

## Abnormal Pap Results: What do they mean?

All women age 18 and over have been advised to have a pelvic examination and a Pap test at least once a year. In most cases, the laboratory will report that the Pap smear is normal. However, in 5-10% of cases, Pap test results will be abnormal. This patient guide will answer some of your questions about abnormal Pap tests.

### **My doctor's office called to tell me that the results of my last Pap test are abnormal. I'm worried. What does this mean?**

Abnormal results on a Papanicolaou (Pap) test mean that there are changes in the cells of the cervix – the opening of the uterus (womb). Cervical cell changes are most often caused by inflammation.

Inflammation may be the result of infections, such as gonorrhea, herpes, genital warts, bacterial vaginosis, Chlamydia, trichomonas, and yeast infections.

Cervical cell changes can also signal cancerous or precancerous conditions that need to be examined further by your physician.

### **Does an abnormal Pap test mean that I have cancer?**

No. For the vast majority of women, an abnormal Pap test result does not lead ultimately to a diagnosis of cancer. Early treatment of precancerous conditions can prevent cancer from ever occurring. Yearly Pap test and complete follow-up care ensure that even if cervical cancer is present, it will be detected early enough that it can usually be treated successfully. That is why it is so important to return to your doctor for follow-up care.

### **How do I know whether the abnormal results of my Pap test mean that I have an infection or condition that is more serious?**

You should consult your physician for an explanation of your test results, but here are some common classifications of Pap smear that help interpret any changes seen in the cervical cells:

- Atypical or inflammatory: Bacterial or inflammatory cells are seen, usually suggesting an infection or disturbance on the surface of the cervix.
- Cervical intraepithelial neoplasia (CIN): Abnormal cells have replaced normal ones and could develop into cancer over a period of year. CIN is not itself cancer and is usually 100% curable by treatment. CIN is usually subdivided into three grades – 1, mild dysplasia (abnormal cells); 2, moderate dysplasia; and 3, severe dysplasia. Dysplasia is a change in the size, shape, or organization of cells.
- Invasive cancer: Unhealthy, cancerous cells are seen; cancer has spread into the cervix and possibly to other organs. Even invasive cancer has a cure rate of 80% to 90% if it is found early enough.

### **Is the Pap test always accurate?**

Although the Pap test is very effective in detecting changes in the cervix, like any test it is not always 100% accurate. Sometimes there can be problems with the sample itself or with the interpretation of it. There may be too few or too many cells in the sample to allow an accurate reading, or an infection may temporarily be “covering up” abnormal cells.

Although no test is perfect, remember that because the Pap test can find cell changes at an early stage – when treatment is more successful – it helps prevent cancer of the cervix. Since the Pap test was introduced 50 years ago, the number of deaths has decreased by 70%.

## **Is there anything I can do to ensure that a good cervical cell sample is collected at my next Pap test?**

Vaginal medicines, douches, and tampons should not be used for 2 to 3 days before a Pap test because they can affect the sample taken by your physician. Menstrual flow or other vaginal secretions can also interfere with the accuracy of the test.

## **If my Pap test indicates that there are atypical or inflammatory cells, what happens next?**

Your doctor will prescribe a treatment for the inflammation or infection, and you will probably be asked to have a repeat Pap test following treatment. You should wait 3 months before repeating the test to give the cervical cells a chance to recover. Most repeat Pap tests are normal. If cell changes are detected again on a repeat Pap test, it may be necessary to perform further diagnostic studies.

## **What are these diagnostic studies?**

*Colposcopy* may be performed to allow direct viewing of the cervix through a special magnifying microscope (colposcope). Any abnormal cells seen by colposcopy are removed (*biopsy*) to accurately diagnose the problem. Frequently, all the irritated tissue is removed in the biopsy, and no other treatment is needed.

## **I have dysplasia. How will it be treated?**

Minor surgery may be used to treat genital warts, dysplasia, and early stages of cancer. The affected tissue is removed, and new tissue gradually grows and heals the cervix. Several methods are used: *cryosurgery*, which freezes the affected tissue; *electrosurgery*, which destroys affected tissue with heat; *electrosurgical excision*, which removes tissue using a thin loop carrying electrical energy; *laser treatment*, which removes abnormal tissue with high-intensity light; and *conization*, a surgical biopsy that takes larger samples.

## **Who is at increased risk of developing cervical cancer?**

Women who have had many sexual partners or whose partners have had multiple partners, women who have had many pregnancies or who became pregnant in their early teenage years, and women with a history of genital warts are at increased risk. Women who smoke also increase their risk. Although you may not be able to change your risk factors, what you can do in the present is continue to obtain Pap tests and return for follow-up treatment if the results are abnormal.