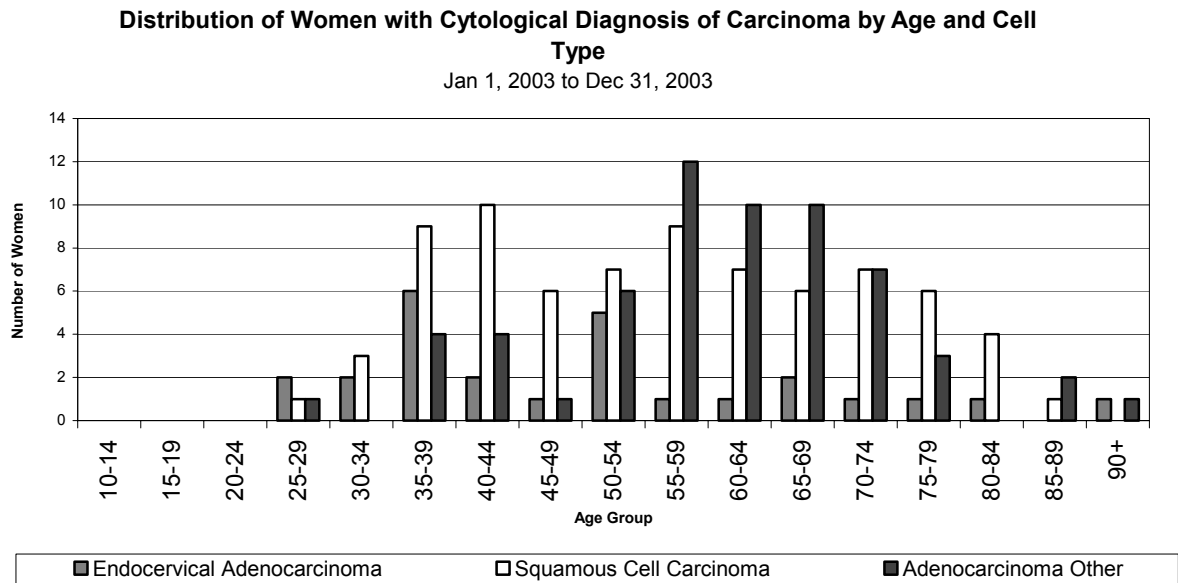
Endocervical Carcinoma in situ account for 0.00% (18) of reported findings





Women Based Statistics

Distribution of Women with Cytological Diagnosis of Carcinoma by Age and Cell Type



Carcinomas account for 0.01 (163)% of reported findings

A cytological diagnosis was made of:

Carcinoma	1
Adenocarcinoma	22
Endometrial Adenocarcinoma	38
Endocervical Adenocarcinoma	26
Extra-Uterine Adenocarcinoma	0
Adenocarcinoma NOS	1
Squamous Cell Carcinoma	76
Total	163

Women Based Statistics

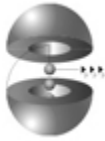
Distribution of Screened Women by Age as a Percentage of the Female Population of Ontario

Age Group	Number of Women ¹	Ontario Female Population ²	Percent of Population
10-14	941	394,424	0.24%
15-19	50,576	384,274	13.16%
20-24	113,598	383,299	29.64%
25-29	130,656	401,444	32.55%
30-34	140,548	443,289	31.71%
35-39	143,089	508,076	28.16%
40-44	141,891	514,652	27.57%
45-49	121,383	459,332	26.43%
50-54	98,730	400,729	24.64%
55-59	74,059	330,867	22.38%
60-64	48,318	260,135	18.57%
65-69	33,043	228,536	14.46%
70-74	17,604	212,148	8.30%
75-79	8,650	186,037	4.65%
80-84	3,014	129,420	2.33%
85-89	709	117,528	0.60%
90+	175	117,528	0.15%
Total	1,126,984	5,471,718	20.60%

¹ Taken from Total by Age Group of the Distribution of the Most Severe Diagnosis for Women by Age and Class (page 6)

² 2001 Census Based Population- 2002 Estimates: Statistics Canada and Ontario Ministry of Finance





Women Based Statistics

Newly Registered Women

The following table describes the age distribution of women registered for the first time in the CytoBase system during the calendar year 2002, and as a percentage of the female population of the province of Ontario. In this period, the system captured 4.84% of the female population.

