

Changes to the care of women with abnormal Pap smear results

Why are there changes to practice in cervical screening?

New research has led to some changes in the recommended care for women who have an abnormal Pap smear result. Strong scientific evidence shows that less intervention is necessary than was previously thought. The main changes in care result from new knowledge about the human papilloma virus (HPV).

Because of new evidence, the National Health and Medical Research Council (NHMRC) document *Screening to prevent cervical cancer: guidelines for the management of asymptomatic women with screen detected abnormalities* was revised. These guidelines inform health care providers of recommended best practice.

What does the human papilloma virus (HPV) have to do with cervical cancer?

HPV is very common in all people who have ever had sex. Four out of five people will have the virus at some time in their lives.

Over time, the virus can cause cell changes in the cervix. It is these changes that are seen by scientists when a Pap smear is examined in the laboratory. The changes can vary from very mild (low grade abnormalities) to more serious (high grade abnormalities). In some uncommon cases, HPV can cause cancer. For this to happen, there is usually persistent infection with HPV over 10 or more years.

In most cases, HPV clears up in about one to two years without any treatment. Before this information about HPV was known, many women were treated before their bodies had a chance to naturally clear the virus.

What is different?

We now know there is less need for medical intervention following a low grade abnormal Pap smear. It is safe to simply monitor low grade changes caused by HPV by having repeat Pap smears, as these changes nearly always clear up naturally.

The key changes to the guidelines are:

- most women with low grade changes will now be recommended to have a repeat Pap smear in 12 months (instead of a colposcopy – a procedure performed by a specialist practitioner to view the cervix);
- treatment is not recommended for women with low grade changes that have been proven by biopsy;
- all women with atypical (unusual) glandular cell reports should be referred for colposcopy (further examination by a specialist);
- after a woman has treatment for high grade changes, HPV tests should be used to see if the infection has been cleared from the body; and

- new terminology will be used for reporting Pap smear results (see Table 1).

Who will be affected by the changes?

All women who have an abnormal Pap smear result, but do not have any symptoms, are likely to be affected by the changes to the guidelines.

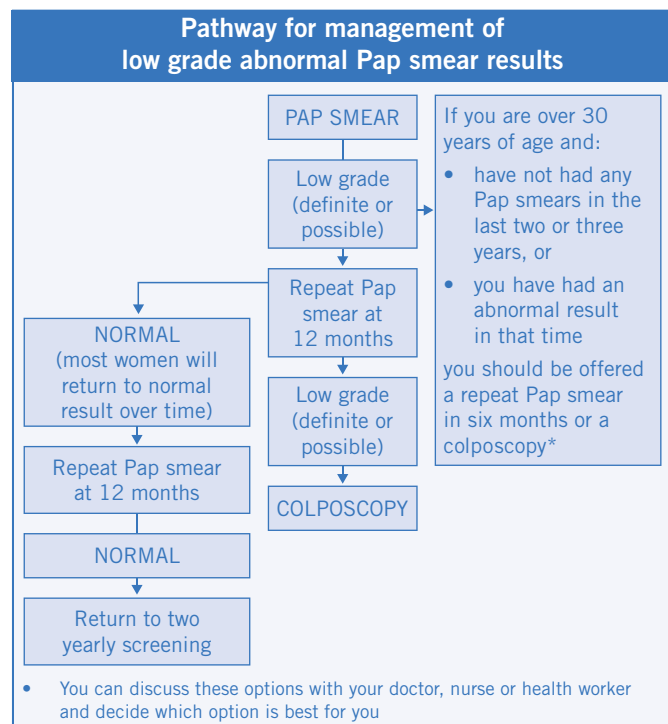
Doctors, nurses and health workers who take Pap smears will receive reports using the new terminology from laboratories. They will consider the new guidelines when making recommendations about managing abnormal results.

What will this mean for women?

For women who have a normal Pap smear result, and this is the majority of women, there will be no difference. Their next Pap smear will be due in two years time.

If the results show an abnormality, this will be reported in the new terminology. The doctor, nurse or health worker will discuss the result with the patient and recommend a process to manage the abnormality based on the guidelines.

The following diagram shows the pathway for management of abnormal Pap smear results.



The diagram shows how a woman with low grade abnormalities (LSIL, definite or possible) will be recommended to have a repeat Pap smear in 12 months. At that time, a normal result means a recommendation to have another Pap smear in 12 months time, after which, if this is also normal, the woman can return to her usual two yearly Pap smear.

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A Pap smear result showing a high grade abnormality (HSIL, definite or possible), will mean referral for a colposcopy and possibly a biopsy. If treatment for a high grade abnormality is needed, a HPV test can be later used to ensure the condition is cured.

What is the HPV test of cure?

This is a change that will benefit many women. In the past, women who had treatment for high grade abnormalities were advised to have yearly Pap smears for the rest of their lives.

There is now good scientific evidence to show that women who test negative for high risk HPV types after treatment for high grade abnormalities have a very low risk of further high grade cervical abnormalities.

So it is recommended that HPV testing is done at the same time as follow-up Pap smears, at 12 and 24 months after treatment. Once a woman has tested negative on both tests on two consecutive occasions, it is recommended that she return to the normal screening interval (every two years), rather than have annual Pap smears for life. This is because she is considered to be cured of the HPV infection and her risk of developing cancer is now the same as women who have not had abnormalities.

Are the changes safe for women?

The updated guidelines were developed by an expert group. This included an independent review that showed that the guidelines are safe. Careful safety and monitoring processes have been established to ensure that women's health is protected.

When will the changes take place?

The new guidelines were approved in June 2005, and health professionals were able to refer to them from that time. The implementation date for the Guidelines is 3 July 2006 when the new terminology will be introduced. The timeframe of 12 months allowed for a smoother transition to the new terminology and practices.

Table 1: A comparison of the new and previous terminology

New terminology, 2006	Previous terminology, 1994
Squamous abnormalities	
Possible low-grade squamous intraepithelial lesion (possible LSIL)	Possible low-grade abnormality, suggesting minor cell changes
Low-grade squamous intraepithelial lesion (LSIL)	Low-grade abnormality, including CIN 1, and HPV effect
Possible high-grade squamous lesion (possible HSIL)	Possible high-grade abnormality
High-grade squamous intraepithelial lesion (HSIL)	High-grade abnormality, including CIN 2 and CIN 3
Squamous cell carcinoma	High-grade abnormality

There are also changes to terminology relating to the less common glandular abnormalities (a rare condition of the cervix).

How do I get more information?

The guidelines document is available on the NHMRC website at <http://www.nhmrc.gov.au/publications/synopses/wh16syn.htm>

Information for women and health practitioners is available on the Department of Health and Ageing website at:

www.cancerscreening.gov.au

Free copies of all information, including the guidelines document can be ordered from this website.

Women can talk to their doctor, nurse or health worker, or contact the National Cervical Screening Program in their State or Territory on 13 15 56.

The state and territory Cancer Councils offer information and support through the Cancer Helpline: 13 11 20 (a local call from anywhere in Australia) which is available between 9am to 5pm, Monday to Friday. Some states have extended hours, health professionals on staff, and multilingual services.

If you require an interpreter, contact the Telephone Interpreter Service 24 hours a day, seven days a week on 13 14 50.