**Cervical Cancer Screening**

Screening begins with a Pap test at age 21 (screening is not recommended before 21), done every three years. At age 30, there are three different options:

- A Pap test alone every three years
- Co-testing with a Pap and HPV test, every five years
- An HPV test alone, every five years

Let’s look at what these options are.

**Pap Test:** A Pap test checks for abnormal or precancerous changes in the cells on the cervix. Most of the time, these cell changes are due to HPV. If the Pap test results show these cell changes, this is usually called cervical dysplasia. Other common terms the healthcare provider may use include:

- Abnormal cell changes
- Precancerous cells
- CIN (cervical intraepithelial neoplasia)
- SIL (squamous intraepithelial lesions)

**HPV Test:** An HPV test checks directly for the genetic material (DNA) of HPV within cells and can detect the “high-risk” types connected with cervical cancer. For those age 30 and over, an HPV test can be done with the same cell sample taken during the Pap test or even as a stand-alone test without a Pap.

**Abnormal Results**

The term “abnormal Pap” is broad and not very specific. There are many different systems that healthcare providers use to classify/report a Pap test result. Within each system, there are different degrees of severity or abnormalities and include:

- **ASC-US or ASC-H** refers to cells that do not look entirely normal, but are not definitely abnormal. Most people with this Pap result are normal, but a few will have high-grade SIL (see more on this below). ASC-H is similar to an ASC-US reading, except the cells are abnormal in a way that means high-grade SIL (see below) cannot be excluded.
- **Low-grade SIL (LSIL) or CIN 1** refers to mildly abnormal cells. Changes are most often due to HPV. Most people with this reading have mild cervical dysplasia, but some (10-30%) may have more abnormal changes.
- **High-grade SIL (HSIL) or CIN 2-3** refers to moderately to severely abnormal cells. Changes are almost always due to HPV. Most with this Pap result will have more abnormal findings on the cervix.
- **Cancer— Invasive Squamous cell carcinoma,**
  **Invasive glandular cell (Adeno) carcinoma**

  means that the Pap will be read as suspicious for cancer if the cells are so abnormal as to indicate cancer. The possibility of cancer is high enough to require immediate evaluation but does not mean one definitely has cancer.

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Human papillomavirus (HPV) is the name of a group of viruses that infect the skin. Some types of HPV infect genital and anal skin and are sexually transmitted. Some types of HPV can cause external genital warts, while others sometimes lead to cell changes of the cervix that, if not detected and/or treated, can lead to cervical cancer.

The majority of people with a cervix who experience an HPV infection will not develop cervical cancer. But regular screening is very important since in most cases, cervical cancer can be prevented through early detection and treatment of abnormal cell changes.
Colposcopy is a procedure in which a lighted magnifying instrument is used to look at the vagina and cervix. If abnormal changes are found on the cervix, a small piece of tissue may be removed by biopsy. 

Endocervical curettage: If a sample needs to be taken from the inside of the cervical canal, an endocervical curettage (ECC) may be done. This uses a small, spoon-shaped instrument called a curette to remove tissue.

Using the 2019 ASCCP guidelines for the management of abnormal Pap test result, your provider will look at your past test results to help determine your risk and type of follow up that you should receive. Depending on your circumstances, your healthcare provider may “watch and wait” to see whether your immune system clears the HPV from your body instead of treating you or evaluate you further. Further evaluation includes a repeat Pap test, an HPV test, or procedures—colposcopy and/or endocervical curettage.

Repeat Pap tests or HPV tests will let your provider know whether your cells are becoming more abnormal. So, keep all your appointments and contact your healthcare provider’s office if you are not able to keep your appointment, miss your appointment, or need to discuss challenges regarding following up.

A colposcopy and endocervical curettage are performed in your healthcare provider’s office. Your healthcare provider has to be able to see the cervix, so a speculum will be inserted into the vagina as is done to perform a Pap test.

- **Colposcopy** is a procedure in which a lighted magnifying instrument is used to look at the vagina and cervix. If abnormal changes are found on the cervix, a small piece of tissue may be removed by biopsy.
- **Endocervical curettage**: If a sample needs to be taken from the inside of the cervical canal, an endocervical curettage (ECC) may be done. This uses a small, spoon-shaped instrument called a curette to remove tissue.

Any tissue that is removed will be looked at under a microscope to decide whether it is normal or represents dysplasia (abnormal cell change). Mild dysplasia may also be referred to as either low-grade SIL or CIN 1, and moderate or severe dysplasia as high-grade SIL or CIN 2-3.

**Treatment Options**

Treatment options include cryosurgery (freezing abnormal tissue), laser (a powerful beam of light to cut or destroy tissue), LEEP (also known as LOOP or LLETZ, using a thin, electrically charged wire to cut away abnormal cells), and cone biopsy (removing a cone-shaped piece of tissue with a surgical knife, laser, or LOOP). Additional treatment options include hysterectomy (removal of the womb/uterus) without/with removal of the tubes and ovaries, chemotherapy, and radiation.

**Follow up After Treatment**

Women who have been treated for HSIL, CIN 2, CIN 3, or AIS will need to have an HPV test or co-test every three years for 25 years and beyond if the woman can still follow up for screening.

Don’t worry if the abnormal results seem confusing. Talk to your healthcare provider and they’ll help you sort out which option is right for you. Remember it is most important that you follow up your abnormal test result(s).

**Learn More**

Learn more about abnormal Pap and HPV test results from the American Sexual Health Association. Our websites include:

- www.ashasexualhealth.org
- www.iwannaknow.org
- www.quierosaber.org
- www.nccc-online.org

**When treatment is needed there are several options depending on factors such as age, where the dysplasia is located, if a person has gynecological problems, is pregnant, and/or has conditions that affect the immune system (for example, HIV), and how much dysplasia is present.**