



AN **ABNORMAL** PAP SMEAR RESULT

What this means for you

**National Cervical
Screening Program**

A joint Australian, State and Territory Government Initiative

An abnormal Pap smear result - what this means for you

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Introduction

1. If you are feeling worried

Many women feel anxious or worried when they have been told that their Pap smear result is abnormal.

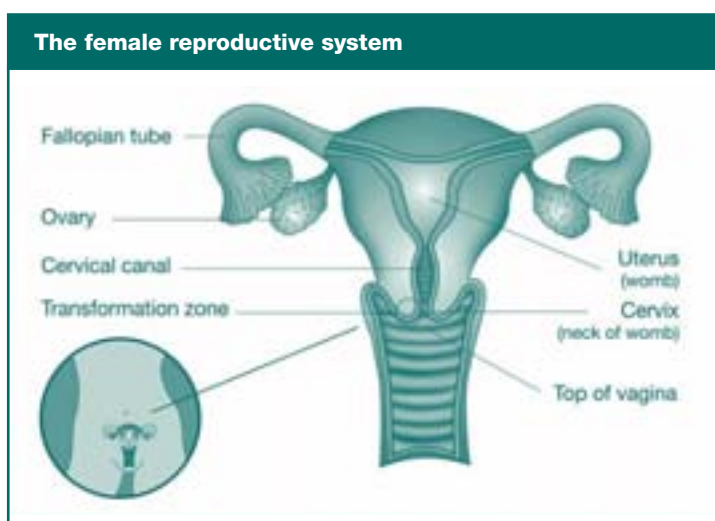
It is important to remember that almost all abnormal Pap smear results are not due to cancer.

Not all problems need treatment and those that do can be treated quite easily and very successfully.

You need to discuss your results and the need for further tests or treatment with your doctor, nurse or health worker. We hope that this booklet will answer some of the questions you may have and will help you when discussing your options.

2. About Pap smears

The Pap smear checks for changes in the cells of the cervix (neck of the womb) at the top of the vagina. It is a screening test to find early warning signs that cancer might develop in the future. If abnormal changes are found at screening, further tests may be done to see if treatment is needed.



3. What's new about Pap smear results?

In 2005, the National Health and Medical Research Council (NHMRC) released new guidelines for the management and treatment of women with no symptoms who have an abnormal Pap smear result.

This booklet is derived from the NHMRC guidelines and has been issued by the National Cervical Screening Program.

The guidelines are based on the latest evidence about cervical cancer, abnormal Pap smears and their relationship to the human papilloma virus (HPV).

Key facts:

- HPV is a virus.
- Almost all abnormal Pap smear results are caused by HPV.
- Anyone who has ever had sex can have HPV - it's so common that four out of five people will have had HPV at some time in their lives.
- In most cases, it clears up by itself in one to two years.
- In rare cases, if left undetected, it can lead to cervical cancer - this usually takes about 10 years.
- A Pap smear every two years can detect the presence of HPV, which can then be monitored and/or treated to prevent cancer.

This booklet, along with discussion with your doctor, nurse or health worker, will help you understand what your Pap smear result means.

4. Getting your Pap smear results

Your doctor, nurse or health worker will usually receive your Pap smear result within two to four weeks. You should contact your doctor or nurse to find out the result.

About one in every ten Pap smear results will have a comment or indicate some kind of abnormality. Many of these are not serious, and most cell changes in the cervix are not cancer. However, your medical practitioner should discuss any changes with you.

5. What does an abnormal result mean?

An abnormal Pap smear result means that some of the cells of the cervix look different from the normal cells.

Ask your doctor, nurse or health worker to explain exactly what type of abnormality has been detected or is suspected on your Pap smear.

The table in Appendix 2 explains the technical terms used to describe abnormal Pap smear results and gives you a summary of the recommended management.



A quick guide to abnormal Pap smear results

1. Low grade abnormalities

I have a low grade abnormality on my Pap smear. What does this mean?

It is most likely that you have an infection with HPV. This is a viral infection, not cancer.

What is HPV?

This is a very common sexually transmitted virus. Four out of five people will have this infection at sometime in their lives and they may not even know about it.

When did I get this infection with HPV?

You could have caught HPV recently, or many months or years ago.

What will happen next?

The most likely thing is that your body will clear this infection and your Pap smear will return to normal.

Most women will clear HPV infection in one to two years

Why does it matter?

In a very small number of women the HPV infection is not cleared but stays in the cervix. In these women, there is a risk that abnormalities will develop that might lead to cancer over many years if they are not treated.

What should be done about this?

You will be monitored with a repeat Pap smear to make sure the infection clears.

If your repeat smear shows that the abnormality has stayed, you will be referred for colposcopy.

Most women with low grade abnormalities will not need a colposcopy.

What is a colposcopy?

A colposcopy is an examination undertaken by a specialist. It is similar to having a Pap smear as a speculum is used so the specialist can see the cervix. The specialist looks at the cervix carefully using a colposcope – an instrument that works like a microscope to magnify the cervix. The colposcope does not touch or enter the body. There is more information on colposcopy in Chapter 5.

Colposcopy will usually confirm the presence of a low grade abnormality that will not need treatment. You will continue to be monitored each year by your doctor until your Pap smear result returns to normal.

