

Glossary:
Draft Clinical management guidelines for the prevention of cervical cancer

| Term | Definition |
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| Adenomyosis | A condition of the uterus where the endometrium (cells that line the inside of the uterine body) also grow into the myometrium (wall of the uterus) |
| Adequate colposcopy | The cervix is clearly seen and not obscured by blood, inflammation or scarring |
| AGC | Atypical glandular cells |
| AGUS | Atypical glandular cells of undetermined significance |
| AIHW | Australian Institute of Health and Welfare |
| AIN | Anal intra-epithelial neoplasia |
| AIS | Adenocarcinoma in situ |
| AMBS | Australian Modified Bethesda System |
| ASCCP | Australian Society for Colposcopy and Cervical Pathology |
| ASC-H | Atypical squamous cells, possible high-grade lesion In the standard US Bethesda System, a category of atypical squamous cells, possible high-grade lesion. Equivalent to possible high-grade squamous intraepithelial lesion (pHSIL) in the Australian Modified Bethesda System |
| ASCUS | Atypical squamous cells, undetermined significance In the standard US Bethesda System, a category of atypical squamous cells of undetermined significance: The nature of the abnormality is uncertain or unequivocal. Equivalent to possible low-grade squamous intraepithelial lesion (pLSIL) in the Australian Modified Bethesda System |
| ASR | Age-standardized to the Australian population |
| ASRW | Age-standardized to the World Standard Population |
| Biopsy | Removal of tissue for medical examination |

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| BNA | <p>Borderline nuclear abnormalities (British Society for Clinical Cytology)</p> <p><i>Post 2008:</i> considered equivalent to atypical squamous cell, undetermined significance (ASC-US) in the Bethesda 2001 reporting system considered equivalent to possible LSIL (pLSIL) in the Australian modified Bethesda reporting system</p> <p><i>Pre 2009:</i> included atypical squamous cells cannot exclude HSIL (ASC-H) and border line changes in endocervical cells. (Denton KJ et al., (2008) The revised BSCC terminology for abnormal cervical cytology. Cytopathology 19: 137-157)</p> |
| BMD | Borderline or mild dyskaryosis considered equivalent to atypical squamous cell, undetermined significance (ASCUS) and low-grade squamous intraepithelial lesion (LSIL) in the Bethesda reporting system and possible LSIL (pLSIL) in the Australian modified Bethesda reporting system |
| CCC | Clear Cell Carcinoma |
| CGIN | Cervical glandular intraepithelial neoplasia – not used in Australia |
| CIN | <p>Cervical Intraepithelial Neoplasia</p> <p>Refers to abnormal changes in the cells on the surface of the cervix that are seen using a microscope (i.e. histologically-confirmed).</p> <p>CIN 1 – mild dysplasia</p> <p>CIN 2 – moderate dysplasia</p> <p>CIN 3 – severe dysplasia to carcinoma in situ</p> <p>(The term CIN 2+ refers to CIN 2, 3, or invasive cervical cancer; CIN3+ refers to CIN 3 or invasive cervical cancer)</p> <p>CIN2/3 refers to CIN2 or CIN3</p> |
| CKC | Cold-knife conisation is the removal of cone shaped piece of tissue from the cervix using a scalpel |
| Coagulopathy | Coagulopathy is a condition in which the blood's ability to coagulate (clot) is impaired |
| Colposcopy | The examination of the cervix and vagina with a magnifying instrument called a colposcope, to check for abnormalities. |
| Colposcopists | Health professionals, usually gynaecologists, trained to perform colposcopy. |
| Congenital anomaly | Congenital anomaly is a structural or functional abnormality (anomaly) that occur during intrauterine life and can be identified prenatally, at birth or later in life |
| Condyloma | A 'knob like' or warty growth on the genitals caused by an infection with Human papillomavirus |