The qualifying criteria for inclusion in this list are that 1) the patient's specimen was collected during the time period in question and 2) this is the patient's first report registered in the system.

Newly Registered Women of Ontario Female Population

Jan 1, 2003 to Dec 31, 2003

Age Group	Newly Registered	Ontario Female Population¹	% of Cohort Registered
10-14	1,081	399,245	0.27%
15-19	37,094	398,124	9.32%
20-24	35,837	394,358	9.09%
25-29	27,347	404,741	6.76%
30-34	24,490	450,320	5.44%
35-39	22,443	512,847	4.38%
40-44	22,062	515,793	4.28%
45-49	18,266	460,809	3.96%
50-54	13,894	403,301	3.45%
55-59	10,692	327,284	3.27%
60-64	7,867	257,743	3.05%
65-69	5,981	227,175	2.63%
70-74	3,922	211,736	1.85%
75-79	2,565	185,008	1.39%
80-84	1,160	128,184	0.90%
85-89	346	70,457	0.49%
90 +	111	38,419	0.29%
Total	235,158	5,385,544	4.37%

¹ 2001 Census Based Population – 2002 Estimates: Statistics Canada and Ontario Ministry of Finance

Report Based Statistics

The following table lists reported findings categorized by diagnostic class (most severe finding on the report) and the woman's age. The age is calculated based on the woman's date of birth at the time the specimen was taken with the most severe diagnosis.

Distribution of Reports by Age and Diagnostic Class

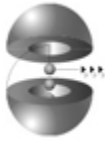
Specimens Received from January 1, 2003 to December 31, 2003

Age	WNL /NILM	BCC	ASCUS /ASC	AGUS /AGC	EAIS	LSIL	HSIL	Ca.	Oth. Mal.	Oth. Ab. ¹	Total	%
10-14	872	35	49	0	0	49	3	0	0	0	1,008	0.08%
15-19	45,325	2,706	2,893	28	1	3,210	168	0	0	8	54,339	4.56%
20-24	102,670	6,017	7,031	123	0	6,963	668	0	0	30	123,502	10.36%
25-29	125,051	6,113	5,374	218	2	4,473	931	4	1	35	142,202	11.93%
30-34	137,129	6,224	4,370	293	5	2,693	858	5	0	48	151,625	12.72%
35-39	137,313	6,879	4,156	322	2	2,157	651	16	0	27	151,523	12.71%
40-44	134,963	7,046	3,933	342	6	1,681	480	16	0	28	148,495	12.46%
45-49	115,724	5,796	3,213	343	1	1,113	276	8	1	29	126,504	10.61%
50-54	94,932	3,870	2,454	294	2	724	158	18	3	22	102,477	8.60%
55-59	72,078	2,368	1,472	171	0	368	89	22	1	17	76,586	6.42%
60-64	47,122	1,363	821	109	0	222	74	22	2	8	49,743	4.17%
65-69	32,242	872	605	77	0	130	43	18	3	8	33,998	2.85%
70-74	17,163	475	319	43	0	84	31	17	1	6	18,139	1.52%
75-79	8,433	259	150	31	0	26	15	10	2	4	8,930	0.75%
80-84	2,915	113	70	12	0	11	3	5	0	2	3,131	0.26%
85-89	686	33	14	4	0	6	1	4	0	0	748	0.06%
90 +	156	14	2	3	0	2	1	2	1	0	181	0.02%
Total	1,074,774	50,183	36,926	2,413	19	23,912	4,450	167	15	272	1,193,131²	100.00%
%	90.08%	4.21%	3.09%	0.20%	0.00%	2.00%	0.37%	0.01%	0.00%	0.02%		

¹ The "other abnormal" category includes findings and/or suspicion of abnormalities that were not formally classified.

