

Bethesda 2001 (NZ Modified) codes for Cytology Laboratories

Specimen types	
<ul style="list-style-type: none"> • Specimen type is mandatory • Only <i>one</i> specimen type is allowed 	
New Code	Descriptor
CPS	Conventional pap smear
LBC	Liquid based cytology
COM	Combined (conventional and liquid based)

Specimen site	
<ul style="list-style-type: none"> • Specimen site is mandatory 	
Code	Descriptor
T	Vault
R	Cervical
V	Vaginal

Adequacy			
<ul style="list-style-type: none"> • Adequacy code is mandatory • Either <i>one</i> S code or a <i>maximum of two</i> U codes are allowed • Only O1-O5 interpretation codes are allowed with U codes 			
Old code		New TBS2001 code	Full New Descriptor
A1	→	S1	The specimen is satisfactory for evaluation (optional free text)
A2G	→	S2	The specimen is satisfactory for evaluation (optional free text). No endocervical/transformation zone component present
A3A	→	UA	The specimen is unsatisfactory for evaluation because of insufficient squamous cells
A3B	→	UB	The specimen is unsatisfactory for evaluation because of poor fixation/preservation
A3C	→	UC	The specimen is unsatisfactory for evaluation because foreign material obscures the cells
A3D	→	UD	The specimen is unsatisfactory for evaluation because inflammation obscures the cells
A3E	→	UE	The specimen is unsatisfactory for evaluation because blood obscures the cells
A3F	→	UF	The specimen is unsatisfactory for evaluation because of cytolysis/autolysis
A3I	→	UG	The specimen is unsatisfactory for evaluation because ... (free text)

Deriving General "G" codes	
Interpretation	Derived General "G" codes
Unsatisfactory	No G code
Negative – no "I" code	G1
- infection	G1 + "O" code
- reactive	G1 + "OT" code
Abnormal - except AC5	G2
Abnormal AC5	G3
"O", "OT2", "OT3" codes may be used with "U" codes = no "G" code	
"O" and "OT" codes may be used with abnormal codes = "G2" or "G3"	

General (previously "category")				
<ul style="list-style-type: none"> • General code is mandatory (except when unsatisfactory) • Only <i>one</i> General code is allowed • G codes will be accompanied by either S1 or S2 code • Abnormal interpretation codes must be accompanied by either G2 or G3 • G1 does not require an interpretation code but may be associated with O1-O5 codes and OT1-OT3 codes 				
Old Code		New TBS2001 code	Full New Descriptor	Grade
B1	————→	G1	Negative for intraepithelial lesion or malignancy	N
B2A2	————→	G2	Epithelial cell abnormality: See interpretation/result	ABN
	New	G3	Other: See interpretation/result	ABN

Interpretation (previously "diagnosis")				
<ul style="list-style-type: none"> • A maximum of <i>five</i> interpretation codes are allowed • G2 code is mandatory with any of the following: ASL,ASH,LS,HS1,HS2,SC,AG1-AG5,AC1-AC4 • G3 code is mandatory with AC5 • Only O1-O5, OT2, OT3 codes are allowed with an unsatisfactory (UA-UG) report • OT2 may be accompanied with a qualifying clause for smear takers (*see below) • A combination of LS and ASH may be used to replace the old code C3A2B7 				
Old code		TBS2001 code	Full New Descriptor	Grade
C1C1	————→	O1	There are organisms consistent with <i>Trichomonas vaginalis</i>	N
C1A1	————→	O2	There are fungal organisms morphologically consistent with <i>Candida</i> species	N
C1B1	————→	O3	There is a shift in microbiological flora suggestive of bacterial vaginosis	N
C1B2	————→	O4	There are bacteria morphologically consistent with <i>Actinomyces</i> species	N
C1D2	————→	O5	There are cellular changes consistent with Herpes simplex virus	N
C2A1 (C2A1A) C2B1A (C2B1B) C2B2 (C2B2A) C2B4	————→	OT1	There are reactive cellular changes present (optional free text)	N
C3B1 C3B1A C3B1B C3B1C	————→	OT2	There are endometrial cells present in a woman over the age of 40 years	N
C2A4 (C2A4A)	————→	OT3	There are atrophic cellular changes present	N
C3A1 C3A1A C3A1B C3A1C C3A1D C3A1F	————→	ASL	There are atypical squamous cells of undetermined significance (ASC-US) present	LG

