



## **Review of the Bethesda System for Terminology use in Reporting Cervical Cytology**

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The Bethesda System to standardize the terminology used in reporting cervical cytology was the result of a workshop given by the National Cancer Institute in 1988. There were some revisions in 1991 and again in the spring of 2001. The Danbury Hospital Laboratory section of Cytology instituted the Bethesda 2001 recommendations on April 1, 2002. The system of reporting pap smears is as follows:

1. "Negative for Intraepithelial Lesions or Malignancy." Organisms and other non-neoplastic findings, including reactive cellular changes (repair, anucleated squames, IUD, Herpes virus, infection, radiation or chemotherapy) are included under this heading.
2. "ASCUS" (Atypical Squamous Cells of Undetermined Significance) is a two-tiered system:
  - A. Undetermined significance (without modifier)
  - B. Cannot exclude high grade squamous intraepithelial lesion (SIL)  
Digene reflex test is ordered unless otherwise indicated.
3. Squamous Intraepithelial Lesion, Low Grade, HPV (Human Papilloma Virus)
4. Squamous Intraepithelial Lesion, High Grade.
5. Squamous Carcinoma
6. Atypical Glandular Cells, Endocervical
7. Atypical Glandular Cells, Endocervical, favor neoplastic
8. Atypical Glandular Cells, Endometrial.
9. Atypical Glandular Cells, NOS
10. Atypical Glandular Cells, favor neoplastic
11. Adenocarcinoma in-situ
12. Adenocarcinoma, Endocervical
13. Adenocarcinoma, Endometrial
14. Adenocarcinoma, Extra-uterine
15. Adenocarcinoma, NOS
16. Other malignant Neoplasia
17. Unsatisfactory

The presence or absence of endocervical cells has been changed to the presence or absence of the transformation zone to include squamous metaplasia. Benign glandular cells in post-hysterectomy patients are also reported; likely origins include vaginal adenosis, endometriosis, glandular metaplasia or fistula.

Gynecological cytology is a screening procedure that is subject to both false negative and false positive results. It is most reliable when a satisfactory specimen is obtained on a regular basis and is correlated with pertinent clinical information.

#### **REFERENCE:**

JAMA (4-24-02)  
Bethesda System 2001 recommendations are on the JAMA website (<http://jama.ama-assn.org/>) and also the American Society for Colposcopy and Cervical Pathology website ([www.asccp.org](http://www.asccp.org)).

#### **PREMARITAL TESTING**

##### **Please note:**

Premarital testing is no longer required for couples who are planning to be married after October 1, 2003.

#### **CHANGES IN MEDICARE REIMBURSEMENT FOR THYROID FUNCTION TESTS**

Medicare will no longer reimburse for total thyroxine (TT<sub>4</sub>) T<sub>3</sub> uptake or T<sub>4</sub> uptake tests if any of these tests are ordered on the same date of service that a free thyroxine (FT<sub>4</sub>) test is ordered. The rationale for this policy is that this represents redundant testing, i.e., free thyroxine can be estimated either by a direct laboratory measurement or by a calculation using the TT<sub>4</sub> and either T<sub>3</sub> uptake or T<sub>4</sub> uptake results, but it is unnecessary to use both approaches.

The Clinical Chemistry Section of the Danbury Hospital Laboratory currently offers a FT<sub>4</sub> assay performed by an electrochemiluminescence immunoassay method on the Roche Elecsys immunoassay system. For most patients, the FT<sub>4</sub> assay performed in our laboratory provides a reasonably accurate estimate of the free thyroxine concentration unless protein-binding abnormalities are present, i.e., altered affinity of TBG (thyroxine-binding globulin) for T<sub>4</sub> or the presence of abnormal T<sub>4</sub>-binding proteins. We do not perform assays for TT<sub>4</sub>, T<sub>3</sub> uptake or T<sub>4</sub> uptake; requests for these tests are referred to an outside laboratory.

**Effective immediately, if an order is received by our laboratory for TT<sub>4</sub>, T<sub>3</sub> uptake or T<sub>4</sub> uptake at the same time as an order for FT<sub>4</sub>, only the FT<sub>4</sub> order will be processed.**

#### **REFERENCES:**

1. MCF Code Map Publication, Medicare National Coverage Decision. Ref. Federal Registry, 9-15-03.
2. Demers LM, Spencer CA, eds. Laboratory Support for the Diagnosis of Thyroid Disease. National Academy of Clinical Biochemistry Laboratory Medicine Practice Guidelines. Thyroid 2003; 13(1):1-126.

#### **MEDICARE UPDATES COMING**

Medicare is updating the LMRP (Local Medical Review Policies) and NCD (National Coverage Determinations) policies as of October, 2003. As soon as all updates have been published, revised policies will be distributed to all Laboratory Clients. All Clients are requested to replace the old "Medicare Red Book" with the new updates. Questions may be referred to Sandi Smith, Client Service/Marketing Coordinator for Danbury Hospital Laboratory at (203) 797-7800.

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