



## Technical Bulletin

*Detailed information concerning methodology, specimen requirements, and reference ranges on new and specialized tests*

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- **Test Name:** GYN Cytology
  - **Department:** ACM Medical Laboratory, Department of Pathology
  - **Date:** June 2005
  - **Re:** Bethesda System 2001 for Reporting Cervical Cancer
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### Specimen Type

- Indicate conventional smear (Pap smear) vs. liquid-based vs. other

### Specimen Adequacy

- Satisfactory for evaluation (describe presence or absence of endocervical/transformation zone component and any other quality indicators, e.g., partially obscuring blood, inflammation, etc.)
- Unsatisfactory for evaluation...(specify reason)
  - Specimen rejected/not processed (specify reason)
  - Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality because of (specify reason)

### General Categorization (optional)

- Negative for Intraepithelial Lesion or Malignancy
- Epithelial Cell Abnormality: See Interpretation/Result (specify 'squamous' or 'glandular' as appropriate)
- Other: See Interpretation/Result (e.g. endometrial cells in a woman  $\geq$  40 years of age)

### Automated Review

- If case examined by automated device, specify device and result.

### Ancillary Testing

- Provide a brief description of the test methods and report the result so that it is easily understood by the clinician.

### Interpretation/Result

**Negative for Intraepithelial Lesion or Malignancy** (when there is no cellular evidence of neoplasia, state this in the General Categorization above and/or in the Interpretation/Result section of the report, whether or not there are organisms or non-neoplastic findings)

#### Organisms:

- Trichomonas vaginalis
- Fungal organisms morphologically consistent with *Candida* species
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with *Actinomyces* spp.
- Cellular changes consistent with Herpes simplex virus

**Other Non-Neoplastic Findings (optional to report, list not inclusive):**

- Reactive cellular changes associated with
  - inflammation
  - radiation
  - intrauterine contraceptive device (IUD)
- Glandular cells status post hysterectomy
- Atrophy

**Other**

- Endometrial cells (in a woman  $\geq$  40 years of age)  
(Specify if 'negative for squamous intraepithelial lesion')

**Epithelial Cell Abnormalities**

**Squamous Cell**

- Atypical squamous cells
  - of undetermined significance (ASC-US)
  - cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL)  
encompassing: HPV/mild dysplasia/CIN 1
- High grade squamous intraepithelial lesion (HSIL)  
encompassing: moderate and severe dysplasia, CIS/CIN 2 and CIN 3
  - with features suspicious for invasion (if invasion is suspected)
- Squamous cell carcinoma

**Glandular cell**

- Atypical
  - endocervical cells (NOS or specify in comments)
  - endometrial cells (NOS or specify in comments)
  - glandular cells (NOS or specify in comments)
- Atypical
  - endocervical cells, favor neoplastic
  - glandular cells, favor neoplastic
- Endocervical adenocarcinoma *in situ*
- Adenocarcinoma
  - endocervical
  - endometrial
  - extrauterine
  - not otherwise specified (NOS)

**Other malignant neoplasms: (specify)**

**Educational notes and suggestions (optional)**

Suggestions should be concise and consistent with clinical follow-up guidelines published by professional organizations (references to relevant publications may be included).

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