The Bethesda System 2001

NHẮC LẠI LỊCH SỬ

- Trước khi có hệ thống Bethesda
- **1988**, hội nghị lần thứ 1 tại Bethesda, Maryland:
  - Thống nhất các thuật ngữ
  - Đề ra hướng xử trí thích hợp cho từng loại sang thương

- **1991**, hội nghị lần 2 tại Bethesda để chỉnh sửa phiên bản 1988 sau 3 năm áp dụng
- Hiện tại > 90% các phòng thí nghiệm tại Mỹ sử dụng TBS 1991

THE 1991 BETHESDA SYSTEM

ADEQUACY OF THE SPECIMEN
- Satisfactory for evaluation
- Satisfactory but limited by... (specific reason)
- Unsatisfactory...(specific reason)

GENERAL CATEGORIZATION
- Within normal limit
- Benign cellular changes
- Epithelial cell abnormalities

DESCRIPTIVE DIAGNOSIS

Benign cellular changes
- Infections: Trichomonas, Candida,...
- Reactive changes: inflammation, atrophy, radiation, IUD,...

Epithelial cell abnormalities

Squamous cell:
- ASCUS (qualify)
- L-SIL:HPV,CINI
- H-SIL:CINII, CINIII
- S.C.C

Glandular cell:
- Endometrial cell, cytologically benign/Postmenopausal women
- AGUS (qualify)
- Endocervical adenocarcinoma, endometrial adenocarcinoma
- Extra-uterin adenocarcinoma, adenocarcinoma NOS

Other malignant neoplasm (specify)

Hormonal evaluation (vaginal smear)

TBS 1991

TIẾN TRÌNH BETHESDA 2001

- 8 tháng trước ngày nhóm họp (30/4 → 2/5/2001) thành lập 9 nhóm hội thảo (Forum group)

- Mỗi nhóm có 6 – 10 người gồm nhiều chuyên gia: Bs GPB-tế bào, KTV tế bào, Bs lâm sàng, các đại diện quốc tế,...

(Tổng cộng hơn 400 chuyên gia y tế, 40 hiệp hội tài trợ của hơn 20 nước)

THE 2001 BETHESDA SYSTEM (Abridged)

ADEQUACY OF THE SPECIMEN
- Satisfactory for evaluation (presence/ absence of Tzone)
- Unsatisfactory for evaluation (specify reason)
- Specimen rejected/ not processed (specify reason)
- Specimen processed-examined but unsatisfactory (specify reason)

GENERAL CATEGORIZATION (Optional)
- Negative for intraepithelial lesion or malignancy
- Epithelial cell abnormality
- Other

INTERPRETATION/RESULTS

Negative for intraepithelial lesion or malignancy
- Organisms: Trichomonas, Candida,...
- Other non-neoplastic findings

Epithelial cell abnormalities

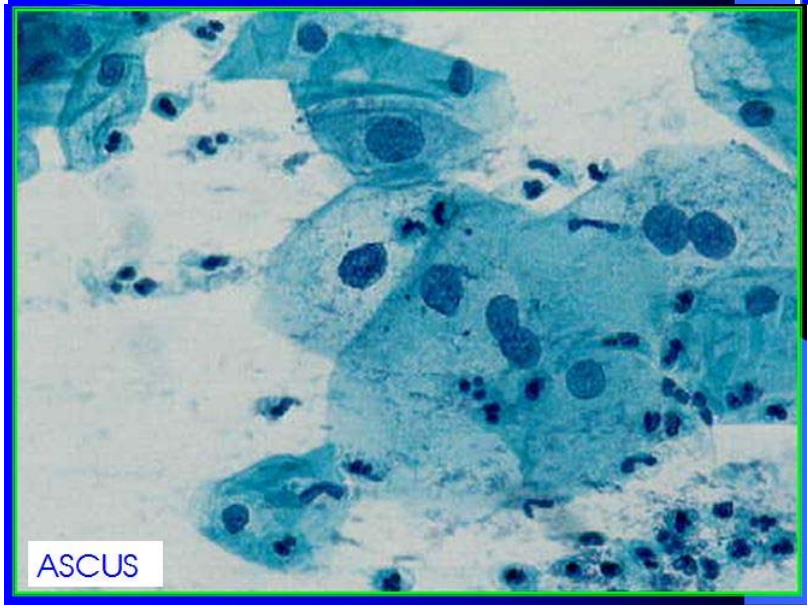
Squamous cell:
- Atypical squamous cells (ASC)
  - of undetermined significance (ASC-US)
  - cannot exclude HSIL (ASC-H)
- L-SIL: HPV, CIN I
- H-SIL: CIN II, CIN III, CIS
- S.C.C

