**GENERATION OF MICROSCOPIC DESCRIPTION OF GYNAECOLOGICAL CYTOLOGY**

The (SITE*:* cervix 🡪 cervical, vagina/vault 🡪 vaginal/vault, choose only one*)* + (TYPE OF PREPARATION*,* choose only one) \*\*\*is (for ‘liquid based preparation’ or ‘conventional pap smear’)/ are (for ‘liquid based preparations’ or ‘conventional pap smears’) + (*specimen adequacy,* choose only one)

If ‘satisfactory for evaluation’, just + ‘.’

If ‘satisfactory for evaluation but’, + ‘limited by’ + (based on SPECIMEN QUALIFIER): ‘low squamous cellularity’/ ‘air-drying artefacts’/ ‘obscuring inflammatory exudates’/’ obscuring blood’/’thick smear’+ ‘.’

If ‘unsatisfactory for evaluation’, + ‘because of’ +(based on SPECIMEN QUALIFIER): low squamous cellularity’/ ‘air-drying artefacts’/ ‘obscuring inflammatory exudates’/ ‘obscuring blood’/ ‘thick smear’ + ‘.’

CELLULAR COMPONENT*:*

If ‘Transformation zone/ endocervical component present’ is ticked 🡪 ‘Both ectocervical and transformation zone components are present.’

For (1) to (4), either don’t choose or choose only ONE:

(1) Mainly superficial and intermediate cells 🡪 ‘The squamous cell population consists mainly of superficial and intermediate cells.’

or

(2) Mainly intermediate and parabasal cells 🡪 ‘The squamous cell population consists mainly of intermediate and parabasal cells.’

or

(3) Atrophic pattern in menopause 🡪 ‘The squamous cell population shows a predominance of parabasal cells, consistent with atrophic pattern related to menopausal changes’

or

(4) Post-partum changes 🡪 ‘The squamous cell population shows a predominance of parabasal cells, consistent with post-partum status.’

Or

None

INTERPRETATION

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY 🡪 ‘There is no cytological evidence of koilocytosis, significant nuclear atypia or malignancy.’

(note: if this box is chosen, all the ticks in the boxes under EPITHELIAL CELL ABNORMALITIES would be unticked.)

Reactive cellular changes associated with inflammation 🡪 ‘Some of the squamous and metaplastic cells show reactive cellular changes secondary to inflammation.’

Normal flora 🡪 ‘The microbiological flora is within normal limits, with no Trichomonas, Herpes simplex virus, Candida or Actinomyces identified.’

(note: if this box is chosen, all the ticks in the boxes ‘shift in flora…’, ‘ Herpes simplex virus’, ‘candida(monilia)’, ‘trichomonas’ and ‘actinomyces’ would be unticked.

Shift in flora suggestive of bacterial vaginosis 🡪 ‘"Clue" cells are present, consistent with a shift in flora to coccobacilli. The possibility of bacterial vaginosis needs to be excluded.’

Herpes simplex virus 🡪 Some of the squamous cells show cellular changes including ground-glass nuclei, nuclear molding and sometimes multinucleation. These findings are consistent with Herpes simplex virus infection.

Candida(monilia) 🡪 Fungal organisms morphologically consistent with Candida species are identified.

Trichomonas 🡪 Trichomonas vaginalis are identified in the background.

Actinomyces 🡪 Clumps of bacteria morphologically consistent with Actinomyces species are identified.

Endometrial cells 🡪 Small clumps of exfoliated bland-looking endometrial cells are present.

EPITHELIAL CELL ABNORMATIES

If any box in the column under EPITHELIAL CELL ABNORMALITY is ticked. NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY would be unticked.

The 6 boxes (ASC-US, ASC-H, LSIL, HSIL, HSIL with suspicion of invasion, squamous cell carcinoma) can only choose at most one.

If choose ‘ASC-US’ or ‘ASC-H’, ATYPICAL SQUAMOUS CELL and EPITHELIAL CELL ABNORMALITIES would automatically be ticked.

If choose ‘LSIL’ or ‘HSIL’ or ‘HSIL with suspicion of invasion’, SQUAMOUS INTRAEPITHELIAL LESION and EPITHELIAL CELL ABNORMALITIES would automatically be ticked.

If choose ‘Squamous cell carcinoma’, EPITHELIAL CELL ABNORMALITIES would automatically be ticked.

If choose Atypical glandular cells, then the other 6 boxes (Atypical endocervical cells, Atypical endometrial cells, Endocervical adenocarcinoma in situ, Endocervical carcinoma, Endometrial adenocarcinoma and adenocarcinoma NOS) would be Unticked.

The 4 boxes of Atypical glandular cells, Atypical endocervical cells, Endocervical adenocarcinoma in situ and Endocervical adenocarcinoma can only choose at most One.

The 3 boxes of Atypical glandular cells, Atypical endometrial cells, Endometrial adenocarcinoma can only choose at most one.

