

**BSCC Terminology 2002**  
**The Way Forward**

**Amanda Herbert**  
**BSCC September 2002**

**BSCC Terminology Conference 2002**

# **The way forward**

## **BSCC Terminology 2002**

**Proposal for change, based on consensus, discussion, consistent with requirements of women, smear-takers, gynaecologists, laboratories and the screening programme.....**

# **The way forward**

## **BSCC Terminology 2002**

**.....taking account of the known limitations of a morphological prediction of a biological spectrum of change in more than one cell type**

# **The way forward**

## **BSCC Terminology 2002**

- **Report negatives as ‘no dyskaryotic cells identified’**
  - **Mandatory management recommendation**
  - **Optional “additional comment” for clinical management, infections, endometrial cells etc.**
- **Report ‘unsatisfactory smears’ with reasons**
- **Two tier system for low-grade (koilocytosis, mild) and high-grade (moderate, severe) squamous dyskaryosis**
- **Retain categories for ?invasive and ?glandular neoplasia**
- **Borderline (correlates with TBS 2001)**

# **BSCC Terminology 2002**

## **Where are we now, September 2002?**

- **Why has nothing happened yet?**
- **What has happened since March 2002?**
- **Should we be using the recommendations now?**
- **What are their implications?**
- **What still needs to be done, before the recommendations can fully be implemented?**

## **BSCC Terminology 2002**

### **What are the problems?**

- **No change to high-grade, since moderate and severe dyskaryosis are already managed in the same way, and ?invasive and ?glandular have separate codes.**
- **The main difference is that koilocytosis will be included in “low-grade dyskaryosis” with mild dyskaryosis, which will be consistent with low-grade (LSIL) in the Bethesda system (TBS).**

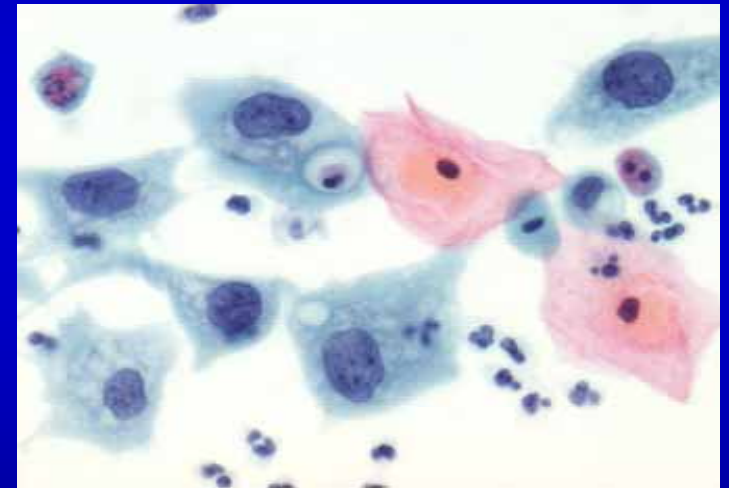
## Why should including koilocytosis with mild dyskaryosis create a problem?

- PPVs (CIN2+) for borderline and mild dyskaryosis are slightly different, and borderline/koilocytosis is likely to be at the low-risk end of the spectrum
- *Draft revised “Duncan guidelines” recommend immediate referral for mild dyskaryosis*

## Image 14: Mild dyskaryosis (Ranji Persad, BSCCT slide seminar)

- Mild dyskaryosis: 43%
- Moderate dyskaryosis: 39%
- Borderline nuclear change: 10%
- Inflammatory cellular change: 8%
- Severe dyskaryosis: 0%

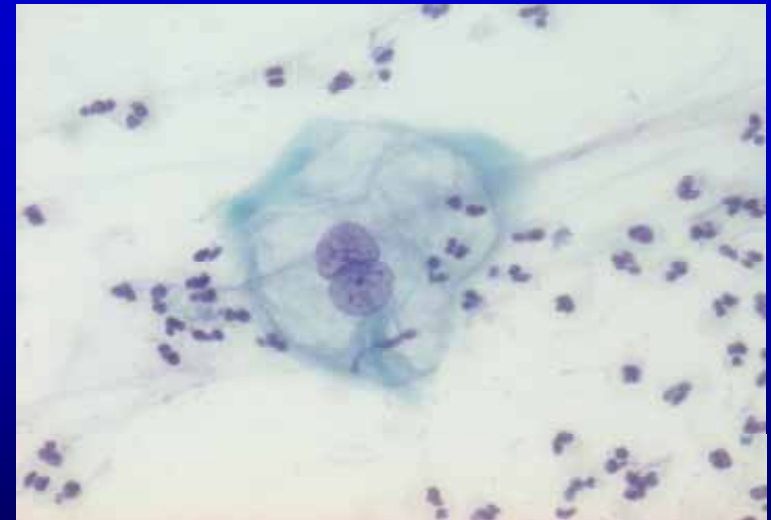
(N = 89)