Old code		TBS2001 code	Full New Descriptor	Grade
C3A1E	→	ASH	There are atypical squamous cells present. A high grade squamous intraepithelial lesion cannot be excluded (ASC-H)	HG
C3A2A C3A2A1 C3A2A2 C3A2A3	→	LS	There are abnormal squamous cells consistent with a low grade squamous intraepithelial lesion (LSIL; CIN1/HPV)	LG
C3A2B C3A2B1 C3A2B2 C3A2B3 C3A2B4 C3A2B5 C3A2B6	→	HS1	There are abnormal squamous cells consistent with a high grade squamous intraepithelial lesion (HSIL). The features are consistent with CINII or CINIII	HG
	New	HS2	There are abnormal squamous cells consistent with a high grade squamous intraepithelial lesion (HSIL) with features suspicious for invasion	HG
C3A3	→	SC	There are abnormal squamous cells showing changes consistent with squamous cell carcinoma	HG
C3B2B C3B2B1	→	AG1	There are atypical endocervical cells present	HG
C3B2A C3B2A1	→	AG2	There are atypical endometrial cells present	HG
C3B2 C3B2C C3B2E	→	AG3	There are atypical glandular cells present	HG
C3B2B2	→	AG4	There are atypical endocervical cells favouring a neoplastic process	HG
C3B2D	→	AG5	There are atypical glandular cells favouring a neoplastic process	HG
C3B3D C3B3E C3B3F	→	AIS	There are abnormal endocervical cells consistent with adenocarcinoma in-situ (AIS)	HG
C3B3A	→	AC1	There are abnormal glandular cells consistent with endocervical adenocarcinoma	HG
C3B3B	→	AC2	There are abnormal glandular cells consistent with endometrial adenocarcinoma	HG
C3B3C	→	AC3	There are abnormal glandular cells consistent with extrauterine adenocarcinoma	HG
C3B3	→	AC4	There are abnormal glandular cells consistent with adenocarcinoma	HG
C3C C4	→	AC5	There are abnormal cells consistent with a malignant neoplasm	HG

*Suggested clinical qualifying clause that may accompany OT2 (endometrial cells in women over 40 years):

"The presence of endometrial cells in a woman over the age of 40 years can be a normal finding, or seen in association with hormone replacement therapy, or rarely, associated with endometrial pathology including hyperplasia or neoplasia. Please correlate this finding with any symptomatology of uterine pathology, for example abnormal uterine bleeding and refer/investigate accordingly."

Recommendations - repeats, follow up, management		
<ul style="list-style-type: none"> • Recommendation code is mandatory • There is no change to the policy of determining recommendation codes • R12 (oestrogen treatment) must be accompanied by interpretation code OT3 (atrophic changes) • R10 is used with HS2,SC,AC1-AC5 • R14 is a new code and may be used with any report except HS2,SC,AC1-AC5 and when there is a clinical suspicion of invasive cancer indicated on the requisition form 		
Old code		TBS2001 code New Full Descriptor
B2B0	————>	R1 The next smear should be taken at the usual screening interval
B2B1	————>	R2 Please repeat the smear within 3 months
B2B4	————>	R3 Please repeat the smear within 3 months of the end of pregnancy
B2B5	————>	R4 Please repeat the smear in 3 months
B2B6	————>	R5 Please repeat the smear in 6 months
B2B7	————>	R6 Please repeat the smear in 12 months
B2B7A	————>	R7 Because a previous smear showed atypical squamous cells or low grade changes, please repeat the smear in 12 months
B2B7H	————>	R8 Annual smears are indicated because of previous high grade abnormality
B2B8	————>	R9 Referral for specialist assessment is indicated
B2B8A		
B2B8B	————>	R10 Urgent referral for specialist assessment is indicated
B2B8D	————>	R11 Further assessment is recommended
B2B9	————>	R12 Please repeat the smear shortly after a course of oestrogen treatment
B2B8C	————>	R13 Under specialist care
B2B13		
	New	R14 In view of the abnormal clinical history provided, urgent referral for assessment is recommended regardless of cytological findings

Notes:

1. ASH, AG1, AG2, AG3, AG4, AG5, are treated as high grade and should be accompanied by referral code R9.
2. Women who have three negative results over a 2.5 year period following a low grade smear (ASL, LS) with or without treatment will return to 3 yearly screening (R1).
3. Women who have a LG smear three or more years after a prior LG smear may be regarded as a new event with a 6 month repeat (R5).
4. Satisfactory smears (S1, S2) with a negative G1 result and previous normal history and no suspicious clinical symptoms have normal screening interval (R1). Exceptions are if first smear (known to register), or no smear for at least 5 years, then 12 months repeat (R6).