There is a small chance that the colposcopy will reveal a high grade abnormality that may require a biopsy and/or treatment. There is a summary of high grade abnormalities in the next section, and more information in Chapter 6.

2. High grade abnormalities

I have a high grade abnormality on my Pap smear. What does this mean?

It is most likely that you have an HPV infection which has persisted and caused an abnormality. This may lead to cancer over many years if left untreated.

For more information about HPV infection see Chapter 3.

This result does not mean that you have cancer, but it is important you have it checked.

What will happen next?

You will be referred for a colposcopy.

What is a colposcopy?

A colposcopy is an examination undertaken by a specialist. It is similar to having a Pap smear as a speculum is used so the specialist can see the cervix. The specialist looks at the cervix carefully using a colposcope – an instrument that works like a microscope to magnify the cervix. The colposcope does not touch or enter the body. There is more information about colposcopy in Chapter 5.

If the colposcopy confirms that you have a high grade abnormality you will then need a biopsy of the cervix. See Chapter 5 for more information.

If the colposcopy shows only a low grade abnormality, you will not usually require a biopsy.

Will I need treatment?

The results of the biopsy will be discussed with you and a decision will be made regarding the need for treatment. See Chapter 7 for information on treatment options.

3. Glandular abnormalities

I have a glandular abnormality on my Pap smear. What does this mean?

The glandular cells of the cervix are located mainly in the canal of the cervix. We know less about the early changes in these cells compared to changes in squamous cells, which cause the majority of abnormal Pap smear results. HPV may be related to some of these cell changes. There is more information on HPV in Chapter 3.

Glandular abnormalities are uncommon and in most women the changes are found to be unimportant.

However, in some women the changes are due to abnormalities that do need to be treated in order to prevent cancer. These cell changes need further assessment because a Pap smear is not as reliable in diagnosing the problem in glandular cells.

This result does not mean that you have cancer, but it is important you are investigated.

What will happen next?

You will be referred for a colposcopy.

What is a colposcopy?

This examination is undertaken by a specialist. It is similar to having a Pap smear. A speculum will be used so the specialist can see the cervix, which can then be carefully examined using a colposcope. This is a magnifying instrument that does not touch or enter the body. Colposcopy may reveal an abnormality that may require a biopsy and/or treatment. There is more information about colposcopy and biopsy in Chapter 5.

Will I need treatment?

The results of the colposcopy or the biopsy will be discussed with you. A decision will be made regarding the need for treatment or further surveillance. If your referral Pap smear suggested a high grade abnormality, then treatment will usually be advised.



Colposcopy may show no abnormality, but it is possible that the abnormal area is not visible, and treatment or further surveillance may be advised.

Cone biopsy is the usual treatment for glandular abnormalities. There is more information on treatment in Chapter 7.

HPV (the human papilloma virus)

1. Introduction

If your doctor, nurse or health worker has told you that your abnormal Pap smear result may be due to an infection with HPV, you are probably wondering what it is, how you got it and what it means for your health.

HPV is a very common virus, with four out of five people having it at some stage of their lives.

In some cases, it can increase a woman's risk of cervical cancer. However, most women with HPV do **not** develop cervical cancer.

HPV and herpes are not related. If you have HPV, it does **not** mean you will have herpes.

2. About HPV

There are over 100 different types of HPV. Some of these affect the genitals and the cervix.

HPV is so common that it could be considered a normal part of life after you start to have sex. Most people will have HPV at some time in their lives and never know it. You may become aware of HPV if you have an abnormal Pap smear result, or if genital warts appear.

HPV infection is very common and in most people it clears up naturally in about one to two years.

3. What does HPV have to do with cervical cancer?

A few of the many types of HPV have been linked with causing abnormalities of the cervix and in some cases with cancer of the cervix.

It is important to remember that most women who have HPV clear the virus naturally and do not go on to develop cervical cancer.

In a small number of women, the HPV stays in the cells of the cervix. When the infection is not cleared, there is an increased risk of developing abnormalities. In very rare cases, these abnormalities of the cervix can progress to cancer. When cervical cancer develops, HPV is found in almost all cases. Having regular Pap smears is the best way to ensure that any changes are monitored and managed to protect your health.

If your Pap smear shows early cell changes due to HPV, there is a strong likelihood that these changes will clear up naturally in one to two years. Because of this, and the fact that cancer of the cervix takes around 10 years to develop, your doctor may recommend just having another Pap smear in 12 months time.

4. How did I get HPV?

HPV is spread through genital skin contact during sexual activity. As viruses are microscopic, HPV can pass through tiny breaks in the skin. HPV is not spread in blood or other body fluids. While condoms are an important barrier to many sexually transmitted infections, they offer limited protection against HPV as they do not cover all of the genital skin.

Because the virus can be hidden in a person's cells for a long time, having a diagnosis of HPV does not necessarily mean that you or your partner has been unfaithful. As we do not know how long HPV can remain dormant, it is impossible to determine for most people when and from whom they got HPV.

People who discover they have HPV may feel shocked, angry or upset. Because the virus can be hidden in a person's cells for a long time, for most people it is impossible to determine when and from whom they got HPV. It is important to remember that if you or your partner has HPV, it does not necessarily mean that either of you has been unfaithful.

