

Pap test results

FOR WOMEN WITH AN
ABNORMAL PAP TEST



*PapScreen
Victoria*



Introduction

This booklet provides women with information about abnormal Pap test results.

Many women feel anxious or worried when they are told their Pap test result is not completely normal.

It is important to remember that almost all abnormal Pap test results are not due to cancer. Not all problems need treatment, and those that do can be treated quite easily and usually very successfully.

For many women with an abnormal result, only extra check-ups will be necessary. For others, further tests and treatment may be required. It all depends on the type of problem that is detected.

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

Some of the terms used in this booklet are explained in the glossary at the back.

It is important to remember that almost all abnormal Pap test results are not due to cancer and most will not need treatment.

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The Pap test

What is a Pap test?

A Pap test checks for cell changes on the cervix (neck of the womb), at the top of the vagina.

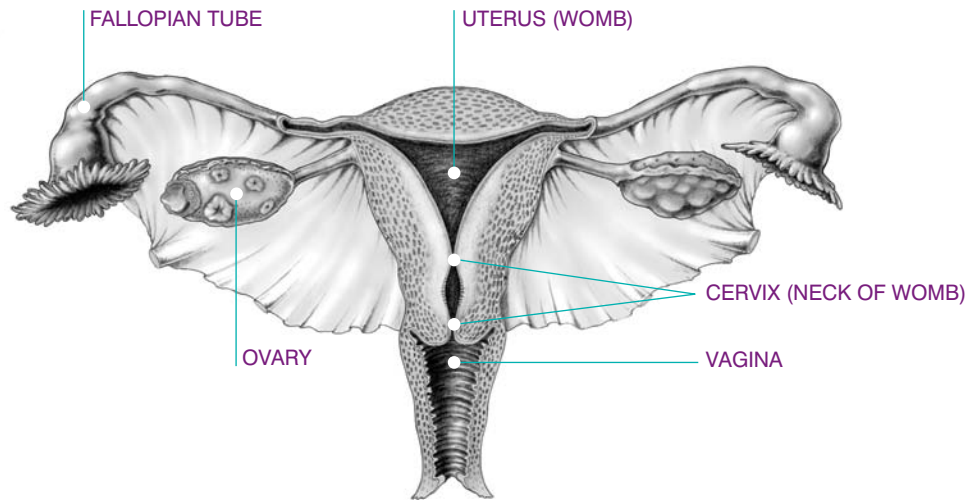
It is a screening test to find early warning signs that cancer might develop in the future. If abnormal changes are found, further tests may be recommended to see if treatment is needed.

The Pap test is not a test to diagnose cancer, but rather to find the early changes which might become cancer later.

All women should have their first Pap test a year or two after commencing sexual activity or at the age of 18, whichever comes later. Pap tests should then be continued every two years until the age of 70, unless advised otherwise.

As cervical cancer usually takes up to 10 years to develop, there is no advantage in having a Pap test more often than every two years.

THE FEMALE REPRODUCTIVE SYSTEM



How is a Pap test done?

A Pap test is a quick and simple procedure in which a doctor or nurse gently inserts an instrument called a speculum into the vagina. This allows the cervix to be clearly seen. A small sample of cells is taken from the cervix and placed (smear) on a glass slide. The slide is then sent to a laboratory where it is examined under a microscope.

The result usually comes back to your doctor or nurse within two weeks. Ask when you should contact your doctor or nurse to find out your result.

Why are Pap tests necessary?

Pap tests detect early changes on the cervix that may be the first warning signs that a problem is occurring. These changes need to be monitored. In a small number of cases treatment is necessary, as some abnormal cells may develop into cancer if left untreated.

How effective is a Pap test?

Regular Pap tests every two years can prevent the most common type of cervical cancer in up to 90% of cases.

Like all screening tests, the Pap test is not perfect. It might not always detect the early cell changes that may lead to cancer of the cervix. This could be because:

- > the sample does not contain abnormal cells which may have been present on the cervix
- > some samples are difficult to interpret. For instance, the presence of blood or mucus on the slide can make it hard to see the cells
- > occasionally, abnormal cells are missed under the microscope
- > sometimes the abnormal changes occur in cells high up in the cervix or deep in glands in the cervix. Unfortunately it is not always possible to get a sample of cells from these areas.

