Cervical Screening

A guide for women in New Zealand

Taku hauora, tako tinana, tako tūmanako
My health, my body, my future
Hei tō hauora te rama māu.
Let your health be the guiding light.

The logo is the rounded shape of a stone that is smooth but solid. The koru symbolises the preciousness of life and new beginnings. The texture of hills and waves of the Kapiti coastline represent the landscape of Aotearoa.
Did you know that...

- Cervical cancer is one of the most preventable of all cancers.
- A woman’s best protection against developing cervical cancer is having regular cervical smear tests.
- Cervical cancer is caused by human papilloma virus (HPV), a common, sexually transmitted infection (see page 39).
- Only certain types of HPV can cause abnormal cell changes in the cervix.
- HPV infection is common, cervical cancer is rare.
- Regular cervical smear tests every three years are recommended for women from the age of 20 until they turn 70 if they have ever been sexually active.
- A cervical smear test is a screening test to find abnormal changes in the cells of the cervix.
- Abnormal changes in cells of the cervix are quite common, and some mild changes will disappear without treatment.
- Some abnormal changes may develop into cancer if not treated.
- An abnormal cervical smear test result hardly ever means cancer.
- If treatment is needed, it is usually very effective.

See your doctor if you have:
- bleeding between periods
- bleeding after sexual intercourse
- bleeding after menstrual periods have stopped (menopause)
- unusual discharge from the vagina
- persistent pain in your pelvis
- pain during sexual intercourse.

These symptoms can occur for many reasons, but should be checked out. For more information, see page 41.
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Glossary
Introduction

Tēnā koutou katoa

Cancer of the cervix is one of the most preventable of all cancers. It is estimated that about 90 percent of cases of the most common form of cervical cancer could be prevented if women had smear tests every three years.

A cervical smear test checks for abnormal cell changes before they become cancer. If abnormal cell changes are found early, they can be treated very effectively.

In 1990 the National Cervical Screening Programme was set up to reduce the number of New Zealand women who develop cancer of the cervix and the number who die from it.

The programme organises cervical screening to encourage women to have regular cervical smear tests and to check that abnormal results are followed up.

Many women are embarrassed or whakamā about having a cervical smear test. For some, the cervix is a sacred area and not easy to talk about.

This booklet has been written for New Zealand women to help them decide about having regular cervical smear tests and being part of the National Cervical Screening Programme. Information in the booklet may also be helpful to their partners, whānau and family. You may like to keep this booklet to refer to in the future.
The booklet is in three sections:

**Section 1:** Having a cervical smear test

**Section 2:** Cervical cancer

**Section 3:** The National Cervical Screening Programme.

A glossary explaining the meanings of words used in the booklet is provided at the back.

This booklet has been endorsed by The Royal New Zealand College of General Practitioners and by The New Zealand Committee of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

**Ko te hauora te paiaka o te tupuranga.**
**The basis for development and growth is good health.**
The National Cervical Screening Programme has set a number of quality standards for the programme. Providers of cervical screening services are expected to maintain these standards.

Some of the standards are printed throughout the booklet in boxes like this. The complete set of standards can be seen on the National Cervical Screening Programme website, www.cervicalscreening.govt.nz
SECTION 1

Having a cervical smear test

He marino te ara ki te hauora.
The pathway to good health is calm.
What is cervical screening?

Cervical screening involves women having regular cervical smear tests to check for abnormal cell changes to the cervix (neck of the uterus or womb).

For the cervical smear test, some cells are lightly scraped or brushed from the surface of the cervix and sent to a laboratory to be examined. The smear test is sometimes called a Pap smear test. It is different from a swab, which tests for infections.
A cervical smear test is not a test for cancer. It is a screening test to look for early cell changes before they can become cancer.

It is normal for cells on the surface of the cervix to go through changes. However, cells can sometimes change in an abnormal way. Some cells with abnormal changes can become cervical cancer if not treated.

Abnormal cell changes do not cause any symptoms and are only picked up when women have a cervical smear test. Symptoms do not appear until abnormal cells become cancer.

The cervical smear test itself does not prevent cervical cancer. Cervical cancer is prevented by finding and treating abnormal cells before they develop into cancer.

Abnormal cells in the cervix change very slowly. In the early stages many will disappear on their own accord, and no treatment is needed. It can take as long as ten or more years for abnormal cells to develop into cancer.

A screening test will not always pick up early abnormalities. However, if abnormalities have been missed in one test, it is very likely that they will be picked up in the next test. This is why it is important to have regular cervical smear tests every three years.

There are two main types of cervical cancer:

- squamous cell cancer
- adenocarcinoma (or glandular cell cancer).

About 80 percent of cases of cervical cancer are squamous cell cancer. Squamous cell changes are more easily picked up by cervical smear tests than glandular cell changes.
How often should you have a cervical smear test?

The National Cervical Screening Programme recommends that women have a cervical smear test every three years from the time they turn 20 until they turn 70.

Three-yearly testing was chosen because it gives very good protection against developing cervical cancer, while keeping to a minimum the number of smears a woman has in her lifetime.

The table below shows the protection women gain from regular screening at different intervals.

