

BETHESDA 2001 TERMINOLOGY CHANGES

The cytopathology laboratory at The Pathology Center will begin reporting cervicovaginal cytology (Pap smear) results using the 2001 Bethesda System beginning March 18, 2003. The new system will be used to report results from both conventional and thin layer pap smears. The major changes are as follows:

- The phrase, “Satisfactory, but limited by...” will no longer be used. Specimens with features previously reported as ‘limited by’ inflammation, blood, drying artifact, no endocervical cells, etc. will be reported as **“Satisfactory for evaluation”** with a possible comment stating the limiting factor.
- The presence or absence of endocervical cells will no longer be reported as a limiting factor, but will instead be reported as a comment on all specimens collected from the uterine cervix with the exception of atrophic specimens.
- All specimens which have previously been reported as ‘benign cellular changes’ or ‘reactive’ will now be identified with the phrase: **“Negative for intraepithelial lesion or malignancy”**. All organisms, i.e. Candida, trichomonas, etc., will be reported as a comment in the diagnosis.
- The term, **“Atypical squamous cells of undetermined significance”** (ASCUS) will be used, but will appear as **“ASC-US”**. The qualifying terms (favor reactive changes or favor dysplasia) will be eliminated. Liquid based specimens with this result may be reflexed for HPV testing at the clinician’s request.
- A new term **“Atypical squamous cells, cannot rule out high grade squamous intraepithelial lesion”** or **“ASC-H”** will be used to denote specimens in which there is a specific concern that a high grade SIL may be present. Liquid based specimens with this result may be reflexed for HPV testing at the clinician’s request.
- The term “AGUS” or “Atypical glandular cells of undetermined significance” will no longer be used. Specimens with such changes will be reported as **“Atypical glandular (endocervical or endometrial) cells”** and the report will then note if the changes are suspicious for or diagnostic of in situ or invasive glandular neoplasia. Atypical glandular cells will be reported as:
 1. **“Atypical glandular cells present”**
 2. **“Atypical glandular cells present, favor neoplasm”**
 3. **“Suspicious for endocervical adenocarcinoma-in-situ”**
- The presence of cytologically benign endometrial cells will be noted in all women age 40 and above.
- The final report will now state specimen source (cervix or vaginal) and specimen process method (thin layer or conventional). Currently, the cytology department and IT department are determining a way to reflect the HPV reflex comment on the report. This comment will not be a part of the final report at this time.

Any questions regarding the new reporting system can be directed to Ginger Quast at 354-4534 or Dr. Janet England at 354-4551.