² The total number of reports in the above table is less than the number of reports received (1,442,866) because the age of the woman or a diagnostic class according to The Bethesda System cannot be determined (86,655) from submitted information. In addition, reports classified as unsatisfactory are not included.





Report Based Statistics

Specimen Adequacy Statistics

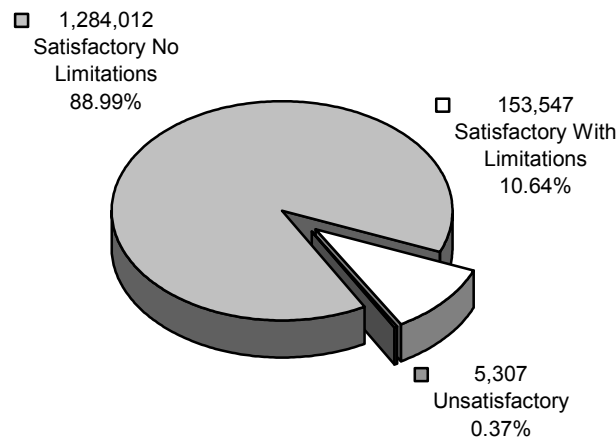
A report may contain several Unsatisfactory or Limited/Qualified by findings.

Result Category	Number of Reports	% of Reports	Number of Findings	% of Findings
Satisfactory No Limitations/Qualifiers	1,284,012	88.99%	1,284,134	88.43%
Satisfactory With Limitations/Qualifiers	153,547	10.64%	159,893	11.01%
Unsatisfactory for Evaluation	5,307	0.37%	8,146	0.56%
Total	1,442,866	100.00%	1,455,173	100.00%
Multiple Findings per Report	12,294			

Cytology Reports by Specimen Adequacy

Jan 1, 2003 to Dec 31, 2003

Total 1,442,866



Of the total number of reports (1,442,866) in the interval examined, there were 88.99% of reports (1,284,012) with no limitations. Of the remaining reports, 10.64% (153,547) were limited in some way and 5,307 (0.37%) were deemed unsatisfactory for cytological evaluation.

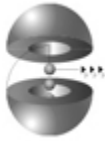
Report Based Statistics

Reason for Specimen Limitations/Qualifiers by Findings

Distribution of Satisfactory but Limited/Qualified Findings by Reason

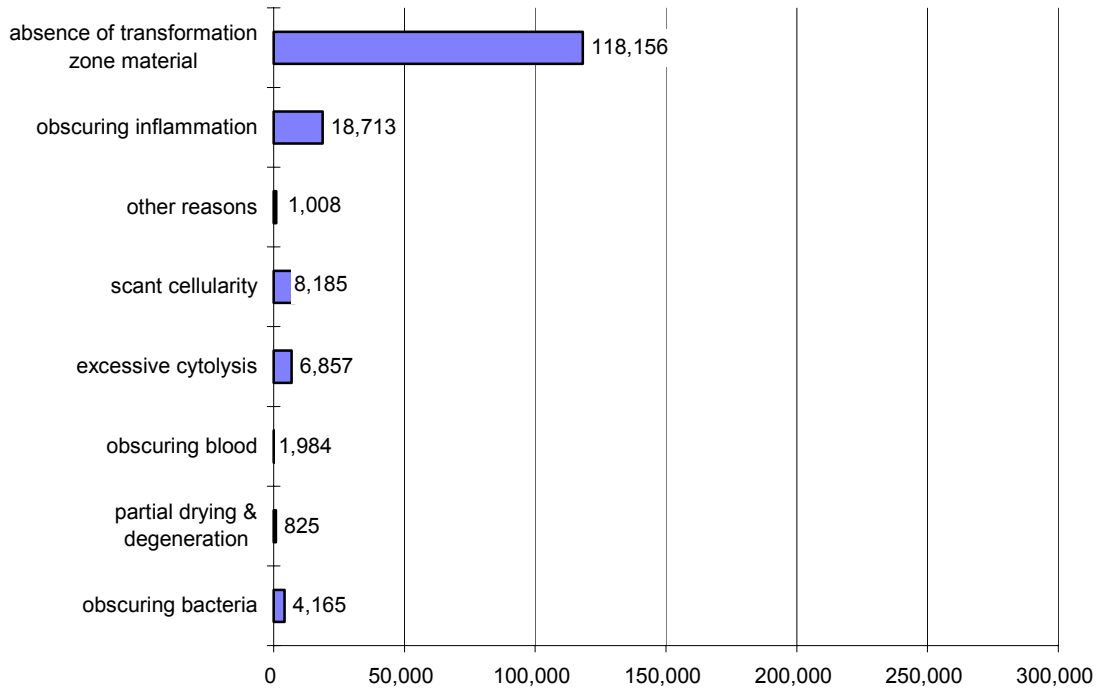
absence of transformation zone material	118,156	73.90%
obscuring inflammation	18,713	11.70%
other reasons	1,008	0.63%
scant cellularity	8,185	5.12%
obscuring blood	1,984	1.24%
partial drying & degeneration	825	0.52%
excessive cytolysis	6,857	4.29%
obscuring bacteria	4,165	2.60%
Total Number of Satisfactory but Limited/Qualified by Findings	159,893	100.00%