<table>
<thead>
<tr>
<th>Interval between cervical smear tests</th>
<th>Reduction in incidence of cervical cancer</th>
<th>Number of tests in a woman’s lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>93.5%</td>
<td>50</td>
</tr>
<tr>
<td>2 years</td>
<td>92.5%</td>
<td>25</td>
</tr>
<tr>
<td>3 years</td>
<td>90.8%</td>
<td>16</td>
</tr>
<tr>
<td>5 years</td>
<td>83.6%</td>
<td>10</td>
</tr>
<tr>
<td>10 years</td>
<td>64.1%</td>
<td>5</td>
</tr>
</tbody>
</table>

Overseas studies indicate that when women have cervical smear tests every three years as part of a screening programme, their chances of getting cervical cancer can be reduced by over 90 percent.

Some smear takers advise women to have smears more often than every three years. This would mean that women have a lot more tests in their lifetime. The table above shows that there is very little extra benefit in having tests more often than three-yearly.

However, in some special circumstances, women may need to have a cervical smear test more frequently. (See page 12 for more information.)
Benefits of three-yearly cervical screening

It has been estimated for New Zealand that:

- without screening, a woman has about a one in 90 chance of developing cervical cancer and about a one in 200 chance of dying from it
- with regular screening every three years, the chances of developing cervical cancer are reduced to one in 570 and the chances of dying from it reduced to one in 1280.

<table>
<thead>
<tr>
<th></th>
<th>Without screening*</th>
<th>With regular three-yearly screening*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chances of developing cervical cancer before age 75 years</td>
<td>1 out of 90 women</td>
<td>1 out of 570 women</td>
</tr>
<tr>
<td>Chances of dying from cervical cancer before age 75 years</td>
<td>1 out of 200 women</td>
<td>1 out of 1280 women</td>
</tr>
</tbody>
</table>

* Estimated New Zealand figures

Put another way, if a group of 1000 women do not have regular smear tests, 11 women will get cervical cancer before their 75th birthday, and about five will die from it. If the same group of 1000 women all have regular three-yearly smear tests, about two women will get cervical cancer before their 75th birthday, and one will die from it.
When should you have cervical smear tests more often?

There are specific situations where the National Cervical Screening Programme advises women to have cervical smear tests more often than every three years.

• When a woman has her first cervical smear test, or has not had a smear test for over five years, she will be advised to have another smear test a year later. This is to reduce the chances of any abnormal cells being missed. If both results are normal, she will then be advised to have cervical smear tests every three years.

• If a woman has had an unsatisfactory smear or has had an abnormal cervical smear result, she will be asked to come back sooner. Her smear taker or doctor will advise her when to have her next smear or if she needs further checks. (See pages 26–29 for more information about unsatisfactory results and abnormal smears.)

• Women who are treated for a high grade abnormality are advised to have a cervical smear test each year.

• Women who have a lowered immune system because:
  – they are taking certain drugs, for example, steroids for an organ transplant or for other conditions
  – they have certain illnesses or infections, for example, HIV

have a higher risk of developing cervical cell abnormalities and will be advised to have cervical smear tests each year.
Who should have cervical smear tests?

The National Cervical Screening Programme recommends that all women who have ever been sexually active have regular cervical smear tests from the time they turn 20 until they turn 70. This includes:

- single women
- women with a male partner
- lesbians
- disabled women
- women who have been through menopause (‘change of life’)
- women who are not currently sexually active.

Women are advised to start having cervical smear tests at the age of 20. This is because cervical cancer can take up to ten or more years to develop, so it is very rare for women under the age of 25 to develop cervical cancer.

The recommended age for women to stop having smears is 70. It is very unlikely that women over 70 will develop cervical cancer if their previous smears have been normal.

Women aged 70 and over who have never had a cervical smear test are advised to have a smear test followed by another a year later. If both tests are normal, no further tests are needed.

If a woman has had abnormal smears in the past, her smear taker or doctor will advise her when it is best to stop having cervical smear tests.

Women who have never been sexually active do not need to have cervical smear tests.
Women who have had a hysterectomy

Women who have had a hysterectomy with both the uterus and cervix removed do not usually need to have smear tests unless:

- they have previously had one or more abnormal cervical smear results confirmed by a biopsy (For more information on biopsy, see page 30.)
- cervical abnormalities were found at the time of surgery
- they had a hysterectomy because of abnormal cells or cervical cancer
- they are advised by their specialist to do so.

In these cases, they will be advised to keep on having cervical smear tests. The smear is taken from the top of the vagina. It is called a vaginal vault smear.

Women who have had a hysterectomy in which the cervix was not removed (subtotal hysterectomy) need to continue to have cervical smear tests.

If you do not know whether you need to continue to have cervical smear tests, ask your doctor.

E aro ki te mana o te wahine.
Respect the dignity of women.
Midlife and older women

All women at midlife and older who have ever been sexually active are advised to have cervical smear tests until they turn 70.

Some older women think they do not need to have cervical smear tests, especially if they are no longer sexually active.

However, as cervical cells change slowly, there is still a chance that abnormal cells will appear in later life and progress to cancer.

If older women continue to have regular cervical smear tests until they turn 70, it is likely that any abnormal cells will be found and treated before they become cancer.

Lesbians

Lesbians can also develop cervical cell changes. Lesbians who have had sex only with women and lesbians who have had sex with men are advised to have regular cervical smear tests.

Women who are pregnant or who have just had a baby

Women who are pregnant or have a new baby do not need to have a cervical smear test unless they are due for one.
Where do you go for cervical smear tests?

It is important that you feel comfortable with the person who takes your smear. You have a choice of where to go to have smears:

- Your local doctor or medical centre
- Family Planning Centres
- Women’s health centres
- Marae-based clinics or other Māori health services
- Pacific health clinics
- Community health services
- Mobile clinics
- Student health services
- Union health services
- Sexual health services.