Glandular cell:
- Atypical glandular cells (AGC) (endocervical, endometrial or NOS)
- Atypical glandular cells, favor neoplastic (endocervical or NOS)
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma

Other (List not comprehensive)
- Endometrial cells in a woman ≥ 40

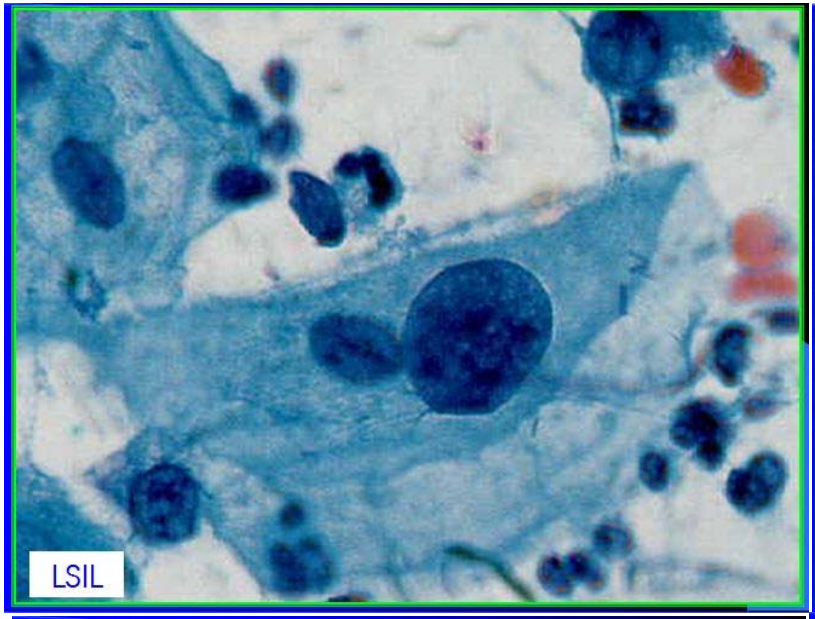
AUTOMATED REVIEW AND ANCILLARY TESTING (Include as appropriate)

EDUCATIONAL NOTES AND SUGESSTIONS (Optional)