Number of Satisfactory but Limited/Qualified by Findings by Reason

Jan 1, 2003 to Dec 31, 2003



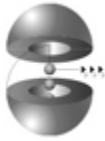
Report Based Statistics

Reason for Specimen Inadequacy by Findings

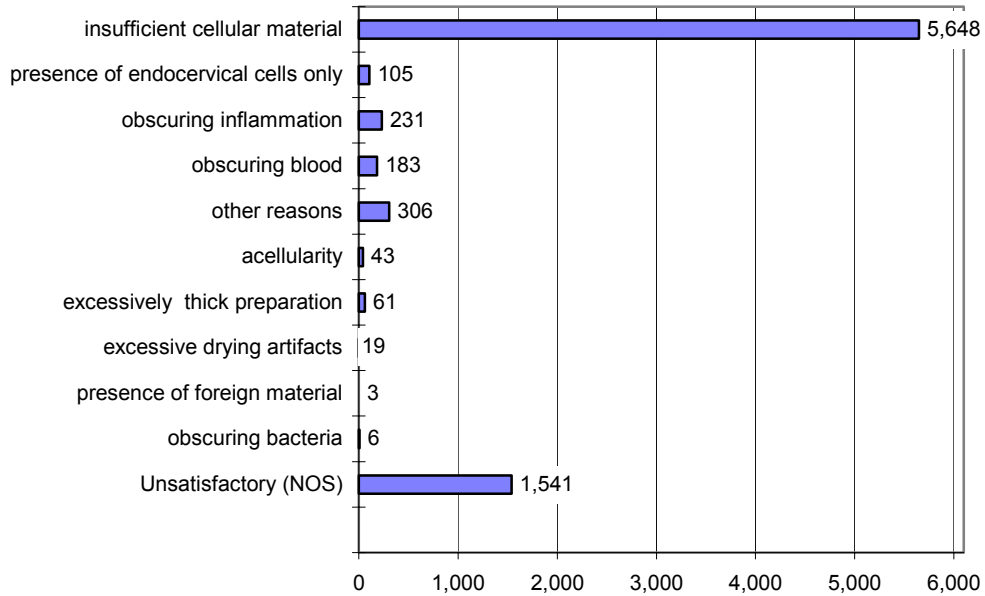
Distribution of Unsatisfactory Findings by Reason

insufficient cellular material	5,648	69.33%
presence of endocervical cells only	105	1.29%
obscuring inflammation	231	2.84%
obscuring blood	183	2.25%
acellularity	43	0.53%
other reasons	306	3.76%
excessively thick preparation	61	0.75%
excessive drying artifacts	19	0.23%
presence of foreign material	3	0.04%
obscuring bacteria	6	0.07%
Unsatisfactory (NOS)	1,541	18.92%
Broken Slide	0	0.00%
Total Number of Unsatisfactory Findings	8,146	100.00%





