Appendix 3. reVITALize Gynecology Data Definitions (Version 1.0)

TERM	DEFINITION	NOTES
ADOLESCENT AND BENIGN GYNECOLOGY DEFINITIONS		
ADNEXAL TORSION	Rotation of the ovary and/or fallopian tube that results in partial or complete vascular occlusion.	
ATROPHIC VAGINITIS	A non-infectious condition associated with hypoestrogenic states, including prepubertal and postmenopausal. Patients may present with signs or symptoms such as: tissue changes, itching, burning, irritation, discharge, dryness, or inflammation.	For classic vaginal or genitourinary symptoms associated with menopause, the term genitourinary syndrome of menopause is preferred.
BACTERIAL VAGINOSIS	A condition where the normal balance of bacteria in the vagina is disrupted and replaced by an overgrowth of certain bacteria. It is sometimes accompanied by discharge, fishy odor, pain, itching and/or burning.	A diagnosis may be confirmed through laboratory testing or clinical criteria.
CALME	Childhood Asymmetric Labia Majus Enlargement is a common normal anatomic variant of the vulva typically presenting without pain that mimics a neoplasm	
CANDIDA VAGINITIS/ VULVOVAGINITIS	A fungal infection caused by a symptomatic overgrowth of Candida species. It may be characterized by vaginal or vulvar itching, burning, irritation, erythema or thick, white discharge.	
FUNCTIONAL OVARIAN CYST	Normally occurring fluid filled sac originating from ovarian follicles and created by cyclic ovarian function. This is not a neoplasm and results from the accumulation of intrafollicular fluid.	Some functional cysts may become symptomatic and chronic and may require treatment or intervention.
GONAD	An organ (i.e. normally a testis or ovary) that may produce gametes.	
HEMIVAGINA	A congenital anomaly of a partially developed vagina that typically presents without outflow tract obstruction.	1. May require surgical intervention to relieve obstruction. 2. Does not include transverse vaginal septum. 3. Frequently occurs with renal anomalies.

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

LICHEN PLANUS	An inflammatory disorder of the genital mucosa. The classic presentation is that of white, reticulate, lacy, fern-like striae. In erosive lichen planus, deep erythematous erosions appear and often extend to the labia minora, resulting in resorption of the labial architecture.	
LICHEN SCLEROSUS	Chronic inflammatory condition, typically of the anogenital region, often characterized by pruritis, pigmentation changes, atrophy, and fissures that may result in scarring and/or loss of normal architecture of the vulva.	If biopsied, there is a definitive histological appearance.
LOWER VAGINAL ATRESIA	Occurs when the urogenital sinus fails to contribute to the inferior portion of the vagina, resulting in outflow tract obstruction.	
PELVIC INFLAMMATORY DISEASE	An infection of the upper female genital tract including endometritis, salpingitis, oophoritis, tubo-ovarian abscess and/or pelvic peritonitis.	
RECURRENT CANDIDA VAGINITIS/ VULVOVAGINITIS	Four or more episodes of candida vaginitis/vulvovaginitis in one year.	Recurrent candida vaginitis/vulvovaginitis should be confirmed by testing.
TRICHOMONAS VAGINITIS	A sexually transmitted infection caused by the protozoan Trichomonas vaginalis. Patients may or may not be symptomatic. Signs and symptoms may include malodorous discharge, irritation and/or erythema.	
VAGINAL DILATION	The enlargement of the vagina to address congenital or acquired vaginal narrowing.	
VAGINAL IRRIGATION	The use of fluid to rinse the vaginal canal of discharge or to dislodge a foreign object.	
VAGINAL PULL THROUGH	A reconstructive operation that provides an outflow tract for the upper vagina in the presence of lower vaginal atresia.	
VAGINITIS	The spectrum of conditions that cause vaginal signs or symptoms, such as itching, burning, irritation, dryness, inflammation, and/or discharge.	
VAGINOSCOPY	Endoscopic inspection of the vaginal cavity with access through the vaginal opening.	
VULVOVAGINITIS	The spectrum of conditions that cause vulvovaginal signs or symptoms, such as itching, burning, irritation, dryness, inflammation, and/or discharge.	
WELL-WOMAN CARE	Comprehensive age- and interval- appropriate care to maintain and/or improve the health of a female.	It differs from problem-oriented health care.

