

Cytology and HPV Terminology Table

Effective May 2019

Code	Cytology Pattern (Bethesda Terminology)	HPV Test Result (where applicable)	Code	Management Recommendation	Rationale / Recommendation
P0	No cytology (HPV test only)	Not detected/negative*	R0	Interim: Await final recommendation	HPV ancillary test: Sample HPV tested in advance of cytology. Interim result (HPV only). Management recommendation will issue when full result (cytology and HPV) is available.
				Follow previous test recommendation	HPV retest only (no cytology): Confirmed HPV not detected. Test does not alter pathway. Follow previous test recommendation.
				At clinician discretion	Test taken in colposcopy: Pathway will be determined by clinician.
		Indeterminate/test not processed	R6	3 month repeat	Equivocal/indeterminate HPV test result or HPV test not processed. Repeat no earlier than 3 months from date of last test.
		Detected/positive*	R7	Refer to colposcopy	HPV retest only (no cytology): HPV detected/positive.
P1	Unsatisfactory / Inadequate	any	R6	3 month repeat	First or second unsatisfactory test result. Woman previously treated for glandular abnormality & no TZ cells present.
			R7	Refer to colposcopy	3 consecutive unsatisfactory (cytology) test results. Any 3 smear test results that are abnormal in previous 10 years & woman has not had colposcopy.
P2	Negative / NAD	Not detected/negative*	R1	No further screening required	Screening completed - woman is over 61 years or will be over 61 years when next screening test is due.
			R2a	3 year re-call	No history (woman of any age) OR routine recall screening history (< 45 years) .
		R2b	5 year re-call	Second successive routine recall recommendation, woman >= 45 years.	
		R3	1 year re-call	If HIV+/post organ transplant/DES exposed/ renal dialysis.	
		R7	Refer to colposcopy	Suspicious cervix was indicated by doctor / nurse taking test. Check before referring to colposcopy.	
		R3	1 year re-call	If HPV detected/positive and cytology is NAD. or Equivocal/indeterminate HPV test result or HPV test not processed.	
P3a or P4	ASCUS Atypical Squamous Cells - Undetermined Significance or LSIL	Not detected/negative*	R1	No further screening required	Any ASCUS or LSIL test result in combination with hrHPV not detected result and woman is over 56 years (if previous recommendation was for routine recall).
			R3	1 year re-call	Any ASCUS or LSIL test result in combination with hrHPV not detected result and woman is HIV+/post organ transplant/DES exposed/ renal dialysis.
		Not detected/negative*	R2a	3 year re-call	Any ASCUS or LSIL test result in combination with hrHPV not detected result and woman is under 45 years.
			R2b	5 year re-call	Any ASCUS or LSIL test result in combination with hrHPV not detected result and woman is over 45 years (if this is second successive routine recall recommendation).
		Detected/positive*	R7	Refer to colposcopy	Any ASCUS or LSIL test result in combination with hrHPV detected result.
		Indeterminate/test not processed	R7	Refer to colposcopy	Any ASCUS or LSIL result where the HPV test was either equivocal/ indeterminate or test was not processed for technical reasons.
P3b	ASC-H	any	R7	Refer to colposcopy	Any ASC-H test result.
P5 or P6	HSIL	any	R7	Refer to colposcopy	Any HSIL test result.
P7	Query squamous cell carcinoma	any	R7	Refer to colposcopy	Any Query squamous cell carcinoma test result.
P8a	AGC Atypical (borderline) glandular cells	any	R7	Refer to colposcopy	Any AGC test result.
P8b	AGC Favour neoplastic process	any	R7	Refer to colposcopy	Any AGC favour neoplastic test result.
P9	Query glandular neoplasia / AIS / Adenocarcinoma	any	R7	Refer to colposcopy	Any Query glandular neoplasia / AIS / Adenocarcinoma test result.
P10	Broken / damaged / expired vial or sample	n/a	R6	3 month repeat	Repeat no earlier than 3 months from date of last test.

- * Regardless of age women require 2 consecutive test results with a routine re-call recommendation at 3 year interval prior to moving to a 5 year interval.
- If there are endometrial cells present out of cycle for a woman over 40 years it is recommended to refer for gynaecological assessment.
 - If clinical details record PCB / IMB / PMB it is recommended to refer for gynaecological assessment.
 - TZ cells must be present in the test sample if a woman has previously been treated for a glandular abnormality.