Number of Unsatisfactory Findings by Reason
Jan 1, 2003 to Dec 31, 2003



Report Based Statistics

Cytology Reports by Province Code of Health Number

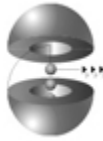
Jan 1st 2003 to Dec 31st 2003

Distribution of Reports by Province Health Number Code

Alberta	214	0.01%
British Columbia	364	0.02%
Manitoba	14	0.00%
New Brunswick	215	0.01%
Newfoundland	132	0.01%
Nova Scotia	168	0.01%
Nunavut (North West Territories)	2,550	0.17%
Ontario	525,222	35.97%
Prince Edward Island	26	0.00%
Quebec	10,498	0.72%
Saskatchewan	57	0.00%
Yukon	9	0.00%
[Unspecified]*	903,397	61.86%
Total	1,442,866	

* Province Health Code not submitted, presumed to be Ontario





Report Based Statistics

Cumulative Database – Distribution by Age and Diagnostic Class

Specimens Received from June 1, 1996 to December 31, 2003 as of May 11, 2004

Age	WNL /NILM	ASCUS BCC	ASCUS /ASC	AGUS /AGC	LSIL	EAIS	HSIL	Ca.	Oth.Mal	Oth.Ab ¹	Total	%
10-14	5,291	845	198	10	206	0	16	0	0	0	6,566	0.09%
15-19	261,946	47,666	14,779	522	14,250	1	1,329	1	0	92	340,586	4.42%
20-24	603,290	108,493	36,646	1,922	31,217	0	4,894	4	3	278	786,747	10.20%
25-29	757,857	118,360	32,675	3,276	21,894	2	6,777	34	8	351	941,234	12.21%
30-34	835,439	127,487	28,643	4,236	15,033	5	6,029	52	12	381	1,017,317	13.19%
35-39	833,674	138,179	28,700	4,873	11,840	2	4,771	86	12	334	1,022,471	13.26%
40-44	745,318	128,865	26,327	4,888	8,562	6	3,226	75	7	316	917,590	11.90%
45-49	635,688	107,963	22,359	4,905	5,991	1	2,003	87	12	230	779,239	10.10%
50-54	542,232	80,357	16,509	4,149	4,040	2	1,137	98	11	218	648,753	8.41%
55-59	393,315	48,963	10,001	2,309	2,106	0	673	128	10	164	457,669	5.93%
60-64	279,692	31,594	6,124	1,362	1,203	0	497	114	10	100	320,696	4.16%
65-69	206,727	22,302	4,095	940	780	0	384	106	11	90	235,435	3.05%
70-74	120,765	13,190	2,362	551	482	0	278	111	6	64	137,809	1.79%
75-79	60,841	6,772	1,146	291	203	0	143	76	19	47	69,538	0.90%
80-84	19,651	2,373	427	115	90	0	53	57	3	21	22,790	0.30%
85-89	4,986	690	86	30	26	0	20	34	2	11	5,885	0.08%
90 +	1,126	163	29	12	7	0	8	6	2	2	1,355	0.02%
Total	6,307,838	984,262	231,106	34,391	117,930	19	32,238	1,069	128	2,699	7,711,680 ²	100.00%
%	81.80%	12.76%	3.00%	0.45%	1.53%	0.00%	0.42%	0.01%	0.00%	0.03%	100.00%	

¹ The "other abnormal" category includes findings and/or suspicion of abnormalities that were not formally classified.

² The total number of reports in the above table is less than the number of reports received because the age of the woman, or a diagnostic class according to The Bethesda System cannot be determined from submitted information. In addition, reports classified as unsatisfactory and are not included.

A comparison of Cumulative Data from previous CytoBase reports may show changes in classification due to reports that were subsequently amended.