Some of these services may not be available where you live. If you want to find out about the options in your area, you can ring the National Cervical Screening Programme, freephone 0800 729 729.

If you change your smear taker for any reason, talk to your new smear taker about how she or he will find out your previous results.

Smear takers should have information available for women about the various places they can go to have a cervical smear test.

Standard 403
**Where can you find a female cervical smear taker?**

Many women prefer to have a cervical smear test done by a woman. Several of the services on the previous page have female smear takers. Some male doctors will arrange for you to have a cervical smear test with a female doctor or nurse who is trained to take smears. If you want to know more about where to go for a female smear taker, you can ring the National Cervical Screening Programme, freephone 0800 729 729.

**Having a cervical smear test if you are disabled**

Disabled women may face other challenges when having a cervical smear test. If you have a disability that affects having a cervical smear test, talk to your smear taker about your needs when you make an appointment. Your smear taker may then be able to prepare for your needs, for example, getting extra equipment, rearranging a room, and so on.

It may be possible to find a smear taker who is experienced in doing smears for disabled women. Some local disability services may know of someone in your area who is specially trained or experienced. You can also ring the National Cervical Screening Programme on freephone 0800 729 729 for more information.
How much will a cervical smear test cost?

The cost of having a cervical smear test varies.

If you have your smear done by your doctor or nurse, you can expect to pay the usual doctor’s or nurse’s fee. Sometimes you will have to pay more. It is a good idea to check the cost in advance.

Some community services offer a free or low-cost service. To find out where to go, ring the National Cervical Screening Programme on freephone 0800 729 729.

You may pay extra if you have a Liquid Based Cytology smear test.
(There is more about Liquid Based Cytology tests on page 25.)

Some smear takers may charge more if they use a disposable speculum.

When should you have a cervical smear test?

You should discuss this with your smear taker. The best time to have a routine cervical smear is about two weeks after the start of your last menstrual period. It is not recommended that you have a smear while you have your period.

If you no longer have periods, you can have your cervical smear test at any time.
How is a cervical smear test done?

Before you have a cervical smear test, your smear taker will usually tell you how it is done. She or he will also explain about the National Cervical Screening Programme. (There is more about the National Cervical Screening Programme in Part 3 of this booklet.)

The smear taker will slide a plastic or metal speculum into the vagina to hold the vaginal walls open. This allows the smear taker to see the cervix and take the smear from the correct place. She or he will take a sample of cells from the surface of the cervix by lightly scraping with a thin spatula or brushing with a tiny plastic broom (cervibroom). Sometimes a tiny brush (cytobrush) is used as well. It takes only a few minutes to take the smear. The sample is either smeared onto a glass slide or placed in a liquid and sent to the laboratory for examination.
Some women find the test uncomfortable. Tell your smear taker if it hurts. If you have an infection at the time of your smear test, it may be uncomfortable or even painful. Talk to your smear taker about whether you should wait until the infection has cleared.

If you are an older woman, your cervical smear test may be more uncomfortable because of changes in the vagina after menopause. When you make your appointment, you can ask if it would be helpful to put some oestrogen cream in the vagina for two weeks before the test.
WHEN YOU HAVE A CERVICAL SMEAR TEST…

• You may like to take a support person with you. This could be a friend, family or whānau member, partner, nurse or interpreter.

• You may prefer to have a smear taker from your own culture.

• You may be given the option of lying on your back or on your side.

• Many women find it helpful to breathe deeply and to relax the vaginal muscles when the speculum is being inserted.

• If you want a sheet or blanket to cover yourself and it is not offered, ask for one.

• Some women like to wear a skirt that they can keep on while having their smear.

• Your smear taker may use either a plastic speculum or a metal speculum.

• If you had a bad experience last time you had a smear, you can go to a different smear taker next time. It helps if you tell your new smear taker about your past experiences.

• If you or someone in your family needs an interpreter, or has another special need, talk to the person making your appointment about how this can be arranged or ring the National Cervical Screening Programme, freephone 0800 729 729.
How do you know when your next cervical smear test is due?

Your smear taker should have a system for letting you know when your next cervical smear test is due. However, systems can sometimes fail, or you may have changed address and cannot be contacted. You may like to keep a record of when your next cervical smear test is due.

If you are on the National Cervical Screening Programme, freephone 0800 729 729 to find out when your next smear test is due.

The National Cervical Screening Programme will also send a reminder letter if your cervical smear test is a few months overdue.

You can also ring the freephone number to find out whether or not you are on the programme.

When and how will you get the results of your cervical smear tests?

Your smear taker will receive your test result within about three weeks of sending your smear to the laboratory. It is very important to talk with your smear taker when you have your smear about how you will get your result. You can ask your smear taker to inform you of the result even if it is normal.

The first time your result is sent to the NCSP-Register, the National Cervical Screening Programme will send you a letter with that result. It will also write to you if, in the future, you have any abnormal results. (See pages 45–46 for more information.)
Smear takers must let all women know how they will be notified of their results.

How effective is a cervical smear test?

The cervical smear test is a screening test, not a diagnostic test. A screening test is used to identify people who may not have an abnormality from those who may have, or may develop, an abnormality. If the result of the screening test is abnormal, further tests are needed to diagnose the changes more exactly, for example, through colposcopy.