5. Can HPV be cured or treated?

There is no cure or treatment for HPV. It will, in most cases, be cleared up by your immune system like most viruses. However, the effects of the virus, such as any warts that appear or changes to the cells of the cervix, can be treated. This is like having a cold. While there is no treatment that will make the cold virus go away, you can treat the symptoms. For instance, you can use cough medicine if you have a cough. So if you have warts, your doctor can suggest the treatment most suitable for you.

If your Pap smear indicates that cells have been affected by HPV, you should have more frequent Pap smears until these cells return to normal. If the changes continue, further tests and treatment may be needed.

6. Should I have a special test for HPV?

There is a test that can identify strains of HPV. This is not a test for cancer.

Experts recommend that HPV testing be used for women who have been treated for a high grade abnormality. The HPV test is done to make sure the virus has gone from your body.

Because most HPV infections clear up naturally, there is little reason for other women to have an HPV test.

While a Pap smear cannot identify which type of HPV is present, regular Pap smears will make sure any changes that occur are found early and managed well.

In most women, HPV infections go away in one to two years.

Low grade abnormalities – more information

1. What happens next?

Further Pap smears

If your Pap smear shows you have a definite or possible low grade abnormality, your doctor will usually recommend a repeat Pap smear in 12 months time. This is because HPV is the cause of almost all abnormal results, and it usually clears up in one to two years. Pap smears make it possible to check that this has happened.

If you are 30 years of age or more and do not have a history of normal Pap smears over the past two or three years, your doctor will recommend either a repeat Pap smear within six months, or a colposcopy now. You can discuss these options with your doctor, nurse or health worker and decide which is best for you.

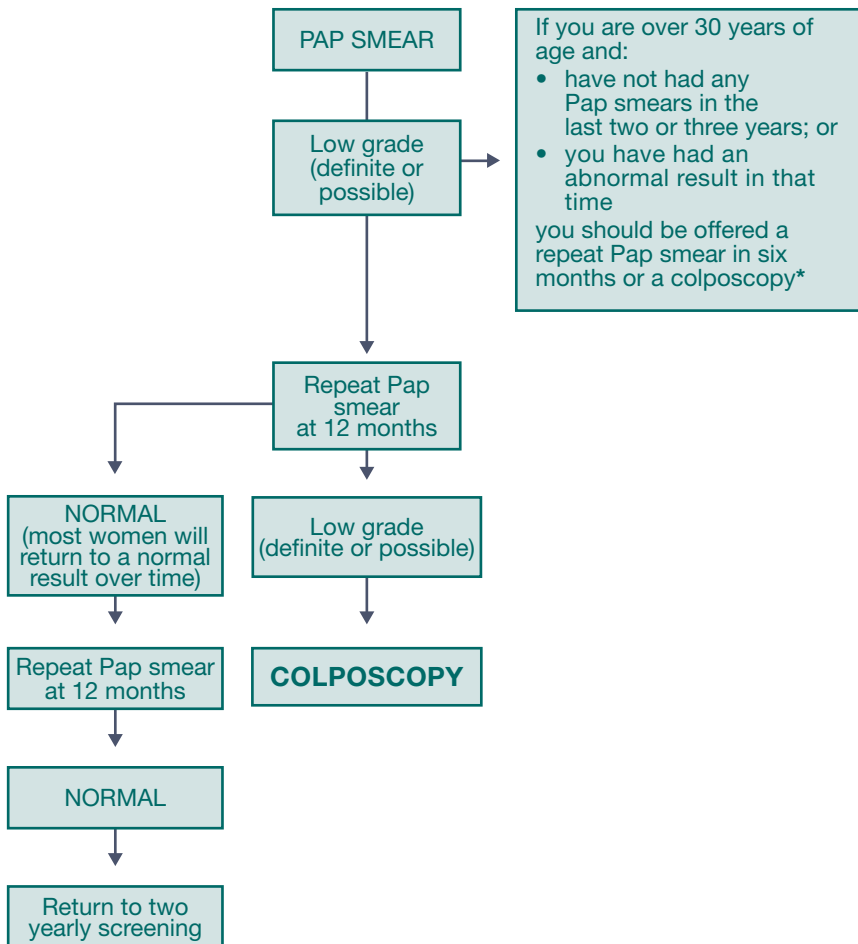
You may be wondering why there is a slight difference in the recommendation for some women over 30 years of age. This is because it is more likely that an 'older' woman may have a persistent or ongoing infection with HPV and have a slightly higher risk of having a high grade abnormality, even though the Pap smear suggests a low grade change.

Women over 30 years of age who have had regular normal Pap smears can be reassured that they do not have a persistent HPV infection, so it is quite safe for them to have a repeat Pap smear in 12 months. For women who have not had the reassurance of a normal smear in the past two to three years, it is safer to have an early repeat smear or a colposcopy.

If your Pap smear shows you have a definite or possible low grade abnormality, the most likely outcome is that your doctor will recommend a repeat Pap smear in 12 months time.

The following diagram shows the usual recommendations for managing low grade abnormal Pap smear results.

Pathway for management of low grade abnormal Pap smear results



* You can discuss these options with your doctor, nurse or health worker and decide which option is best for you.

