
Appendix 1: Glossary

Glossary

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| Abnormal smear | Abnormal smear refers to all smears showing epithelial cell abnormalities, including atypical squamous cells of undetermined significance (ASCUS), and atypical glandular cells of undetermined significance (AGUS), but not including benign cellular changes (i.e. infection and reactive epithelial cell changes). |
| Adenocarcinoma | Malignant lesion of glandular (endocervical) cells of the cervix. |
| Adequate smear | A smear that contains both squamous and endocervical or squamous metaplastic cells. Note: Adequate vault smears contain squamous cells only. |
| AIS | Adenocarcinoma in situ. |
| Asymptomatic | Without symptoms. |
| (AGUS) Atypical glandular cells of undetermined significance | Glandular cells which demonstrate changes which exceed those normally expected in benign reactive processes but which are insufficient for a diagnosis of AIS. |
| (ASCUS) Atypical squamous cells of undetermined significance | Minor epithelial cell changes whose nature is uncertain but which may result from inflammation and repair processes, human papilloma virus (HPV) effect or minor squamous or glandular intraepithelial neoplasia. |
| Audit Body | This shall include the independent monitoring group, any agency responsible for laboratory accreditation, any monitoring body acting as an agent of this Programme, or any body conducting any quality audit or review of service provision pursuant to any contract or advice notice with any health provider providing services associated with the Programme. |
| Benign tumour | A tumour that is not malignant, which usually remains a uniform shape enclosed in a fibrous sac. It does not spread to other parts of the body, and usually does not recur after being removed. A benign tumour does not indicate cancer. |
| Bethesda System | A systematic method of reporting cervical smear results. |
| Biopsy | Removal of a sample of tissue from the body, for examination under a microscope, to assist with the diagnosis of a disease. |

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| Cancer | A general term for a large number of diseases which all display uncontrolled growth and spread of abnormal cells. Also called a malignant tumour. |
| Carcinogen | Any substance or organism that can cause cancer. |
| Carcinoma | A malignant new growth or tumour made up of epithelial cells that may infiltrate surrounding tissues and give rise to metastases. |
| Carcinoma in situ (CIS) | A high grade abnormality confined to the skin (epithelium) layer of the cervix. Without treatment it may develop into invasive cancer. |
| Carcinoma squamous | Malignant lesion of the squamous portion of the cervix (the outer portion of the cervix). |
| Cervical ectropion | Occurs when columnar cells come to the surface of the cervix. It is a normal variant. |
| Cervical intraepithelial neoplasia (CIN) | Abnormal potentially pre-cancerous cell changes of the cervix. The abnormality can be graded low grade (CIN1) or high grade (CIN2 and CIN3). |
| Cervical pre-invasive stage cancer | A small cancer that is confined to the surface cells of the cervix. |
| Cervical smear test | Cervical smear test is a screening test where a sample of the surface cells of the cervix or vagina / vault is taken, preserved immediately and sent to the laboratory for examination. |
| CIN | Cervical intraepithelial neoplasia. |
| CIN-1 | Low grade or mildly abnormal cervical squamous cell changes. |
| CIN-2 and CIN-3 | High grade abnormal cervical squamous cell changes. |
| CIS | Carcinoma – in – situ. This is synonymous with CIN3. |
| Colposcope | An instrument which allows the cervix and vagina to be examined in more detail. It is a lighted magnifying instrument resembling a small mounted pair of binoculars. A colposcope may have a camera attached that enables a woman to view her cervix on a television monitor. |

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| Colposcopist | All colposcopists and Obstetricians &Gynaecologists specialists specializing in and performing colposcopy. The colposcopist will possess knowledge in cytology and histopathology and the natural history of pre-invasive and invasive diseases of the lower female genital tract. |
| Colposcopy | An examination of the lower genital tract using a colposcope to examine for abnormal tissue. Colposcopy has a central role in diagnosis and management of premalignant disease of the cervix. It is a diagnostic technique involving the examination of a woman's cervix using a low powered microscope and to facilitate biopsy for histological examination as appropriate. Treatment may also be carried out under colposcopic examination. |
| Cone excision | Surgical removal of a cone-shaped section of the cervix to remove abnormal cells. The procedure is diagnostic and may be curative. |
| Coverage | The number, percentage, or proportion of eligible women reached by a programme. |
| Cytology | The study of cells. The cells are examined under a microscope for signs of abnormality. |
| Diagnostic smear | A smear taken outside the normal screening interval as part of the diagnostic assessment of a woman who has signs or symptoms which might indicate of cervical cancer. |
| Dysplasia | Abnormal cell growth. |
| Ectocervix | External aspect of the cervix. |
| Endocervix | Internal aspect of the cervix. |
| Enrolment | The process of entering a woman's information and results on the NCSP-Register. |
| Epithelium | Cells which make up the lining of the external surface and some internal linings of the body, ie, the skins, the lining of the lungs, the genital tract, the bladder. |