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

BREAST AND CERVICAL ISSUES DEFINITIONS		
BREAST ISSUE DEFINITIONS		
BREAST DENSITY	The relative proportion of fibroglandular tissue to fat in the breast as it appears on a mammogram.	A dense breast has more glandular and connective tissue than fat.
FIBROCYSTIC BREAST CHANGES	A range of non-specific benign changes in the ducts and stroma of the breasts that may result in palpable changes in the breast tissue and/or pain. This is also known as diffuse cystic mastopathy.	
INVASIVE BREAST CANCERS	Malignant lesions that originate from breast tissue. The most common types are invasive (or infiltrating) ductal and lobular carcinoma.	
MASTODYNIA/ MASTALGIA	Pain in one or both breasts exclusive of inflammation or evidence of structural changes, may be cyclic or non-cyclic.	
CERVICAL ISSUE DEFINITIONS		
ABNORMAL LOWER GENITAL TRACT CYTOLOGY	Atypical lower anogenital tract cells classified by the Bethesda System, as follows: Squamous Cell: ▪ ASC-US (atypical squamous cells of undetermined significance) ▪ ASC-H (atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion) ▪ LSIL (low-grade squamous intraepithelial lesion) ▪ HSIL (high-grade squamous intraepithelial lesion) - With features suspicious for invasion - Squamous cell carcinoma Glandular Cell: ▪ AGC (atypical glandular cells, including qualifiers if listed) ▪ Endocervical adenocarcinoma in-situ ▪ Adenocarcinoma (including qualifiers if listed)	1. Replaces the term “Abnormal Papanicolaou (PAP) Test”. 2. This categorization does not include any other result preceded by the “negative for intraepithelial lesion or malignancy” interpretation.
ATYPICAL ENDOMETRIAL HYPERPLASIA	A proliferation of endometrial glands relative to stroma with cytologic/nuclear atypia as classified by the World Health Organization (1994) system.	
CERVICITIS	Inflammation of the cervical epithelium and stroma due to infectious or non-infectious etiologies.	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

CERVICAL EVERSION/ECTROPION	A physiologic appearance of the cervix when the endocervical columnar epithelium extends beyond the external os onto the ectocervix.	This entity should not be designated as an erosion.
CERVICAL POLYP(S)	Hyperplastic projection of endocervical epithelium.	
ENDOMETRIAL HYPERPLASIA	A benign proliferation of endometrial glands relative to stroma. These lesions include simple and complex hyperplasia without atypia as defined by the World Health Organization (1994) classification system and benign hyperplasia as defined by Endometrial Intraepithelial Neoplasia classification system.	
ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA	A premalignant lesion of the endometrium categorized according to quantitative pathologic criteria, including size of the lesion, gland-to-stroma ratio and cytology.	
LEUKOPLAKIA	A nonspecific finding of lesions that appear white on visual inspection of the lower genital tract prior to the application of acetic acid. It may arise secondary to trauma, keratosis, human papilloma virus infection or even invasive keratinizing squamous carcinoma.	Biopsy is necessary to establish the exact diagnosis.
HIGH-RISK HUMAN PAPILLOMAVIRUS (HPV) TESTING	Testing biologic material for the presence of oncogenic human papillomavirus (HPV) genomic or proteomic products.	
HUMAN PAPILLOMAVIRUS (HPV) GENOTYPING	Detection of genomic human papillomavirus (HPV) nucleic acids for the presence of specific HPV types, such as 16 or 16/18.	
HUMAN PAPILLOMAVIRUS (HPV) INFECTION	Human papillomavirus (HPV) may cause transient or persistent infection of genital tract epithelium, and can be oncogenic or non-oncogenic. Infection can be subclinical, detected by molecular methods or cytology, or clinically manifested as condyloma and/or neoplasia.	
LOWER GENITAL TRACT INTRAEPITHELIAL LESION (INTRAEPITHELIAL NEOPLASIA)	Abnormal proliferation of squamous intraepithelial cells categorized as low-grade or high-grade intraepithelial lesions (-IL), and applies to lesions of the cervix, vagina, and vulva. The -IL nomenclature may be further qualified with appropriate intraepithelial neoplasia (-IN) terminology, which may also include the specific location, such as CIN 3 (high-grade lesion of the cervix) or VaIN 3 (high-grade lesion of the vagina).	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