If your Pap smear report shows you have a low grade abnormality and you have had previous Pap smears that have been normal, you can simply have another Pap smear in 12 months time.

A repeat Pap smear in 12 months is safe. Most cancers of the cervix take up to 10 years to develop.

If this is your second consecutive low grade Pap smear result, your doctor will refer you for a colposcopy.

If the colposcopy shows everything is normal, your doctor will suggest you have Pap smears yearly until you have two normal results in a row. After this, you can return to the usual time of every two years for your Pap smear. The same applies if the colposcopy shows that you have a low grade abnormality.

If there is any evidence of a high grade abnormality during the colposcopy, a biopsy will probably be done to check this.



There is no need to have treatment for low grade abnormalities. Treatment is not recommended because these changes are now known to be a result of HPV infection, which is likely to clear up on its own.

Further investigation

Sometimes it is necessary to get more information about what is happening to your cervix. To do this, you can be referred for a colposcopy and/or a biopsy. These procedures are explained below.

1. Colposcopy

An examination called a colposcopy will be needed if:

- you have a low grade change that continues over several Pap smears;
- you are over 30 years old with a low grade abnormality and have not had a negative result (or a Pap smear at all) in the last 2-3 years;
- a definite or possible high grade abnormality is found on your Pap smear; or
- any glandular abnormality is found on your Pap smear.

For this examination, the specialist uses a colposcope, which is like a large microscope. The colposcope allows the specialist to have a magnified view of the cervix to check the extent and nature of any abnormality.

You may be referred directly to a colposcopy clinic or to a gynaecologist experienced in colposcopy. Before the examination, talk with the specialist to make sure that you know what is going to happen.

2. How is a colposcopy done?

You will be asked to partially undress and then lie on an examination couch. Special support rests are used to keep your legs in a comfortable position.

Once you are comfortable the specialist will insert a speculum into your vagina, like was done for your Pap smear. A solution will be painted on to your cervix to highlight any abnormal areas. The specialist then looks at the highlighted areas through the colposcope to carefully examine your cervix. In this way, the specialist can see the location and pattern of any abnormal cells. The colposcope itself does not touch or enter your body.

This whole examination usually takes 10-15 minutes and most women do not experience any pain. Some discomfort may result from having the speculum inside the vagina for this length of time.

Try to relax during the examination. You might like to find out about some relaxation techniques before your appointment, such as breathing deeply and calmly and imagining you are in a favourite place.

Ask the specialist or nurse to explain what they are doing. Some colposcopes are fitted with a TV screen so you can see what is happening. Talk to your specialist about what was found during the examination.

3. Biopsy

During the colposcopy examination, a small sample of tissue (a biopsy) may be taken from any abnormal looking areas of the cervix. The sample will be sent to a laboratory for testing and it will take up to two weeks for the result to come back to the specialist. Arrangements should be made for you to discuss the results when they are available and whether any treatment is required.

If a biopsy is taken, some discomfort may be experienced for a short time. You may experience some “spotting” of blood for a few hours afterwards. It can be a good idea to take a sanitary pad (not a tampon) with you to the consultation.

High grade abnormalities – more information

1. What happens next?

If your Pap smear shows a high grade abnormality, your doctor will refer you to a specialist for a colposcopy and possibly a biopsy. These procedures are explained in Chapter 5.

If a colposcopy and biopsy show a high grade abnormality, your specialist will recommend that you have treatment. Once the diagnosis has been made by biopsy, it may take a few weeks to get treatment. While you may feel anxious, it is safe to wait a few weeks for treatment as a high grade abnormality is not cervical cancer.

There is more information about treatment in Chapter 7.

2. Feeling worried?

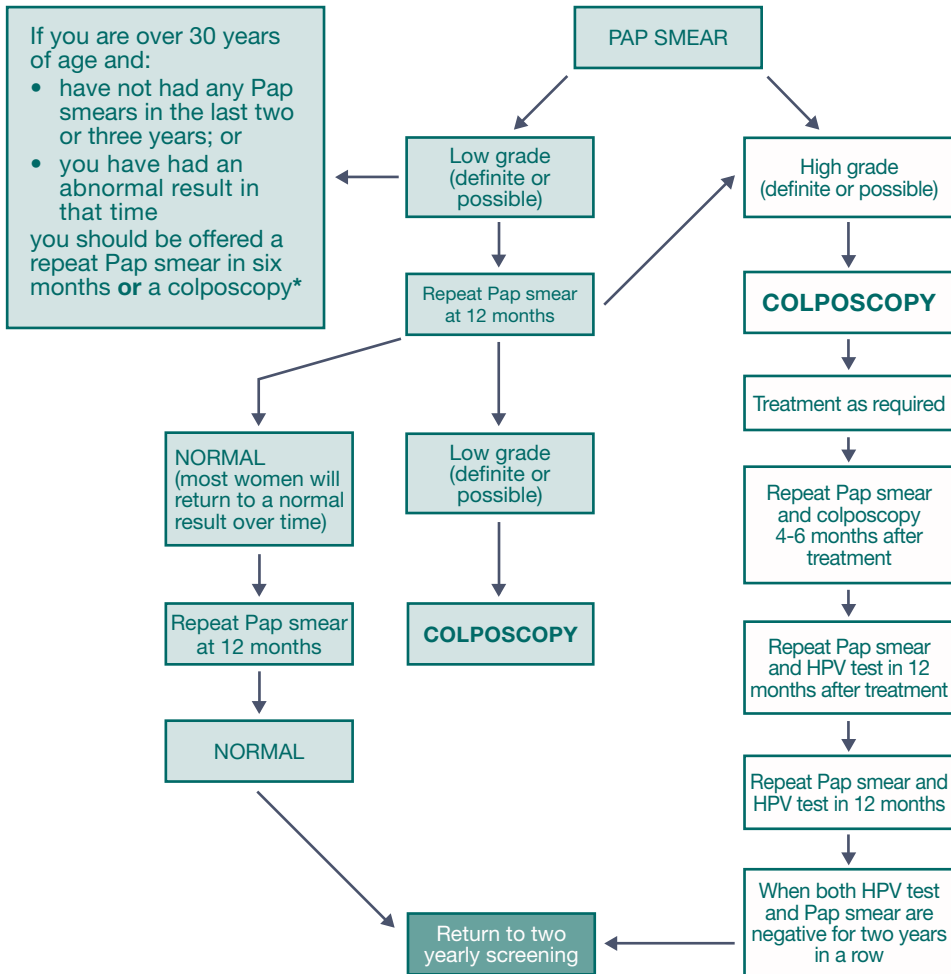
You might feel worried or anxious at this time. Talking with your partner, family or friends and especially your doctor can be helpful. You may also want to contact the Cancer Information Service at your State Cancer Council or a local women's health service. Some contact details are in Appendix 5.