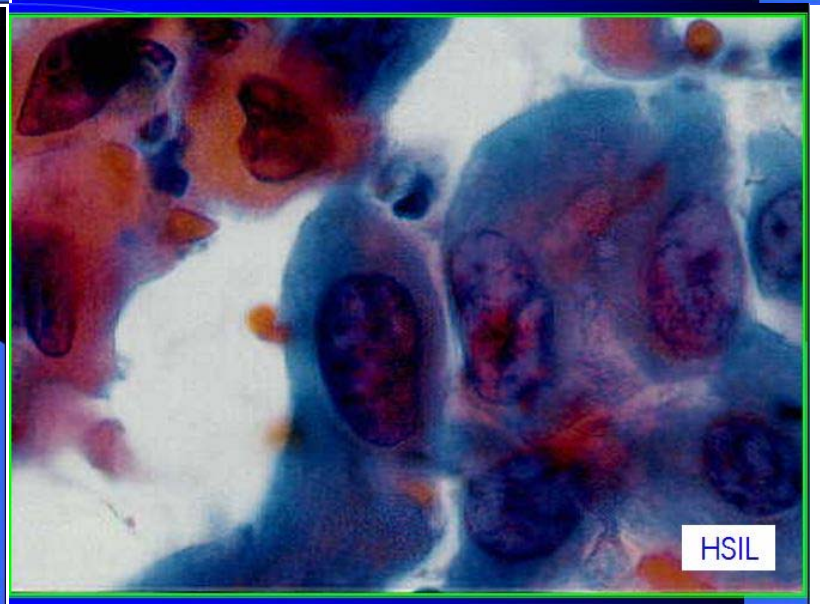
ASCUS

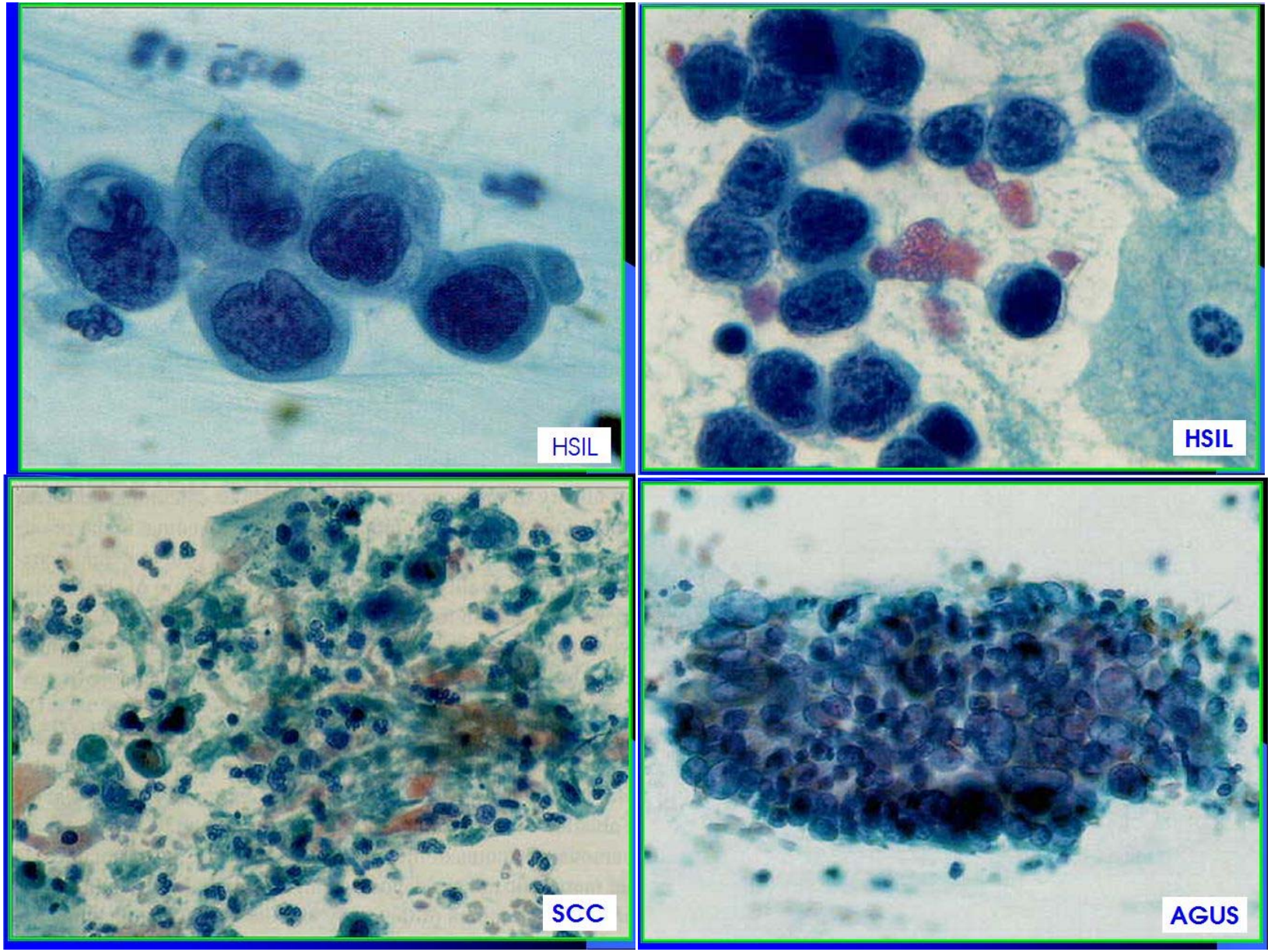
KOILOCYTE - LSIL

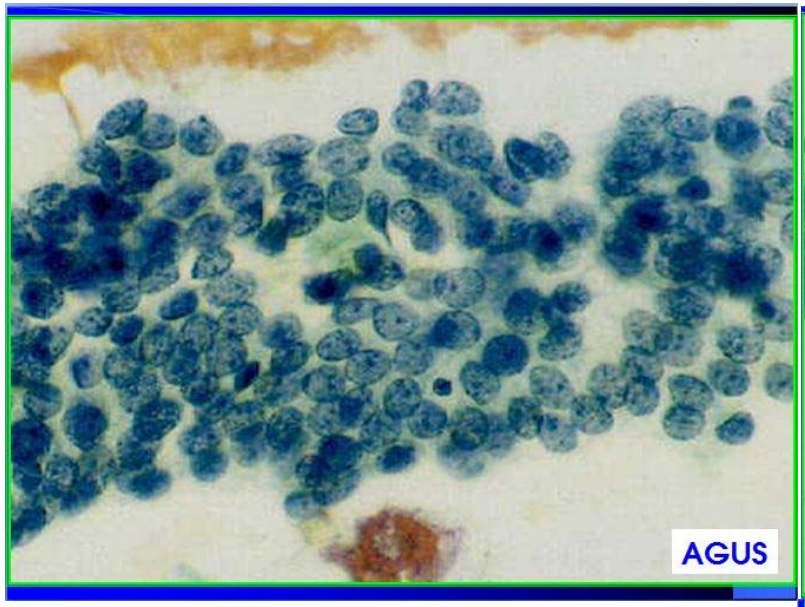

LSIL