A cervical smear test is a very good screening tool, but occasionally abnormal cells can be missed. This can happen because:

- the cervical smear did not contain any abnormal cells, even though some were present on the cervix
- abnormal cells were hidden by blood or mucous so they could not be seen under the microscope
- cells with very slight changes were hard to interpret as normal or abnormal
- abnormal cells on the slide were missed by the person reading the smear
- very occasionally, cancer may have already developed.

These drawbacks can result in what are called false negative results.
False negative results

False negative results occur when abnormal cell changes are missed and your result is reported as ‘normal’. Some overseas studies have shown that up to 20 percent of abnormal changes can be missed.

However, changes to cervical cells happen very slowly. If women have another cervical smear test in three years’ time, it is very likely that the abnormal changes will be found. They can then be treated if necessary.

False positive results

Sometimes a result says that a woman has some abnormal cervical cells when she doesn’t. This is called a false positive result. Up to one out of 20 results will be a false positive. Overseas studies indicate that false positive results can range from 0 to 15 percent.

If a woman has been told her smear is abnormal, she will have a further cervical smear test or be referred for colposcopy. (See pages 30–33 for more information on colposcopy.) The result from this procedure may show that there are no abnormal cells and no treatment will be needed.

Testing of cervical smear samples

Once your smear has been taken, your smear taker will send the sample of cells to a laboratory approved by the National Cervical Screening Programme.
To reduce chances of missing any abnormalities, each slide is examined by two laboratory screeners specially qualified in reading cervical smears. If any abnormal cells are found, the slide will be checked by a pathologist.

There are two ways of preparing slides.

- **Conventional smear (Pap) test.** The smear taker smears cervical cells onto a glass slide. At the laboratory, cells are stained and looked at under the microscope.

- **Liquid Based Cytology (LBC) test.** The smear taker places cervical cells into a liquid solution. The laboratory then uses a machine to produce a layer of cells on a glass slide. The cells are stained and examined under the microscope in the same way as the conventional smear test.

Studies have shown that, for the population as a whole, there is no reliable evidence that the Liquid Based Cytology test is better at preventing cervical cancer overall than the conventional method.

Smear takers may offer women the choice of having the usual smear test or the Liquid Based Cytology test. The Liquid Based Cytology test may cost extra. This should be discussed with your smear taker.

Laboratories must be accredited by International Accreditation New Zealand, and they must read a minimum number of smears every year.

Each smear must be read independently by at least two specially qualified screeners. There is a maximum number of slides screeners can read each day.

Standards 504, 506
Results of cervical smear tests

The result of your cervical smear test tells you if the cells taken from the surface of your cervix are normal or have changed in some way. If some cells have changed, your result will indicate how they have changed.

Normal result

About nine out of ten cervical smears are normal.

If you had a normal result, you have a very low risk of developing cancer. Usually your smear taker will recommend that you have your next cervical smear test in three years’ time. Sometimes you will be advised to have one sooner. (Refer to page 12.)

 Unsatisfactory result

If you are told your cervical smear was unsatisfactory, this means the test could not be read at the laboratory. Either there were not enough cells on the slide, or many were damaged or hidden, for example, by blood or mucous.

You will be advised to have another cervical smear in one to three months.
Inflammation or infection

Sometimes the laboratory will report that an inflammation or infection is present. These changes are not linked to cancer. You will need to discuss the result with your smear taker. Often no treatment is needed.

Abnormal result

An abnormal cervical smear result means some of the cells on the cervix differed in some way from normal cervical cells. An abnormal result hardly ever means cancer.

What does an abnormal result mean?

There are a number of different abnormal cervical smear test results.

Atypical cells (*ASC–US)

Cells have small changes. It is difficult to assess whether the cells are normal or bordering on abnormal. Your smear taker will recommend that you have another cervical smear test in six months.

* atypical squamous cells of undetermined significance
Low–grade changes (*LSIL)

Some cells are mildly abnormal. Most of the cell changes are linked to the presence of HPV (human papilloma virus or infection – see page 39). The majority of these changes will return to normal by themselves. In other cases, they may stay the same or develop into high grade changes. Your smear taker will recommend that you have another smear test in six months. If the changes remain or develop further, you will be referred for colposcopy. (There is more on colposcopy on pages 30–33.)

* LSIL: Low-grade squamous intraepithelial lesion

High–grade changes (*HSIL)

Some cells appear to have more serious changes. There is a greater risk that abnormal cells, if not treated, could develop into cervical cancer. You will be referred for colposcopy within a few weeks.

* HSIL: High-grade squamous intraepithelial lesion

Glandular cell changes

Although the cervical smear test is not designed to detect glandular cell changes, changes to glandular cells are sometimes found.

Cancer

If your smear test shows any changes that might suggest cervical cancer, you will be referred immediately to a specialist.
Stages of abnormal cell changes

For more information about results

Your smear taker will be able to tell you what your results mean.

More information about results is available in the pamphlet *Understanding Cervical Smear Test Results*. You can get a copy of this pamphlet from your smear taker or the National Cervical Screening Programme, freephone 0800 729 729. Further information is also available on the website www.cervicalscreening.govt.nz
If your cervical smear test has shown that you have high-grade changes or that you are continuing to have low grade changes, your smear taker will refer you for an examination called colposcopy.

Most women with abnormal cervical smear results feel well and have no obvious symptoms. However, it is important to have colposcopy to get a more accurate picture of the cell changes.

You can have colposcopy free at a public hospital as part of the National Cervical Screening Programme. If you go to a private colposcopy service, you will have to pay. You are able to take a support person with you.

