

The Bethesda System for Reporting PAP Smear Results

The National Cancer Institute recommends utilization of "The Bethesda System" for the reporting of cervical / endocervical / vaginal cytology (Pap smears) specimens. The standardized language of the Bethesda System allows for more consistent communication of Pap smear findings between laboratories, clinicians and patient. Pocono Medical Center's Cytology / Pathology laboratory utilizes The Bethesda System 2001 for reporting our findings.

Federal regulations require that all specimens be accurately identified. To assist in meeting this requirement, Pocono Medical Center will provide Pap kits or preservative fluid vials and Gynecological Requisitions for the clinicians. Patient's full name is required on the slide and preservative fluid vials. A completed Gynecological (Pap smear) Cytology requisition must accompany all slides and vials. Please refer to *Gynecologic Cytology (Pap smear) Requisition* for complete information.

Bethesda System 2001 for Reporting Cervical/Endocervical/Vaginal Cytology

I. Specimen Adequacy

- **"Satisfactory for evaluation"** indicates that the specimen has all of the following:
 - Appropriate labeling and identifying information
 - Relevant clinical information
 - Adequate numbers of well-preserved and well-visualized squamous epithelial cells.
 - An adequate endocervical / transformation zone component (from a patient with a cervix).
 - Quality of the Pap smear will still be noted when:
 - Less than 10 well preserved endocervical or metaplastic cells are seen
 - Blood or inflammation moderately obscuring the Pap smear
- **"Unsatisfactory for evaluation"** designates that the specimen is unreliable for the detection of cervical epithelial cell abnormalities. This term is used if any of the following apply:
 - A broken slide that cannot be repaired
 - Scanty squamous epithelial component (less than 8,000 well preserved and well visualized cells on conventional slides or less than 5,000 well preserved and well visualized cells on liquid-based preparations)
 - Obscuring blood, inflammation, thick areas, poor fixation, air-drying artifact, contaminant, etc. that precludes interpretation of approximately 75% of the epithelial cells.

II. General Diagnoses (PAP Smear Interpretation)

Here is where specific comments are made concerning the Pap smear. You will see the following descriptions used on our reports.

- **Negative for intraepithelial lesion or malignancy** (previously within normal limits)
- **Epithelial cell abnormality: atypical squamous cells of undetermined significance (ASC-US) *1**
- **Epithelial cell abnormality: atypical squamous cells, can't rule out HSIL (ASC-H)**
- **Epithelial cell abnormality: glandular cells, atypical glandular cells (AGUS)**
- **Epithelial cell abnormality: low grade squamous intraepithelial lesion (LSIL)**
- **Epithelial cell abnormality: high grade squamous intraepithelial lesion (HSIL)**
- **Epithelial cell abnormality: glandular cells, endocervical adenocarcinoma**
- **Epithelial cell abnormality: glandular cells, endometrial adenocarcinoma**
- **Epithelial cell abnormality: squamous cells, squamous carcinoma**

III. Other Relevant Interpretation

- **Microorganisms**
 - Herpes Simplex Virus
 - Coccobacilli, Bacterial vaginosis, clue cells, shift in vaginal flora
 - *Candida sp*
- **Comments**
 - The presence of inflammation, RBC, hyperkeratosis, parakeratosis, reactive and/or repair cells will be mentioned under this category.
 - HPV ancillary studies will also be noted here
 - Separate report will follow the Pap smear report
 - All additional comments and recommendation significant to the patient will noted.

IV. CLIA mandates that all Pap smear meet the following criteria will be referred to a pathologist for review:

- Past abnormal Pap smears or high risk patient, within last three years
- Atypical squamous or glandular cells of undetermined significance
- Pre-malignant (low-grade or high-grade SIL) or Malignant case

CLIA mandates that a minimum of 10% of all Pap smears interpreted as negative must be selected at random for rescreening by a second reviewer (Cytopathologist, Pathologist, or Senior Cytotechnologist) for quality control. Pocono Medical Center's Cytology/Pathology Laboratory exceeds this recommendation by rescreening 20% of all negative results!

*1 – The clinicians can always choose further testing when ASC results are reported.