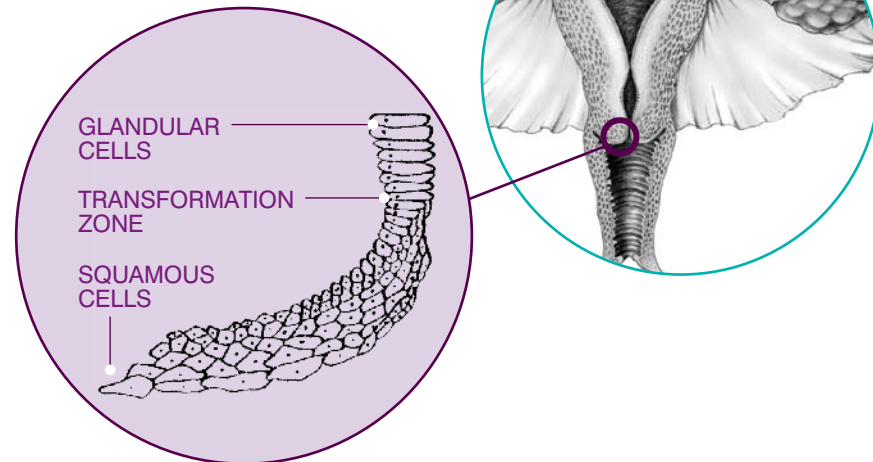
Types of cervical cells

There are two main types of cervical cancer. The Pap test is most effective at detecting abnormalities that may lead to cancer in squamous cells; these are the skin-like cells that cover the cervix. Squamous cell carcinoma is the most common type of cervical cancer.

A less common type of cervical cancer can occur 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 the glandular cells, and less is known about the early changes that may lead to adenocarcinoma. The Pap test is less effective at detecting the early signs that may precede this type of cancer.

TYPES OF CERVICAL CELLS

TRANSFORMATION ZONE



Regular Pap tests every two years are the best way to protect against cervical cancer. Although they are not always 100% accurate, it is currently the best way to prevent the disease. See your doctor or nurse if you have any unusual symptoms such as unexpected bleeding, even if your last Pap test result was normal.

Pap test results

Your doctor or nurse will usually receive your Pap test result within two weeks. You should contact your doctor or nurse to find out the result.

About one in every 10 Pap test results will indicate some kind of problem. Many of these are not serious but your doctor or nurse should discuss them with you.

Unsatisfactory sample

Sometimes the report will indicate that the sample was unsatisfactory.

This may happen because:

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

Not all of these factors are under the control of the doctor or nurse collecting the sample, so even very experienced health care professionals can take a sample that the laboratory reports as unsatisfactory. If any of these problems occur, you will be asked to have another Pap test in six to 12 weeks. This allows time for the cells of the cervix to renew.

No endocervical cells present

Endocervical cells come from the area where the squamous cells meet the glandular cells. This is called the transformation zone. This is the area where the changes that precede cancer are most likely to develop (see diagram on page 4). 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.

The report may indicate that there were no endocervical cells in the sample. If endocervical cells are not seen on your Pap test, and you have been having regular tests, you do not need another one before the usual two-year interval. However, if you have not been having regular Pap tests you may be asked to have a repeat Pap test earlier.

What an abnormal result means

An abnormal Pap test result means that some of the cells of the cervix are different from normal cells. These abnormal changes in the cells are explained in the following sections.

HPV and abnormal Pap tests

If your doctor or nurse has told you that your abnormal Pap test result may be due to an infection with the human papillomavirus (HPV), you may be wondering what it is, how you got it and what it means for your health.

There are over 100 types of HPV affecting various parts of the body. HPV does not always cause warts; however, if warts appear, they are usually found on the hands, feet and genitals. Over 50 types of HPV affect the genital area but just a few of these affect the cervix. Genital HPV is linked to most cervical abnormalities and almost all cases of cervical cancer.

Genital HPV is very common. Four out of five women will be exposed to the virus at some time in their lives, but only become aware that they have HPV if they have an abnormal Pap test result or if genital warts appear. While HPV is very common, most women with HPV will not develop cervical cancer.

