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REPORTING OF CERVICAL-VAGINAL SMEAR DIAGNOSES: (CRITICAL EVALUATION OF CURRENT STATUS)

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ÖZET: Servikal-vaginal smear servikal kanserin saptanmasında çok yararlı bir yöntemdir. Kurumsal olarak oldukça basit olan bu testin uygulanmasında ise çeşitli sorunlarla karşılaşılmaktadır. Bunların başında sitopatolojik değerlendirmede ve rapor yazımında üniformitenin bulunmayışı gelmektedir. Bu çalışmada, bu güne değin önerilen servikal-vaginal smear değerlendirme ve rapor etme sistemlerinin karşılaştırılmalı bir analizi sunulmaktadır.

SUMMARY: Cervical-vaginal smear is a useful tool for cervical cancer detection. Theoretically it is quite simple but in practice several problems exist. Lack of uniform cytopathologic interpretation and reporting still constitutes a main problem. In this rewiev, previously proposed reporting systems have been comparatively analyzed.

INTRODUCTION

The smear which includes a sample of cells from the epithelial surfaces of the uterine cervix is known as the "PAP test" regarding its discoverer George N. Papanicolaou. Since the name Papanicolaou was too long the term "Pap" test was coined. Over 40 years have passed since the large-scale introduction of cervical smear as a cancer detection tool (5,6). Population studies have shown that the rate of invasive cervical cancer drops in the competently screened populations (4). Theoretically the test is quite simple but in practice several problems exist. They are 1-Adequacy of the samples due to obtaining procedures, 2-Processing of samples 3-Screening and interpretation of the smears (5,6). But now another major problem is lack of uniormity concerning the reporting of cytological findings.

Papanicolaou's original reporting system was based on five classes. Precisely, Class I smears were normal, Class II disclosed minor cell abnormalities that were thought to be benign, Class III smears corresponded to abnormal cells that were suspicious but not definitely cancerous, Class IV smears were "most likely malignant" and Class V smears were unequivocally malignant (6).

Although this reporting system was widely adopted, the additional classifications appeared parallel to the improvements in surgical pathology concerning the cervical epithelial lesions which had a profound impact on the reporting system of cervico-vaginal smears. Pathologists begin to add a comment on the nature and probable biological behaviour of the lesions to every abnormal Pap smear report (6,8).

In 1984 The British Society for Clinical Cytology (BSCC) set up a working party to consider this problem. Its recommendations were published in 1986 (1). The BSSC discouraged Papanicolaou Classification but retained the term "dyskaryosis" with classifying it into mild, moderate and severe forms.

A group of experts met in Bethesda under the auspices of the National Cancer Institute (NCI) on December 1988 and made an attempt to redefine the reporting system of cervical smears and to adress several other pertinent issues (6). The resulting document now known as The Bethesda System (7).

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The key points of the Bethesda System are as follows:

1- The cytopathology report is a medical consultation.

2- The Papanicoaou classification is not acceptable in the modern practice of diagnostic cytopathology.

3- The Bethesda System should serve as a guideline for cytopathology reports of cvervical-vaginal specimens.

Bethesda System proposed a new reporting system which the format of the report should include:

1- A statement on adequacy of the specimen for diagnostic evaluation (Satisfactory, less than optimal and unsatisfactory).

2- A general categorization of the diagnosis (within normal limits or other).

3- The descriptive diagnosis.

The Bethesda System introduced two new terms: "low grade squamous intraepithelial lesion" corresponding to "mild dysplasia" and "high grade squamous intraepithelial lesion" (SIL) comprising the other lesions previously classified as "moderate or marked dysplasia and carcinoma in situ". This system limits the use of the term "atypia" as a diagnosis. The descriptive diagnosis of benign abnormalities include various infections and reactive changes.

DISCUSSION

The basic principle of cytodiagnosis is the accurate identification of cells with the histological entity from which they are derived. The only person that can perform cytodiagnosis is the pathologist because of his/her training background (8). Cytotechnologists may perform screening but smears should be reviewed by a pathologist for a final diagnosis (5). One should agree with Hoda's (2) statement that pathologists look not only at cells but also at the picture of the smear. "The picture of the smear" makes more sense to those who are aware of the picture of the same tissue from where the smear originated. Then the inadequacy of Papanicolaou classification is obvious. The Papanicolaou classes have no equivalent in diagnostic histopathologic terminology and do not provide diagnoses for noncancerous entities. Also it does not reflect current understanding of cervical vaginal neoplasia, as cited in The Bethesda System (7). It is because Papanicolaou himself was not a pathologist (5,6). Pap classification has also been modified by numerous laboratories and therefore it does not reflect diagnostic interpretations uniformly (7).

The above mentioned BSCC system recommend a terminology to describe the cytologic findings distinct form

that used to describe the histologic changes. It's hard to agree with Hudson et al (3). who consider this to be a scientifically correct method of reporting. Also the term "dyskaryosis" retained in the BSSC terminology is quite strange to the practicing pathologist who is using the term "dysplasia" in routine daily work.

Bethesda System is a good beginning (6). But some precautions should be taken when changing the traditional style of reporting of cervico-vaginal diagnoses. We should have to discuss the matter with departments of gynecology in order to avoid the confusion. First we must receive adequate smears from our colleafgues. Then we have to accept that the abrupt transition from one style of reporting to the other may cause considerable problems in the care of the patients. Similarly we have to be very careful in adopting the descriptive style of Bethesda System and continue to use some widely accepted terms in conjunction with this new reporting system for a reasonable period till we feel certain that we share the same terminology with clinicians. It is possible, because the Bethesda System proposal doesn't preclude the use of other nomenclature as an addendum to the principal reporting system (6).

Another important point is quality control which has two aspects: screening and interpretation. especially accurate interpretation is very important, for the Bethesda System is based on the descriptive diagnosis.

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