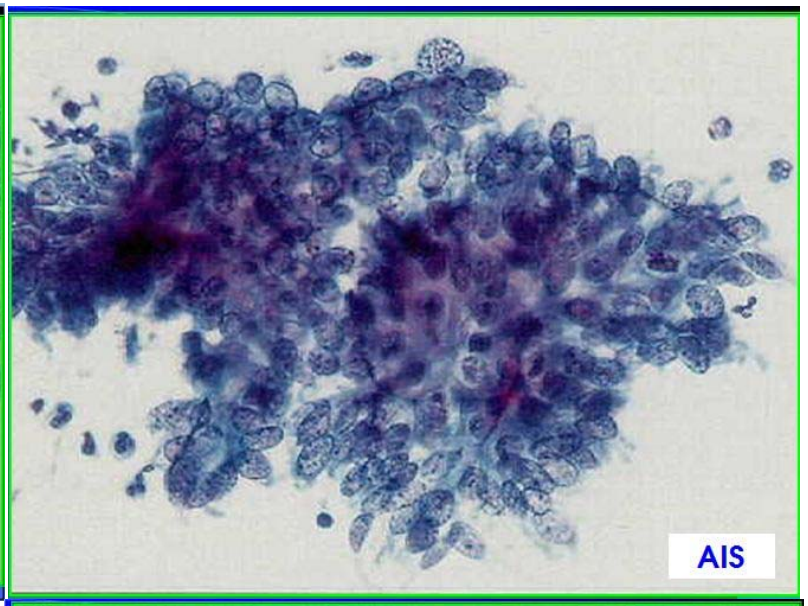
LSIL

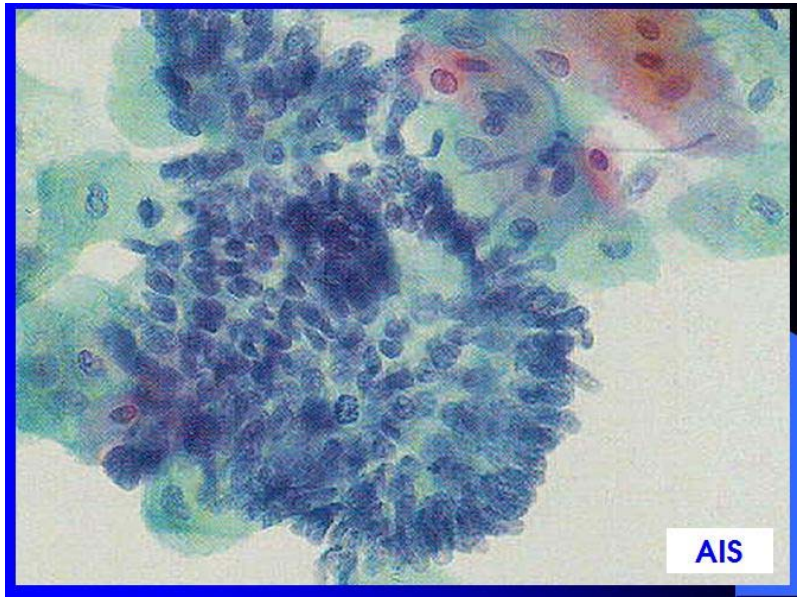
HSIL

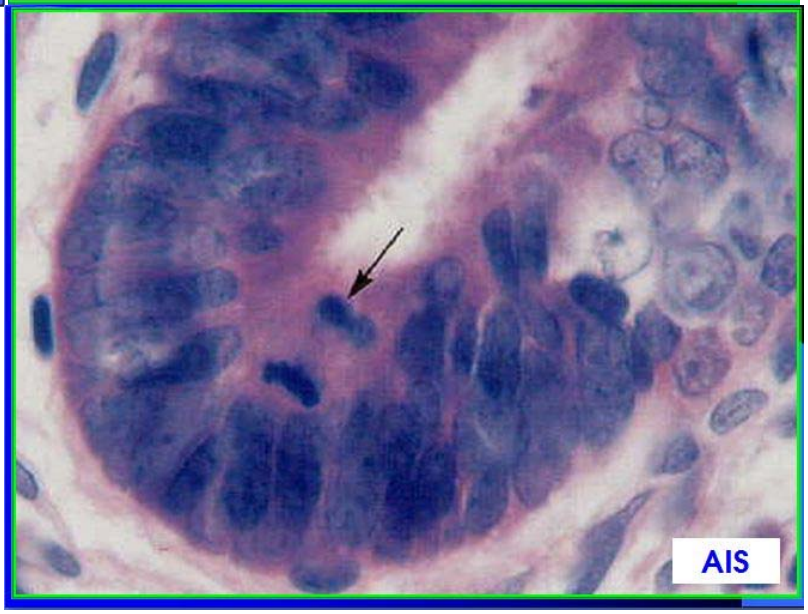

HSIL


HSIL
HSIL
SCC
AGUS


AGUS


AIS

