

## Understanding Pap Smear Reports

A Pap smear collects cells from the cervix and the canal that leads to the uterus. This is the area in which the majority of cancers of the uterus develop. The nurse practitioner will remove cells from the surface and these are placed onto a glass slide for examination at the laboratory by a Cytotechnologist or a Pathologist (specialist). About 95% of all Pap smears are found to be normal. **In the United States, the Pap test, as currently performed, has been largely responsible for reducing the annual death rate from uterine cancer by about 70%.**

There is a slight potential for error due to sampling or from technical misinterpretation by the laboratory, **however at this time there is no perfect test.** Depending upon the laboratory Pap results may take up to thirty days from the date of the exam to be reported to you. Your clinician is the best judge of whether treatment is needed and what type.

### **RESULTS**

#### **Within Normal Limits/Negative/Class I**

Indicates that no abnormal cells have been detected.

#### **Benign Cellular/ Inflammatory Changes/Reactive or Reparative Changes.**

These phrases indicated that there is a minor change in the appearance of some of the cells present. These changes can occur for a wide variety of reasons. If a lab suspects the presence of an infectious organism, it will be indicated. There is no reason for serious concern. Your clinician may recommend an infection check and/or a repeat pap smear in 4 – 6 months.

#### **Atypical Squamous or Glandular Cells of Undetermined Significance (ASCUS or AGUS)**

This indicates that there are cells present that are slightly abnormal in appearance but do not necessarily represent a significant abnormality. ASCUS paps are usually caused by the Human Papilloma Virus (or HPV). HPV typing can determine if you are at high risk or low risk for developing cervical cancer. These changes can result from inflammation or from the very earliest stages of abnormal growth of cells. In some instances the pathologist will also further classify these changes to suggest that reactive change or premalignant change is favored. This is a very subjective distinction. Pre-malignant changes are those that are expected to persist or progress to a low-grade intraepithelial lesion. A colposcopy is required for high risk HPV infections and to evaluate an AGUS pap result.

#### **Low Grade Squamous Intraepithelial Lesion/Mild Dysplasia/CINI/Class II or Class III**

These reports indicate a very early change in the cells that suggest a very early pre-cancerous lesion. Dysplasia is a technical term that means an abnormal development of tissue. Dysplasia is considered a pre-malignant condition. This type of condition may go away without treatment in up to 50% of patients. The simple act of taking the Pap smear may remove some of the very small growths. The cells may also suggest the presence of Human Papilloma Virus (HPV). This is a virus that causes genital warts and some scientists believe may play role in the development of cervical cancer. This virus behaves in a manner similar to Herpes simplex. It may lie dormant for months or years after initial infection. The wart or lesion may occasionally heal without treatment but may recur even after treatment. A colposcopic evaluation is recommended for Pap smears in this category. A colposcope is an instrument that allows a clinician to inspect the cervix under high magnification. Very small abnormalities can be seen. A biopsy to rule out a more serious process and to treat the lesion may also be performed. These are usually relatively minor procedures that do not require hospitalization.

## **High Grade Squamous Intraepithelial Lesion/Moderate or Severe Dysplasia/ CINII or CINIII/Class III or Class IV**

These reports indicate that the lab has detected cells, which are suggestive of the presence of a pre-cancerous lesion that should be treated. Only a few of these lesions will disappear without treatment, and may will go on to become cancerous if not treated. Many of these lesions tend to grow slowly and can take years to develop. Most clinicians will recommend a colposcopy and a biopsy. These lesions are often still quite small and are usually easily cured by removal of a small amount of tissue. Your clinician may decide that another type of treatment is preferred.

**Continued follow-up through Pap smears at regular intervals is vital.**

### **Carcinoma in-situ**

This term simply means a cancerous lesion that is confined to the surface and has not spread into surrounding tissue or other areas. Your clinician will decide the best form of treatment. There is a very high rate of cure of this type of lesion.

**If cancer is detected** your clinician will discuss the type and extent of the disease with you. Even patients who have cancer have a high rate of complete cure. Prompt treatment and closely following your clinician's recommendations are vital.

An annual pelvic examination that includes a pap smear is one of the best defenses against all forms of uterine cancer or pelvic disease. Whenever possible, schedule your examination around the middle of your menstrual cycle. Please avoid intercourse or douching within 72 hours prior to your examination. Tell your clinician about any pain or unusual conditions that you may have noticed since your last exam and about any previous abnormal Pap reports.

### **How can I reduce my risk of cervical cancer?**

The risk of cervical cancer can be reduced by:

- having a Pap test and pelvic exam regularly (once each year is recommended).
- following up on any abnormal results.
- eating healthy foods including green leafy vegetables and red/orange/yellow fruits and vegetables.
- not smoking.
- practicing abstinence or monogamy (you and your partner only have sex with each other) or limiting the number of sexual partners you have.
- using a latex condom (rubber) every time you have sexual intercourse.

Sexual activity at an early age has been linked to an increased risk of cervical cancer.