

*INTERNATIONAL HISTOLOGICAL  
CLASSIFICATION OF TUMOURS*

No. 8

# Cytology of the Female Genital Tract



WORLD HEALTH ORGANIZATION

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# CYTOLOGY OF THE FEMALE GENITAL TRACT

G. RIOTTON

*Head, WHO International Reference Centre for  
Nomenclature in Cytology, Professor and Director,  
Centre de Cytologie et de Dépistage du Cancer,  
Geneva, Switzerland*

W. M. CHRISTOPHERSON

*Professor and Chairman, Department of  
Pathology, University of Louisville School  
of Medicine, Louisville, Ky.,  
USA*

in collaboration with

R. LUNT

*Scientist, World Health Organization, Geneva, Switzerland*

and cytologists in 10 countries



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Colour photomicrographs

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## LIST OF CENTRES

### WHO International Reference Centre for Nomenclature in Cytology

#### Head of Centre

Dr G. RIOTTON, Centre de Cytologie et de Dépistage du Cancer, Geneva, Switzerland

#### Collaborating Centres

Dr N. ARISTIZABAL, Department of Pathology, Faculty of Medicine, Valle University, Cali, Colombia

Dr W. M. CHRISTOPHERSON, Department of Pathology, University of Louisville, Ky., USA

Dr O. A. N. HUSAIN, Regional Cytology Centre, St Stephen's Hospital, London, England

Dr I. KOPROWSKA, Cytology Section, Hahnemann Medical College and Hospital of Philadelphia, Pa., USA

Dr U. LUTHRA, Department of Pathology, S.N. Medical College, Agra, India

Dr A. MEISELS, Department of Pathology, Laval University, Quebec, Canada

Dr M. NASIELL, Department of Cytology, Sabbatsberg Hospital, Stockholm, Sweden

Dr V. NUOVO, Centre de Cytologie et de Dépistage du Cancer, Port Royal-Cochin, Paris, France

Dr A. C. PETROVA, Cytology Laboratory, Institute of Experimental and Clinical Oncology, Moscow, USSR

Dr R. PRADO, Department of Cytology, Faculty of Medicine, University of Chile, Santiago, Chile

Dr J. W. REAGAN, Institute of Pathology, Case Western Reserve University, Cleveland, Ohio, USA

Dr J. SIRACKY, Cancer Research Institute, Bratislava, Czechoslovakia

Dr H. ZINSER, Gynaecology Clinic, Evangelisches Krankenhaus, Cologne, Federal Republic of Germany

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ALREADY PUBLISHED IN THIS SERIES:

- No. 1. Histological typing of lung tumours**, by Leiv Kreyberg in collaboration with A. A. Liebow and E. A. Uehlinger (1967)
- No. 2. Histological typing of breast tumours**, by R. W. Scarff and H. Torloni (1968)
- No. 3. Histological typing of soft tissue tumours**, by F. M. Enzinger in collaboration with R. Lattes and H. Torloni (1969)
- No. 4. Histological typing of oral and oropharyngeal tumours**, by P. N. Wahi in collaboration with B. Cohen, U. K. Luthra and H. Torloni (1971)
- No. 5. Histological typing of odontogenic tumours, jaw cysts, and allied lesions**, by J. J. Pindborg and I. R. H. Kramer in collaboration with H. Torloni (1971)
- No. 6. Histological typing of bone tumours**, by F. Schajowicz, L. V. Ackerman and H. A. Sissons in collaboration with L. H. Sobin and H. Torloni (1972)
- No. 7. Histological typing of salivary gland tumours**, by A. C. Thackray in collaboration with L. H. Sobin (1972)
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## GENERAL PREFACE TO THE SERIES

*Among the prerequisites for comparative studies of cancer are international agreement on histological criteria for the classification of cancer types and a standardized nomenclature. At present, pathologists use different terms for the same pathological entity, and furthermore the same term is sometimes applied to lesions of different types. An internationally agreed classification of tumours, acceptable alike to physicians, surgeons, radiologists, pathologists and statisticians, would enable cancer workers in all parts of the world to compare their findings and would facilitate collaboration among them.*

*In a report published in 1952,<sup>1</sup> a subcommittee of the WHO Expert Committee on Health Statistics discussed the general principles that should govern the statistical classification of tumours and agreed that, to ensure the necessary flexibility and ease in coding, three separate classifications were needed according to (1) anatomical site, (2) histological type, and (3) degree of malignancy. A classification according to anatomical site is available in the International Classification of Diseases, the foundations of which were laid as long ago as 1853 when the first international statistical congress was held in Brussels. Responsibility for the decennial revision of the international lists of causes of disease and death was taken over in 1924 by the Health Organisation of the League of Nations and since 1947 has passed to the World Health Organization. The 1965 revision<sup>2</sup> contains a much more detailed classification of neoplasms by anatomical site than did its predecessors.*

*The question of establishing a universally accepted classification by histological type has received much attention during the last 20 years and a particularly valuable Atlas of Tumor Pathology—already numbering more than 40 volumes—is being published in the USA by the Armed Forces Institute of Pathology under the auspices of the National Research Council. An Illustrated Tumour Nomenclature in English, French, German, Latin, Russian, and Spanish has also been published by the International Union Against Cancer (UICC).*

*The World Health Organization became involved in 1956 when the WHO Executive Board passed a resolution<sup>3</sup> requesting the Director-General to explore the possibility that WHO might organize centres in various parts of the world and arrange for the collection of human tissues and their histological*

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1952, No. 53, p. 45.