What is colposcopy?

Colposcopy is an examination of the cervix and the vagina using a colposcope. The colposcope is like a pair of binoculars on a stand. It is placed near the entrance of the vagina and makes the cervix appear larger. A liquid is wiped onto the cervix so that areas with abnormal cells show up. The doctor may take a small sample of tissue (about the size of a match head) from areas that look abnormal. This is called a biopsy. It may be uncomfortable but will be discussed with you. The tissue sample will be sent to the laboratory to be examined under a microscope.
Some women may feel uncomfortable having tissue removed from their body and sent to a laboratory. The National Cervical Screening Programme requires that laboratories handle tissue samples sensitively. Talk to the doctor if you have any concerns about the colposcopy procedure and tissue samples.

Laboratories must treat requests regarding culturally appropriate methods of handling body tissue in accordance with local iwi protocols.

Standard 517
What will the biopsy results show?

Usually a biopsy will confirm a cervical smear test result. Sometimes the result will be different, showing less severe or more severe cell changes than the smear test result suggested. Sometimes the result will be normal. Occasionally the biopsy will show that cancer is present.

Biopsy results usually show one of three grades of abnormal cell changes:

- **mild abnormality** (*CIN 1 or CIN 1–HPV*) – low-grade changes
- **moderate abnormality** (CIN 2) – high-grade changes
- **severe abnormality** (CIN 3, *CIS or *AIS) – high-grade changes.

*CIN: Cervical intraepithelial neoplasia
*CIS: Carcinoma in situ
*AIS: Adenocarcinoma in situ

None of these is cancer.

The colposcopist will advise whether:

- the abnormal cells were treated at the time of the biopsy
- further treatment is required
- the colposcopy needs to be repeated after a certain time.

Treatment will remove abnormal cells over 90 percent of the time. Occasionally further treatments will be needed. Women who have had treatment for abnormal cells hardly ever develop cancer of the cervix in the future.
Women should be contacted about their colposcopy result within six weeks of having their colposcopy examination.

For more information on colposcopy

If you would like more information about having colposcopy, you can talk to your doctor or smear taker or phone your local colposcopy clinic. You can also ring the National Cervical Screening Programme, freephone 0800 729 729, for a copy of the pamphlet Colposcopy – Information for women who have abnormal cervical smear results.
The National Cervical Screening Programme guidelines advise:

• for diagnosing cell changes
  – women who have two cervical smear test results within six months showing low-grade changes should be seen at a colposcopy clinic within the next six months
  – women with cervical smear results showing high-grade changes should be seen within one month
  – if there is any suspicion of cancer, women should be seen within one week.

• for treatment of abnormal cells
  – women with a biopsy result showing low-grade changes (CIN 1, CIN 1–HPV) that require treatment should be treated within six months of the biopsy result
  – women with a biopsy result showing high-grade changes (CIN 2 or CIN 3) should be treated within two months of the biopsy result.
Treatment for abnormal cervical cells

The treatment of cervical abnormalities involves removing or destroying the abnormal cells. The type of treatment used will take into account the sort of abnormality and where it is on the cervix.

Treatment methods include:

**LLETZ (Large Loop Excision of the Transformation Zone)**
This treatment uses an electrical wire loop to remove abnormal cervical cells under local anaesthetic.

**Laser treatment**
Heat from a laser beam is used to remove or destroy abnormal cervical cells under local anaesthetic.

**Diathermy**
Heat is used to destroy abnormal cervical cells under anaesthetic.

**Cone biopsy**
A cone-shaped section of the cervix containing the abnormal cells is surgically removed under anaesthetic.

The specialist who carries out the treatment will explain what kind of care needs to be taken afterwards.

**Will treatment affect the chances of becoming pregnant?**

The above treatments for abnormal cells on the cervix will not affect a woman’s ability to become pregnant.

On rare occasions after a cone biopsy, the cervix may be weakened. This can lead to an increased risk of miscarriage or premature delivery.
**Hysterectomy as a treatment for abnormal cells**

A total hysterectomy is a major operation to remove the uterus and cervix under anaesthetic. Normally there is no need to have a hysterectomy solely because abnormal cervical cells are present. Some women choose this option for treatment if they have other problems, such as heavy bleeding, for which a hysterectomy might be recommended.

**What happens after a woman has had treatment?**

Another colposcopy should be carried out four to six months after treatment to check that it was effective in removing all abnormal tissue. A cervical smear will be taken at the same time.
Ma te āraitanga ka ora.
Prevention is better than cure.
Cervical cancer

Cervical cancer is one of the most preventable of all cancers. There are two main types of cervical cancer:

- squamous cell cancer
- adenocarcinoma (or glandular cell cancer).

Squamous cell cancer is the most common form of cervical cancer. It usually arises in the transformation zone of the cervix. (See diagram below.)

Adenocarcinoma is found in the glandular cells (sometimes called columnar cells) which line the inside of the cervix. (See diagram below.)

The uterus, showing the transformation zone where the smear is taken

Cervical cancer usually develops very slowly, taking up to ten or more years to develop. It starts when some cells on the surface of the cervix become abnormal. These abnormal cells may return to normal by themselves. In a small number of cases, they may develop into cancer if not treated.
If cancer grows from the surface layer into other tissue, it is known as invasive cervical cancer. If not treated, the cancer cells will spread to other parts of the body.

It is impossible to tell which abnormal cells will return to normal on their own and which may become cancer. This is why all abnormal cells must be followed up.