Genital HPV is passed on via genital-skin to genital-skin contact during sexual activity. The body usually clears the active virus naturally within one to two years, or it may lie dormant before becoming active again, maybe many years later. When certain types of HPV persist for a number of years, there is an increased risk of cervical cancer. There is no cure or treatment for HPV. It will, in most cases, be cleared up by your immune system. However the effects of the virus, such as any warts that appear or changes to the cells of the cervix, can be treated.

An unsatisfactory sample does not mean there is something wrong. It just means that the cells can't be seen properly.

HPV testing

There is a test that can identify certain types of HPV. This is not a test for cancer. The HPV test is not subsidised by Medicare in all cases. For most women, there is little reason to have a HPV test because most HPV infections resolve naturally.

However, it is recommended that HPV testing be used for women who have been treated for a high-grade abnormality. In this instance, the cost of the test is subsidised. The HPV test is done to make sure the HPV infection has resolved.

Your doctor or nurse can advise you if the test would be useful for you.

Low-grade and high-grade abnormalities

Sometimes, very minor changes to the cervical cells are detected. The cause of these changes is not always obvious. The changes may be due to inflammation, but are most likely due to HPV. A definite diagnosis is not always possible.

High-grade abnormalities are more serious changes to the cells of the cervix which, if left untreated, have a greater chance of becoming cervical cancer.

The more severe the abnormality, the less likely it is to go away and the more likely it is to get worse and eventually turn into cancer.

Low and high-grade abnormalities are most often found in women aged between 25 and 35 years. However, they also occur in younger and older women. For many women, especially those with low-grade abnormalities, the problem will heal on its own, with the cells of the cervix returning to normal.

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

Other abnormalities

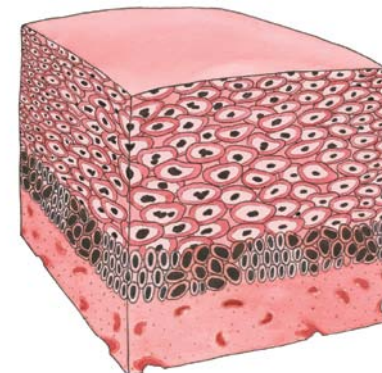
Glandular abnormalities, invasive squamous cell carcinoma or adenocarcinoma may also appear on your Pap test result. These are more uncommon results, which you need to discuss with your doctor.

EXAMPLE OF CELL PATTERN FOR DIFFERENT TYPES OF ABNORMALITY

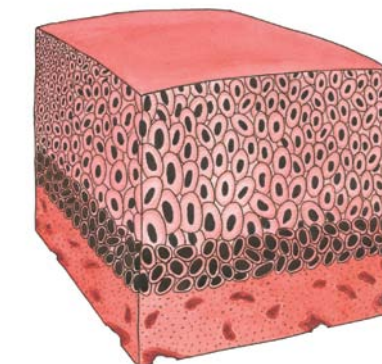
NORMAL



LOW-GRADE ABNORMALITIES



HIGH-GRADE ABNORMALITIES



What happens next?

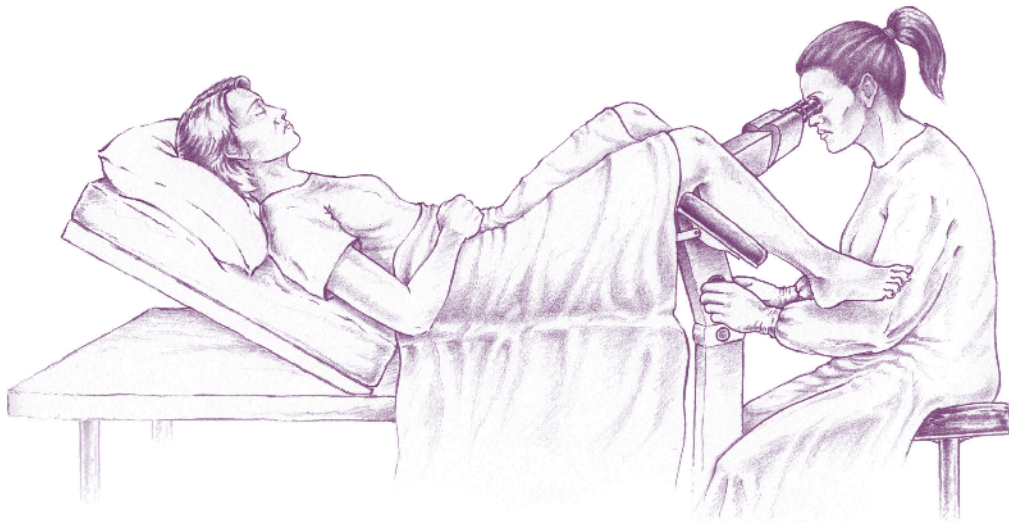
Further Pap tests

For most low-grade changes, more frequent Pap tests are all that is needed for a period of time. During this time, the cervix may heal itself. Pap tests make it possible to check that this has happened and that the changes have not progressed further.