ASC-US 🡪

Some squamous cells show mild nuclear atypia including nuclear enlargement. The significance is undetermined. Advise repeat gynaecological cytology at 4- to 6-month intervals and consider further diagnostic follow-up procedures (e.g. colposcopy) if the abnormality persists. Triage with HPV DNA testing may also be useful.

ASC-H 🡪

Some squamous cells show nuclear atypia with enlarged hyperchromatic nuclei and increased nuclear-to-cytoplasmic ratio. The possibility of an underlying high-grade squamous intraepithelial lesion cannot be excluded. Advise colposcopy and biopsy as clinically indicated.

LSIL 🡪

Some abnormal squamous cells with koilocytosis and focal mild dyskaryosis are seen, consistent with low-grade squamous intraepithelial lesion. Advise further investigations (e.g. colposcopy and biopsy) as clinically indicated.

HSIL 🡪

Some abnormal squamous cells with enlarged hyperchromatic nuclei, increased nuclear-to-cytoplasmic ratio, coarse chromatin and irregular nuclear outlines are seen, consistent with high-grade squamous intraepithelial lesion. Advise colposcopy as clinically indicated.

HSIL with suspicion of invasion 🡪

Some abnormal squamous cells with enlarged hyperchromatic nuclei, increased nuclear-to-cytoplasmic ratio, coarse chromatin and irregular nuclear outlines are seen, consistent with high-grade squamous intraepithelial lesion. Some of these cells also show suspicious cytological features, including dyskeratosis and focal presence of distinct nucleoli. The possibility of underlying stromal invasion cannot be excluded. Advise colposcopy as clinically indicated.

Squamous cell carcinoma 🡪

Some abnormal squamous cells with enlarged hyperchromatic nuclei, increased nuclear-to-cytoplasmic ratio, coarse chromatin and irregular nuclear outlines are seen. In addition, some of these cells also contain distinct nucleoli and syncytial cytoplasm, associated with tumour diathesis. The overall features are compatible with squamous cell carcinoma. Advise biopsy if gross tumour is seen or refer for colposcopy if no gross abnormality is detected.

Atypical glandular cells NOS/favor neoplastic 🡪

Some clusters of atypical glandular cells with enlarged hyperchromatic nuclei, increased nuclear-to-cytoplasmic ratio, distinct nucleoli and focal nuclear overlapping are seen. As a significant percentage of patients with this interpretation have underlying high-grade squamous intraepithelial lesion or glandular abnormalities, further diagnostic follow-up procedures (e.g. colposcopy, endometrial sampling) are suggested as clinically indicated.

Atypical endocervical cells NOS/favor neoplastic 🡪

Some sheets of atypical glandular cells, likely of endocervical origin, with enlarged nuclei, increased nuclear-to-cytoplasmic ratio, distinct nucleoli and focal nuclear overlapping are seen. As a significant percentage of patients with this interpretation have underlying high-grade squamous intraepithelial lesion or glandular abnormalities, further diagnostic follow-up procedures (e.g. colposcopy) are suggested as clinically indicated.

Atypical endometrial cells 🡪

Some clusters of atypical endometrial cells with slightly enlarged nuclei, distinct nucleoli and cytoplasmic vacuoles are seen. Advise endometrial sampling in order to rule out possible underlying endometrial pathology.

Endocervical Adenocarcinoma in situ 🡪

Sheets of abnormal endocervical cells with enlarged nuclei, increased nuclear-to-cytoplasmic ratio, thickened nuclear outlines, distinct nucleoli, focal nuclear overlapping and sometimes feathery changes are seen. The overall features are highly suggestive of endocervical adenocarcinoma-in-situ. Advise colposcopy (with endocervical assessment) as clinically indicated.

Endocervical adenocarcinoma 🡪

Sheets of abnormal endocervical cells with enlarged nuclei, increased nuclear-to-cytoplasmic ratio, thickened nuclear outlines, distinct nucleoli, focal nuclear overlapping and sometimes feathery changes are seen. In addition, some of these cells are arranged in three-dimensional clusters, with increased nuclear pleomorphism and associated tumour diathesis. The overall features are highly suggestive of endocervical adenocarcinoma. Advise biopsy if gross tumour is seen or refer for colposcopy if no gross abnormality is detected.

Endometrial adenocarcinoma 🡪

Some clusters of atypical to suspicious endometrial cells with enlarged nuclei, distinct nucleoli, cytoplasmic vacuoles and engulfed polymorphs are seen. The overall features are highly suggestive of endometrial adenocarcinoma. Advise endometrial sampling.

Adenocarcinoma NOS 🡪

Some three-dimensional clusters of suspicious glandular cells with enlarged pleomorphic nuclei, increased nuclear-to-cytoplasmic ratio, prominent nucleoli and focal nuclear palisading are seen. The overall features are compatible with adenocarcinoma. The primary origin (endocervical versus endometrial) however cannot be ascertained here. Advise further investigation for histological assessment.

No need to add anything for ‘others: follicular cervicitis’ and ‘Other malignant neoplasm’

If tick ‘HPV DNA testing’ 🡪 ‘A further report on HPV DNA testing result will follow.’

Remember to allow free text typing for the microscopic description.