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| CO2 Laser | Carbon Dioxide Laser A gas laser (based on a gas medium containing carbon dioxide, helium, nitrogen, some hydrogen, water vapour and/or xenon) that is used in cervical ablation, cervical conisation and ablation of genital condyloma (warts) |
| Columnar epithelium | Epithelium which has cells of much greater height than width. I.e. endocervical epithelium |
| Cryotherapy | The use of extreme cold in surgery. Used in treatment of cervix with specially designed cryoprobe, but its use is limited to low resource countries |
| Cyanosis | A bluish discolouration of the skin due to poor circulation or inadequate oxygenation of the blood |
| Cytobroom | A plastic, broom shaped device used to sample cells from the cervix |
| Cytobrush | A long cotton swab (with a conical head in brush like configuration) used to collect endocervical cells from the cervix |
| DCV | Direct colposcopic vision |
| DES | Diethylstilboestrol |
| Deciduosis | A visual change on the cervix that is seen commonly in pregnancy, characterised by multiple small, yellow/red elevations of cervical mucosa |
| Diathermy Point / Needle Excision | SWETZ or NETZ |
| Dysplasia | Dysplasia is an epithelial abnormality of growth and differentiation. Categorised as mild, moderate and severe and correlates with CIN1, CIN2 and CIN3 |
| HSIL | Definite high-grade squamous intraepithelial lesion (HSIL) in Australian Modified Bethesda system is broadly equivalent to HSIL in the standard US Bethesda System of cytological classification |
| LSIL | Definite low-grade squamous intraepithelial lesion (LSIL) in Australian Modified Bethesda system is broadly equivalent to LSIL in the standard US Bethesda System of cytological classification |
| Ectopy | Cervical ectopy or ectropion is a condition in which the endocervical columnar epithelium protrudes through the external cervical os and onto the vaginal portion of the cervix |
| Endocervical curettage (ECC) | The removal of tissue from the endocervical canal of the cervix |
| Endometriosis | A condition when the endometrium is found in abnormal sites around the body, most commonly in extrauterine sites in the pelvis |
| Exophytic lesion | A lesion that grows outwards from an epithelial surface |

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| Fischer cone | The Fischer cone is a conisation specimen obtained by using a Fischer cone biopsy excisor, and uses similar electrosurgical technology as used in loop excision procedures |
| FIGO | The International Federation of Gynaecology and Obstetrics |
| FU | Follow-up |
| HGGA | High-grade glandular atypia |
| HGGL | High-grade glandular lesion |
| HSIL | High-grade squamous intraepithelial lesion In the Australian context, usually used to refer to a cytological category predictive of the presence of a high grade precancerous lesion, (histological CIN2 or CIN3) |
| HPV | Human papillomavirus |
| HPV 16/18 | Only HPV types 16 and or 18 detected using routine HPV screening tests in laboratory |
| HPV +ve (any type) | HPV positive (any type) <ul style="list-style-type: none"> • Women with a positive HPV test result (16/18) • Women with a positive HPV test result (any type) • Women with a positive HPV test result (not 16/18) and a LBC report of negative, LSIL |
| HPV –ve | Women with a negative HPV test result |
| Hr-HPV type | HPV types associated with high risk of cervical high grade precancerous lesions and cancer |
| Hysterectomy (total) | Complete surgical removal of the uterus including the cervix |
| IARC | International Agency for Research on Cancer |
| IFCPC | The International Federation of Cervical Pathology and Colposcopy |
| IMB | Intermenstrual bleeding |
| LAST | Lower Anogenital Squamous Terminology |
| LBC | Liquid based cytology (LBC) is a way of preparing cervical samples for examination in the laboratory |
| LEEP | Loop Electrical Excision Procedure |
| Leiomyoma | Leiomyoma is a benign tumour arising from the smooth muscle of the uterus, commonly known as a fibroid |
| LC | Laser cone |

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| LSIL | <p>Low-grade squamous intraepithelial lesion</p> <p>The low-grade squamous intraepithelial lesion (LSIL) category is the morphological correlate of productive viral infection. It is to be used when the scientist/pathologist observes changes that would have been described as 'HPV effect' or 'CIN1' in the previous Australian terminology and represents part of the previous 'low-grade squamous epithelial abnormality' category</p> |
| LLETZ | Large Loop Excision of the Transformation Zone |
| Loop Diathermy | LEEP or LLETZ |
| Lympho-vascular space invasion | The spread of malignant cells from a cancer, to the blood vessels or lymphatics. In the cervix it is described most commonly in early invasive disease and is important in determining the need for further treatment in superficially invasive squamous cell carcinoma |
| Mild dyskaryosis | <p>Mild dyskaryosis (British Society for Clinical Cytology) considered equivalent to low-grade squamous intraepithelial lesion (LSIL) in the Bethesda 2001 reporting system considered equivalent to definite LSIL in the Australian modified Bethesda reporting system; renamed Low-grade dyskaryosis in 2008. (Denton KJ et al., (2008)</p> <p>The revised BSCC terminology for abnormal cervical cytology. Cytopathology 19: 137-157)</p> |
| Nabothian cysts | A mucus filled cyst on the surface of the cervix (this is a normal finding) |
| NCI | National Cancer Institute |
| NCSP | <p>National Cervical Screening Program</p> <p>A joint program of the Australian, state and territory governments. It aims to reduce morbidity and mortality from cervical cancer, in a cost-effective manner through an organised approach to cervical screening. The program encourages women in the target population to have regular cervical screening</p> |
| NETZ | Needle Excision of the Transformation Zone |
| Necrosis | Necrosis the death of living cells and tissues |
| Negative colposcopy | A colposcopy in which no abnormalities are seen: it does not include the subsequent reports on any biopsy taken. Also called a 'normal' colposcopy |
| NHMRC | National Health and Medical Research Council |
| Not HPV 16/18 | All other oncogenic HPV types detected using routine HPV screening tests in lab |
| NPV | Negative predictive value: the probability that a negative test result is a true negative |
| Metaplastic squamous epithelium | <p>Metaplasia is a non-neoplastic transformation of one mature cell type to another type that is not normally present at that location. In the cervix this refers to the transformation of endocervical columnar epithelium to squamous epithelium, described as metaplastic squamous epithelium</p> |