Colposcopy

If low-grade changes persist or if a high-grade abnormality is found, an examination called a colposcopy will be needed. During this examination, the doctor uses an instrument called a colposcope, which looks like a pair of binoculars on a stand. The colposcope allows the doctor to have a magnified view of the cervix to check the extent and nature of any problem.

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



How is a colposcopy done?

For the examination, you will be asked to undress from the waist down and then lie on an examination couch. Special support rests will keep your legs lifted.

Once you are comfortable, the doctor will insert a speculum into the vagina, as for a Pap test. The doctor will paint the cervix with a solution to highlight any abnormal areas. The doctor will then look through the colposcope to carefully examine the cervix. In this way, the doctor can see the location and pattern of any abnormal cells. The colposcope itself does not enter the body.

This whole examination usually takes 10 to 15 minutes and most women do not experience any pain. You may have some discomfort from having the speculum inside your vagina for this length of time.

Try to relax during the examination. Ask the doctor or nurse to explain what is happening. Some colposcopes are fitted with a TV screen so you may watch what is happening.

Talk to your doctor about what was found during the examination.

Biopsy

During the colposcopy, 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. It will take up to two weeks for the result to come back to the doctor. Arrangements should be made for you to discuss the results when they are available and to find out if treatment is required.

If a biopsy is taken, you may have some extra discomfort for a short time. You should avoid rigorous physical exercise for 24 hours after a biopsy. It is best not to have sexual intercourse for one to two days. You should also avoid swimming, bathing and spas for one to two days but showers are OK. These precautions are to reduce the risk of bleeding or infection. You may have some 'spotting' for a few hours afterwards, so it is a good idea to take a sanitary pad to the consultation.

What treatment may be required?

Treatment options depend on whether you are diagnosed with a low-grade or high-grade abnormality. Other factors, such as your age, may influence the treatment your doctor recommends.

Managing low-grade abnormalities

Most low-grade changes do not require treatment, however it is important that any recommended follow-up tests are taken.

If you are under 30 years of age:

- › It is recommended that you have a repeat Pap test in 12 months.
- › If this Pap test is reported as normal then a further Pap test should be done in another 12 months. If this Pap test is normal, it is recommended that you return to two-yearly Pap tests.
- › If the repeat Pap test is reported as a low-grade or high-grade abnormality, it is recommended that you have a colposcopy.

If you are over 30 years of age:

- › If you have had a normal Pap test in the last two to three years, it is recommended that you have another Pap test in 12 months.
- › If you don't have a history of normal Pap tests in the past two to three years, you have the option of either an immediate colposcopy or a repeat Pap test within six months.

Managing high-grade abnormalities

If your Pap test shows a high-grade abnormality, your doctor will refer you to a gynaecologist for a colposcopy and possibly a biopsy.

If the colposcopy and biopsy show an abnormality that requires treatment, your doctor will recommend what type of treatment is suitable for you. You may have to wait a few weeks for an appointment with the specialist for this treatment. This wait will not affect your chances of being successfully treated but it can be an anxious time. Talking with your partner, family or friends and especially your doctor can be helpful. You may also want to contact the Cancer Council Helpline on 13 11 20 or a local women's health service.

If you have a high-grade abnormality, there is only a very small chance (0% to 3%) that you have invasive cervical cancer. If you do, it is highly likely that it can be cured with treatment.

Other abnormalities

A woman with any other cervical abnormality will be referred to a gynaecologist or gynaecological oncologist for a colposcopy.

Treatment methods

If you need treatment, you will have one of the following methods. The choice of treatment will depend on the type of abnormality. Ask your specialist to discuss options with you and to explain the choice of treatment.