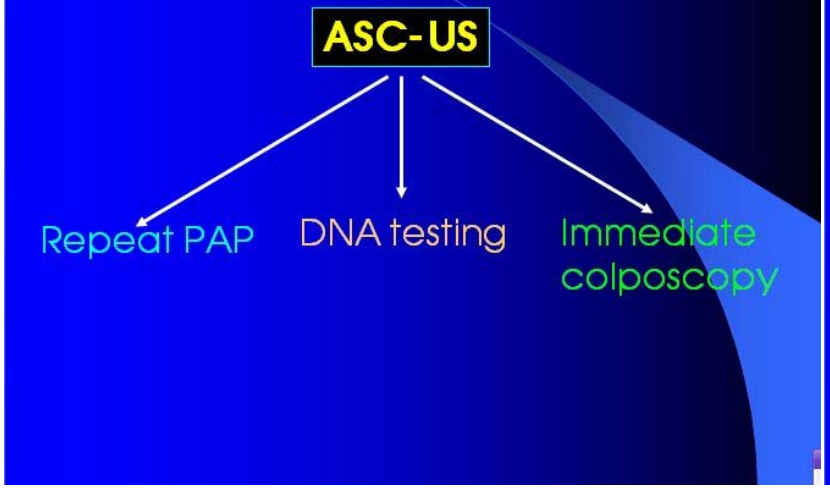

AIS

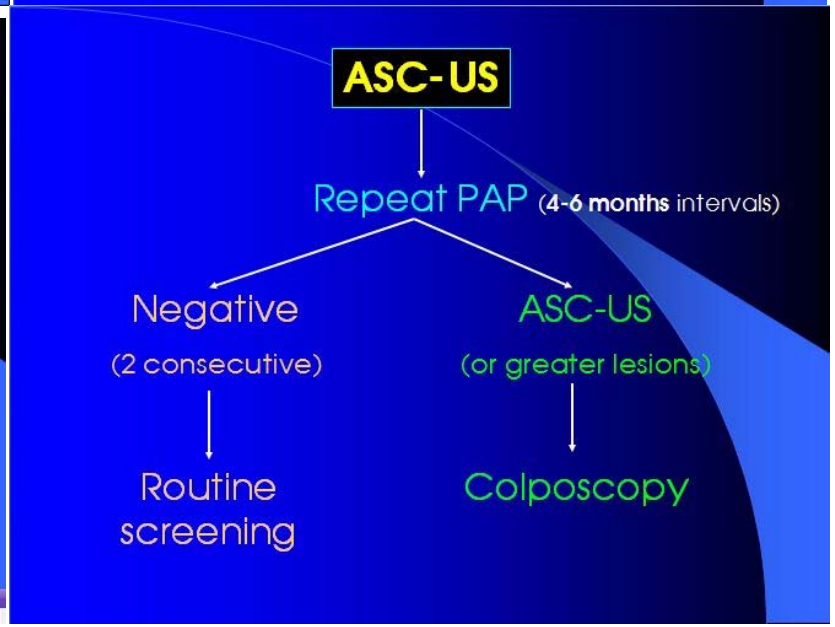

AIS

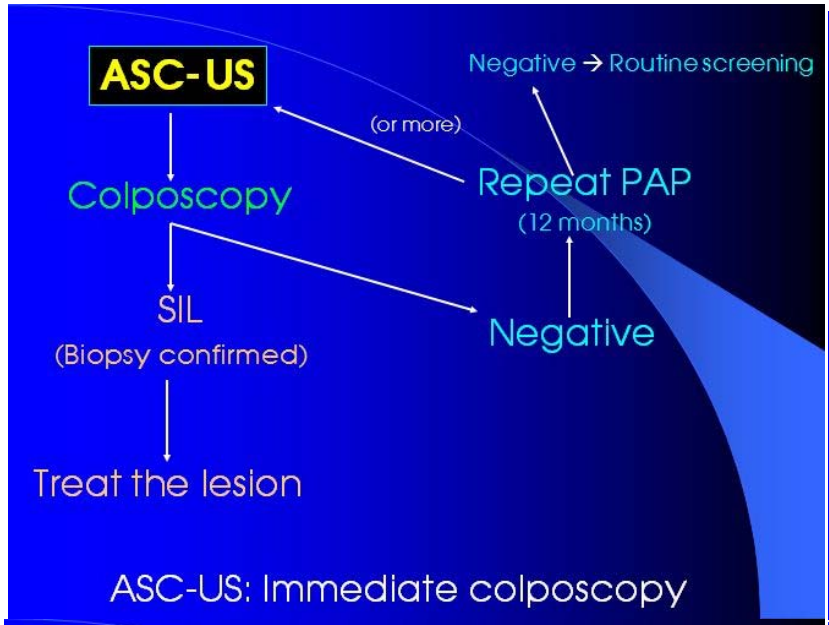
TƯƠNG HỢP PAP'S VÀ SINH THIẾT