**Image 11: Koilocyte with BNC  
(Ranji Persad, BSCCT slide seminar)**

- **Koilocyte with borderline nuclear change: 57%**
- **Koilocyte with mild dyskaryosis: 33%**
- **Inflammatory cellular change: 9%**
- **Negative: 1%**

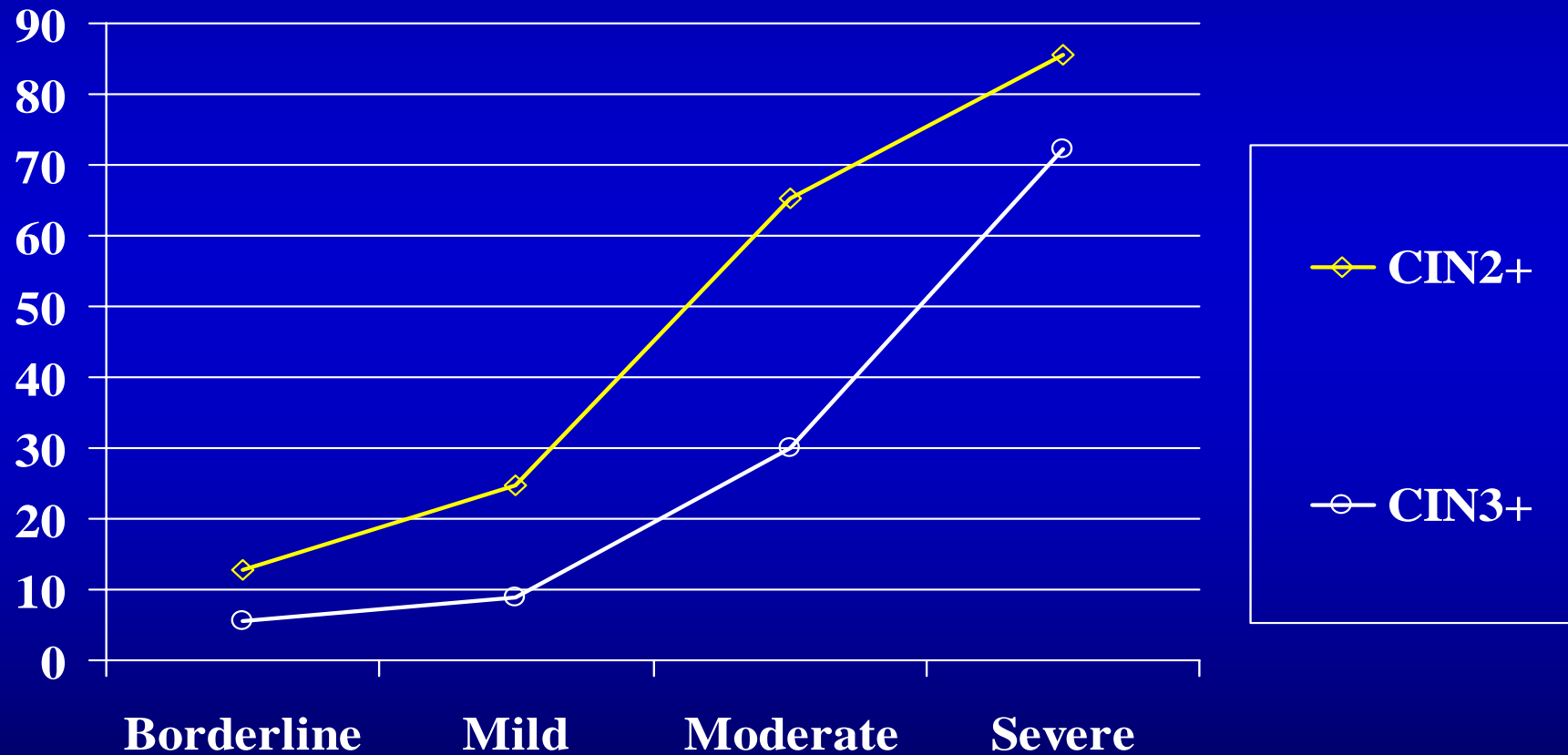
**(N = 89)**



# Percentage high-grade at colposcopy

## KC61 Form C April-June 2000

*(Thanks to R Blanks, CSEU)*



**BSCC Terminology Conference 2002**

## **What is being done about this dilemma?**

- **Meeting between BSCC and gynaecologists advising NHSCSP has already taken place**
- **BSCC explained that “mild dyskaryosis” already includes an unknown proportion of cases with koilocytosis, and that BSCC 2002 merely aims for more consistency**
- **Data to be collected, revised Duncan guidelines to be reviewed by BSCC & RCPATH, meeting with NHSCSP planned**