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| Evidence-based | Evidence-based health promotion (EBHP) is the conscientious, explicit and judicious use of current best practice evidence in making decisions about the care of individuals, communities and populations. The practice of EBHP means integrating local expertise with the best available external evidence yielded by systematic research. |
| Glandular | Epithelial cells that produce a secretion. |
| HFA | Health Funding Authority and any successor to the HFA. |
| High grade lesion | A cytological diagnosis encompassing CIN 2 and CIN3 (moderate dysplasia, severe dysplasia and carcinoma in situ), high grade squamous epithelial lesion, and glandular adenocarcinoma in situ. |
| Histology | <p>The microscopic study of the minute structure and composition of tissues by tissue sections. Within the context of the NCSP this includes:</p> <ul style="list-style-type: none">• Cervical histology<ul style="list-style-type: none">- Biopsies whether diagnostic or treatment- Polyps- Cervical component of hysterectomies with a diagnosis on the cervical component• Vaginal histology<ul style="list-style-type: none">- Biopsies- Polyps. |
| HSIL | <p>High grade Squamous Intraepithelial Lesion.</p> <p>A cytological diagnosis encompassing CIN2, CIN3 and CIS (moderate dysplasia, severe dysplasia and carcinoma in situ).</p> |
| Hui | Generic terms for Maori gathering, meeting or conference (typically held on a marae) and organised according to Maori protocol. |
| Human papillomavirus (HPV) | A group of wart viruses, of which the high proportion are sexually transmitted. |

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| Hysterectomy | The surgical removal of the uterus. The operation may be recommended for persistent or recurrent CIN. Radical hysterectomy is performed in certain cases of early invasive cervical cancer. In a total hysterectomy the uterus and cervix are both removed and in a subtotal hysterectomy the cervix remains – so that regular smears are still necessary. |
| Incidence | The number of new cases that occur in a given period in a specified population. |
| Independent monitoring group | <p>The HFA will contract with a provider (currently the University of Otago) who will form an independent monitoring group to provide independent quantitative monitoring of the NCSP. The role of the independent monitoring group will be to collate, analyse, evaluate and prepare reports and provide recommendations concerning the performance of NCSP providers against National Indicators and associated targets. The independent monitoring group will consist of members with skills in the following areas:</p> <p>Epidemiology, public health medicine, cytopathology, histopathology, gynaecology, general practice, consumer representation, Maori representation, and will include the NCSP-Register Co-ordinator and the Manager of the National Screening Team of the HFA.</p> |
| Informed consent | <p>For the purposes of this document informed consent is defined as:</p> <p>When the woman feels she has sufficient information to make decisions to have a smear, to enrol in the NCSP-Register, or to have any associated tests or treatments including colposcopy.</p> <p>Informed consent includes the giving of all necessary information by the practitioner that includes options as well as the outcomes of inadequate or no procedure, and full information about the proposed procedure. This information must be given in a balanced non-biased way, in a language and manner appropriate to the patient, that will allow the patient to make her own choice.</p> <p>Informed consent is a legislative requirement in the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, Right 7.</p> |

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| Intreepithelial neoplasia | Abnormal cells in the epithelium of the lower genital tract. See CIN, VAIN, VIN. |
| Invasive cancer of the cervix (Invasive squamous cell carcinoma) | Condition where cancerous cells spread beyond the surface epithelium into the underlying tissues. It may be diagnosed by clinical examination with biopsy in women who present with abnormal bleeding and discharge. The cervical smear is not a reliable method of diagnosing cervical cancer. Classified in four stages, from Stage I where the cancer has not spread beyond the cervix, to Stage IV where it has extended beyond the pelvis. Cold knife cone biopsy or an extended hysterectomy (involving the upper vagina and lymph nodes) may be used to treat early stage disease. Late stage disease is usually treated by radiation therapy. |
| Kaimahi | Maori cervical screening co-ordinators, educators and smear takers. |
| Kaitiaki | Caregivers or guardians. The National Kaitiaki Group refers to the group set up to oversee the disclosure, use, and publication of Maori women's summary data held on the NCSR under the Health (Cervical Screening (Kaitiaki)) Regulation 1995. |
| Lay smear takers | Smear takers who have successfully completed an accredited educational course in smear-taking and have no formal medical, nursing, or midwifery qualification. |
| Lesion | An area of tissue damaged by disease or injury. |
| LLETZ | Large Loop Excision of the Transformation Zone. Procedure to remove the abnormal area of the cervix usually under local anaesthetic. |
| Low grade lesion | A cytological diagnosis encompassing the changes previously described as HPV infection and or CIN 1 (mild dysplasia) and atypical glandular cells – favouring dysplasia. |
| LSIL | Low grade Squamous Intraepithelial Lesion. A cytological diagnosis encompassing the changes HPV or CIN-1 (mild dysplasia). |