<sup>2</sup> World Health Organization (1967) *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*, 1965 revision, Geneva.

<sup>3</sup> *Off. Rec. Wld Hlth Org.*, 1956, 68, 14 (Resolution EB17.R.40)

*classification. The main purpose of such centres would be to develop histological definitions of cancer types and to facilitate the wide adoption of a uniform nomenclature. This resolution was endorsed by the Tenth World Health Assembly in May 1957<sup>1</sup> and the following month a Study Group on Histological Classification of Cancer Types met in Oslo to advise WHO on its implementation. The Group recommended criteria for selecting tumour sites for study and suggested a procedure for the drafting of histological classifications and testing their validity. Briefly, the procedure is as follows:*

*1. For each tumour site, a tentative histopathological typing and classification is drawn up by a group of experts, consisting of up to ten pathologists working in the field in question.*

*2. An international reference centre and a number of collaborating laboratories are then designated by WHO to evaluate the proposed classification. These laboratories exchange histological preparations, accompanied by clinical information. The histological typing is then made in accordance with the proposed classification. Subsequently, one or more technical meetings are called by WHO to facilitate an exchange of opinions. If necessary, the classification is amended to take account of criticisms.*

*3. The international reference centre then prepares sets of microscope slides covering all the proposed histological types and sends these with the revised classification to other pathologists, usually not more than ten, for their comments and suggestions.*

*4. When replies have been received from all these reviewers, the classification is again revised in accordance with their comments. The international reference centre then prepares up to 100 sets of microscope slides of the various histological types and also drafts a text explaining the basis of the classification. In addition, photomicrographs are taken of the appropriate fields for the preparation of colour plates and 35-mm transparencies.*

*Since 1958, WHO has established 23 international reference centres covering tumours of the lung; breast; soft tissues; oropharynx; bone; ovaries; salivary glands; thyroid; skin; male urogenital tract; jaws; uterus; stomach and oesophagus; intestines; central nervous system; liver, biliary tract and pancreas; upper respiratory tract; eye; and endocrine glands; as well as oral pre-cancerous conditions; the leukaemias and lymphomas; comparative oncology; and exfoliative cytology. This work has involved more than 200 pathologists from over 50 countries. The international reference centres for tumours of the lung; breast; soft tissues; oropharynx; bone; jaws; salivary glands; skin; and ovaries; and for leukaemias and lymphomas have completed their work, and some of the classifications prepared by these centres have already been published (see p. 6).*

<sup>1</sup> *Off. Rec. Wld Hlth Org.*, 1957, 79, 467 (Resolution WHA10.18).

*The World Health Organization is indebted to the many pathologists who have participated and are participating in this large undertaking, especially to the heads of the international reference centres and of the collaborating laboratories. Grateful acknowledgement is also made to the many other international and national organizations whose pioneer work in the field of histological classification of tumours has greatly facilitated the task undertaken by WHO. Finally, WHO wishes to record its appreciation of the co-operation of the International Council of Societies of Pathology (ICSP) which has undertaken to distribute copies of the classifications, with corresponding sets of microscope slides, to national societies of pathology all over the world.*

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## PREFACE TO CYTOLOGY OF THE FEMALE GENITAL TRACT

*The International Academy of Cytology, during the Second International Congress in Paris, May 1965, recommended that, because of the special problems involved, the help of WHO should be sought in developing a standardized nomenclature for cytology that could be used internationally. Accordingly, two temporary advisers met in Geneva in May 1968 to formulate a tentative nomenclature and to develop methods of testing a cytological classification.*

*At a meeting convened by WHO in Geneva in October 1968, the tentative nomenclature was discussed and modified. The WHO International Reference Centre for Nomenclature in Cytology was subsequently established at the Centre de Cytologie et Dépistage du Cancer [Centre for Cytology and Detection of Cancer], Geneva, with Professor G. Riotton as Head. Representative transparencies and histological sections were selected and circulated to the collaborating centres.*

*At a second meeting in Geneva in November 1969, the definitions were further modified as a result of the experience of the collaborating centres, and examples were selected from among the transparencies for publication. At this meeting it was recommended that the nomenclature for cytology of the female genital tract should be published first and that a separate publication on extragenital cytology nomenclature should follow later.*

*The rather special nature of the problems encountered in relation to nomenclature for the cytology of the female genital tract made it sometimes difficult to reach agreement. Nevertheless, it was decided at an early stage to use diagnostic terms rather than Papanicolaou's numerical classification, so that it was important to follow a standard histological classification. Although the International Reference Centre for Histopathological Definition of Uterine and Placental Tumours has not yet fully tested its classification, it was considered expedient to utilize as far as possible the preliminary classification that the group had devised.<sup>1</sup>*

*It is fully realized that in a new science developing in many parts of the world at the same time it is impossible to achieve complete agreement about terms.*

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<sup>1</sup> The Terminology Committee of the International Academy of Cytology meeting in June 1970 in Vienna approved the WHO nomenclature for cytology of the female genital tract, with the proviso that it might have to be modified later should any changes be made in the histopathological nomenclature and classification of uterine and placental tumours.