If women have regular smear tests, there is a high chance that any abnormal cells will be found and treated long before they develop into cancer.

**What causes cervical cell changes and cervical cancer?**

Cervical cancer results from an uncontrolled growth of abnormal cells of the cervix. The primary cause of cervical cancer is human papilloma virus (HPV), the most common sexually transmitted infection. Certain types of HPV can cause abnormal cell changes. Most mild changes do not progress. When abnormalities persist over long periods of time, the cells develop into cancer cells. Progression from HPV infection to cancer can take up to 20 years.

There is currently no cure for HPV infection, but the abnormal cell changes it causes can be treated. While all women with cervical cancer have had HPV infection, very few women with HPV actually develop cervical cancer.

**What is HPV?**

- **HPV (human papilloma virus)** – There are about 200 types of HPV and about 40 of them can affect the genital area. A small number of
types of HPV have been linked to the development of abnormal cervical cell changes and cervical cancer.

• HPV can be identified in almost all high-grade (CIN2–3) abnormal cell changes and in cervical cancer.

• Most women who have been sexually active have an HPV infection at some time in their lives. Many will not know that they have the virus as they will not have any symptoms. In most cases the virus will disappear on its own and will not cause abnormal cell changes. The kinds of HPV that can affect cervical cells can be passed from person to person during sexual activity.

The following factors can increase a woman’s risk of getting HPV:

  – first sexual activity at an early age
  – having more than one sexual partner
  – having a partner who has HPV, was sexually active at a young age or has had more than one sexual partner.

• Condoms will reduce the risk of getting sexually transmitted HPV but will not prevent it completely. This is because the virus can exist on skin areas not covered by a condom.

**Other risk factors**

• Other factors that are linked to an increased risk of cervical cell changes and the development of cervical cancer are:

  – smoking
  – the use of oral contraceptives
  – a weakened immune system.
The best way to reduce the risk of developing cervical cancer is to have regular cervical smear tests every three years.

In countries where there are organised screening programmes, the largest group of women who are diagnosed with invasive cervical cancer or who die from it are those who have never had a cervical smear test.

Symptoms of cervical cancer

Abnormal cell changes do not cause any symptoms and are only picked up when women have a cervical smear test. Symptoms do not appear until abnormal cells become cancer.

See your doctor if you have:

• bleeding or spotting between menstrual periods
• bleeding or spotting after sexual intercourse
• bleeding or spotting after menstrual periods have stopped (menopause)
• persistent pain in your pelvis
• pain during sexual intercourse
• unusual discharge from the vagina. The discharge might be smelly, have changed colour from white to pink, brown, or green, or be streaked with blood.

These symptoms can happen for several reasons and rarely mean that you have cervical cancer. However they should be checked out.
Cervical cancer in New Zealand

In New Zealand, approximately 200 women develop cancer of the cervix each year and about 70 women die from it.

Some groups of women have higher rates of cervical cancer. These include:

- women over 40
- Māori women
- Pacific women.

There are lower rates of screening in these groups. The National Cervical Screening Programme is making special efforts to increase regular screening of women in these groups.
Mā te mōhio ka ora.
Knowledge improves health and well-being.
The National Cervical Screening Programme

The National Cervical Screening Programme aims to reduce the number of women in New Zealand who develop cervical cancer and the number who die from it.

The programme organises cervical screening so that:

- women are informed about the importance of having cervical smear tests
- women are offered cervical smear tests on a regular basis
- services are of a high quality and are culturally appropriate
- women with abnormal smears are followed up
- there is regular monitoring to see that the goals of the programme are being met.

The National Screening Unit in the Ministry of Health is responsible for organising the programme. Many women in the community contributed to its development.

The programme acknowledges the importance of the Treaty of Waitangi in providing a screening programme that is successful for all New Zealand women. There has been significant involvement of Māori women in the development of the programme.

Pacific women have also been involved in the development of the National Cervical Screening Programme.

Women in New Zealand can take part in the programme from the time they turn 20 until they turn 70. Over a million women have chosen to enrol. That is well over 95 percent of all eligible women.
What are the benefits of being on the National Cervical Screening Programme?

Once you are enrolled on the National Cervical Screening Programme:

- there will be a record of your screening history. This information can be used by your smear taker or the laboratory to decide the right follow-up and when to have your next smear
- you will receive a letter welcoming you to the programme. This letter will include the result of your first cervical smear taken within the programme
- you will receive a reminder if your smear test is a few months overdue
- if you have a smear test that is not normal, you will receive a letter from the programme
- if you had an abnormal smear, the NCSP-Register provides a back-up system to check that you received the appropriate follow-up investigation and/or treatment
- you will receive a letter to inform you when you no longer need to have cervical smears
- you will receive a copy of any of your information that you ask for
- you will help make it a success for all New Zealand women. High numbers of women must take part to enable the programme to work well and achieve its aims.

How do women enrol in the programme?

The laboratory sends all cervical smear or biopsy results to the programme and they are entered onto the NCSP-Register. A woman who does not want to be enrolled may notify the programme of this. (See page 47.) The programme will then confirm that the woman does not want to be enrolled or has cancelled her enrolment.
The National Cervical Screening Programme-Register

The National Cervical Screening Programme-Register (NCSP-Register) is a computer system, which holds the details of women enrolled in the programme as well as details of smear takers, specialists and laboratories. Women are entitled to access the information the NCSP-Register holds on them.

What information is collected?