## **Data to be collected by BSCC**

- **How many cases currently coded as “borderline/HPV” would be moved to mild dyskaryosis with the new terminology?**
- **How many women with a first smear coded as mild dyskaryosis have colposcopy after initial surveillance?**

## **Classification of unsatisfactory smears**

- **Image-based criteria are needed to guide cytologists in assessing slides as poorly cellular or obscured by exudate/blood**
- **Reproducible criteria are needed for unsatisfactory liquid-based cytology slides (are they the same for the two major systems? Does TZ sampling matter more or less?)**
- **Working parties (including pathologists and BMS) have been set up to develop these criteria**

## **Classification of borderline smears**

- **Borderline ?high-grade should be identified as such – and colposcopy recommended**
- **Borderline changes in glandular cells should be identified as a sub-group, and their type described in free-text**
- **Some HPV changes will inevitably be retained in the borderline category: those with no koilocytosis and no convincing evidence of HPV effect or mild dyskaryosis**

**PROPOSED BSCC TERMINOLOGY 2002**  
**19<sup>th</sup> March 2002**

**I – NEGATIVE, UNSATISFACTORY AND BORDERLINE**

<b>BSCC 1986 (as modified for ABC2)</b>	<b>BSCC 2002</b>	<b>Bethesda 2001</b>
<b>Negative</b>	<b>No dyskaryotic cells identified</b>	<b>Negative for intra-epithelial lesion</b>
<b>Inadequate (give reasons)</b>	<b>Unsatisfactory (give reasons)</b>	<b>Unsatisfactory for evaluation</b>
<b>Borderline nuclear change (includes koilocytosis)</b>	<b>Borderline nuclear change</b> <ul style="list-style-type: none"> <li>• <b>Borderline nuclear change (use description in free text)</b></li> <li>• <b>BNC, high-grade not excluded</b></li> <li>• <b>BNC, glandular (use free text to describe cell type)</b></li> </ul>	<b>Atypical squamous cells</b> <ul style="list-style-type: none"> <li>• <b>ASC-US</b></li> <li>• <b>ASC-H</b></li> <li>• <b>Atypical endocervical/ endometrial/ glandular cells; NOS, favour neoplastic</b></li> </ul>

**PROPOSED BSCC TERMINOLOGY 2002**  
**19<sup>th</sup> March 2002**

**II – MILD, MODERATE AND SEVERE DYSKARYOSIS**

<b>BSCC 1986 (as modified for ABC2)</b>	<b>BSCC 2002</b>	<b>Bethesda 2001</b>
<b>Mild dyskaryosis</b>	<b>Low-grade squamous dyskaryosis</b>  (NOS, or use free text description of koilocytosis and mild dyskaryosis)	<b>LSIL</b>
<b>Moderate dyskaryosis</b>  <b>Severe dyskaryosis</b>	<b>High-grade squamous dyskaryosis</b>  (NOS, or use free text description of moderate and severe dyskaryosis)	<b>HSIL</b>
<b>Ungraded dyskaryosis</b>  (code and manage as moderate dyskaryosis)	<b>Ungraded dyskaryosis</b>  (code and manage as high-grade)	

**PROPOSED BSCC TERMINOLOGY 2002**  
**19<sup>th</sup> March 2002**

**III – ?INVASIVE, ?GLANDULAR NEOPLASIA**

<b>BSCC 1986 (as modified for ABC2)</b>	<b>BSCC 2002</b>	<b>Bethesda 2001</b>
<b>Severe dyskaryosis ? Invasive</b>	<b>?Invasive</b>	<b>Squamous cell carcinoma</b>
<b>?Glandular neoplasia</b>	<b>?Glandular neoplasia (use free text to describe type)</b> <ul style="list-style-type: none"> <li>• Endocervical</li> <li>• Endometrial</li> <li>• Other</li> <li>• NOS</li> </ul>	<b>Adenocarcinoma</b> <ul style="list-style-type: none"> <li>• AIS</li> <li>• Endocervical</li> <li>• Endometrial</li> <li>• Extra-uterine</li> <li>• NOS</li> </ul>

# Summary

- **BSCC Terminology 2002 has been agreed by Council, and recommended at the AGM**
- **Implications to be discussed with other professional groups working with NHSCSP**
- **Illustrations and text are being prepared for publication**
- **Certain workshops are in progress**
- **Draft proposals are available on BSCC website**