



## Editorial Commentary

### *Change and CytoBase.*

CytoBase continues to build a significant database for use by clinicians, laboratories, and the Ontario cervical screening programme. Since its inception in June 1996 the archives of CytoBase have received over 6.5M Pap test results (Pg. 17). In the year 2002 alone over 1.35M reports were entered into CytoBase (pg. 12), including reports from over 260,000 women who have never had a Pap test registered in the database previously (Pg. 11).

In May 2001 an invitational international meeting was hosted by the National Institutes of Health in Bethesda to re-examine the Bethesda terminology system for gynaecologic cytology. This system had remained essentially unchanged since 1991. A revised terminological system is now available for use, and has now been endorsed by the Canadian Society of Cytology and the Ontario screening programme. This 2002 report retains the earlier Bethesda nomenclature and terminological reporting tree. The 2003 report will reflect the new Bethesda 2001 system.

During 2002 some contributing laboratories introduced a liquid based cytology (LBC) technique, SurePath, for Pap testing. The current 2002 report is a composite reporting of Pap test results using both SurePath and conventional techniques. Data are not reported separately by cytologic method in this report.

As in reports of recent years statistics are reported largely in a women-based fashion. (Pgs. 6 – 11). Women may have more than one Pap test in a given year, so the two systems of reporting will vary over the testing year.

The most severe diagnosis for women by age and class is shown on page 6. The prevalence (in %) of WNL, BCC, ASCUS, and HSIL diagnoses is similar to the prior years of 2000 and 2001. (Data for 2000 and 2001 are not reproduced in the current report but they are available on our website @ [www.inscyte.org](http://www.inscyte.org)). In the year 2000, women with a most severe report of AGUS composed 0.42% (0.39% in 2001) of all screened women, whereas in the current 2002 report, the proportion of women with this diagnosis was only 0.27%. In contrast, women with a most severe diagnosis of LSIL composed 1.11% of screened women in 2000, 1.18% in 2001, but this proportion has now risen to 1.47% in 2002, a relative increase of over 30% in two years. In absolute terms 18,794 Ontario women had a most severe cyto-diagnosis of LSIL in 2002. In 2000 and 2001, 0.63% and 0.54% of all tests were reported as being unsatisfactory respectively. In 2002, only 0.48% of tests were stated to be unsatisfactory (Pg. 13).

The significance, and possible origins, of the observed changes in the prevalence of AGUS, LSIL, and unsatisfactory Pap tests requires further detailed analysis.

