

Abnormal Smear (Cytology) Results – What do they mean?

**Obstetrics & Gynaecology
Women & Children's Services**

**This leaflet has been designed to
give you important information
about your condition / procedure,
and to answer some common
queries you may have.**



Information for patients and visitors

What is a cervical smear?

A cervical cytology (cervical smear) sample is a sample of cells from the outside of the cervix (or neck of the womb) that allows detection of pre-cancerous abnormalities of the cervix. These changes can then be treated successfully before cancer develops.

Smear tests are simply screening tools, which signal that more careful attention should be directed at the cervix. In fact sometimes smears can be reported as abnormal even though no abnormality exists on further examination. In extremely rare cases, smears may detect an abnormality in the presence of a cancer of the cervix.

Nowadays smears are called 'cervical samples' or 'liquid based cytology samples (LBC)' as they are no longer smeared on slides, but collected in fluid filled bottles. This development is called liquid based cytology and the main advantage to this is it reduces the likelihood of any sample being unsatisfactory for examination.

It is important to remember that it is extremely rare for an abnormality found at screening to be cancer. Nearly all abnormal results show no more than small changes in cells. These act as an early warning sign that, over time, cervical cancer may develop.

About My Smear Test

You have just been told that your recent smear was abnormal and you may probably be worried about what is going on and what is likely to happen. You may not even have had a chance to discuss things with your GP or practice nurse and you might even have been sent an appointment directly from the Colposcopy clinic.

The first thing to say is that the vast majority of women in your situation do not have cancer but a condition with changes in the neck of the womb (cervix) that we call Cervical intraepithelial neoplasia (CIN). When these changes are found it is normally very easy to get rid of them completely.

Smears are graded with differing degrees of abnormality from a non-specific 'borderline' change to mild, moderate and severe changes called dyskaryosis and these roughly equate to CIN 1, 2 and 3

We hope to give you all the information you need in this section.

Results

Your smear may have been reported as **inadequate**. For one reason or another, the process required produce a sample for the cytologist who reads your smear has been unable to provide a satisfactory specimen.

There can be many reasons why; from a simple problem like difficulty in obtaining enough cells for the laboratory to read or too much blood on the smear or a more complex difficulty in the preparation process. Importantly an inadequate smear does not mean your smear was abnormal but that it was unreadable.



Information for patients and visitors

Be aware that you will be called for a repeat cervical cytology sample in three months. Waiting for this time before repeating the test, reduces the risk of a further inadequate sample.

For many women their abnormal result will show **borderline changes** or **mild dyskaryosis**.

These are small changes which often return to normal by themselves. The areas of changed cells are known as cervical intraepithelial neoplasia, or CIN. Mild dyskaryosis associated with the grade CIN 1. These changes are not cancer, and in most cases do not lead to cancer in the future.

It is safe to give the small changes a chance to return to normal by themselves without having immediate treatment.

For some women their result will show **moderate** or **severe dyskaryosis**. These areas of changed cells are associated with the grades CIN 2 and CIN 3.

Even with CIN 2 or CIN 3 grade changes, it is unlikely that you have cancer. However, these changes are less likely to return to normal by themselves and usually need treatment.

What does CIN mean?

Changes of the outer (squamous) cells of the cervix are those that have the potential to turn into cancer if left untreated for some time. In the cervix these changes are called 'Cervical Intraepithelial Neoplasia' or CIN for short. This rather long term means that the changes are confined to the outermost surface of the cervix and there has been no spread of disease.

There are different grades of CIN according to how severe the changes are, from CIN1 (minor change) to CIN3 (the most severe change). The risk of developing cancer is related to the grade of CIN. We know that most cases of CIN1 will go back to normal without any treatment. The risk of CIN1 developing into cancer is very small. However we know that CIN2 and CIN3 may develop into cancer in some cases, if left untreated. We don't really know the exact risk of CIN2 and CIN3 turning into cancer as it would be unacceptable to watch this happen without offering treatment merely to see what proportion developed a cancer.

There is a rare abnormality called 'Cervical Glandular Intraepithelial Neoplasia' or cGIN and this is the same sort of pre-cancerous change involving the inner glandular cells of the cervix. Treatment of cGIN is usually the same as CIN.

What causes CIN?

You may have heard that CIN and cervical cancer is caused by a viral infection with human papillomavirus (HPV). These are in fact a large family of viruses, only a few of which are involved in causing abnormalities of the cervix and lower genital tract. Of the over 150 HPV viruses, the main types responsible for changes to the cervix are types 16,18,31,33 and 45. While it is true that virtually all women with CIN and cervical cancer have had HPV infection, so have a huge number of other people without disease. About 4 out of 5 adult men and women have had HPV infection at some time in their lives, but only a small minority of women with an HPV infection ultimately have an abnormal smear and a tiny fraction of these get cervical cancer.



Information for patients and visitors

It is acquired or caught in almost all cases through close intimate or sexual contact, but the infection is so common and so subtle that referral to a sexually transmitted disease clinic is not appropriate. It should also not be considered a 'VD' or venereal disease. Certainly no antibiotics or other treatment for HPV infection is required.

HPV only causes cervical smear abnormalities if it is not cleared from the body over a period of years. The smear abnormality requires further examination and sampling and sometimes treatment in colposcopy clinic. Within the next year, a test for HPV infection when borderline and mild smear abnormalities are reported will be part of routine practice in England.

Contact Details for Further Information

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Scunthorpe General Hospital

Appointments – 03033 306536

Colposcopy secretary 03033 306537

Nurse Colposcopist Lynda Farrow-Browne

(answer machine) 03033 303590

For Diana, Princess of Wales Hospital

Appointments and Colposcopy secretary 03033 0303048

Nurse Colposcopist Lynda Farrow-Browne

(answer machine) 03033 303590

For Goole and District Hospital

Colposcopy secretary 03033 306537

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: nlq-tr.PALS@nhs.net

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.



Information for patients and visitors

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