

General Terminology in Cervical Screening

Abnormal smear	A smear which shows cells which are not typically normal or where pre-cancerous or cancerous cells are identified.
Adequate smear	A specimen which is deemed satisfactory for evaluation by the laboratory.
Biopsy	Removal of a sample of tissue from the body for examination under a microscope.
Cervical cancer	Cancer of the cervix. Cancer cells have spread beyond the natural basement membrane boundary of the cervical skin. Cervical cancer can be of squamous origin (approximately 85 per cent) or glandular/adeno origin (approximately 15 per cent).
Cervical cytology	A microscopic examination of a single layer of cells scraped from the surface of the cervix.
Cervical ectropian/eversion	Occurs when the inside of the cervical cells (columnar) evert on to the surface of the cervix; a red roughened area may appear on the cervix. This is a normal hormonally influenced change.
Cervical intraepithelial neoplasia	CIN is not cancer but is the histological term referring to the abnormal growth of pre-cancerous cells in the surface layers of the cervix. It describes varying degrees of abnormality of the cells within and confined to the epithelium. There are three grades of CIN: CIN 1, CIN 2 or CIN 3.
Cervical smear test	A screening test where cells from the surface of the cervix are sampled, preserved immediately and sent to the laboratory for cytological analysis.
Colposcopy	An examination of the cervix using a specialised optic instrument (colposcope) that provides magnification to allow direct observation and study of vaginal and cervical epithelium. It identifies lesions on the cervix which can be biopsied and treated.
Cone biopsy	A surgical removal of a cone-shaped section of the cervix to remove abnormal cells. The procedure is diagnostic but may be curative as well.
Coverage	The number, percentage or proportion of women screened by a screening programme.
Diagnostic smear	A smear taken outside of the normal screening interval as a part of the diagnostic assessment of a woman who has signs and symptoms which might indicate cervical cancer.
Dyskaryosis	Term used in cytology to describe nuclear abnormalities in cervical cells. Dyskaryotic cells are classified as mild, moderate and severe and correlate with the histological terms of CIN 1, CIN 2 and CIN 3.
Effectiveness	The extent to which an established screening programme meets its defined objectives.
Efficacy	The extent to which an intervention/programme produces a beneficial result under ideal conditions. The determination of efficacy is based on the results of a randomised controlled trial.
Efficiency	The production of the result achieved in terms of minimum waste of resources and time expended on a procedure of known efficacy and effectiveness.

Eligible for screening	Women aged 25-60 years for whom CervicalCheck recommends and funds screening according to national policy.
Failsafe	The action taken by the clinically responsible doctor and Programme office to ensure a smear result is appropriately followed-up. Laboratories and CervicalCheck also support the primary care failsafe process.
False negative	The result when the test does not detect the disease in an individual who actually has the disease.
False positive	The result when the test indicates the presence of the disease in an individual where it is not actually present.
Histology	The microscopic study of the structure and composition of body tissue.
Human Papilloma Virus or HPV	A group of wart viruses of which a high proportion are sexually transmitted. Over 100 different types of HPV have been identified and each is known by number. Types 6 and 11 are associated with genital warts and types 16 and 18 are associated with high grade lesions.
Hysterectomy	The surgical removal of the uterus (womb) – called total if it includes the cervix or subtotal/partial if the cervix is not entirely removed.
Incidence (rate)	The number of new cases of a disease or happening that occurs in a given period in a specified population.
Informed consent	The giving of all the necessary information by the smearer to the woman in order that she fully understands the smear test procedure and possible results so that she can make an educated decision to participate in the Programme. For the CervicalCheck informed consent process, the necessary information covers participation in the Programme, the transfer of data to third parties, limitations of screening, results, associated tests and treatment.
Liquid Base Cytology	The placement of harvested cervical cells into a special transport solution for sending to the laboratory where the slide is made ready for examination.
Large Loop Excision of the Transformation Zone or LLETZ	Large Loop Excision of the Transformation Zone is a diagnostic and/or treatment method to remove the cervical areas of abnormality. The procedure involves removal of the entire transformation zone using a thin wire electrode charged with a low-voltage, high frequency, alternating current and produces a tissue specimen suitable for histologic analysis in most circumstances.
Local destructive	Laser, cryocautery, cold coagulation and radical diathermy are treatment methods to destroy the cervical areas of abnormality.
Morbidity	The number of cases of a specific disease during a defined period of time in a given population.
Mortality	The number of deaths from a specified disease during a defined period of time in a given population.
Negative	The proportion of test-negative women who do not have precancerous cervical predictive value abnormality. It is a measure of the likelihood that someone with a negative test is actually disease free.
Normal smear Opportunistic smear	A smear result that is reported to be within normal limits. A smear done when the opportunity presents irrespective of the woman's CervicalCheck eligibility or screening requirements.

PAP test	Another name for a 'smear test' named after George Papanicolau, who invented the process of staining cells on a slide in preparation for examination under a microscope.
Prevalence (rate)	The total number of women who have a cervical pre-cancerous lesion or cancer at a particular time (or during a particular period) divided by the population at risk of having a cervical pre-cancerous lesion or cancer at the same point in time.
Positive predictive	The proportion of test-positive women who are truly positive. It can be considered a measure of the likelihood that a woman with a positive test truly has a pre-cancerous cervical abnormality.
Screening programme	An organised approach of screening a defined population to determine the likelihood of a specific disease within the population with the aim of reducing the risk of the disease and improving the quality of life through early diagnosis.
Self referral smear	When a woman presents to a CervicalCheck registered smearer and, at the smearer's discretion, has her first smear test for direct entry into the CervicalCheck without having a prior invitation to do so.
Sensitivity	The ability of a test to detect a disease in all individuals in whom it is present.
Short interval smear	When a smear is undertaken before a smear is due according to the woman's screening requirements and national policy.
Smearer provider	A doctor or nurse who meets all the CervicalCheck registration requirements.
Systematised Nomenclature of Medicine - SNOMED Codes	A coding system for recording histological diagnosis.
Specificity	The ability of a test to accurately exclude those individuals in whom disease is not present.
Squamo-Columnar Junction	The transition between the multilayer squamous epithelium which covers the ectocervix and the single layered columnar epithelium.
Squamous	A type of multi-layers cells, which line the vagina and outer layer of the cervix.
Squamous cell carcinoma/cancer	The most common form of cervical cancer.
Staging	A system for analysing a tumour to determine the extent or risk of spread or recurrence.
Standard	A minimum requirement against which performance can be measured.
Transformation zone	The region of the cervix where the columnar cells of the inner cervix have or are changing to outer squamous cells. The process of change is called metaplasia. It is the area most at risk of abnormal change.
Transformation zone TZ Cells	The presence of TZ cells, i.e. metaplastic and/or endocervical cells in a sample, is considered to be a measure of smearer competency although not a necessary requirement to determine a smear test is adequate.

Unsatisfactory smear	A smear that cannot be safely read and reported by the laboratory; usually because there are insufficient cells or the cells are obscured by exudates, polymorphs or menstrual debris.
VAIN	Vaginal intraepithelial neoplasia.
Validity	The accuracy of the screening test in distinguishing those who have and those who do not have the disease in the asymptomatic population.
Vault smear	A smear taken from the top of the vagina after a total hysterectomy.
VIN	Vulval intraepithelial neoplasia.