**The Pap Test and Bethesda 2014**

**Acta Cytologica 2015;59:121–132**

**SPECIMEN TYPE:**

**Indicate conventional smear (Pap smear) vs. liquid-based preparation 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**

** Other: See Interpretation/Result (e.g., endometrial cells in a woman 45 years of age)**

** Epithelial Cell Abnormality: See Interpretation/Result (specify ‘squamous’ or ‘glandular’ as appropriate)**

**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 other non-neoplastic findings)**

**Non-Neoplastic Findings (optional to report)**

** Non-neoplastic cellular variations o Squamous metaplasia o Keratotic changes o Tubal metaplasia o Atrophy o Pregnancy-associated changes**

** Reactive cellular changes associated with: ¾ Inflammation (includes typical repair) o Lymphocytic (follicular) cervicitis ¾ Radiation ¾ Intrauterine contraceptive device (IUD)**

** Glandular cells status post hysterectomy**

**Organisms**

** Trichomonas vaginalis**

** Fungal organisms morphologically consistent with Candida spp.**

** Shift in flora suggestive of bacterial vaginosis**

** Bacteria morphologically consistent with Actinomyces spp.**

** Cellular changes consistent with herpes simplex virus**

** Cellular changes consistent with cytomegalovirus**

**OTHER ¾ Endometrial cells (in a woman 45 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)*

**ADJUNCTIVE TESTING**

*Provide a brief description of the test method(s) and report the result so that it is easily*

*understood by the clinician.*

**COMPUTER-ASSISTED INTERPRETATION OF CERVICAL CYTOLOGY**

*If case examined by an automated device, specify device and result.*

**EDUCATIONAL NOTES AND COMMENTS APPENDED TO CYTOLOGY**

**REPORTS (*optional*)**

*Suggestions should be concise and consistent with clinical follow-up guidelines published*

*by professional organizations (references to relevant publications may be included).*

For further reference please refer to PDF file.