FROM THE AMERICAN SEXUAL HEALTH ASSOCIATION

UNDERSTANDING PAP TEST RESULTS

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, 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. In most cases cervical cancer can be prevented through early detection and treatment of abnormal cell changes.

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

Pap Test: A Pap test checks for abnormal or precancerous changes in the cells on the cervix. 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 changes
- CIN (cervical intraepithelial neoplasia)
- SIL (squamous intraepithelial lesions)

All of these terms mean similar things—it simply means that abnormalities were found. Most of the time, these cell changes are due to HPV.

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.

Abnormal Results
There are different systems used to report Pap test results. Depending on your circumstances, you may need further evaluation, such as a repeat Pap test, an HPV test, or one of the following procedures:

- ***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.

This tissue 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.

Understanding the Results
The term "abnormal Pap" is broad and not very specific. There are many different systems that healthcare providers use to classify a Pap test. Within each system, there are different degrees of severity or abnormalities.

Within normal limits

What it means: No abnormal cells, negative
Next steps: Continue with normal screening

ASC-US or ASC-H

What it means: ASC-US refers to cells that do not look entirely normal, but are not definitely abnormal. Most people with this Pap are normal, but a few will have high-grade SIL. 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.
Next steps: Several options are available: 1) Do an HPV test (preferred with those age 25 and older); 2) Repeat Pap test in 12 months (preferred for those ages 21-24); 3) Refer to colposcopy with ASC-H Pap results.

Low-grade SIL (LSIL) or CIN 1

What it means: 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, moderate or severe dysplasia, CIN 2-3).
Next steps: Colposcopy (and possible biopsy) is the preferred follow-up option for those with a positive HPV test (or if HPV status isn't known). For people with an LSIL Pap result and a negative HPV test, though, repeating the Pap at 12 months is preferred (repeating the Pap in a year is also recommended for those ages 21-24 with LSIL Paps).

High-grade SIL (HSIL) or CIN 2-3

What it means: Moderately to severely abnormal cells. Changes are almost always due to HPV. Most with this Pap reading will have more abnormal findings on the cervix (High-Grade SIL, moderate or severe dysplasia, CIN 2-3).
Next steps: Colposcopy with treatment determined by biopsy results OR immediate excisional procedure, such as LEEP, for those who are over age 24 and not pregnant.

Cancer—Invasive Squamous cell carcinoma, Invasive glandular cell (Adeno) carcinoma

What it means: 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.
Next steps: Colposcopy and biopsy. Referral to specialized evaluation and treatment as needed.

Treatment Options

Because the immune system can get rid of most mild dysplasia (low-grade SIL, CIN 1) without treatment, many providers follow these mild lesions closely and treat only if they do not go away, or if they ever show signs of becoming abnormal. Others may prefer to treat rather than "wait and see."

Moderate and severe dysplasia (high-grade SIL, CIN 2-3) is typically treated. 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 or is pregnant, and how much dyplasia is present.

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).

Learn More

Learn more about HPV and other STIs from the American Sexual Health Association.
www.ashasexualhealth.org
www.nccc-online.org
www.iwannaknow.org
www.quierosaber.org

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