



Glossary

2001 BETHESDA TERMINOLOGY

Terminology used to diagnose cervical cytology. This terminology was first introduced in 1988 and was revised at a national meeting held in Bethesda in May 2001. The revised terminology was published concurrently with the 2001 Consensus Guidelines in the April 24, 2002 issue of *JAMA*. The terminology is also available for review at <http://www.asccp.org/consensus.shtml>.

AGC

ATYPICAL GLANDULAR CELLS. An uncommon form of cytological abnormality in which there are abnormalities of the glandular cells that line either the endocervix or the uterus. AGC is detected on less than 1% of all Papanicolaou tests in the United States. AGC is frequently associated with a significant cervical lesion and is considered a more serious finding than is the more common ASC-US, which is an abnormality of squamous cells of the cervix.

ALTS

ASCUS / LSIL TRIAGE STUDY. Large NCI-sponsored multisite study designed to determine the best way to manage women with either atypical squamous cells of undetermined significance or low-grade squamous intraepithelial lesions. Results from the enrollment examination of women referred for the evaluation of ASC-US and LSIL have been published. Follow-up results of women enrolled in ALTS were made available to the 2001 Consensus Conference.

ASC - US

ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE. The most minor form of cytological abnormality detected on Papanicolaou tests and is diagnosed on about 5% of all Papanicolaou tests in the United States.

CERVICAL CYTOLOGY

Cancer screening test during which cells are gently scraped from the cervix using either a spatula and brush or a soft broom-type device. The cells are then either transferred onto a glass slide or into a vial of transport fluid and sent to a cytology laboratory where they are processed and looked at under a microscope.

CIN	CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN). Term used to refer to biopsy-confirmed cervical cancer precursors. The precursors are divided into low-grade forms called CIN 1 and high-grade forms including CIN 2 and CIN 3, and also referred to as CIN 2,3. Two-thirds of CIN 1 lesions will spontaneously regress in the absence of therapy. CIN 2,3 lesions are much more likely to persist and may progress to invasive cervical cancer if not treated appropriately.
COLPOSCOPY	Colposcopy is a procedure during which the cervix is inspected using a special type of microscope (i.e., <i>colposcope</i>) after the application of a dilute solution of acetic acid. This allows early precancerous areas to be identified and subsequently biopsied. Although colposcopy has been generally considered to be the standard for evaluating women with abnormal cervical cytology, colposcopy is expensive, is potentially painful, and requires special training that not all doctors doing Pap tests have.
Combination Pap/ HPV testing	A single Pap test can miss cancer precursors 40% of the time, though the risk of missing disease over a lifetime of testing is low. To address concerns about the limited sensitivity of a Pap test, women can have a combination Pap test and HPV test done. Because HPV rates are high in young women, the FDA has approved combination Pap/HPV testing for women 30 years of age and older. To minimize cost and avoid overtreatment resulting from identification of transient HPV infections that pose minimal risk for cancer, the test should be repeated only every 3 years.
HPV	HUMAN PAPILLOMAVIRUS. This is a sexually-transmitted DNA tumor virus that is found in most women with invasive cervical cancer and high-grade cervical cancer precursors. There are over 100 types of HPV and only a few cause significant cervical lesions. These few are referred to "high-risk" types of HPV. Infection with HPV is extremely common, especially in young women. Most HPV infections, even those with high-risk types, resolve without treatment, and only a fraction of women infected with high-risk types of HPV will develop a significant cervical lesion.
HSIL	High-grade squamous intraepithelial lesion (see SIL).
LIQUID-BASED CYTOLOGY	A relatively new approach to cervical cancer screening in which the cells that are removed from the cervix are transferred to a container of liquid-fixative rather than spread on a glass slide. Liquid-based cytology appears to detect more cervical lesions than does a conventional glass Papanicolaou test and is becoming widely adopted in the United States.
LSIL	Low-grade squamous intraepithelial lesion (see SIL).

PAPANICOLAOU TEST

PAP TEST. Term frequently used for cervical cytology when cells from the cervix are transferred to a glass slide for evaluation (see *cervical cytology*). Dr. Papanicolaou is usually credited as the person who introduced the use of cytology for cervical cancer screening.

REFLEX HPV DNA TESTING

Approach in which either the residual fluid left over after a liquid-based Papanicolaou is prepared or a second specimen that is co-collected at the time of cervical cancer screening is tested for HPV when a cervical cytology is diagnosed as ASC-US. This approach eliminates the need for the patient to return to the office for a second sample to be collected for HPV DNA testing.

SIL

SQUAMOUS INTRAEPITHELIAL LESION. Cytological abnormalities identified on a Papanicolaou test. These abnormalities are divided into low-grade forms called LSIL and high-grade forms called HSIL. LSIL and HSIL are the cytological equivalents to CIN 1 and CIN 2,3, respectively, though confirmation with biopsy is often required, and many women with LSIL have no detectable abnormality.