

'From Pap Classification to Bethesda 2001 -- Relating the development of a Diagnostic lexicon to Triage systems'

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Cytologic screening for cancer of the cervix, specifically precancerous lesions, is generally accepted as being effective in reducing both incidence and mortality for cervical cancer. Further, the logic of cytologic screening has always measured up well against criteria applied to assess the value of a screening procedure, which include comparatively low cost and wide acceptance. The disease is for the most part characterized by a long lead time, with precancerous lesions usually progressing through a succession of identifiable stages prior to invasive disease. If detected prior to invasion, a variety of treatment options are available that result in almost certain cure. Scientific evidence for the efficacy of cervical cytology in reducing the incidence of invasive disease and mortality comes from nonexperimental studies, specifically observational and case-control studies.

The disease is for the most part characterized by a long lead time. The precancerous lesions are viewed as usually progressing through a succession of stages prior to invasive disease. From the period of the introduction of the Pap smear as a screen for cervical cancer during the late 1940s and early 1950s up to the present, the diagnostic terminology used to describe the cellular changes observed has undergone a gradual, unremitting series of changes. The Bethesda System (TBS) of cervical-vaginal nomenclature has been developed primarily to standardize descriptive terminology for reports on cytologic exams such as pap smear and to prevent confusion in diagnosis and specimen adequacy evaluation. TBS has made a significant impact on laboratory practice, with the incorporation of specimen adequacy in cytologic reports. The growing popularity of the system among cytologists and clinicians signify the medical community's thrust to establish a uniform basis for patient management.

A discursive formation has formed and consolidated in fits and starts around diagnostics for cervical cancer. What are some of the features of this configuration/arena/network? The talk will seek to raise and address some points of sociological interest about the relationship between such a diagnostic lexicon, the calibration of urgency for diagnosis and treatment, the questions of allocating scarce health resources, and the governance of women's health.