

## BETHESDA SYSTEM CASCADE 2018

### SPECIMEN ADEQUACY

#### Satisfactory for evaluation

- endocervical/transformation zone component present
- endocervical/transformation zone component absent/insufficient
- borderline squamous cellularity
- partially obscuring inflammation
- partially obscuring blood
- partial poor preservation
- incomplete history - no LMP provided
- FREE TEXT

#### Unsatisfactory for evaluation due to:

- Insufficient squamous cellularity
- Obscuring inflammation
- Obscuring blood
- Poor preservation
- Extensive air-drying
- Slides irreparably broken
- FREE TEXT

### INTERPRETATION/RESULTS

#### NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

##### Negative for intraepithelial lesion or malignancy

- Reactive cellular changes
- Reactive cellular changes associated with inflammation/repair
- Reactive cellular changes associated with inflammation
- Reactive cellular changes associated with repair
- Reactive cellular changes associated with treatment effect (Radiation/Chemotherapy)
- Reactive cellular changes associated with IUD
- Glandular cells status post hysterectomy
- Tubal metaplasia
- Atrophy
- Atrophic vaginitis
- Atrophic pattern
- FREE TEXT

#### NEGATIVE FOR SQUAMOUS INTRAEPITHELIAL LESION

##### Negative for squamous intraepithelial lesion

- Endometrial cells present in a woman  $\geq 45$  years of age
- FREE TEXT

COMMENT: Endometrial cells in women 45 years or older may be associated with benign endometrium, hormonal alterations, and less commonly, endometrial or uterine abnormalities.

Endometrial evaluation is recommended in postmenopausal women.

COMMENT: Endometrial cells correlate with the menstrual history provided.

**ASCUS**

Atypical squamous cells of undetermined significance (ASC-US)

Atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion (ASC-H)

FREE TEXT

COMMENT: The College of American Pathologists requires cytopathology laboratories to do follow up on gynecologic cases. We are officially requesting clinical and/or pathologic follow up on this patient. HPV testing will be performed and findings will be reported in a separate report.

**GLANDULAR CELL ATYPIA**

Atypical endocervical cells, not otherwise specified

Atypical endometrial cells, not otherwise specified

Atypical glandular cells, not otherwise specified

Atypical endocervical cells, favor neoplastic

Atypical glandular cells, favor neoplastic

Endocervical adenocarcinoma in situ

FREE TEXT

COMMENT: The College of American Pathologists requires cytopathology laboratories to do follow up on gynecologic cases. We are officially requesting clinical and/or pathologic follow up on this patient.

**SIL**

Squamous intraepithelial lesion

Low-grade squamous intraepithelial lesion

High-grade squamous intraepithelial lesion

FREE TEXT

COMMENT: The College of American Pathologists requires cytopathology laboratories to do follow up on gynecologic cases. We are officially requesting clinical and/or pathologic follow up on this patient.

**MALIGNANCY**

Adenocarcinoma

Adenocarcinoma, favor endocervical origin

Adenocarcinoma, favor endometrial origin

Squamous cell carcinoma

FREE TEXT

COMMENT: The College of American Pathologists requires cytopathology laboratories to do follow up on gynecologic cases. We are officially requesting clinical and/or pathologic follow up on this patient.

**HORMONAL**

Atrophy

Hormonal pattern incompatible with age and history

Hormonal pattern incompatible with age and history; an increased estrogen effect is noted

Hormonal pattern incompatible with age and history; a decreased estrogen effect is noted

Hormonal pattern compatible with age and history

FREE TEXT

**INFECTION**

Trichomonas vaginalis

Fungal organisms morphologically consistent with Candida species

Shift in flora suggestive of bacterial vaginosis

Bacteria morphologically consistent with Actinomyces species

Cellular changes consistent with Herpes simplex virus

Cellular changes consistent with Cytomegalovirus

FREE TEXT