



Acronyms, Glossary, and References

Acronyms

ACCP	Alliance for Cervical Cancer Prevention
ASCUS	Atypical squamous cells of undetermined significance
CHIP	Cervical Health Implementation Project (South Africa)
CHW	Community health worker
CIN	Cervical intraepithelial neoplasia
DNA	Deoxyribonucleic acid
DVI	Direct visual inspection
HIS	Health information system
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HSIL	High-grade squamous intraepithelial lesion
IARC	International Agency for Research on Cancer
LBC	Liquid-based cytology
LEEP	Loop electrosurgical excision procedure
LLETZ	Large-loop excision of the transformation zone
LSIL	Low-grade squamous intraepithelial lesion
MOH	Ministry of Health
NGO	Nongovernmental organization
PAHO	Pan American Health Organization
PATH	Program for Appropriate Technology in Health
RTCOCG	Royal Thai College of Obstetrics and Gynecology
SEER	Surveillance, Epidemiology, and End Results Program
STI	Sexually transmitted infection
VIA	Visual inspection with acetic acid
VILI	Visual inspection with Lugol's iodine
WHO	World Health Organization

Glossary

Bethesda classification system: A system of reporting cervical cytology results. It is aimed at producing more effective communication of cervical cytology results from the laboratory to clinicians. The system includes a descriptive diagnosis and an evaluation of specimen adequacy.

Biopsy: Procedure of taking a sample of tissue for further evaluation in the pathology laboratory.

Cancer: The generic term for a group of diseases that are characterized by the proliferation of abnormal cells.

Carcinoma *in situ*: A precancerous stage of cancer involving the entire thickness of the squamous epithelium, but without penetration of the underlying membrane (basement membrane) that holds them within the tissue of origin.

Cervical cancer control: Efforts to reduce the incidence of and mortality from cancer, as well as make improvement in the quality of life for women and their families.

Cervical Intraepithelial Neoplasia (CIN) classification system: This system grades the severity of precancerous cervical lesions based on histology. According to this system, mild cervical dysplasia is classified as CIN I, moderate dysplasia as CIN II, and severe dysplasia and carcinoma *in situ* as CIN III.

Clinical supervisor: A person who provides expert clinical oversight and clinical back-up to cervical cancer prevention services. He or she is not necessarily based full-time at the service delivery site and may only visit periodically.

Colposcopy: Examination of the vagina and cervix using an instrument (colposcope) that magnifies the vaginal and cervical tissue.

Community: The collection of factors and influences that affect people's lives, based on where they live, their culture, and the people with whom they interact.

Community health worker: A person who works for the health care system and provides health care and education services outside the clinic setting by going to people's homes, places of work, or community gathering places.

Cold knife cone: A surgical procedure involving the removal of a cone-shaped section of the cervix using a "cold knife" (scalpel). This procedure is done either under regional or general anesthesia. Since this procedure involves removing (excising) the tissue, the procedure is both diagnostic (providing tissue for histopathology) and therapeutic (removing the abnormal tissue).

Coverage: Coverage refers to the extent of participation of eligible women in the screening program, and it is defined as the cumulative number of women in the target population who are screened in a given time period, divided by the total number of eligible women.

- Cryotherapy:** An outpatient treatment that uses extremely low temperatures to freeze and destroy abnormal tissue.
- Cytology:** The scientific study of cells, using a microscope.
- Direct visual inspection:** See “visual inspection with acetic acid”
- Dysplasia of the cervix:** A term used to describe precancerous abnormality of the cervical squamous epithelium.
- Health information system:** A system for collecting and sharing information required for patient management and for effective and efficient planning, managing, monitoring, and evaluation of programs.
- Health sector:** A grouping of health care services and programs, based on similar organizational or funding characteristics. The public sector is funded by governmental bodies or donor agencies, and the private sector is funded by client payment (either direct or through private insurance programs) and functions outside the governmental system.
- High-grade squamous intraepithelial lesion (HSIL):** A term used in the Bethesda classification system to describe cervical epithelial abnormalities that have a high likelihood of progressing to cervical cancer if not treated. Includes CIN II and CIN III.
- Histology:** The scientific study of tissue (obtained during biopsy) using a microscope.
- Human papillomavirus (HPV):** A virus that can be sexually transmitted and is often asymptomatic. High-risk types of HPV can slowly cause cellular changes on the cervix that result in cancer.
- HPV DNA test:** A screening test that detects whether oncogenic HPV types are present in a cervical sample (without distinguishing which type[s] are present).
- Hysterectomy:** Surgical removal of the uterus including the cervix.
- Incidence:** Incidence is the number of new cases arising in a given period in a specified population.
- Inreach services:** Use of facility staff to inform clients, visitors, and other staff in the health facility about cervical cancer prevention and the availability of services, and to refer eligible women to utilize these services.
- Integrated services:** An approach to service delivery in which a client can access more than one health service at the same facility, on the same day, and (sometimes) from the same provider.
- Invasive cervical cancer:** Abnormal cervical cells that break through the basement membrane, involve the surrounding tissue, and eventually spread to other organs.
- Linkages:** Communications between health facilities (or between departments in a tertiary-level facility) for planning and referral purposes, to promote continuity of care for clients.

Loop electrosurgical excision procedure (LEEP): A procedure in which a thin wire electrode is used to remove the abnormal area on the cervix. (Also called large-loop excision of the transformation zone [LLETZ].) Excised tissue is available for histopathological examination.

Low-grade squamous intraepithelial lesion (LSIL): A term used in the Bethesda classification system to describe mild cervical cellular abnormalities. It includes CIN I lesions.

Mass campaigns: Usually an occasional health care “event” that lasts a short period of time and systematically provides health care services to large numbers of people in geographic areas where static services are unavailable or inaccessible.

