Retrospective five year follow up study of cervical smear-biopsy mismatch

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Background

- Cervical smear cytology and colposcopic biopsy histology are prone to error at both collection and interpretation stages ^{1,2}
- Discordance between cytology and histology is common, occurring in around 1 in 4 cases 3,4
- Note: New Zealand still uses primary cytology not primary HPV screening

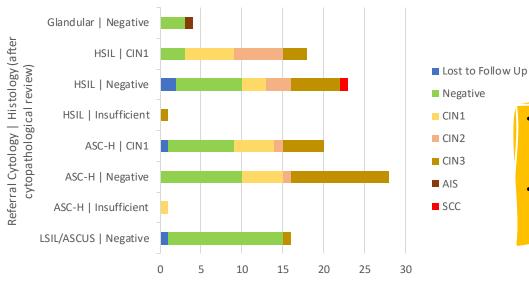
Methods

- Retrospective cohort study
- Three year period (2012-2014)
- **Inclusion**: Discordant cervical cytology, higher grade than histology after cytopathological review
- **Outcome**: Highest level of histological pathology seen within five years from the discordance

Results

- 161 discordant cases before cytopathological review
- 40 amended at review, leaving 143 discordances
- 111 women included where cytology discordant and higher grade than histology
- 5 year outcomes shown in Figure 1





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Discussion

- 30-50% chance of histological high-grade disease within five years in the setting of ASC-H or high-grade cytology with a negative or low-grade histology on colposcopic biopsy
- In the setting of cytology and histology discordance, high-grade pathology on either test warrants the need for close ongoing surveillance

Definitions and Abbreviations

Note that Australia and New Zealand use slightly different terminology. This poster uses the 2014 Bethesda System used in New Zealand. Equivalent terms in the 2004 Modified Australian Bethesda System outlined here for reference (see table)

Bethesda System 2014	Modified Australian Bethesda System 2004
Atypical squamous cells of undetermined	Possible low-grade squamous intra epithelial
significance (ASCUS)	lesion
Low grade squamous intraepithelial lesion (LSIL)	
Atypical squamous cells with possible high grade	Possible high-grade squamous lesion
change (ASC-H)	
High grade squamous intraepithelial lesion (HSIL)	
Adenocarcinoma in situ (AIS)	
Squa mous cell carcinoma (SCC)	

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