

## SOME QUESTIONS YOU MAY BE ASKED BY WOMEN ABOUT THE GUIDELINES AND PAP SMEARS AND SOME MODEL ANSWERS

### **Q. Why are you recommending that we don't treat the abnormal cells detected on my Pap smear?**

**A.** We now know that the majority of low-grade abnormalities are the result of HPV infection and will resolve spontaneously without the need for treatment. By waiting a year for a repeat Pap smear, you may avoid a potentially unnecessary colposcopy.

### **Q. Wouldn't removing the abnormalities be much more effective than waiting to see if they will disappear on their own?**

**A.** Most low-grade abnormalities are due to HPV infection. Because it is likely the abnormality will clear itself, further investigation and treatment is unnecessary at this stage. By monitoring the abnormality via repeat Pap smears, any persisting abnormality will be picked up and addressed in 12 months time.

There is no specific treatment that a doctor can prescribe to help the HPV infection resolve more quickly. Like the common cold, medication is not effective and the body usually clears the virus naturally.

There is evidence that treatment to the cervix (which should only be done for high grade abnormalities) may have a small chance of affecting a subsequent pregnancy, so it is very important to avoid unnecessary investigation and treatment. It is safer to wait and see if the abnormalities will disappear on their own.

### **Q. Isn't it risky to wait for a year - what if it's cancer?**

**A.** These recommendations are evidence-based. The risk of cancer is extremely low in asymptomatic women with low-grade squamous cytology. We now know that the majority of low-grade abnormalities resolve spontaneously without the need for treatment. Cervical cancer typically takes up to ten years to develop, so waiting for 12 months (particularly for younger women who are at less risk of developing cervical cancer) means avoiding potentially unnecessary and invasive investigation.

### **Q. What's the evidence for this 'wait and see' approach?**

**A.** It used to be widely believed that there was an inevitable progression from a lower grade abnormality to a higher grade abnormality and then to cancer. We now know that this is not an accurate reflection of the development of cervical cancer, and we have a greater understanding of the role of HPV in cervical cancer.

Most low grade abnormalities result from an acute viral infection with HPV. Rather than progressing to cancer, most of these clear up naturally without intervention. The new recommendations reflect these advances in knowledge. The new guidelines are based on the very latest research and data, brought together by leading experts in the field.

### **Q. What are the benefits and the risks of this new approach?**

**A.** The benefit is that you don't have to go through a potentially unnecessary colposcopy and can wait to have a Pap smear a year later. There should be minimal risks for women if they follow the recommendations of their GP.

**Q. Are these new recommendations safe?**

**A.** These recommendations are evidence-based. The risk of cancer is very low in asymptomatic women with low-grade cytology. The safety of the new recommendations is being monitored very closely.

**Q. What choices do I have in the management of my abnormality?**

**A.** The purpose of these recommendations is to provide guidance, but each woman is still able to choose her own management. The guidelines are not prescriptive.

**Q. Can I still have a colposcopy if I want one?**

**A.** Yes

**Q. What's caused the cervical abnormality?**

**A.** Most low grade abnormalities result from an acute viral infection with genital HPV. Most people will have genital HPV at some time in their life and never know it. The body's immune system usually clears the virus in around one to two years. That is why we are recommending that women return in 12 months for a repeat Pap smear, to see if the abnormality has cleared up naturally.

**FURTHER INFORMATION**

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