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| MSAC | The Australian Medical Services Advisory Committee |
| Oedema | A condition characterised by an excess of watery fluid collecting in the tissues or cavities of the body |
| Oncogenic HPV | Potentially cancer-causing HPV DNA types, pathogenically linked to intraepithelial neoplasia – e.g. uterine cervix, termed CIN |
| Partial HPV genotyping | Testing for subgroups of high risk HPV types e.g. types 16 or 18 |
| PBAC | Pharmaceuticals Benefits Advisory Committee |
| PCB | Post-coital bleeding – vaginal bleeding after intercourse |
| PCOS | Polycystic ovarian syndrome |
| PCR | Polymerase Chain Reaction |
| HSIL | Possible HSIL in the Australian Modified Bethesda System is broadly equivalent to ASC-H in US Bethesda system |
| LSIL | Possible LSIL in the Australian Modified Bethesda System is broadly equivalent to ASCUS in US Bethesda system |
| Polyp (ectocervical/endocervical) Inflammation | A polyp is a small protrusion of tissue that looks like a ball on the end of a slim stalk, and can be visible on the cervix, usually arising from the endocervical or endometrial tissue of uterus. Polyps are usually not neoplastic but can unusually be neoplastic or cancerous |
| PPV | Positive Predictive Value |
| Profiled Electrosurgical Excision | This type of excision uses a specific type of 'loop' that can be inserted into the cervical canal and allows for a rotational excision of a 'cone' shaped piece of tissue |
| PTL | Preterm labour |
| RANZCOG | The Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| RCPA | Royal College of Pathologists of Australasia |
| Reflex cytology | Reflex cytology refers to the automatic performance of a cytological examination of a liquid based cervical sample that has tested positive for oncogenic HPV types |
| Reflex Liquid Based Cytology LBC (Cytology) | A test performed on a liquid based cytology sample when the HPV test is positive. Reflex LBC may allow for the triage of women along different pathways, negative, LSIL and HSIL, glandular. For women who have HPV16-18, and who are being referred directly to colposcopy, the reflex LBC result would inform the colposcopic assessment |
| SCC | Squamous cell carcinoma |
| SIR | Standardized incidence rate |

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| SISCCA | Superficially invasive squamous cell carcinoma (previously termed micro-invasive carcinoma) |
| Squamous epithelium | In the cervix and the vagina this is a stratified squamous epithelium that consists of layers of cells arranged in layers on a basement membrane |
| Squamo-columnar Junction | The junction where the ectocervical squamous epithelium and the endocervical columnar epithelium meet, and may be located on the visible ectocervix or may be within the endocervical canal |
| Squamous metaplasia | In the cervix this refers to the transformation of endocervical columnar epithelium to squamous epithelium, described as metaplastic squamous epithelium |
| Stenosis | Stenosis is a narrowing of a cylindrical canal |
| Subclinical | Not clinically apparent |
| SWETZ | Straight Wire Excision of the Transformation Zone |
| TBS | The Bethesda System |
| Thermal Coagulation | aka Semm or 'Cold' coagulation |
| Triage cytology | The results of liquid based cytology are used to determine the optimum management |
| TZ | <p>Transformation zone (TZ)</p> <ul style="list-style-type: none"> • Type 1 TZ: the whole TZ including all the upper limit is ectocervical • Type 2 TZ: the upper limit of the TZ is partly or wholly visible in the canal and is completely visible around 360 degrees • Type 3 TZ: part or the entire upper limit of the TZ cannot be seen in the canal. <ul style="list-style-type: none"> • Type 1 excision (for Type 1 TZ): usually to 8mm and not more than 10mm length of cervical tissue excised • Type 2 excision (for Type 2 TZ): not more than 15mm length of tissue excised • Type 3 excision (for Type 3 TZ): equivalent to 'cone biopsy' and >15mm length |
| Ulceration | The loss of a small or large portion of a surface epithelium, leading to a 'raw' area. Can be caused by local trauma, inflammation and cancer |
| VAIN | Vaginal intra-epithelial neoplasia |
| Vaginal stenosis | Narrowing of the vagina |
| ≤ | Less than or equal to |
| ≥ | Greater than or equal to |