

Understanding cervical screening results

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**Time to
screen**

National
Cervical
Screening
Programme

Cervical screening results

Cervical (cytology) screening shows if there are changes in the cells on the surface of the cervix. Most results are normal, but some will show abnormal changes. Often these changes will return to normal on their own. In a small number of cases, abnormal cells can develop into cervical cancer over time if they are not treated.

What the different results mean

Normal Results

Nothing abnormal was detected. Future follow-up will be according to your screening history.

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Unsatisfactory results

Unsatisfactory results mean that the test could not be read at the laboratory because there were not enough cells in the sample, or blood or mucus hid most of the cells. You will need to have another test within three months.

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Inflammation or infection

Occasionally your test result may show that inflammation or infection is present. Discuss this with your health provider. Often no treatment is required.

Atypical cells

This means it is difficult to be sure whether cell changes are starting to develop or not. Mild atypical changes (called ASC-US or atypical squamous cells of undetermined significance) often clear up before your next test.

Mild (low-grade) changes (LSIL)

This means it looks like the cells are beginning to show some mild changes. LSIL (or low-grade squamous intraepithelial lesions) are due to an HPV infection and usually clear up on their own.

If you have atypical or mild (low-grade) changes, and are under 30 years of age, your health provider may advise you to have another cervical screening test in 12 months. Quite often, the next result will be normal. If the second result is not normal you may be referred to see a specialist (colposcopist).

If you are 30 years of age or older a test for HPV will be done automatically after your first low-grade result. If HPV is detected you will be referred for colposcopy.

Moderate to severe (high-grade) changes (HSIL)

High-grade changes are more developed changes called high-grade squamous intraepithelial lesions (HSIL). This doesn't mean cancer (most women will have cell changes that can be successfully treated), but you'll need another check called a colposcopy. When you have this examination the colposcopist may discuss HPV testing with you.

Colposcopy

Colposcopy is an examination of the cervix, using a magnifying lens called a colposcope.

The colposcope looks like a pair of binoculars on a stand. It magnifies your cervix and vagina so that any abnormal areas can be seen. The examination may include taking a small sample of tissue (a biopsy). The biopsy takes only a couple of seconds and may be a bit uncomfortable.

The colposcopist will discuss the result of your colposcopy with you at the end of the examination and will tell you when your biopsy results will be available.

Treatment

The colposcopist may recommend treatment to remove the abnormal cells. The type of treatment will depend on the type of abnormality and where it is on your cervix. Many abnormalities can be treated under a local anaesthetic, either in the colposcopy clinic or in day surgery. Your colposcopist will discuss the options with you. They will also be able to explain the various types of treatments. Early treatment of abnormal cells is almost 100 percent successful in preventing cancer.

*Ma te mōhio ka ora
Knowledge improves
health and well-being*



Cervical cancer and human papillomavirus

- Almost all cervical cancer is caused by human papillomavirus (HPV) which is spread by sexual activity. Eighty percent of people who have been sexually active will have an HPV infection at some point in their lives.
- There are many types of HPV. Most HPV infections will clear up by themselves.
- Only a few types of HPV will lead to abnormal cells that could progress to cancer.
- Cervical cancer usually takes many years to develop. Through regular screening abnormal cells can be found and treated before becoming cancer.

HPV (cervical cancer) vaccine

The HPV vaccine protects against some high-risk types of HPV. However, it doesn't protect against them all, so it's important to continue with cervical screening even if you've had the vaccine. The vaccine is free for everyone, male and female, aged 9-26 years, including non-residents under the age of 18.

How accurate is cervical screening?

There is always a small chance that some abnormal cells may not be found by the test. Abnormal changes progress very slowly, so it is very likely that any abnormal cells that are missed will be picked at the next test.

On the other hand, there is also a small chance a result will say that abnormal cells have been found when your cervix is normal. A further cervical screening test or colposcopy may confirm this.

The National Cervical Screening Programme

The programme aims to prevent cervical cancer. Anyone who has cervical screening is part of the programme unless they say that they do not want to be.

The benefits of recording cervical screening information include:

- ready availability of records to you, your health provider and the laboratory analysing your tests
- automatic reminder letters if you are overdue for a cervical screening test
- checks to ensure the right follow-up after an abnormal screening test
- planning for the needs of different ethnic groups.

What information is collected or used?

Cervical screening and colposcopy results are recorded on the National Cervical Screening Programme Register (NCSP Register). The information can be requested by your health provider and is used by the programme for monitoring and evaluation under strict rules of confidentiality. De-identified laboratory specimens and results may be used for quality or teaching purposes.

Withdrawing from the programme

Any woman can withdraw from the programme at any time by filling in a form or by writing to the programme. When you withdraw, any cervical screening tests recorded on the register will be deleted and future tests are not recorded.



An Important Message

See your doctor if you have:

- bleeding or spotting between menstrual periods
- bleeding or spotting after sexual intercourse
- bleeding or spotting after your menstrual periods have stopped (after menopause)
- persistent pain in your pelvis
- pain during sexual intercourse
- unusual or persistent discharge from the vagina. The discharge might be smelly, have changed colour from white to pink, brown, or green, or be streaked with blood.

These symptoms can happen for several reasons and rarely mean that you have cervical cancer. However, they should be checked by your doctor.

Further information

Contact:

- the National Cervical Screening Programme, freephone 0800 729 729
- your doctor or practice nurse
- community health centres eg, Māori health centres, Pacific health centres or women's health centres
- your local Family Planning clinic
- your local Cancer Society.

Visit our website: **www.timetoscreen.nz**

View this pamphlet and other health education resources at **www.healthed.govt.nz**

If you change your address, please advise your health provider and the National Cervical Screening Programme, freephone **0800 729 729** or email info@ncspregister.health.nz

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