

Steps of my life

You too should opt for
a gynaecological examination

Zora

National Cervical Cancer
Screening Programme

Why do we recommend a gynaecological examination?

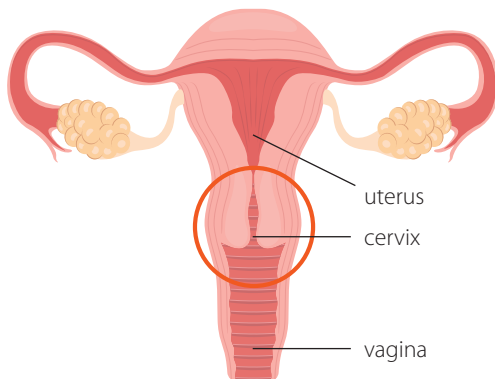
- * Choosing to have a preventive or regular gynaecological examination, i.e. when there are no gynaecological signs or symptoms, is proof that a woman is well-informed and takes care of her health. This examination can reveal abnormal cervical cells before they become cancerous.
- * If the abnormalities are detected in time, the disease can be prevented with simple treatment. Cervical cancer develops without any signs and is hard to detect at first, but once it causes problems, the treatment is difficult and less likely to be successful.

What is a cervical smear?

A smear of the cervix and the cervical canal is an integral part of regular preventive gynaecological examinations aimed at preventing cervical cancer. It is a painless, short and simple procedure:

- * The gynaecologist gently collects a cell sample from the mucosa lining of the cervical canal and the cervix using a special paddle and brush.
- * They transfer the collected cells to a slide and prepare them for later staining and microscopic examination. This is because, under the microscope, the staining shows whether the cells have a normal or abnormal structure.

Site of smear collection



What does this test tell us?

The cell changes detected under the microscope in the laboratory are classified into two groups: the smear may be **negative** or **pathological**.

NEGATIVE RESULT – about **95 out of 100 women** have a negative screening test result. This means that the cells may be completely normal or altered due to other causes that do not present a cancer risk (e.g. inflammation). The risk of these women having precancerous or cancerous lesions in the cervix is extremely small, so a repeat screening in three years is advised unless the gynaecologist recommends otherwise. Despite a negative screening test result, it is a good idea to be on the lookout for lesions and to make an early appointment with a gynaecologist if there are any symptoms of the disease.

PATHOLOGICAL RESULT – around **5 in 100 women** will have a pathological screening test result. Of these, 4 have low-grade lesions that warrant a follow-up examination in six months. One woman will have high-grade lesions that warrant a colposcopy. A pathological screening test result does not mean that a woman has cervical cancer, but it does put her at higher risk of cervical cancer.

Low-grade lesions:

The two most common results are:

- * **ASC-US**, meaning **A**typical **S**quamous **C**ells of **U**ndetermined **S**ignificance; and
- * **LSIL**, meaning **L**ow grade **S**quamous **I**ntraepithelial **L**esion.

Both of these results mean only mild changes of the squamous cells, so a follow-up gynaecological examination in six months is needed. At that time, a cervical swab will be taken again, as well as a swab to identify the high-risk HPV genotypes of human papillomaviruses (HPV for short), called the HPV triage test.

1 in 10 women with low-grade lesions will need treatment.

High-grade lesions:

- * **ASC-H**, meaning **A**typical **S**quamous **C**ells – cannot exclude HSIL;
- * **HSIL**, meaning **H**igh grade **S**quamous **I**ntraepithelial **L**esion.
- * The results **AGC-NOS** (**A**typical **G**landular **C**ells, **N**onspecified) and **AGC-favor neoplastic** (**A**typical **G**landular **C**ells, **f**avour **n**eoplastic) are extremely rare. These are lesions in the glandular cells of a cervical smear.

A colposcopy is recommended for women with high-grade lesions. 6 out of 10 women will need treatment.

The treatment of early precancerous lesions of the cervix does not reduce the ability to conceive and does not affect the woman's sex life.

How often should I have a cervical smear test?

- * Research shows that cervical lesions develop into cancer gradually over many years. Therefore, for a woman with no gynaecological signs or symptoms, it is sufficient to have a cervical smear every three years, after two negative tests within a period of one year.
- * The gynaecologist who took your cervical smear will tell you how and when you will get the result of your cervical smear or HPV test. Normally, you will get the results no later than 4 weeks after the test.
- * If your smear is considered inadequate or if suspicious lesions are found, this will be explained to you by your gynaecologist and you will be invited for a follow-up examination.
- * Women who have been treated for precancerous lesions should have more frequent check-ups. They will receive more detailed instructions from their gynaecologist.
- * Women who have been treated for cervical cancer should have an annual check-up.

What is an HPV triage test and what are the possible results?

The HPV triage test is a painless, short and simple procedure in which a gynaecologist lightly swipes a special brush over the lining of the cervix and cervical canal to obtain a cell sample. Part of the brush is then placed in a vial containing a special liquid, which is sent to a laboratory to determine whether the woman is infected with HPV. Most women who undergo the HPV triage test will have a negative result, so we recommend having a regular cervical smear again in three years.

The HPV test detects the presence of high-risk HPV genotypes, which can cause severe precancerous lesions and cervical cancer. Long-lasting HPV infection causes pathological cell lesions that can be detected with a cervical smear. The HPV test is used to look for women who are at a higher risk of precancerous lesions, which is why it is also called the HPV triage test. This triage test, performed in line with gynaecological guidelines, is free of charge. The HPV test is an integral part of a gynaecological examination when there are minor lesions in the pathological cells of a cervical smear or if the woman has already been treated for precancerous lesions. However, if a woman whose cervical smear is consistently negative also wishes to have an HPV test, or if other procedures are more appropriate based on the smear result, she is entitled to this service but must pay for it out-of-pocket.