Master trainer: Trainer who has completed all phases of the training pathway and is therefore qualified to conduct courses in clinical skills, conduct courses to prepare new trainers, and independently develop training curricula. A master trainer is considered to be an independent expert who can function without external technical assistance.

Mobile services: (Also referred to as outreach clinical services.) This refers to a service delivery *team* that functions as a mobile unit, traveling with all necessary equipment and supplies to underserved areas.

Nonintegrated services: See “vertical services.”

On-site supervisor: A person who oversees day-to-day administrative and clinical activities of a cervical cancer prevention program in a given service delivery or clinic setting. She or he does not necessarily have clinical skills or clinical responsibilities.

Opportunistic screening: Refers to services provided to women upon request or to those who are already in a health facility while seeking other services, without any effort to reach any particular population.

Organized screening: Refers to programs in which a target population has been identified and strategies are developed and implemented to attract and provide services to the specific population.

Outreach clinical services: (Also referred to as mobile services.) An approach to service delivery in which health services are offered in a variety of facilities temporarily used for the purpose—e.g., schools and health centers—where the service provided is not one regularly offered there.

Palliative care: The constellation of services aimed to improve the quality of life of patients with life-threatening illnesses through the prevention, early detection, and relief of distressing symptoms and psychosocial problems.

Papanicolaou’s test: (Also referred to as Pap smear, Pap test, cervical smear, or cervical cytology.) A screening test in which a smear of cervical cells is taken and then evaluated at a cytology laboratory to detect abnormal cells.

Pathology: The study of disease and its effect on body tissue.

- Precancer:** Cellular conditions that are precursors to cancer.
- Precursor lesions:** Abnormal cervical cells that are likely to lead to cancer if not treated. Sometimes referred to as dysplasia.
- Prevalence:** The prevalence of a disease is the total number of cases in a defined population at a specific point in time. It is usually expressed as a percentage of the population.
- Primary health centers:** The lowest level of service delivery within the public sector, which consists of health centers, health dispensaries, and health posts. The centers usually offer only outpatient services and often are staffed by one or more nurses, clinical officers, or auxiliary health care workers (e.g., auxiliary nurse-midwives, health assistants). Primary health centers might not have a medical doctor on staff. These facilities focus mostly on disease prevention and health promotion activities. (The range of services and staff can vary by country.)
- Referral systems:** Communication linkages between health care facilities, for the purpose of helping clients or patients find services that are not available at the referring site.
- Referral facility:** A health facility to which a client is sent for services.
- Referring facility:** A health facility that sends a client elsewhere for services.
- Rescreening:** Repeating the screening test periodically (e.g., every three or five years) for all women in the target age group.
- Satellite clinics:** An approach to service delivery in which regular weekly, biweekly, or monthly services are provided by mobile teams visiting existing health care facilities.
- Screening test:** Any of a number of clinical procedures that involve visual inspection or sampling cells to detect the presence of disease or disease precursors.
- Secondary health centers:** Midlevel public-sector health care services, typically including hospitals at the district and province or state levels. These facilities serve as referral centers for a number of primary care facilities and generally include both inpatient and outpatient services, with surgical and some laboratory facilities. District hospitals may have only general practitioners on staff; provincial and state hospitals will have specialists as well. (The range of services and staff can vary by country.)
- Sensitivity:** The proportion of individuals correctly identified by a test as having disease.
- Service provider:** A person who provides services such as counseling, screening, or treatment.
- Specificity:** The proportion of individuals correctly identified by a test as not having disease.
- Squamocolumnar junction:** The area at which the endocervical columnar cells meet ectocervical squamous cells on the cervix. This junction marks the inner extent of the transformation zone.

Squamous epithelium of the cervix: This area consists of multiple layers of thin, flat, irregularly shaped cells that cover the outer cervix.

Stakeholders: Individuals who have an interest, knowledge, influence, or decision-making authority in developing and implementing a cervical cancer prevention program. This group includes people who can benefit from services as well as those who provide them.

Static services: An approach to service delivery in which services are offered on a regular basis at an established facility (e.g., a health center, clinic, or hospital).

Tertiary health centers: The highest-level facility in the health care system (also referred to as central or regional hospitals). They provide the most specialized and comprehensive care available, typically with the full range of medicine, surgery, and laboratory services available as well as an on-site pharmacy. Tertiary hospitals serve as the referral center for the hospitals at the secondary level and may also be teaching hospitals.

Trainer: A person who is qualified to conduct courses on skills for cervical cancer prevention and control.

Trainer of trainers: A trainer who is qualified to conduct courses in clinical skills, as well as courses to prepare new trainers. This person may or may not be a master trainer.

Tracking: The ability of the health care facility or system to find out whether a client has returned for follow-up services (e.g., for treatment or post-treatment follow-up) or has received services at a referral site (or elsewhere).

Transfer-of-learning coach: A trainer who conducts post-training follow-up visits to ensure that individual service providers perform to standard. May or may not be a trainer of trainers or a master trainer.

Transformation zone (T-zone): The area of the ectocervix (the external portion of the cervix and os) demarcated by the outermost cervical crypt openings. The T-zone extends to the squamocolumnar junction, which is usually near the entrance to the endocervical canal. Cervical cancer usually originates in the T-zone.

Vertical services: An approach to service delivery in which providers and facilities are dedicated to only one health care service.

Visual inspection with acetic acid (VIA): (Also referred to as direct visual inspection [DVI].) A visual test to identify precancerous cervical lesions, which appear white for a brief period of time after staining with acetic acid (vinegar).

Visual inspection with Lugol's iodine (VILI): A visual test that involves staining the cervix with Lugol's iodine. Normal cells take up the iodine stain and appear a mahogany brown, whereas precancerous cervical lesions appear yellow.

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