The following information is collected on women enrolled in the programme and stored on the NCSP-Register:

- Personal details to correctly identify women
- Cervical smear test and biopsy results to help decide when the next smear is due or follow-up is required
- Contact details so the programme can write and remind a woman that she is overdue and needs to have another smear taken or requires further follow-up
- Ethnicity details, which are used to plan better services.

How confidential is your information?

The National Screening Unit of the Ministry of Health in Wellington holds this information securely. Only authorised personnel have access to information stored on the NCSP-Register. It is protected by the Health (NCSP) Amendment Act 2004 and can only be provided outside the programme to your health practitioner(s) and/or evaluators or a review committee appointed by the Minister to check how well the programme is working.
Ko tō oranga ngākau te mea nui.
Your well-being is the primary consideration.

The National Kaitiaki Group has been set up by law to protect the use of Māori women’s summary information (information that will not personally identify anyone) on the NCSP-Register.

The Pacific Women’s Data Advisory Group advises on the use of Pacific women’s summary information (information that will not personally identify anyone) on the NCSP-Register.

How do women withdraw from the programme?

A woman can decide at any time that she does not want to take part in the programme and withdraw by filling in a Withdraw from the Programme form or writing to the programme. To obtain a form, contact freephone 0800 729 729 or visit www.cervicalscreening.govt.nz

When a woman withdraws, the programme is required to keep background details. These are name, date of birth, NHI number (if known), address and ethnicity. This allows the programme to correctly identify a woman who does not wish to take part in the programme. This reduces the risk of future results being accidentally added to the NCSP-Register. The programme will also retain ethnicity details to help make decisions on how the programme can be improved.

The programme is required to destroy all other electronic information, along with any paper records, unless a woman asks for these to be returned to her.

When a woman withdraws from the programme, she and her smear taker are responsible for her cervical screening. The programme will not follow up her smear results or track her smear history.
A woman who withdraws is welcome to re-enrol at any time by filling in a Re-enrol in the Programme form or writing to the programme. If a woman re-enrols, her screening history will begin with her most recent smear.

**How can you tell if the National Cervical Screening Programme is working well?**

The National Cervical Screening Programme has several systems for checking how well the programme is working.

These systems include:

- an *independent monitoring body* to assess how well the National Cervical Screening Programme is meeting its indicators and targets. The Independent Monitoring Group of the National Cervical Screening Programme (IMG-NCSP) makes regular reports to the Ministry of Health and recommendations on possible areas of improvement. Copies of these reports are available on the National Screening Programme website, www.cervicalscreening.govt.nz

- *quality standards* set by the National Cervical Screening Programme. These are the minimum standards that providers of health services associated with the programme should comply with. Providers that have been contracted by the Ministry of Health for the programme are monitored against these standards. A complete copy of the standards is available on the National Screening Programme website, www.cervicalscreening.govt.nz

- Ministry of Health *Advisory Groups* to advise the National Screening Unit on work undertaken by the programme
• the requirement by law for laboratories to report all smears and biopsy results which show carcinoma in situ (CIN 3) or cervical cancer to the National Cancer Registry

• the audit of screening histories of women who develop invasive cervical cancer

• independent evaluation by appropriately trained and experienced evaluators appointed by the Director-General of Health. Evaluators are able to access the personal health records of women held by other providers under strict rules of confidentiality. This includes women who develop cervical cancer whether or not they are enrolled in the programme

• additional external monitoring by an independent review committee of up to three members appointed by the Minister of Health every three years to monitor quality activities.

The National Cervical Screening Programme provides up-to-date information on cervical screening on its website, www.cervicalscreening.govt.nz This includes information such as copies of reports, government announcements, press releases, information about relevant legislation and much more.

If you change your name or address please let your smear taker and the National Cervical Screening Programme staff know.

To contact the National Cervical Screening Programme, freephone 0800 729 729.
The Code of Health and Disability Services Consumers’ Rights spells out your rights when using any health services.

You have a number of rights under the code, including:

- your right to the information you need to make decisions about your health. Information should be given to you in a way that you can understand
- your right to make an informed choice and give informed consent before you receive treatment
- your right to be treated with respect, taking into account your cultural needs and values
- your right to services being provided with reasonable care and skill.

If you want more information about your rights, you can contact the Office of the Health and Disability Commissioner, freephone 0800 11 22 33 or website www.hdc.org.nz

How do you make a complaint about any part of the programme?

The Code of Health and Disability Services Consumers’ Rights allows you to make a complaint in a way that is appropriate to you. You should not be treated unfairly in any way because you have made a complaint.

You can ring the National Cervical Screening Programme, freephone 0800 729 729, to find out more about the best options for you.

You can contact an advocate from the Office of the Health and Disability Commissioner to help you with your complaint, freephone 0800 11 22 33 or website www.hdc.org.nz
Glossary

**Abdomen** – part of the body between the waist and the top of the legs, often known as ‘the belly’ or ‘tummy’.

**Abnormal cervical cells** – these are cells on the cervix that differ in some way to normal cells.

**Adenocarcinoma** – cancer of the glandular cells of the cervix.

**Adenocarcinoma in situ (AIS)** – high-grade changes to glandular cells of the cervix.

**Biopsy** – the removal of a small piece of body tissue for testing in the laboratory to assist in diagnosis of cell changes or disease.

**Cancer** – a general term for a large number of diseases in which there is an uncontrolled growth and spread of abnormal cells.

