Mi-tec Medical Publishing©

TREATMENT OF DYSPLASIA OF THE CERVIX

Patient information to assist informed consent

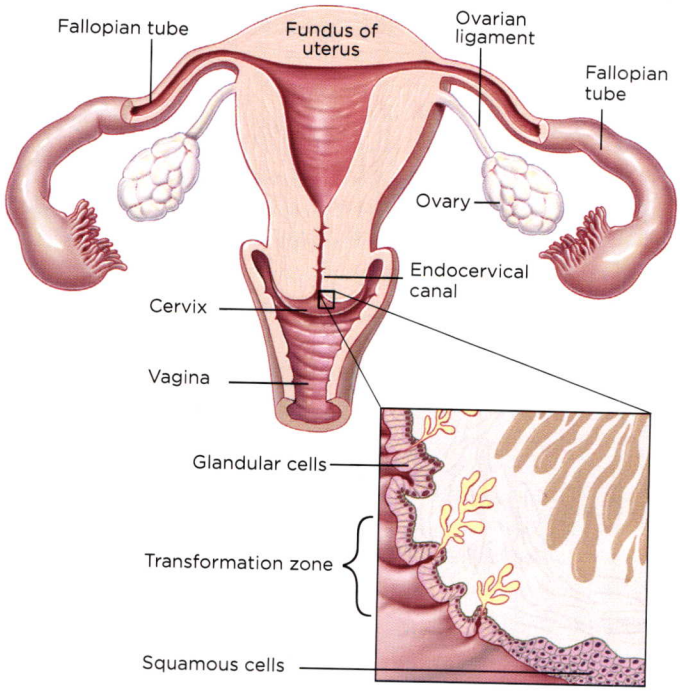
The aim of a cervical screening test (CST) is to check whether high-risk human papilloma virus (HPV) is present in a woman's cervix. Cervical screening tests are important because they can help to prevent cervical cancer caused by high-risk HPV.

The CST has replaced the Pap smear, which was used for many years to detect abnormal changes in cells of the cervix. Rather than checking cells, the CST can detect specific types of high-risk HPV that can lead to cancer. Low-risk HPV usually cause short-term changes to Pap smears or genital warts.

The CST is more accurate than the Pap smear. It can better predict those patients who are more at risk of developing precancerous and cancerous changes of the cervix. This improvement in screening allows earlier and more successful treatment to remove abnormal cells and prevent cervical cancer.

The cervix is the lowest part of the uterus (right). It connects the uterus to the vagina. A layer of cells called squamous cells covers the outside surface of the cervix. A layer called glandular cells lines the endocervical canal. These two types of cells meet at the "transformation zone", which is usually on the outside of the cervix but may be just inside the endocervical canal.

When doing a CST, the doctor gently brushes cells from these areas. When high-risk HPV is detected, cervical cells are prepared for examination in a pathology laboratory. The examination will determine whether the cervical cells are normal or abnormal. This is like the Pap test that women used to have, but in liquid form.



Treatment to remove abnormal cells on the cervix in most cases:

- results in the regrowth of healthy cells, and
- significantly reduces the risk of cervical cancer.

HUMAN PAPILLOMA VIRUS

HPV is a very common virus that can cause harmless skin warts and plantar warts. Most of these minor infections are cleared by the body's immune system.

However, genital infection with HPV can be troublesome. HPV infection may occur during sexual skin-to-skin contact if one of the partners has genital HPV. Of the 200 types of HPV, about 15 types are believed to be "high risk", that is, capable of causing abnormalities of cervical cells that are precancerous or, rarely, cancerous. Most genital HPV infections resolve without treatment. Of 100 women with genital HPV, about 98 will not develop any signs of HPV infection because their immune system has cleared the virus.

Nearly all cases of cervical cancer are caused by chronic infection with high-risk HPV. This is why cervical screening and early detection are so important. Although many women have had an HPV vaccine, they still need to have regular CST because the vaccine does not protect against all types of cancer-causing HPV.

In every 100 cases of cervical cancer, about 95 are related to HPV infection.

Main risk factors for cervical cancer

- HPV
- smoking
- not having a regular CST
- a weak immune system.

Abnormal cervical cells

Changes in cells may be seen when they are examined. The important changes are called dysplasia (an abnormal change in the size and shape of cells). Dysplasia is not cancer, but severe dysplasia might develop into cancer over a long and unpredictable period if left untreated. Most cervical cancers take years to develop. Dysplasia of cervical cells is classified as mild, moderate or severe.

The term to describe abnormal cervical cells is "cervical intraepithelial neopla-

IMPORTANT: FILL IN ALL DETAILS ON THE STICKER BELOW

DEAR DOCTOR: When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some doctors ask their patients to sign the sticker to confirm receipt of the pamphlet.

Continued on page 2

Edition number: 8