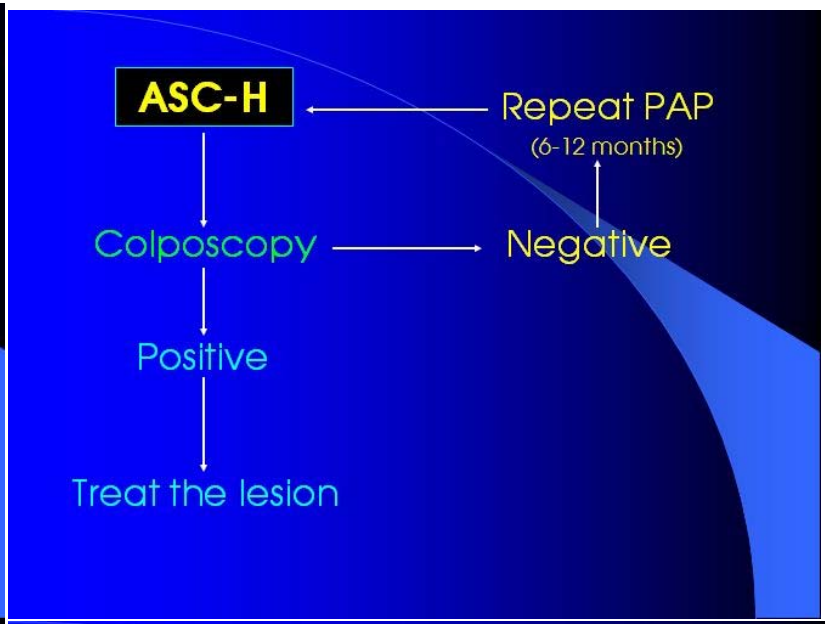
	%/ tổng số PAP'S	% CIN II và CIN III sinh thiết
ASC-US	5 – 8	5 – 10
ASC-H	0.5	40 – 60
LSIL	1.5 – 2	15 – 30
HSIL	0.5	75