Remember that if you have a high grade abnormality, there is only a very small chance (less than 1%) that you may have cervical cancer. If the colposcopy and biopsy show no evidence of cancer, then it is very unlikely that a cancer will be found. If this does happen, it is most likely to be a very early cancer that can be cured with treatment.

It is safe to wait a few weeks for treatment as a high grade abnormality is not cervical cancer.

The following diagram shows the usual recommendations for managing low and high grade abnormal Pap smear results.

Pathway for the management of abnormal Pap smear results - low and high grade



* You can discuss these options with your doctor, nurse or health worker and decide which option is best for you.

Treatment

1. Treatment methods

If treatment is needed, one of the following methods will be recommended, depending on the type of abnormality. The purpose of treatment is to remove the abnormal cells, and there are different ways to do this. Ask your specialist to explain the types of treatment and discuss options with you.

Wire loop excision

This is a way of removing the abnormal cells from the cervix using a wire loop. A speculum is inserted to open the vagina so the cervix can be clearly seen. A solution is applied to the surface of the cervix to make the areas of abnormal cells easier to see. Local anaesthetic is used to numb the cervix. The procedure takes about 15 minutes and most women can return to normal activities within two to three days.

This method is also known as a LEEP (Loop Electrosurgical Excision Procedure) or a LLETZ (Large Loop Excision of the Transformation Zone).

Cone biopsy

In this minor operation, a cone-shaped section of the cervix containing the abnormal cells is removed. This usually requires a general anaesthetic and a day or overnight hospital stay.

Only a small number of women will need a cone biopsy. It is the recommended treatment when the abnormal cells are higher in the cervical canal, to make sure that there is no cancer involved.

Laser

With this method, the abnormal cells are destroyed using heat from a laser beam. A speculum is inserted to open the vagina and allow the cervix to be clearly seen. A local anaesthetic is used and a solution is applied to make the abnormal cells easier to see.

Laser treatment takes about 20 to 30 minutes and is done in a specialist's office, a hospital or clinic as a day procedure. The laser stops most bleeding during the treatment and healing occurs quickly.

Diathermy

This is another method of destroying abnormal cells using heat. It is usually done under general anaesthetic and may require a day in hospital. It can also be performed in a specialist's office or out-patient clinic using a local anaesthetic.

Most women return to normal activities within a few days of treatment.

2. Making decisions about treatment

The best treatment for you will depend on the type and extent of the abnormality. Some specialists will also prefer one treatment method over another. You should make sure that you understand why the specialist recommends one particular plan of action or treatment over another.

Don't be afraid to ask questions. Use the questions in Chapter 8 of this booklet to help you talk with your doctor. If there are things you do not understand, ask for further explanations. You may also want to ask for a second opinion from another specialist. Your specialist or local doctor will be able to refer you.

As with any medical procedure, there are risks involved. Talk this over with your doctor, and use the contact details in the back of this booklet if you want more information.

You are welcome to bring a partner, friend or other support person to your medical appointments. It may be helpful to have someone else there to ask questions and provide support for you.

Don't be afraid to ask questions.

3. Care after treatment

Some women experience cramps and abdominal pain for a day or two after treatment. It is also normal to have a vaginal discharge that may be clear or blood-stained. A light, bloody discharge may continue for two to four weeks after treatment, and occasionally longer. If the discharge becomes smelly or turns to heavy bleeding, you should contact your treating specialist.

You should also tell your doctor if you develop a fever or a pain in the lower abdomen, as these may indicate infection. For three to four weeks after treatment, you are advised to avoid sex to allow your cervix to heal.

After a cone biopsy, it is recommended that you avoid heavy physical work and take things easy for several days.