Wire loop excision

In this method, the abnormal cells are removed from the cervix with a wire loop. Diathermy (heat) is also used after the loop excision to stop any significant bleeding. The procedure takes 15 to 30 minutes. Some women need a general anaesthetic but most are able to have the treatment with a local anaesthetic, which is usually more convenient. Most women are able to return to normal activities within two to three days.

Laser

With this method, the abnormal cells are removed using heat from a laser beam. The procedure takes 20 to 30 minutes to complete and can be done in a doctor's office, hospital or clinic as a day procedure. If a general anaesthetic is advised or preferred, a one-day hospital stay is necessary.

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

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 and/or affect the glandular cells. It may also be recommended to remove potentially cancerous cells.

Making decisions about treatment

All forms of treatment are effective. The best treatment will depend on the type and extent of the problem. Some doctors will also prefer one treatment method over another. You should make sure that you understand why the doctor recommends one approach or treatment over another.

Don't be afraid to ask questions. Use the questions below to help you talk with your doctor. If there are answers you do not understand, ask for further explanation. You may also wish to ask for a second opinion from another specialist. Your specialist or local doctor will be able to refer you.

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.

Questions to ask your doctor

- 1| What exactly does my result mean?
- 2| Do I need more tests?
- 3| Why do I need a colposcopy?
- 4| What does my biopsy show?
- 5| What treatment choices do I have?
- 6| What treatment, if any, do you advise and why?
- 7| Will I need to rest and if so, for how long?
- 8| Will I need time off work and if so, for how long?
- 9| Will there be bleeding or a discharge and if so, when will it stop?
- 10| How will this affect my sex life?
- 11| How often will I need further Pap tests or other check-ups?


Care after treatment

You may be advised to take a day off work after treatment. If you have had a cone biopsy, you will probably be advised to avoid heavy physical work and to take things easy for several days. Some women have mild pain after treatment, rather like a painful period. Some vaginal discharge is normal. This may be clear or blood-stained and continue for up to six weeks. If the discharge turns to heavy bleeding, contact your doctor.

You should also tell your doctor if you develop a fever, severe pain in the lower abdomen or a smelly discharge, as these may indicate infection.

You will be advised not to have sex for about three to four weeks. This is to reduce the possible risk of infection. Some women prefer to wait longer. Talk with your partner about how you are feeling. Your doctor may also advise you not to use tampons for a similar time.

Ask your doctor or nurse about when you should have your next Pap test.



Ask your specialist to discuss options with you and to explain the choice of treatment. Don't be afraid to ask questions.

Treatment and pregnancy

Having an abnormal Pap test does not affect your chance of becoming pregnant. However, it is wise to have any abnormality checked and treated before pregnancy.

If you are already pregnant when your abnormal Pap test occurs, your doctor will want to do regular Pap tests and a colposcopy during your pregnancy. This procedure will not affect the pregnancy. If you need treatment, it can nearly always be delayed until after the baby is born.

The cervix may be weakened after a cone biopsy. 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. Studies show that wire loop excision may also weaken the cervix. The care of a specialist obstetrician is recommended in these cases.

Victorian Pap Test Registry

Remember that regular Pap tests following an abnormal result help to protect your health.

However, it is not always easy to remember when your next Pap test is due. The Victorian Pap Test Registry is a confidential list of Pap test results. The registry provides a useful reminder system. The registry will send you a reminder when your Pap test is overdue. If you are not on the registry and would like to be, let your doctor or nurse know. Also let your doctor or nurse know if you have changed your address so the registry can update its files. Alternatively, visit www.vccr.org to change your details online.

Do I need more Pap tests?

If your result shows a low-grade abnormality you will need a repeat Pap test – see page 12 for further information.

If you have had treatment for a high-grade abnormality, you will need to have six normal tests before you can return to two-yearly Pap tests. These tests are:

- › Pap test and colposcopy at four to six months after treatment
- › Pap test and HPV test 12 months after treatment
- › Pap test and HPV test 24 months after treatment.

As you have been treated for a high-grade abnormality, these HPV tests are cost-free.

If you have had any other abnormality, ask your doctor about when you should have your next Pap test.

Things to remember

Most abnormal Pap tests are not due to cancer and most will not need treatment.

For more information, talk to your doctor or nurse, or contact the Cancer Council Helpline on 13 11 20 for the cost of a local phone call.

Remember, if you have any problems like unexpected bleeding or a heavy discharge, you should tell your doctor, even if you recently had a normal Pap test.