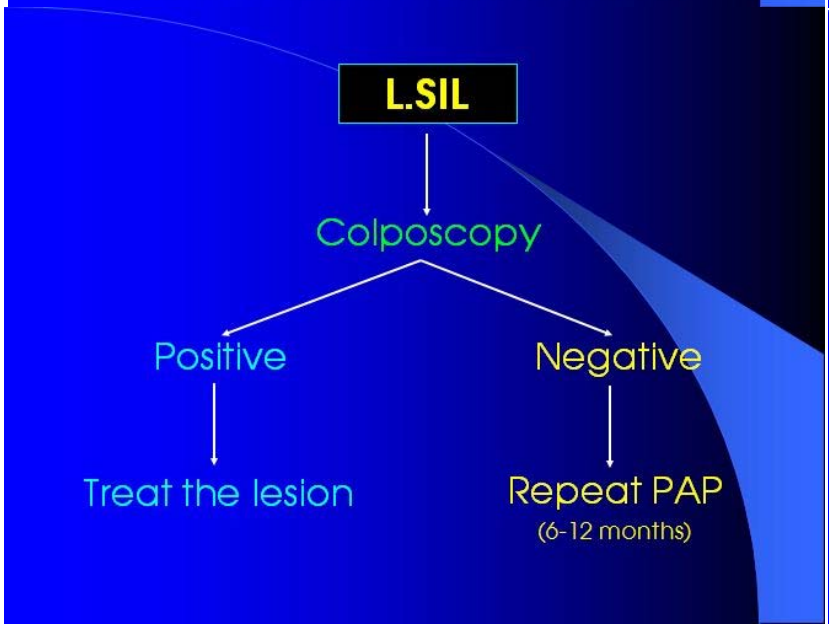
Guidelines for the Management

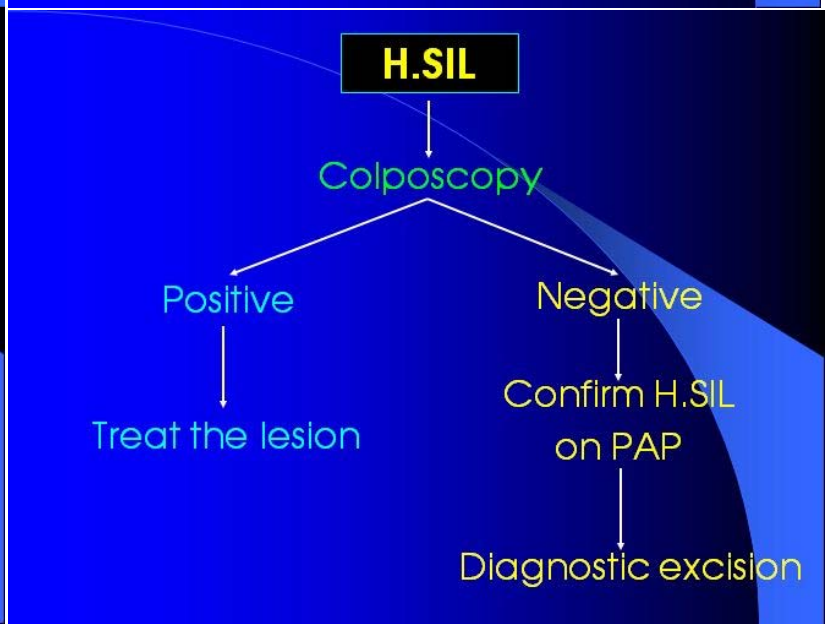





ASC-US
Negative → Routine screening
(or more)
Repeat PAP
(12 months)
Colposcopy
SIL
(Biopsy confirmed)
Negative
Treat the lesion
ASC-US: Immediate colposcopy


ASC-H
Repeat PAP
(6-12 months)
Colposcopy
Negative
Positive
Treat the lesion


L.SIL
Colposcopy
Positive
Negative
Treat the lesion
Repeat PAP
(6-12 months)


H.SIL
Colposcopy
Positive
Negative
Treat the lesion
Confirm H.SIL
on PAP
Diagnostic excision

H.SIL in pregnant women

- Colposcopy (experienced)
  - Positive
    - Biopsy
      - Invasive cancer → Treat the lesion
      - < invasive cancer → PAP, colposcopy
  - Negative → Colposcopy (6 – 12w)

AGC, AIS

- Colposcopy
- Endocervical sampling

(>35y, unexplained bleeding → endometrial sampling)

- Positive → Treat the lesion
- Negative
  - AGC-NOS → Repeat PAP (4-6m)
  - AGC neoplastic, AIS → **Diagnostic excision** (Cold knife conization)