This booklet covers:

• What is cervical screening?
• Who is eligible for screening?
• What happens when I have a screening sample taken?
• Results of screening
• Abnormal screening result
What is cervical screening?

Cervical screening is the process of taking a sample of cells from your cervix, which are then examined under a microscope to detect abnormalities that might become cancerous in the future. The sample of cells is placed in a liquid to help preserve them so they can be analysed in the laboratory. This process is called liquid-based cytology (LBC). Screening can detect precancerous/abnormal cells, and the detection and successful treatment of these cells usually prevents the occurrence of cancer. Changes in these cells are generally caused by certain types of human papillomavirus (HPV). Testing for the HPV virus itself can also be done on the same LBC sample that is examined under the microscope, although this is not done routinely on all samples at the moment*.

Regular cervical screening provides a high degree of protection against developing cervical cancer. Each year screening saves 5,000 lives in the UK. Not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

Remember, cervical screening is **NOT** a test for cancer. Instead it is a screening test to detect abnormalities that can be treated to prevent cancer developing.
Who is eligible for screening?

To be invited for cervical screening you need to be registered with a GP, who needs to have your current address on file. The NHS ‘call and recall’ system invites all women who are eligible for screening. This system also keeps track of any follow-up investigation and, if all is well, recalls you for screening at the appropriate time for you – in either three or five years depending on your age (see the table below for eligibility).

<table>
<thead>
<tr>
<th>Country</th>
<th>Eligibility</th>
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<tbody>
<tr>
<td>England, Northern Ireland and Wales and Scotland</td>
<td>Women aged 25–49 invited every 3 years</td>
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<td>Women aged 50–64 invited every 5 years</td>
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Table 1. Cervical screening eligibility in the UK

Women in England, Northern Ireland, Wales and Scotland may be invited for screening up to six months before they turn 25.

What happens when I have a screening sample taken?

Having your cervical screening sample taken should only take a matter of minutes. In the UK, practice nurses take the majority of cervical screening samples, but they can also be taken by a GP.

You can bring a relative or friend with you if you need support, and you can request a female practice nurse or GP to take the sample.

Before the procedure starts the doctor or nurse should explain what is going to happen and answer any questions or concerns you may have.
You will be asked to undress from the waist down and to lie on an examination bed on your back either with your legs bent up or with your ankles together. Some examination beds may have stirrups on them. If yours does you will need to place your feet in the stirrups.

A paper sheet will be placed over the lower half of your body. Your practice nurse will then insert an instrument called a speculum into your vagina. The speculum is gently opened inside your vagina, allowing the practice nurse to see your cervix. The majority of speculums used for screening are made from plastic, but occasionally metal ones are used too.

A specially designed brush is used to take cells from the cervix. The practice nurse will gather cells from the area of the cervix called the transformation zone. The sampled cells are immersed in a vial of liquid to help preserve them and looked at under the microscope in the laboratory. The screening process may be a little uncomfortable, but it should not be painful.
Results of screening

Over the last few years in the UK, around seven in every 100 women who went for cervical screening were given an abnormal result. This means that the laboratory has found some cell changes that may need further investigation. If left untreated abnormal cells can sometimes change into cancer of the cervix. A screening report will usually describe these changes as cervical dyskaryosis or dysplasia.

The possible results of cervical screening are:

- **Negative** - indicates no cell changes have been found and you will be recalled for screening in three or five years
- **Borderline** - indicates slight cell changes
- **Low grade squamous dyskaryosis** - indicates mild cell changes
- **High grade squamous dyskaryosis** - indicates moderate or severe cell changes
- **Abnormal glandular cells** - indicates changes to the glandular cells that line the cervical canal.

Depending on where you live in the UK you may also be offered an HPV test. The results of the HPV test combined with cervical screening cytology (examination of the cells under a microscope) enables faster investigation of those at higher risk of developing cervical cancer and reassurance to those at very low risk.
Abnormal screening result

If you have received an abnormal cervical screening result or your practice nurse has visually noticed changes in your cervix, you may be invited to attend a colposcopy. Colposcopy is simply a more detailed look at the cervix. Instead of looking at the cervix with the naked eye, the clinician will use a special microscope to see the changes at high magnification.

Don’t worry about the sound of this! The microscope stays outside of your body. All that goes inside is the speculum, in the same way as when your screening sample was taken. Some clinics may be equipped with video equipment so that you can watch the examination if you wish. The examination may take a little longer than a standard cervical screening, but the nurse or doctor performing the colposcopy will talk to you during the examination and tell you what is happening.

You may require treatment for the abnormal cells, but this depends how advanced the changes to the cells are. Many women have only mild changes and these will often get better on their own without treatment. If this is the case, you will be examined regularly instead of having treatment.

Your colposcopist will advise you on the specific treatment you might require during your colposcopy appointment. Some colposcopy centres have a ‘see and treat’ policy. This means that you may be reviewed by a colopscopist and then, if needed, you will be offered treatment for abnormal cells there and then. Treatment is usually large loop excision of the transformation zone (LLETZ). LLETZ removes the abnormal area of cells with a wire loop and seals the wound at the same time.

*For more information on HPV testing, cervical screening, colposcopy and LLETZ please visit our website: www.jostrust.org.uk/about-cervical-cancer.
We also have information on:

- Cervical cancer
- HPV
- HPV testing
- HPV vaccine
- LLETZ

The information included in this publication was correct at the time of going to press. We plan to review publications after two years however updates may happen more frequently. For updates or for the latest information, visit jostrust.org.uk.

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