**Presentation wednesday 6th of april:**

• Describe the workflow in your lab with the Totalys-system

The samples are divided into samples with only HPV, samples with both HPV and cytology and samples with only cytology.

When the HPV samples are positive of the HPV virus, we run a cytology on those.

We run each divided groups into separate batches. We scan the cassette on the computer, manual loading, and put it on the multiprocessor. When the MP reads all the samples in the batch, the glasses are printed out automatically. We got a computer, DATALINK, that keeps control over the sample number, c-tube number and (if used) m-tubes.

On the glasses: we write on the first and last sample on the SP tray to mark what kind of samples the batch contain. We do this for one reason; easier to have control over the samples afterwards when we put it on the Focal point and divide them into their groups as before when they are put out for screening.

We use the totalys system on non-gyn as well.

Reruns: the screener order a rerun on a sample, we write out an etiquette, find the sample and centrifuge it. Decant the extra fluid and put it together with others reruns or with the non-gyn samples.

• What do you see as the biggest challenges in the lab?

We only got one SP. We had 35.000 samples in 2021 and several stops and reruns. However, this problem will be solved soon when we will get a second sp (back-up and in operation).

We had problems with green stain, and after many attempts of repair, BD replaced the whole instrument with a new one in November.

We also got problems with enough personnel.

When we are in need of help with one of the instruments, it can take time to get help. Often because they need to order a new piece when something need to be replaced. Nevertheless, this may be solved, when BD Norway are going to make a small storage with often used spare parts.

• What is, in your opinion, the greatest advantages with the system?

It is easy to learn and use. Not complicated machines and user friendly. Good stain and a clear image.

• Your tips/tricks to share with other users/hospitals.

• If you could optimize the instruments, what would you like to implement?

MP: count the reagent. How much it got left.

• How do you perform the screening of slides today, and have you made any thoughts of digital imaging/artificial intelligence?

We started with primary HPV screening almost 3 years ago. At the same time, we have finished centralizing cervical screening.

In 2021 we had aprox. 35000 cervical cytology and 74000 HPV.

We are running all glasses on FP the day before we start screening the samples. We divide the samples into separate piles: routine samples with which we mostly answer at the GS station, HPV positive in HPV primary screening, “combo”samples (both cytology and HPV) and samples that were not run om FP.

We have 2 GS station and we wish for more stations in the near future.

On the total number of samples we full screen 60%, 40% we sign out at the GS.

We are happy with the morphology of SurePath when the staining is optimal (no green ones ☺)

We have only 4 screeners, so we are depending on FP to work (2 more screeners has just started training).

We will start with digital pathology very soon; cytology will come after a while, I wondering how this should work together with FP?