4. How do I know the treatment has worked?

If you have treatment for a high grade abnormality, a Pap smear and colposcopy should be undertaken four to six months later. Then you will need to have a Pap smear and an HPV test each year, until both tests are negative two years in a row. These follow ups are done to make sure the treatment has worked.

Ask your doctor or nurse about when you should have your next Pap smear. And remember, if you have any problems, such as unexpected bleeding, painful intercourse or a heavy discharge, you should tell your doctor, even if you recently had a normal Pap smear.

5. Can treatment affect pregnancy?

Having treatment for abnormal cells on the cervix may affect your ability to have children, but this is very uncommon. Treatment is only carried out when it is absolutely necessary and there is concern about a high grade abnormality.

There are a few points about pregnancy you might like to think about.

- Having an abnormal Pap smear does not affect your chance of becoming pregnant. However, it is wise to have any abnormality checked and treated before you plan a pregnancy.
- If you are already pregnant when your abnormal Pap smear occurs, any action will depend on the type of abnormality.
- If you have a low grade abnormality, you will be followed up after your baby is born.
- If you have a high grade abnormality you will need a colposcopy. Colposcopy in pregnancy is safe.

- If a high grade abnormality is confirmed, it is normal for any treatment to be delayed until after the baby is born. This is safe as there is a very low risk of a high grade abnormality developing into cancer in this time.

- Having treatment in pregnancy is very rare. This is only done when a colposcopy shows evidence of possible cancer of the cervix and it is important to make a definite diagnosis. Such treatment does carry a risk of miscarriage or preterm labour. Your specialist will only recommend this action if it is absolutely necessary.



- **If you have had treatment and later become pregnant, it is important to tell your doctor.** There may be side effects of treatment which should be monitored during pregnancy. For instance, the cervix can be weakened after some forms of treatment. While it is still possible to become pregnant, a stitch may need to be inserted into the cervix to strengthen it and reduce the risk of miscarriage. The care of a specialist obstetrician is recommended in such cases.

Ask your doctor, nurse or health worker if you have any concerns.

Questions to ask your doctor, nurse or health worker

If you have had an abnormal Pap smear result, you may find the following questions helpful.

- What exactly does my result mean?
- Do I need more tests?
- Why do I need a colposcopy?
- What does my biopsy show?
- What treatment choices do I have?
- What treatment, if any, do you advise and why?
- What is likely to happen if I don't have treatment?
- Will I need to rest after treatment, and if so, for how long?
- Will I need time off work and if so, for how long?
- Will there be bleeding or a discharge and if so, when will it stop?
- Will this affect my sex life?
- How else can I care for myself?
- How often will I need further Pap smears or other check ups?
- Can you give me more information about HPV?

Appendix 1

Explanation of some medical words

Adenocarcinoma – a rare form of cervical cancer (glandular).

Atrophic vaginitis – Thinning of the lining of the vagina due to decreased production of oestrogen. This may occur with menopause and can cause inflammation of the vagina.

Atypia – slight changes in the appearance of the cells of the cervix.

Biopsy of the cervix – removal of a small piece of the cervix for examination under a microscope.

Cells – microscopic building blocks of living organisms. The body is made up of millions of cells.

Cervix – the neck of the uterus (womb) located at the top of the vagina.

Colposcopy – the examination of the cervix and vagina with a magnifying instrument called a colposcope, to check for abnormalities.

Cytology – a branch of biology dealing with cells. Cells can be analysed under a microscope to find out what they look like, where they came from, and how they form and function.

Diathermy – the use of heat applied electrically to destroy abnormal cells or to stop bleeding.

Endocervical – inside the canal of the cervix.

Glandular cells – tall, column-like cells near the top of the endocervical canal. Apart from their appearance, glandular cells are different from squamous cells as they secrete mucus to protect the entrance to the uterus.

Glandular lesion – abnormality involving the columnar cells of the cervix.

Gynaecological oncologist – gynaecologist who has had special training and certification in caring for women with gynaecological cancers.

Gynaecologist – a specialist in women's reproductive health.

Herpes – a viral infection transmitted through intimate contact with the moist mucous linings of the genitals and/or the mouth. The virus enters the mucous membranes through microscopic tears in the skin. It travels to the nerve roots near the spinal cord and settles there permanently, causing outbreaks of blisters on the skin from time to time. Herpes is **not** related to cervical cancer.

HPV – human papilloma virus. A group of more than 100 different types of viruses, including over 30 that are sexually transmitted and can infect the genital area of men and women. Some of these viruses cause genital warts or cervical cancer.

HSIL – high grade squamous intraepithelial lesion.

In situ – confined to a certain area. In terms of cervical abnormalities, confined to the lining of the cervix.

Intraepithelial – within the layer of cells that form the surface or lining of a part of the body.

Intraepithelial lesion – abnormality confined to the surface layer of the cervix.

Lesion – abnormal appearing area.

LSIL – low grade squamous intraepithelial lesion.

Oncologist – a specialist in the study, management and treatment of cancer (oncology).

Screening – when a test is done on people without symptoms who are at risk of developing a certain disease. Screening tests predict the likelihood of someone having or developing a particular disease. The Pap smear is a screening procedure to look for changes that might lead to cancer of the cervix. It is up to 90 per cent accurate and is the best way to protect yourself from squamous cancer of the cervix.

