

# Transformation zone (TZ) and cervical excision types

In 2011 the International Federation for Cervical Pathology and Colposcopy (IFCPC) published updated colposcopic terminology,<sup>58</sup> and this has been ratified by the NCSP. The colposcopist assesses adequacy, squamocolumnar junction visibility and the Transformation Zone (TZ).

In colposcopic terminology, the squamocolumnar junction refers specifically to the internal margin of the TZ. Therefore, in reporting cervical punch biopsies, pathologists should describe the components present, without using colposcopic terminology (for example, the term transformation zone), which may be misleading.

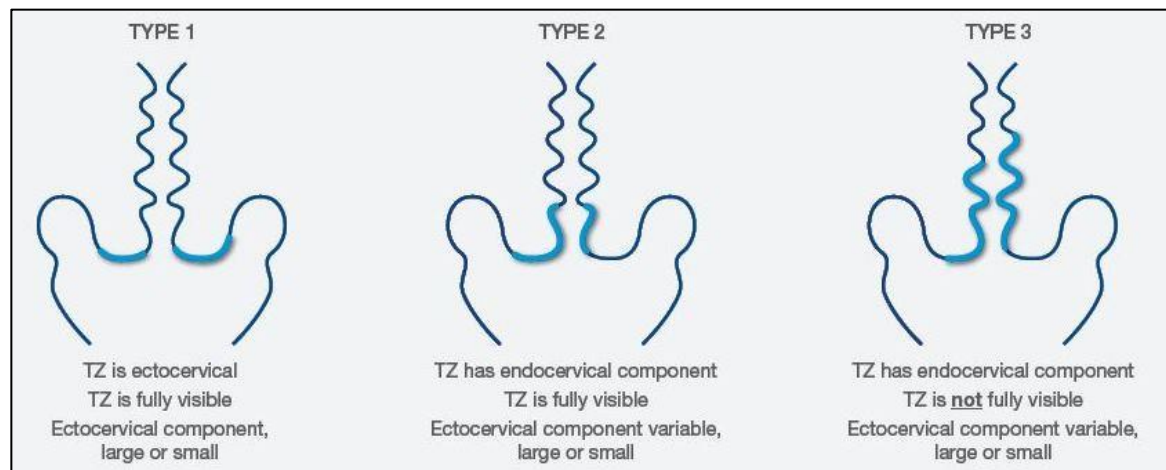
Colposcopically the TZ is classified as:

Type I – the whole TZ including all the upper limit is ectocervical.

Type 2 – the upper limit of the TZ is partly or wholly situated in the endo-cervical canal but is completely visible around 360 degrees of that limit.

Type 3 – part or the entire upper limit of the TZ cannot be seen in the canal. In Type 3 TZ the outer limit may be visible on the ectocervix, in the canal or also not visible.<sup>3</sup>

**Figure 4 Description of transformation zone (TZ) categories.** *Reproduced with permission from Cancer Council Australia (2016) National Cervical Screening Program: Guidelines for the Management of Screen-Detected Abnormalities, Screening in Specific Populations and Investigation of Abnormal Vaginal Bleeding. CCA 2016. Accessible from [http://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening](http://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening)*



Excision treatment types have a similar naming convention to the description of the TZ.

Type 1 excision (for Type 1 TZ): at least 6mm and up to 10mm length of cervical tissue excised\*.

Type 2 excision (for Type 2 TZ): not more than 15mm length of tissue excised\*.

Type 3 excision (for Type 3 TZ): equivalent to 'cone biopsy' and >15mm length\*.

\* This refers to length of canal excised.