



# **Bethesda 2001 New Zealand Modified**

## **Codes, descriptors and assessment of sample adequacy for cytology laboratories**

**National Cervical Screening Programme (NZ)  
Ministry of Health  
Updated October 2013**

## Bethesda 2001 (NZ modified) codes for cytology laboratories

<b>Specimen types</b>	
<ul style="list-style-type: none"> <li>Specimen type is mandatory</li> <li>Only <i>one</i> specimen type is allowed</li> </ul>	
<b>New Code</b>	<b>Descriptor</b>
CPS	Conventional pap smear
LBC	Liquid based cytology
COM	Combined (conventional and liquid based)
<b>Specimen site</b>	
<ul style="list-style-type: none"> <li>Specimen site is mandatory</li> </ul>	
<b>Code</b>	<b>Descriptor</b>
T	Vault
R	Cervical
V	Vaginal

<b>Adequacy</b>		
<ul style="list-style-type: none"> <li>Adequacy code is mandatory</li> <li>Either <i>one</i> S code or <i>a maximum of two</i> U codes are allowed</li> </ul>		
<b>Old code</b>	<b>New TBS2001 code</b>	<b>Full New Descriptor</b>
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)

<b>Deriving General "G" codes</b>		
	<b>Interpretation</b>	<b>Derived General "G" codes</b>
Unsatisfactory	"U" Code	No G code
	<i>Plus infection</i>	U + "O" code
	<i>Plus endometrial cells</i>	U + "OT2" code
	<i>Plus atrophy</i>	U + "OT3" code
Negative	No "I" code	G1
	<i>Plus infection</i>	G1 + "O" code
	<i>Plus reactive</i>	G1 + "OT1" code
	<i>Plus endometrial cells</i>	G1 + "OT2" code
	<i>Plus atrophy</i>	G1 + "OT3" code
Abnormal	Except AC5	G2
	AC5	G3
<ul style="list-style-type: none"> <li>"O1-O5", "OT2", and "OT3" codes may be used with "U" codes (no "G" code with U code)</li> <li>"O1-O5" and "OT1-OT3" codes may be used with normal and abnormal codes = "G1", "G2" or "G3"</li> </ul>		

<b>General</b> (previously "category")			
<ul style="list-style-type: none"> <li>• General code is mandatory (except when unsatisfactory)</li> <li>• Only <i>one</i> General code is allowed</li> <li>• G codes will be accompanied by either a S1 or S2 code</li> <li>• Abnormal interpretation codes must be accompanied by either G2 or G3 (ASL or worse)</li> <li>• G1 does not require an interpretation code but may be associated with O1-O5 codes and OT1-OT3 codes</li> </ul>			
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

<b>Interpretation</b> (previously "diagnosis")			
<ul style="list-style-type: none"> <li>• A maximum of <i>five</i> interpretation codes are allowed</li> <li>• G2 code is mandatory with any of the following: ASL, ASH, LS, HS1, HS2, SC, AG1-AG5, AC1-AC4</li> <li>• G3 code is mandatory with AC5</li> <li>• Only O1-O5, OT2 and OT3 codes are allowed with an unsatisfactory (UA-UG) report</li> <li>• OT2 may be accompanied with a qualifying clause for smear takers (*see note below)</li> <li>• A combination of LS and ASH may be used to replace the old code C3A2B7</li> </ul>			
Old code	TBS2001 code	Full New Descriptor	Grade
C1C1	O1	There are organisms consistent with <i>Trichomonas</i> species	N
C1A1	O2	There are fungal organisms morphologically consistent with <i>Candida</i> species	N
C1B1	O3	There is a shift in microbiological flora that may represent bacterial vaginosis	N
C1B2	O4	There are bacteria morphologically consistent with <i>Actinomyces</i> species	N
C1D2	O5	There are cellular changes consistent with <i>Herpes simplex</i> 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
C3A2A C3A2A1 C3A2A2 C3A2A3	LS	There are abnormal squamous cells consistent with a low grade squamous intraepithelial lesion (LSIL; CIN1/HPV)	LG
C3A1E	ASH	There are atypical squamous cells present. A high grade squamous intraepithelial lesion cannot be excluded (ASC-H)	HG
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 CIN2 or CIN3	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."*

<b>Recommendations - repeats, follow up, management</b>		
<ul style="list-style-type: none"> <li>• Recommendation code is mandatory</li> <li>• R12 (oestrogen treatment) must be accompanied by interpretation code OT3 (atrophic changes)</li> <li>• R10 is used with HS2, SC, AC1-AC5</li> <li>• R14 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</li> </ul>		
Old code	TBS2001 code	New Full Descriptor
B2B0	R1	The next smear should be taken in 3 years based on information held on the NCSP Register
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 B2B8A	R9	Referral for specialist assessment is indicated
B2B8B	R10	Urgent referral for specialist assessment is indicated
B2B8D	R11	Code not in use
B2B9	R12	Please repeat the smear shortly after a course of oestrogen treatment
B2B8C B2B13	R13	Under specialist care
New	R14	In view of the abnormal clinical history provided, urgent referral for assessment is recommended regardless of cytological findings

**Note:** Please refer to the “Guidelines for Cervical Screening in New Zealand” for recall and management guidelines including high risk HPV (HrHPV) testing. These are available on the NSU website:  
<http://www.nsu.govt.nz/health-professionals/2747.aspx>