Speculum – an instrument that looks like a duck bill on handles. It is used to hold open the vagina. It may be plastic and disposable or metal and re-useable.

Squamous cells – flat cells that look like scales or plates through a microscope. They make up the tissue that covers or lines the vagina and cervix.

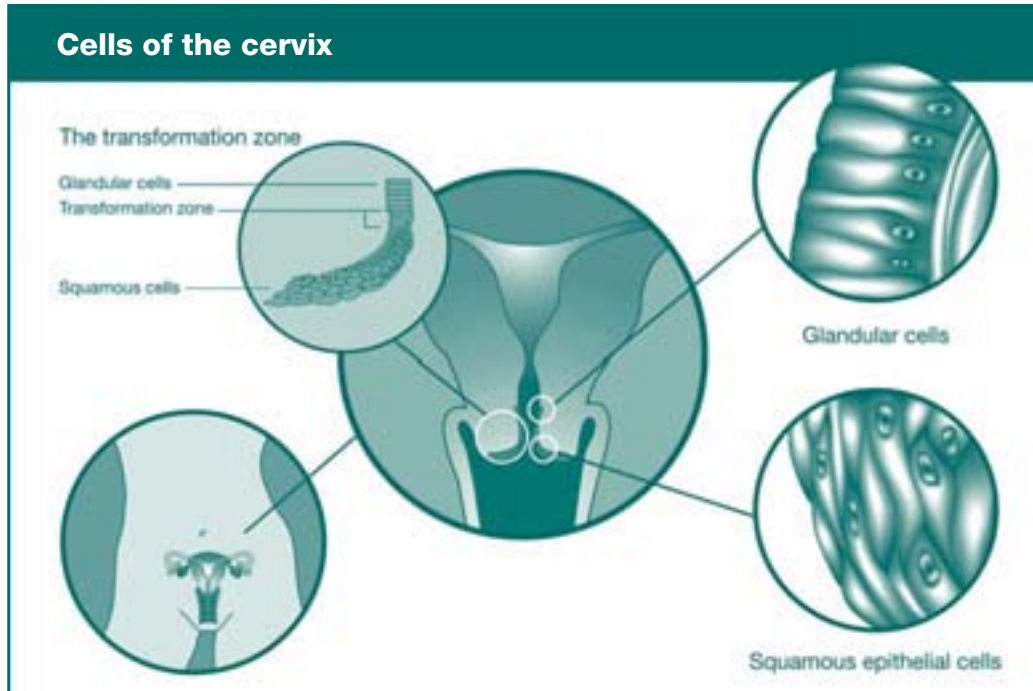
Transformation zone – the area in the cervix where the squamous cells meet the glandular cells. The transformation zone is in the cervical canal.

Vagina – the canal extending from the cervix to the outside of the body.

Appendix 2

More information – types of cervical cells and abnormalities

To better understand abnormal results, it helps to know about the two different sorts of cervical cells – squamous and glandular.



There are two main types of cervical cancer. The Pap smear is most effective at detecting abnormalities that may lead to cancer in the skin-like cells that cover the cervix (called **squamous cells**). This is the most common type of cervical cancer.

A less common type of cervical cancer arises in the **glandular cells** found in the cervical canal. This is called adenocarcinoma of the cervix. It is more difficult to get a sample of these cells and less is known about the early changes which may lead to adenocarcinoma. So the Pap smear is less effective at detecting the early signs of this type of cancer.

There are two main categories of squamous abnormalities that can occur in the cervix:

- Low grade squamous intraepithelial lesions (LSIL) are minor abnormalities which normally go away within one year; and
- High grade squamous intraepithelial lesions (HSIL) which are more serious changes that require further investigation and sometimes treatment.

As cervical cancer usually takes up to 10 years to develop there is little advantage in having a Pap smear more frequently than every two years.

Regular Pap smears every two years are the best way to protect yourself against cervical cancer.

Check with your doctor if you have any unusual symptoms such as unexpected bleeding - even if your last Pap smear result was normal.

Type of abnormality	What it means	What happens next
Possible low-grade squamous intraepithelial lesion (possible LSIL)	Changes in cells that may represent a low-grade abnormality, but the changes are not clear enough to justify a 'definite' diagnosis.	If you have had previous Pap smears that have been normal, you can simply have another Pap smear in 12 months time. If you are over 30 years of age and have not had a Pap smear at all in the last 2 or 3 years, or have had abnormal results on Pap smears in that time, you can either have a follow up Pap smear in 6 months, or a colposcopy now.
Low-grade squamous intraepithelial lesion (LSIL)	Minor changes that are consistent with HPV (human papilloma virus) infection.	If this is your second Pap smear result in a row with a low grade abnormality (definite or possible) your doctor will refer you for a colposcopy.