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| Malignant tumour | A cancer. A tumour that grows invades surrounding tissue and infiltrates the blood and lymphatic vessels. It eventually destroys the surrounding tissue and may spread to other parts of the body (metastasize) (See cancer). |
| Metastases | Malignant cells which have spread via lymph or blood vessels from the original site to another site in the body. |
| MOH | Ministry of Health. |
| Mortality | The number of deaths from a specified disease during a defined period of time in a given population. |
| National health index number | A unique identifier allotted to persons who have contact with health services. |
| National indicators | The National Indicators are annexed as Appendix 6 to this publication. The National Indicators are measures used to provide comparative assessments of the performance of different components of the programme in relation to targets. |
| NCSP | National Cervical Screening Programme, also referred to as the Programme. |
| NCSP provider | Provider of NCSP Services. |
| Neoplastic | Cancerous. (See cancer / malignant tumour) |
| Normal smear | A smear result which is reported to be within normal limits. |
| Oncogenic | Cancer causing. |
| Pap test | After Papanicolaou who invented the test. This term is not used in New Zealand. The preferred term is cervical smear test. |
| Policy and standards | All of the provisions of this publication, and in particular those matters referred to as “standards” are to be called standards, the remainder of this publication is to be referred to as “policy”. |

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| Provider | Provider of NCSP services. |
| PCP | Primary care provider. |
| Punch biopsy | Very small specimen of tissue taken with special biopsy forceps allows microscopic examination by a pathologist. |
| RHA | Regional Health Authority, now HFA. |
| Satisfactory but limited smear | A smear of which 50% – 75% can be read by the laboratory and / or a smear with no endocervical cells present. |
| Sensitivity | Is the proportion of truly diseased persons in the screened population who are identified as diseased by the screening test. Sensitivity is a measure of the probability of correctly diagnosing a case, or the probability that any given case will be identified by the test. |
| SIL | Squamous intraepithelial lesion (See HSIL, LSIL). |
| Smear taker | For the purposes of this document and the National Cervical Screening Programme a smear taker is any person who takes a smear test for a woman. |
| SNOMED codes | Systematized Nomenclature of Medicine. A coding system for recording histological diagnosis. |
| Specificity | Is the proportion of truly nondiseased persons who are so identified by the screening test. It is a measure of the probability of correctly identifying a nondiseased person with a screening test. |
| Standard | A standard is a minimum requirement upon which practice can be measured. Providers are subject to audit by the HFA in accordance with National Cervical Screening Programme standards as documented in this manual. |
| Squamo-columnar junction | The area of the cervix where the squamous cells covering the outside of the cervix, meet the columnar cells which line the cervical canal. Most cervical abnormalities start at this junction in the cells. |

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| Squamous | A type of multi-layered cells, which line the vagina and outer layers of the cervix and are similar to cells on the skin. |
| Squamous cell carcinoma | The most common form of cervical cancer arising from squamous cells in the epithelium (tissue which lines the vagina and the outer layer of the cervix). |
| Subtotal hysterectomy | The surgical removal of the uterus, leaving a part or all of the cervix. |
| Total hysterectomy | The surgical removal of the uterus, including the cervix. |
| Transformation zone (TZ) | The region of the cervix where columnar cells have changed or are changing to squamous cells. The metaplastic process (change from one cell type to another) may become abnormal due to various factors such as viruses. It is the transformation zone that needs to be completely sampled when a smear is taken or an abnormality treated. |
| Unsatisfactory smear | A smear that cannot be reported on by the laboratory. |
| VAIN | Vaginal intraepithelial neoplasia (See intraepithelial neoplasia). |
| Vault smear | A smear taken from the top of the vagina after a hysterectomy or radiation treatment for cancer of the cervix. |
| VIN | Vulval intraepithelial neoplasia (See intraepithelial neoplasia). |
| WHO | World Health Organization. |
| Women within the age groups recommended for screening | The term “eligible” has been traditionally used by the NCSP and internationally to describe women within the age range for whom regular screening is recommended. The use of this term is confusing as eligibility often means the right to use a publicly funded service and in some international contexts that is what is meant. Smear-taking services are generally not provided free of charge. Laboratory services are provided and funded once a smear is taken. Therefore the term eligible is misleading in the current New Zealand context. |