INFERTILITY DEFINITIONS		
AMENORRHEA	The absence of menstruation in women of reproductive age. ▪ Primary amenorrhea is defined as no menstruation by age 15. ▪ Secondary amenorrhea is defined as the absence of menses for six or more months or the length of three cycles after the establishment of regular menstrual cycles.	
ASSISTED REPRODUCTIVE TECHNOLOGY	Treatments or procedures that include handling both oocytes and sperm and/or embryos for the purpose of establishing a pregnancy.	
CONTROLLED OVARIAN STIMULATION	The administration of medications to induce single or multiple follicular development.	
DIMINISHED OVARIAN RESERVE	Decreased ovarian responsiveness to exogenous stimulation in women of reproductive age compared to women of similar age.	
ENDOMETRIOSIS	The growth of endometrial tissue in the body outside of the uterus.	
FEMALE INFERTILITY	Infertility stemming from a female partner.	Female factors may include ovulatory disturbances, diminished ovarian reserve, pelvic abnormalities affecting the reproductive tract, or other abnormalities of the reproductive system.
FERTILITY	The capacity to reproduce.	
FERTILITY PRESERVATION	Therapies intended to maintain reproductive potential through protecting or preserving gametes, zygotes, embryos, or gonadal tissue.	
INFERTILITY	A disease characterized by the absence of a successful pregnancy after one year of either unprotected intercourse or insemination. Diagnosis may be considered in less than one year based on medical history, age, physical findings, or diagnostic testing.	
INTRACYTOPLASMIC SPERM INJECTION	A procedure in which a single spermatozoon is injected into the oocyte cytoplasm.	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

MALE INFERTILITY	Infertility stemming from a male partner.	Male factors include abnormal semen parameters, abnormal sperm function, or inability to have coitus.
OVARIAN HYPERSTIMULATION SYNDROME	Pathological condition characterized by ovarian enlargement and ascites that may occur after ovarian stimulation.	
OVARIAN RESERVE	An indication of the number of oocytes in the ovaries.	
OVULATION INDUCTION	Ovarian stimulation in oligoovulatory or anovulatory women.	
POLYCYSTIC OVARIAN SYNDROME	A heterogeneous endocrine condition in reproductive aged women commonly associated with ovulatory dysfunction, physical or biochemical evidence of androgen excess, and an increased number of antral (immature) follicles in the ovaries. This diagnosis can only be made after excluding other pathologic conditions.	
PRIMARY OVARIAN INSUFFICIENCY	A condition characterized by hypergonadotropic hypogonadism in women younger than age 40.	1. Also known as premature ovarian failure. 2. Includes women with premature menopause.
UNEXPLAINED INFERTILITY	Infertility due to an unidentified cause.	
STAGES OF DEVELOPMENT DEFINITIONS		
BLASTOCYST	The stage of preimplantation embryo development that occurs around day 4-5 after fertilization. Contains a fluid filled cavity, an outer layer of cells (trophectoderm), and the inner cell mass.	
BLASTOCYST TRANSFER	Placement of the embryo(s) in to the uterus at the blastocyst stage, typically on day 5-6 post oocyte retrieval, as part of in-vitro fertilization.	
EMBRYO	The result of the division of the zygote up to 10 weeks' gestational age (8 completed weeks after fertilization).	
FERTILIZATION	A multi-step process that results in the formation of a zygote by the union of sperm and ovum.	
FETUS	The result of the continued development of the embryo (beyond 8 completed weeks after fertilization) until the end of pregnancy.	
ZYGOTE	A single cell resulting from fertilization of an oocyte by spermatozoa.	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