Type of abnormality	What it means	What happens next
Possible high-grade squamous lesion (possible HSIL)	A high-grade abnormality is suspected but the changes are not clear enough to justify a 'definite' diagnosis.	Your doctor will refer you to a specialist for a colposcopy.
High-grade squamous intraepithelial lesion (HSIL)	A high-grade abnormality is considered to be definite.	Your doctor will refer you to a specialist for colposcopy. You may also need a biopsy.
Atypical endocervical cells of undetermined significance Atypical glandular cells of undetermined significance	Changes that are unusual in appearance and their exact nature is uncertain. There is no evidence of cancer.	Your doctor will refer you to a specialist for a colposcopy.
Possible high grade glandular lesion	A high grade glandular abnormality is suspected but the changes are not clear enough to justify a 'definite' diagnosis.	Your doctor will refer you to a specialist for a colposcopy.
Endocervical adenocarcinoma in situ	This describes an uncommon high grade abnormality inside the canal of the cervix. In situ means the abnormal cells have not extended into deeper tissue or surrounding areas.	Your doctor will refer you to a specialist for a colposcopy to confirm the result and to discuss treatment with you.

Low and high grade abnormalities are most often found in women aged between 25 and 35 years. However, they also occur in both younger and older women. For many women, especially those with low grade abnormalities, the abnormality will heal without treatment and the cells of the cervix will return to normal.

For the high grade abnormalities, it is usually more than 10 years before invasive cancer may develop. It is impossible to predict whether the abnormality will return to normal or develop into cancer. Therefore tests are always needed to confirm the diagnosis. Depending on these test results you will be advised of the way in which your condition can best be managed.

It is rare that a Pap smear result will show cells suggestive of cervical cancer, because cervical cancer is a rare disease. If this does happen, your doctor will recommend you see a specialist who will perform a colposcopy and further tests to determine how serious the changes are, before discussing treatment options with you. The terms used are described below.

Type of abnormality	What it means	What happens next
Squamous cell carcinoma	The presence of cancer in the squamous cells of the cervix.	Your doctor will refer you to a specialist or a specialist unit for evaluation and treatment.
Adenocarcinoma	A rare cancer affecting the glandular cells of the cervix rather than squamous cells.	Your doctor will refer you to a specialist or a specialist unit for evaluation and treatment.

If you have any concerns about your results, talk to your doctor. The Cancer Council in your State or Territory can also provide information, and contact information is at the back of this booklet.

Appendix 3

The register – records of your results

Regular Pap smears help to protect your health following an abnormal result. However, it is not always easy to remember when your next smear is due.

If you forget when your next smear or follow-up investigation is due, ask the doctor, nurse or health worker who did your last Pap smear.

Each State and Territory has a confidential system called the Pap test register that records the results of your Pap smears and associated tests.

This register provides an important safety net by sending you a letter if it appears your Pap smear or follow-up treatment is overdue. You can choose if you want to receive the reminder letters or not.

If you:

- would prefer to remove your information from the register
- want more information about the register
- want to advise of a change of address

contact the register in your State or Territory on **13 15 56**, for the cost of a local phone call.

The register reminds you if your next Pap smear is overdue.

Appendix 4

My Pap smear results say “unsatisfactory sample”. What does this mean?

Sometimes the report will indicate that the sample was unsatisfactory. This may happen for a variety of reasons:

- the cells may be obscured by blood, inflammation or mucous;
- there may not be enough cells on the sample to give an accurate assessment;
- the smear may not have been properly prepared; or
- the slide may have been broken.

If any of these problems occur, you will be asked to have another Pap smear in 6-12 weeks. This allows time for the cells of the cervix to renew, so there are enough for another sample.

The diagram on page 28 shows the different types of cells of the cervix.

Endocervical cells

The report from the laboratory may comment on the presence of endocervical cells in the sample. If they are present, it shows that the sample of cells comes from the area where the squamous cells meet the glandular cells. This is called the transformation zone and is where cancer is more likely to develop (see diagram on page 28). It is sometimes difficult to get a sample of the cells from this area, particularly when a woman is past menopause. This is because the transformation zone tends to move up into the cervical canal at this time of life. It can also be difficult to get a sample of these cells when a woman is pregnant. The reason for this is not understood.

If endocervical cells are not seen on your Pap smear, and you have:

- had regular smears with normal results, and
- no symptoms (such as unexplained bleeding)

you do not need another Pap smear before the usual two year interval.

Atrophic changes

It is common for women who have gone through menopause to have a Pap smear result noting atrophic changes. This is caused by a reduction in the hormone oestrogen which is produced by the ovaries. This is a normal result of menopause. This lack of oestrogen can make the vaginal walls look red and irritated and is called ‘atrophic vaginitis’.

Appendix 5

Where to get more information

You can talk to your doctor, nurse or health worker, or contact a local women's health service.

Further information by phone

Your State or Territory National Cervical Screening Program can be contacted on **13 15 56**.

The Cancer Council has a Cancer Helpline: **13 11 20** (a local call from anywhere in Australia) which is available 9am to 5pm, Monday to Friday. Some states have extended hours, health professionals on staff, and multilingual services.

If you require an interpreter, you can contact the Telephone Interpreter Service 24 hours a day, seven days a week on **13 14 50**.

Most abnormal Pap smears are due to HPV and most will not need treatment.

Website

Detailed information about cervical screening is available on the Australian Government Department of Health & Ageing's National Cervical Screening Program website at **www.cancerscreening.gov.au**

This website has links to the State and Territory National Cervical Screening websites.

Other health information can be obtained from the HealthInsite website: **www.healthinsite.gov.au**

You can contact the National Cervical Screening Program in your State or Territory on 13 15 56.

Your notes

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