Human papillomavirus (HPV) vaccine

A vaccine to prevent cervical cancer is available for females aged nine to 45. The vaccine prevents infection with the two HPV types responsible for 70% of cervical cancers.

The vaccine is most effective when given before the commencement of sexual activity – that is, before exposure to HPV. The vaccine costs approximately \$450, is administered as three doses over a six-month period and is available through your doctor.

The HPV vaccine is available free of charge for girls aged 12–13 via the school-based National Immunisation Program. For more information about the vaccine visit cervicalcancervaccine.org.au.

Do vaccinated women need Pap tests?

Yes. Regular Pap tests remain critically important for vaccinated women. This is because the HPV vaccine does not protect against all types of cancer-causing HPV and Pap tests remain the only way to check for abnormal cells on the cervix. Additionally, in some cases, exposure to HPV may have occurred before vaccination through sexual activity.

Young girls who have been vaccinated will still need Pap tests when they are older.

Abnormal Pap tests following vaccination

It is not uncommon for a HPV-vaccinated woman to receive an abnormal Pap test result. This is because the vaccine does not protect against all HPV types and the vaccine does not treat HPV already acquired prior to vaccination. It is vitally important that vaccinated women continue to have regular Pap tests so that cervical cell abnormalities can be detected and treated.

Should I have the vaccine if I've already had an abnormal Pap test result?

There is no easy way to find out which HPV type/s you have previously been exposed to. It is possible that you may have already been exposed to one or both of the cancer-causing HPV types protected against by the vaccine. As a result, the benefit of the vaccine may be reduced. However, it is difficult to determine this for an individual.

We know the vaccine is most effective if given prior to exposure to HPV – that is, before sexual activity commences. For women who have had sex, regular Pap tests remain their best protection against cervical cancer.

Women are advised to speak to their doctor or nurse about whether or not the vaccine will benefit them.

Glossary

Most of the words listed here are used in this booklet. Others are words you are likely to hear used by doctors and other health professionals looking after you.

adenocarcinoma

A rare form of glandular cervical cancer.

biopsy of the cervix

A small piece of the cervix that is removed for examination under a microscope.

cells

The microscopic 'building blocks' from which all living organisms are made.

cervix

The neck of the 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.

endocervical

Inside the canal of the cervix.

glandular cells

Glandular cells are column-shaped and appear higher up in the cervical canal. Cervical cancer occurring from these cells is less common.

gynaecological oncologist

A gynaecologist who has special training and certification in managing gynaecological cancers.

gynaecologist

A specialist in women's reproductive health.

high-grade abnormality

Changes to the cells of the cervix that are more serious than low-grade abnormalities.

They may lead to cancer in some women. These changes require treatment and careful follow-up care.

human papillomavirus (HPV)

A group of viruses that can cause infection in the skin surface of different areas of the body, including the genital area. The virus can cause visible warts on the skin or may only cause microscopic cell changes.

low-grade abnormality

Changes to the cells of the cervix that are less severe than a high-grade abnormality. These changes need careful monitoring with repeat Pap tests and may not need treatment.

screening test

A test done on people at risk of developing a certain disease, who have no symptoms. The Pap test is a screening procedure to look for changes that might lead to cancer of the cervix. It is up to 90% accurate and the best way to prevent squamous cell cancer of the cervix.

squamous cells

The cervix is made up of two types of cells: squamous cells and glandular cells. Squamous cells are flat skin-like cells that cover the outer surface of the cervix. Around 80% of cervical cancers occur in the squamous cells.

transformation zone

The area in the cervix where the squamous cells meet the glandular cells.

Cancer information and support in your language

For the cost of a local call (except from mobiles) you can talk confidentially to a Cancer Council nurse by calling the Cancer Helpline on **13 11 20**.

To talk with a nurse with the help of an interpreter simply follow these steps:

- 1 Call **13 14 50** (Translating and Interpreting Service) Monday to Friday 9am to 5pm
- 2 Say the language you need
- 3 Wait on the line for an interpreter (may take up to 3 minutes)
- 4 Ask the interpreter to contact the Cancer Council Victoria Helpline on **13 11 20**
- 5 Talk to the cancer nurse with the help of your interpreter.

For written information in a range of languages, visit www.cancervic.org.au/multilingual



papscreen.org.au

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