PAIN AND BLEEDING ISSUES DEFINITIONS		
PAIN DEFINITIONS		
BLADDER PAIN SYNDROME / INTERSTITIAL CYSTITIS	An unpleasant sensation (e.g. pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms, such as increased frequency or urgency of more than six weeks' duration, in the absence of infection or other identifiable causes.	
CHRONIC PELVIC PAIN IN WOMEN	Consists of pain symptoms perceived to originate from pelvic organs/structures typically lasting more than 6 months. It is often associated with negative cognitive, behavioral, sexual and emotional consequences as well as with symptoms suggestive of lower urinary tract, sexual, bowel, pelvic floor, myofascial, or gynecological dysfunction.	Cyclical pelvic pain is considered a form of chronic pelvic pain if it has significant cognitive, behavioral, sexual, and emotional consequences
VULVAR PAIN SYNDROME / VULVODYNIA	Characterized by persistent or recurrent vulvar discomfort in the absence of infectious or local obvious causes (e.g., acute trauma, dermatologic conditions).	
GENERALIZED VULVAR PAIN SYNDROME	A type of vulvar pain syndrome which is characterized by discomfort that cannot be persistently and precisely localized by point-pressure "mapping" via probing with a cotton-tipped applicator or similar instrument.	Previous terms have included "dysesthetic vulvodynia" and "essential vulvodynia" but are no longer recommended.
LOCALIZED VULVAR PAIN SYNDROME	A type of vulvar pain syndrome which is characterized by discomfort that can be consistently and precisely localized by point-pressure "mapping" on physical examination.	Mapping can be performed using a cotton-tipped applicator.
CLITORAL PAIN SYNDROME	A type of localized vulvar pain syndrome characterized by discomfort that can be localized by point-pressure mapping to the clitoris.	
VULVAR VESTIBULAR PAIN SYNDROME	A type of localized vulvar pain syndrome which is characterized by discomfort that is localized by point-pressure "mapping" to the vulvar vestibule.	Previous terms have included "vulvar vestibulitis", "vestibulodynia", and "localized and focal vulvitis", but are no longer recommended.

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

BLEEDING DEFINITIONS		
ABNORMAL UTERINE BLEEDING (AUB)	Bleeding from the uterus which differs in frequency, regularity, duration or volume from normal uterine bleeding, in the absence of pregnancy. AUB as a symptom should be further classified in etiology as follows: PALM-COEIN: Polyp; Adenomyosis; Leiomyoma; Malignancy and hyperplasia; Coagulopathy; Ovulatory dysfunction; Endometrial; Iatrogenic; and Not otherwise classified.	
HEAVY MENSTRUAL BLEEDING	A type of abnormal uterine bleeding characterized by excessive cyclic blood loss which differs from normal uterine bleeding and interferes with a woman's physical, social, emotional, and/or material quality of life.	Replaces the term "menorrhagia".
IRREGULAR UTERINE BLEEDING	A type of abnormal uterine bleeding characterized by unpredictable bleeding where the longest and shortest interval between bleeding episodes within a one-year timeframe typically differs by more than 20 days.	The difference between the longest and shortest cycles over a one-year period varies by age. If very short (<18 day) and very long (>43 day) cycles are excluded, variation typically is less than or equal to 7-9 days, depending on age.
IRREGULAR AND HEAVY UTERINE BLEEDING	A type of abnormal uterine bleeding that represents the symptom of excessive uterine blood loss (in terms of volume or duration) which occurs unpredictably and interferes with a woman's physical, social, emotional, and/or material quality of life.	Replaces the term "menometrorrhagia".
INTERMENSTRUAL BLEEDING	A type of abnormal uterine bleeding characterized by bleeding episodes in between regular episodes of cyclic uterine bleeding.	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

<table>
<tr><td>NORMAL UTERINE BLEEDING</td><td>Cyclic bleeding that occurs from the uterine corpus between menarche and menopause. The bleeding generally lasts up to 8 days and occurs every 24-38 days. The cycle should occur at regular predictable intervals and the difference between the longest and shortest cycle over a one-year period should be no more than 20 days.

Normal volume may be defined quantitatively as up to 80 mL per cycle and/or qualitatively as volume that does not excessively interfere with a woman's physical, social, emotional, and/or material quality of life.</td><td>The 20-day difference is based on a general population of women including women with very short (<18 day) and with very long cycles (>43 day). When these women with very short and very long cycles are excluded variation is age-dependent and is typically less.

The resulting breakdown by age (between 18 to 45 years) of is depicted in the chart below:

<table><tr><th>Age</th><th>Difference between longest and shortest cycles</th></tr><tr><td>18-25 years</td><td>≤9 days</td></tr><tr><td>26-41 years</td><td>≤7 days</td></tr><tr><td>43-45 years</td><td>≤9 days</td></tr></table></td></tr>
<tr><td>PREPUBERTAL VAGINAL BLEEDING</td><td>Any vaginal bleeding prior to puberty.</td><td></td></tr>
<tr><td colspan="3">REPRODUCTIVE PLANNING DEFINITIONS</td></tr>
<tr><td>ABORTIFACIENT</td><td>A substance intended to cause termination of a pregnancy so that it does not result in live birth.</td><td></td></tr>
<tr><td>BIOCHEMICAL PREGNANCY LOSS</td><td>Pregnancy loss based on low and decreasing human chorionic gonadotropin (hCG) levels or transient hCG detection only.</td><td></td></tr>
<tr><td>CONTRACEPTION</td><td>Action taken to prevent pregnancy.</td><td></td></tr>
<tr><td>CONTRACEPTIVES</td><td>Devices and/or medications used to prevent pregnancy.</td><td></td></tr>
<tr><td>DILATION AND EVACUATION</td><td>A procedure that can be used after 12 weeks of pregnancy that includes cervical dilation followed by removal of uterine contents using a combination of vacuum aspiration and instruments.</td><td></td></tr>
<tr><td>ECTOPIC PREGNANCY</td><td>Pregnancy outside of the endometrial cavity, diagnosed by ultrasound, surgical visualization, or histopathology.</td><td></td></tr>
</table>

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

EMERGENCY (POST-COITAL) CONTRACEPTIVES	Contraceptives intended to be used after sexual intercourse or rape.	The term “morning after pill” is misleading.
HETEROTOPIC PREGNANCY	Concurrent pregnancy involving at least one pregnancy implanted in the uterus and at least one implanted outside of the uterine cavity.	
INDUCED ABORTION	An intervention intended to terminate a pregnancy so that it does not result in a live birth.	
LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARC)	Reversible contraceptives that are highly effective for at least one year following a single administration without user action.	These methods generally include intrauterine devices and implants.
MEDICATION INDUCED ABORTION	The use of medication(s) intended to terminate a pregnancy so that it does not result in a live birth.	
MISCARRIAGE / INTRAUTERINE PREGNANCY LOSS	Loss of a documented intrauterine pregnancy. Early Miscarriage: Loss of a documented intrauterine pregnancy prior to 10 weeks’ gestational age.	
PREGNANCY	A physiologic state of a woman that follows implantation of a blastocyst(s).	Conception and pregnancy are not the same. Conception is a lay term that has no scientific validity and is not generally used in the medical literature because of its variable definition and connotation.
RECURRENT EARLY PREGNANCY LOSS	2 or more intrauterine pregnancy losses prior to 10 weeks' gestational age.	
RECURRENT PREGNANCY LOSS	2 or more intrauterine pregnancy losses.	
PREGNANCY OF UNKNOWN LOCATION	Positive beta human chorionic gonadotropin (hCG) with non-visualization of pregnancy by ultrasound.	
RESOLVED PREGNANCY OF UNKNOWN LOCATION	Treated or expectantly managed pregnancy of unknown location resulting in undetectable serum human chorionic gonadotropin (hCG).	
VACUUM ASPIRATION	Evacuation of the uterine contents using a vacuum aspirator.	Replaces the term “suction and vacuum curettage”.

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

UROGYNECOLOGY AND MENOPAUSE DEFINITIONS		
UROGYNECOLOGY DEFINITIONS		
URINARY FREQUENCY AND INCONTINENCE DEFINITIONS		
ANAL INCONTINENCE	Involuntary loss of feces, mucus, or flatus through the anus.	"Accidental Bowel Leakage" is an acceptable alternative term for both anal incontinence and fecal incontinence.
FECAL INCONTINENCE	Involuntary loss of feces or mucus.	"Accidental Bowel Leakage" is an acceptable alternative term for both anal incontinence and fecal incontinence.
DAYTIME URINARY FREQUENCY	Number of voids (micturitions) by day (wakeful hours including last void before sleep and first void after waking and rising).	
INCREASED DAYTIME URINARY FREQUENCY	Complaint that voiding (micturition) occurs more frequently during waking hours than previously deemed normal by the woman.	
MIXED URINARY INCONTINENCE	Symptom: Complaint of involuntary loss of urine associated with urgency and also with effort or physical exertion or on sneezing or coughing. (Combination of stress urinary incontinence and urgency urinary incontinence). Sign: Observation of stress urinary incontinence and urgency urinary incontinence.	A sign is not required for this definition.
NOCTURIA / NOCTURNAL FREQUENCY	Number of times sleep is interrupted by the need to void (micturate). Each void is preceded and followed by sleep.	
OVERACTIVE BLADDER SYNDROME	Urinary urgency, usually accompanied by increased daytime frequency and nocturia, with or without urgency urinary incontinence, in the absence of urinary tract infection (UTI) or other obvious pathology.	
STRESS URINARY INCONTINENCE	Symptom: Complaint of involuntary loss of urine on effort or physical exertion, or on sneezing or coughing. N.B.: ''activity related incontinence'' might be preferred in some languages to avoid confusion with psychological stress. Sign: Observation of involuntary leakage from the urethra synchronous with effort or physical exertion, or on sneezing or coughing.	A sign is not required for this definition.
TWENTY-FOUR HOUR URINARY FREQUENCY	Total number of daytime voids and episodes of nocturia during a specified 24-hr period.	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

