

BSCC Terminology Conference 2002

**Manchester International Convention
Centre
GMEX**

Summary from Moderators

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Forum 1: Principles of Terminology and correlation with other systems

- **Strong mandate to retain the term ‘dyskaryosis’**
- **Model revised BSCC terminology on some components of TBS**
- **Move to a two-tier cytology reporting system**
- **Ensure any change in terminology is backed by appropriate education/training**
- **Explore collaboration with other European countries -
?development of common terminology**

Forum 2: Assessment of Adequacy

- Use term 'unsuitable' instead of 'inadequate'
- Statement of visualisation of the cervix and appropriate sampling to go on the request form
- Variable criteria for smear adequacy in some clinical situations e.g. atrophy, follow up
- It is useful to feed back reasons for unsuitable smears into two broad categories (taker/woman related)
- Information on presence of TZ indicators to be fed back to smear takers as an audit tool but not in the text of the report

Forum 3: The Negative Smear

- Replace negative with '**No dyskaryotic cells seen**'
- Reporting of infections will require clarification
- Continue to report organisms (except bacterial vaginosis)
- Suggest use of the phrase '**Organisms present, exclude infection**'
- Report HPV elsewhere on report
- No free text to be included when infections or other benign cellular changes noted (?additional box, see forum 8)
- Report presence of normal endometrial cells and query significance (over 40 years/out of cycle)

Forum 4: Squamous Dyskaryosis and Koilocytosis

- **Retain use of dyskaryosis but move to two-tier grading system**
- **Group koilocytosis with mild dyskaryosis (allow use of descriptor) – low grade dyskaryosis**
- **Group moderate and severe dyskaryosis (allow use of descriptor) – high grade dyskaryosis**
- **Review diagnostic features for ? dyskaryosis**
- **Provide training for sub-types and in atrophy**
- **Anticipate help from HPV testing in management of low grade abnormalities**

Forum 5: Glandular Dyskaryosis

- Consensus view to use ‘abnormal glandular cells’
- Should sub-classify glandular abnormalities according to likely site of origin:
 - endocervical, endometrial, NOS, other (specify)
- Should create specific sub-category for borderline glandular changes
- Repeat BNA-G at shorter interval or refer
- 10-year follow up may be required for confirmed and suspected glandular abnormalities
- Endocervical cells required in follow up of previous glandular abnormality

Forum 6: Non-Koilocytic Borderline Nuclear Changes

- **Borderline provides an essential buffer and should be retained**
- **‘BNC, high-grade dyskaryosis not excluded’ should be identified as a sub-category of BNC for immediate referral**
- **‘BNC, low-grade dyskaryosis not excluded’ may include non-koilocytic warty changes and BNC in mature squames**
- **In some instances a descriptor may be appropriate**

Forum 7: Application and Reporting of Ancillary Tests

- **Cytology and HPV result should be reported within a single report**
- **Patient management protocols covering all combinations of results and assessment of risk of “significant” disease will need to be devised**
- **HPV test for only high-risk types is sufficient**
- **One sample only from patient for both tests**
- **Triage “low-grade” abnormalities**
- **HPV test can be performed in cytology lab**
- **Local solution may be linked to pathology modernisation programme**
- **Patient education, informed consent and counselling are essential**

Forum 8: Configuration of the Report Format and Its Content

- **Replace negative with “no dyskaryotic cells seen”**
- **Continue to recommend management**
- **TZ sampling should not be included in text of report**
- **‘Educational notes / additional comments’ to expand on non-screening related issues or management**

Forum 9: Impact and Potential Application of Liquid Based Cytology

- **Terminology will not change but reporting profiles will change and criteria for adequacy need to be defined**
- **Logistics of training will need to be resolved**
- **Laboratory implementation may be via collaboration and networking**
- **Quality assurance through existing structure**
- **Transport and storage of specimens is the major issue for smear takers**
- **Consent, space, staff training and timely reporting are issues for integration with ancillary testing**

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