

# Factsheet: Cervical Screening

**What is cervical screening?** Cervical screening is the process of taking a sample of cells from your cervix which are then examined to detect abnormalities that might become cancerous in the future. The sample of cells is placed in liquid so that it can be analysed in the laboratory. This process is called liquid based cytology (LBC). Screening can detect pre-cancerous/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 – either three to five years (see the chart to the right for eligibility in your country).

## 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, GPs and practice nurses take the majority of cervical screening samples.

Country	Eligibility
England Northern Ireland Wales	Women aged 25 to 49 invited every 3 years Women aged 50 to 64 invited every 5 years
Scotland	Women aged 20 to 60 invited every 3 years

Table 1. Cervical screening eligibility in the UK  
Women in England, Northern Ireland and Wales may be invited for screening up to 6 months before the age of eligibility.

In 2012 the UK National Screening Committee recommended a uniform screening age of 25 to 64 across all UK countries. These changes are due to be implemented in Scotland from 2015.

You can bring a relative or friend with you if you need support and you can request a female 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 either on your back with your legs bent up or 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 GP/nurse will then insert an instrument called a speculum into your vagina. The speculum gently opens your vagina allowing the GP/nurse to see the cervix. The majority of speculums used for screening are made from plastic but occasionally metal ones are used too.

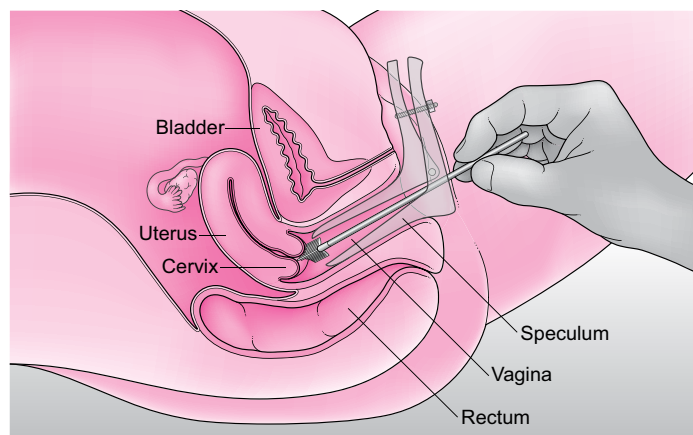


Figure 1. Diagram of the cervical screening test

A specially designed brush is used to take cells from the cervix. The GP/nurse will gather cells from the area of the cervix called the transformation zone. The sampled cells are immersed in a vial of preservative fluid and looked at under the microscope in the laboratory. This 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 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 - changes to the glandular cells that line the cervical canal.

Depending on where you live 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) enable faster investigation of those at higher risk of developing cervical cancer, and reassurance of those at very low risk\*.

## Abnormal screening result

If you have received an abnormal cervical screening result or your GP/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 you. 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 doctor or nurse 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 will require during your colposcopy appointment. Some colposcopy centres have a 'see and treat' policy. This means that you may be reviewed by a colposcopist 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 with a wire loop\*.

\* For more information on HPV, cervical screening, colposcopy and HPV visit our website:  
[www.jostrust.org.uk/about-cervical-cancer](http://www.jostrust.org.uk/about-cervical-cancer).

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](http://jostrust.org.uk).

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