URINARY FREQUENCY	The number of voids (micturitions) over a defined period of time.	
URINARY INCONTINENCE	Symptom: complaint of involuntary loss of urine. Sign: Observation of involuntary leakage on examination: this may be urethral or extraurethral.	A sign is not required for this definition.
URINARY URGENCY	Sudden, compelling desire to void (micturate) which is difficult to defer.	
URGENCY URINARY INCONTINENCE	Symptom: complaint of involuntary loss of urine accompanied by or immediately preceded by urinary urgency Sign: observation of involuntary leakage from the urethra synchronous with the sensation of a sudden, compelling desire to void that is difficult to defer.	A sign is not required for this definition.
PROLAPSE DEFINITIONS		
ANTERIOR VAGINAL WALL PROLAPSE (CYSTOCELE)	Descent of the anterior vaginal wall.	Most commonly involves bladder descent (cystocele) and often includes apical vaginal descent.
PELVIC ORGAN PROLAPSE	The descent of one or more pelvic structures: the cervix, uterus, vaginal apex, anterior vaginal wall (usually with bladder, cystocele), posterior vaginal wall (usually with rectum, rectocele), or peritoneum of the cul-de-sac (usually with small intestine, enterocele).	The presence of any such sign should be correlated with relevant pelvic organ prolapse symptoms. More commonly, this correlation would occur at the level of the hymen or beyond.
POSTERIOR VAGINAL WALL PROLAPSE (RECTOCELE)	Descent of the posterior vaginal wall.	Most commonly this involves rectal protrusion into the vagina (rectocele) and may include apical vaginal descent.
UTERINE/CERVICAL PROLAPSE	Descent of the uterus or cervix.	
VAGINAL VAULT PROLAPSE	Descent of the vaginal apex (i.e. vaginal cuff) after a total hysterectomy.	

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.

MENOPAUSE DEFINITIONS		
GENITOURINARY SYNDROME OF MENOPAUSE	A collection of symptoms and signs associated with decreased estrogen and other sex steroids that can involve changes to labia majora/minora, vestibule/introitus, clitoris, vagina, urethra, and bladder. Symptoms include, but are not limited to, dryness, pain with sex that may lead to subsequent sexual dysfunction, bladder and urethral symptoms, frequent urinary tract infections, burning, itching, and irritation that are bothersome or distressing.	Symptomatic vulvovaginal atrophy is included within this definition.
MENOPAUSE	The final menstrual period resulting from the physiologic permanent decline in gonadal hormone levels confirmed by 12 months of amenorrhea in women with a uterus.	For some women menstrual bleeding criteria cannot be used to define menopause and the diagnosis can be supported with criteria including symptoms and/or serial measurement of endocrine markers.
PERIMENOPAUSE	A time span that begins with the onset of inter-menstrual cycle irregularities (+/- 7 days) and/or other menopause-related symptoms and extends through menopause (the final menstrual period) to 1 year after menopause.	
PREMATURE MENOPAUSE	Menopause before age 40.	
POSTMENOPAUSAL BLEEDING	Bleeding from female genital organs 12 or more months after the final menstrual period.	
POSTMENOPAUSE	The time span after menopause.	
VASOMOTOR SYMPTOMS	Flushing with or without sweating resulting from vasodilation of blood vessels primarily affecting head, neck, and upper torso.	
VULVOVAGINAL ATROPHY	Tissue changes in the vulva or vagina typically associated with low estrogen levels that may or may not be symptomatic.	"Symptomatic Vulvovaginal Atrophy" is included in the definition of "Genitourinary Syndrome of Menopause".

Sharp HT, Johnson JV, Lemieux LA, Currigan SM. Executive summary of the reVITALize initiative: standardizing gynecologic data definitions. Obstet Gynecol 2017;129.

The authors provided this information as a supplement to their article.

©2017 American College of Obstetricians and Gynecologists.