**Carcinoma** – cancer that begins in the lining or covering of a tissue.

**Carcinoma in situ (CIS)** – high-grade cell changes confined to the surface (epithelial) layer of the cervix. Without treatment they may develop into invasive cancer.

**Cervical intraepithelial neoplasia (CIN)** – abnormal changes or growth in the skin layers of the cervix. These changes are not cancer, but some could develop into cancer if not treated. CIN is graded as CIN 1, 2 or 3. CIN 3 means the most severe changes.

**Cervical smear test** – a screening test in which cells are taken from the cervix, preserved on a slide and sent to the laboratory for examination. It is also known as a Pap smear.

**Cervix** – the neck of the uterus. It opens into the vagina.

**Colposcope** – an instrument that looks like a pair of binoculars on a stand. It has a light and magnifies the cervix so it can be examined more closely. A colposcope may have a camera attached, which allows a woman to see her cervix on a television screen.
Colposcopy – examination of the cervix and vagina to check for abnormal cells, using a magnifying instrument called a colposcope.

Cone biopsy – surgical removal of a cone-shaped section of the cervix to remove abnormal cells. The procedure may be used to diagnose or treat cell changes.

Diagnosis – identification of a disease or illness.

Diagnostic test – a test used to identify a disease or illness.

Genital area – the area at the lower part of the body, between the legs.

Glandular cells of the cervix – cells lining the inner canal of the cervix. Also called columnar or endocervical cells.

High-grade abnormality (HSIL or high-grade squamous intraepithelial lesion) – The more serious cell changes in the cervix that may lead to cancer if not treated. The term ‘high-grade abnormality’ covers CIN 2 and CIN 3.

Hysterectomy – an operation in which the uterus is removed. A hysterectomy can be total (the removal of the uterus and the cervix) or subtotal (the cervix is not removed).

Incidence – the number of new cases of a condition that occurs in a set period of time in a particular group of people.

Lesion – an area of tissue damaged by disease or injury.

Low-grade abnormality (LSIL or low-grade squamous intraepithelial lesion) – Mild changes to cells in the cervix. The term ‘low-grade abnormality’ includes abnormalities due to HPV changes and CIN 1. These changes need careful follow-up but may not need treatment.

Menopause – ‘change of life’. The time when a woman stops having menstrual periods.
NCSP – National Cervical Screening Programme of New Zealand.

NHI number – The National Health Index number is a unique number assigned to each person using health and disability support services.

Oestrogen cream – a cream containing the hormone oestrogen. It is sometimes prescribed for menopausal women before they have a cervical smear.

Pap smear or Pap test – cervical smear test.

Pathologist – a person who studies changes caused by disease in body tissues including cells and organs.

Screener – a person who is specially trained in examining smears in the laboratory.

Screening test – a test which is done on people who do not have any symptoms but are at risk of a particular disease. It predicts the likelihood of someone having or developing a particular disease.

Sexual activity – any genital contact between two people, not just sexual intercourse.

Smear taker – a person who takes cervical smear tests for women. Nurses have to complete a recognised training course on cervical screening before they are able to take smears as part of the National Cervical Screening Programme.

Spatula – a plastic (or sometimes wooden) instrument used to scrape cells from the cervix.

Speculum – a metal or plastic instrument used to open the vagina so that the cervix can be seen.

Standard – a minimum requirement to measure a service against. Services that are funded by the National Cervical Screening Programme are monitored in accordance with standards set by the National Cervical Screening Programme.
**Squamo-columnar junction** – the area of the cervix where the squamous cells covering the outside of the cervix meet the glandular (columnar) cells that line the cervical canal. Most cervical abnormalities in the cells start at this junction.

**Squamous** – the type of multi-layered cells that line the vagina and outer layers of the cervix. They are similar to cells on the skin.

**Squamous cell carcinoma** – the most common form of cervical cancer arising from squamous cells in the epithelium (tissue that lines the vagina and the outer layer of the cervix).

**Subtotal hysterectomy** – the surgical removal of the uterus, leaving a part or all of the cervix.

**Total hysterectomy** – the surgical removal of the uterus, including the cervix.

**Transformation zone** – the region of the cervix where the glandular (columnar) cells have changed or are changing to squamous cells. The process of changing from one cell type to another may become abnormal.

**Unsatisfactory smear** – a smear that cannot be reported by the laboratory.

**Uterus** – the womb.

**Vaginal vault smear** – a smear taken from the top of the vagina after a hysterectomy.
Acknowledgement

This booklet was originally prepared by the Women’s Health Action Trust for the National Screening Unit of the Ministry of Health. It has been updated to reflect the new cervical screening legislation which came into effect on 7 March 2005.

We would like to thank all those involved in the preparation of the booklet. Special thanks to those working in the health sector for their expert advice and suggestions, to the women who attended the focus groups throughout the country for their valuable input, to the Māori and Pacific women who generously contributed their knowledge and expertise and to all others who helped in any way at all.

Tēnā koutou katoa.
Wahine Ora, Whānau Ora
Healthy Woman, Healthy Family
Where can you find out more?

If you would like to know more about having a cervical smear, about cervical smear results or about the National Cervical Screening Programme, you can ask your doctor or smear taker.

You can also contact:

• the National Cervical Screening Programme, freephone 0800 729 729
• your local library
• a local women’s centre.

More information is also available on the National Screening Programme website, www.cervicalscreening.govt.nz

For information about references used in this booklet, contact the National Screening Unit of the Ministry of Health, phone 09 580 9000.