TABLE 1. THE 2014 BETHESDA SYSTEM

SPECIMEN TYPE
Indicate conventional smear (Pap smear), liquid-based preparation (Pap test) vs other
SPECIMEN ADEQUACY
- Satisfactory for evaluation (*describe presence or absence of endocervical/transformation zone component and any other quality indicators, eg, partially obscuring blood, inflammation, etc*)
- Unsatisfactory for evaluation (*specify reason*)
  - Specimen rejected/not processed (*specify reason*)
  - Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality because of (*specify reason*)

GENERAL CATEGORIZATION (optional)
- Negative for intraepithelial lesion or malignancy
- *Other: see Interpretation/Result (eg, endometrial cells in a woman aged ≥45 years)*
- Epithelial cell abnormality: see Interpretation/Result (*specify* "squamous" *or* "glandular," *as appropriate)*

INTERPRETATION/RESULT
Negative for Intraepithelial Lesion or Malignancy
(When there is no cellular evidence of neoplasia, state this in the General Categorization above and/or in the Interpretation/Result section of the report—whether or not there are organisms or other non-neoplastic findings)
Non-Neoplastic Findings (optional to report)
- Non-neoplastic cellular variations
  - Squamous metaplasia
  - Keratotic changes
  - Tubal metaplasia
  - Atrophy
  - Pregnancy-associated changes
- Reactive cellular changes associated with:
  - Inflammation (includes typical repair)
    - Lymphocytic (follicular) cervicitis
  - Radiation
  - Intrauterine contraceptive device (IUD)
- Glandular cells status posthysterectomy

Organisms
- *Trichomonas vaginalis*
- Fungal organisms morphologically consistent with *Candida* spp.
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with *Actinomyces* spp.
- Cellular changes consistent with herpes simplex virus
- Cellular changes consistent with cytomegalovirus

Other
- *Endometrial cells (in a woman aged ≥45 years)*

(Also specify if "negative for squamous intraepithelial lesion")
Epithelial Cell Abnormalities
Squamous Cell
- Atypical squamous cells
  - Of undetermined significance (ASC-US)
  - Cannot exclude HSIL (ASC-H)
- Low-grade squamous intraepithelial lesion (LSIL)

(Encompassing: HPV/mild dysplasia/CIN-1)
- High-grade squamous intraepithelial lesion (HSIL)

(Encompassing: moderate and severe dysplasia, CIS; CIN-2 and CIN-3)
  - With features suspicious for invasion *(if invasion is suspected)*
- Squamous cell carcinoma

Glandular Cell
- Atypical
  - Endocervical cells (NOS *or specify in comments*)
  - Endometrial cells (NOS *or specify in comments*)
  - Glandular cells (NOS *or specify in comments*)
- Atypical
  - Endocervical cells, favor neoplastic
  - Glandular cells, favor neoplastic
- Endocervical adenocarcinoma in situ
- Adenocarcinoma
  - Endocervical
  - Endometrial
  - Extrauterine
  - Not otherwise specified (NOS)

Other Malignant Neoplasms (specify)
ADJUNCTIVE TESTING
Provide a brief description of the test method(s) and report the result so that it is easily understood by the clinician
COMPUTER-ASSISTED INTERPRETATION OF CERVICAL CYTOLOGY
If case examined by an automated device, specify the device and result
EDUCATIONAL NOTES AND COMMENTS APPENDED TO CYTOLOGY REPORTS (*optional*)
Suggestions should be concise and consistent with clinical follow-up guidelines published by professional organizations (references to relevant publications may be included)

Abbreviation: CIN, cervical intraepithelial neoplasia; CIS, carcinoma in situ; HPV, human papillomavirus; NOS, not otherwise specified; Pap, Papanicolaou.