- * **If the HPV triage test is negative and the cervical smear is negative or low-grade**, the risk of having precancerous lesions or cervical cancer is very low, and therefore the woman is advised to schedule her next cervical smear in three years' time.
- * **If the HPV triage test is positive and pathological cells are present in the cervical smear**, this may indicate a higher risk of having precancerous lesions. In this case, additional tests, e.g. a colposcopy, should be performed.

- * **However, if the cervical smear is negative and the HPV triage test is positive**, it is very likely a case of a harmless transient HPV infection. About 90 % of HPV infections resolve within one to two years with no abnormalities. In this case, the HPV triage test should be repeated in one year.

The advantage of the HPV triage test is that when the test is negative, it is reassuring and prevents unnecessary and too frequent gynaecological examinations.

The reliability of cervical smear cell examination and the HPV test

A cervical smear cell examination is reliable and can prevent cancer in 80–90 % of cases with appropriate procedures. Of course, it also has its limitations.

- * The assessment of cells in the smear is sometimes hampered or even impossible if the sample is inadequate. It can happen that there are too few cells in the smear, or they are mixed with discharge or blood. In this case, you will be invited for a re-examination. However, it is not possible to completely rule out an erroneous assessment by the examiner. The ZORA programme pays particular attention to the quality of the providers' work and training, especially professional supervision of the work carried out in the laboratories, in order to ensure that the smear assessments are as reliable as possible. HPV testing is a laboratory test in which the result is not interfered with by discharge or blood, and should therefore be repeated only in exceptional cases.
- * Despite a negative cervical smear, look out for any new signs and see your gynaecologist if you have any of the following problems:
 - recurrent bleeding or brown discharge after intercourse;
 - repeated bleeding or brown discharge between menstrual periods;
 - postmenopausal bleeding;
 - prolonged foul-smelling vaginal discharge, without signs of inflammation;
 - persistent low back pain, if not due to changes in the spine;
 - frequent and painful urination or bloody urine, if your general practitioner concludes that you do not have a urinary tract infection.

What is a colposcopy? When is it needed and why? What is CIN and when is treatment needed?

If cervical lesions are recurrent or the cervical smear findings are repeatedly pathological, further tests need to be performed.

The gynaecologist first examines the cervix with a microscope (colposcope) during the gynaecological examination. The microscopic examination is called a colposcopy. This procedure, called a biopsy, takes a piece of cervical tissue to be examined in the laboratory by pathologists to assess the type and extent of the cell changes. These changes are called CIN (cervical intraepithelial neoplasia) and are classified into three classes:

- * CIN 1 means that the cervical cell changes are mild, most often due to an HPV infection. Women with CIN 1 are rarely treated immediately (e.g. those who only occasionally come for gynaecological examinations); they are usually tested for HPV first;
- * CIN 2 means that the cell changes are moderate;
- * CIN 3 means that the cervical cell changes are more severe.

For CIN 2 and CIN 3, the removal of the abnormal cells is recommended by the professional guidelines with an electric loop (a procedure called LLETZ) or surgical knife.

A few tips before the examination

- * If you haven't had a gynaecological examination for three years or more, don't wait for an invitation! Make an appointment with your gynaecologist right away.
- * If you use chemical contraceptives (condoms with spermicides, creams, foams, etc.) and moisturisers, we advise you not to have sex for 24 hours before the examination. These products affect the cervical smear and HPV test results.
- * Come for the examination and smear collection when you are not menstruating because blood in the smear interferes with the test results.

How can I find out more about gynaecological screening and the ZORA programme?

- * If you have any further questions or concerns about preventive gynaecological tests, cervical smears or early detection and treatment procedures, please talk to your gynaecologist.
 - * You can also send your questions by post to:
**ZORA programme,
Institute of Oncology Ljubljana,
Zaloška 2, 1000 Ljubljana**
- Telephone number:
01/5879-575
- or by email to
zora@onko-i.si
- * You can also find lots of useful information on our website
zora.onko-i.si

What is the ZORA programme?

- * The name ZORA stands for “**Z**godnje **O**dkrivanje **p**red **RA**kavijh **s**prememb” (Early Detection of Precancerous Lesions).
- * The ZORA programme aims to encourage women to come for regular gynaecological examinations.
- * The ZORA programme is designed so that every woman aged 20–64 who has not had a preventive check-up in three years will receive an invitation.
- * A woman who has two negative cervical smear results within one year will be invited for the next examination in three years.
- * Women who have not had vaginal intercourse are at extremely low risk of cervical cancer and do not need to come in for a smear. However, please let us know if this is the case.
- * Cervical smears are also not necessary for women who have had their uterus completely removed (including the cervix) due to a non-cancerous disease. If the cervix has not been removed, women should attend regular gynaecological examinations as if they had not had surgery. If the uterus has been removed because of severe precancerous lesions, women must have a smear taken for the first two years.
- * Women who have had negative cervical smears up to the age of 64 are very unlikely to get cervical cancer. We will therefore stop sending invitations for screening. However, we recommend that they discuss further preventive examinations with their gynaecologist.
- * For the more effective prevention of cervical cancer, HPV vaccination is included in the national vaccination programme. Girls and boys in the 6th grade of primary school are vaccinated. Those who miss this vaccination can be vaccinated free of charge until the age of 26, after which the vaccination is paid for out-of-pocket.

- * Regular gynaecological examinations are the best way to detect precancerous lesions in the cervix.
- * Make sure you have a check-up at least once every three years.
- * In the ZORA programme, every woman is reminded when it is time for an examination and also receives a written invitation. Together we are stronger and we can beat cancer!

ACT RESPONSIBLY, RESPOND TO THE INVITATION AND COME FOR A CHECK-UP!



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