

Women's Health Outlook

Provided by UNMC's Department of OB/GYN, the Wellness Council of the Midlands, and the Olson Center for Women's Health

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Pap Smears

New advances in technology are helping to detect more, earlier

Cervical Cancer Screening

The advent of the Pap smear revolutionized the early diagnosis of cervical cancer and is probably the most successful screening test in medicine. The annual Pap smear and pelvic exam have been ingrained in many women as an annual necessity for healthcare maintenance. It has decreased the incidence and death rate for cervical cancer in this country, to about 10,500 projected new diagnoses this year. Worldwide, cervical cancer remains a significant health problem and the number two cancer in women. Unfortunately, as many as 50% of women in the U.S. are diagnosed with cervical cancer without previously having a Pap smear!

The Pap Smear

The Pap smear checks for changes in the cells of the cervix. The cervix is the lower part of the uterus that opens into the vagina. The Pap test can determine if you have an infection, abnormal cells, or cancer. The Pap smear has undergone many improvements over the years. In the late 1980's and 90's, terminology was standardized through the work of specialists working with the National Cancer Institute, and the Bethesda System was developed. This system of descriptive cytology (or cell appearance) has also allowed for development of better treatment plans to allow physicians to manage patients with abnormal findings on their Pap smear.

Improvements

Even the test itself has undergone improvement with the development of *liquid-based cytology*, which has been found to decrease the number of false negatives and can provide the doctor with the

ability to simultaneously test a patient's DNA for High Risk Human Papilloma Virus, or HPV. HPV is a wart virus that has been found in virtually all invasive cervical cancers and is usually passed through sexual contact, either heterosexual or homosexual. There are many different types of HPV, but several are associated with a much higher risk of cervical cancer. The improvement in decreasing false negatives is also very important. Traditional

Pap smears may have had a 20% or higher false negative rate for precancerous conditions, and as high as a 50% false negative rate for actual invasive cancer. Liquid-based cytology decreases many of these errors, and in many areas of the country has nearly

completely replaced traditional Pap smear methods.

Many women receive a Pap smear result that indicates cells have changed, but the significance is undetermined. These results, called Atypical Squamous Changes, can sometimes be further evaluated using DNA analysis. By looking for certain high-risk HPV subtypes in the DNA, the physician and pathologist can more accurately determine the potential need for further evaluation and treatment.

Who Should be Screened, and How Often

Traditionally, women were to begin having Pap smears at age 18 and continue annually thereafter. After several years of study, however, a consensus panel of experts in cervical disease has developed a new set of guidelines for Pap smears. The current recommendation is to have the first Pap smear at age 21 **OR** within 3 years of first intercourse, whichever occurs first. The age was increased from 18 years to 21 years because the panel found that many women under the age of 21 were found to have received

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unnecessary (and destructive) treatment for HPV infection which would have spontaneously cleared without treatment in most cases.

Women should have Pap smears on an annual basis until age 30 and then may go every 2 to 3 years under the following conditions:

- ◆ three consecutive satisfactory, negative Pap smears
- ◆ no history of high grade dysplasia (precancerous condition)
- ◆ no immune-compromised condition such as transplant, HIV disease, or prior exposure to DES, a drug given to pregnant women that was discontinued in 1971 by the FDA

Women who have had a hysterectomy for non-cancerous reasons and no history of high-grade dysplasia can go without a Pap smear as their risk of vaginal dysplasia is very low. When to stop Pap smears is not completely agreed upon, but appears to be between 65 to 70 years of age if there are no risk factors (multiple sex partners, history of dysplasia, etc).

Pelvic exams do not necessarily always include Pap smears, especially when pelvic exams are performed in Emergency Rooms.

Abnormal Pap Smears

If you have had an abnormal Pap smear result, your physician may treat you based on well-established diagnostic criteria and management plans. Many abnormal pap results do not require anything more than more careful monitoring. Some require treatment. Most do not involve cancer. You may be asked to repeat your pap smear at 4-6 months rather than the usual year. If you have a high-grade lesion, your physician will use a magnifying device known as a colposcope to diagnose the abnormality, and will usually perform a biopsy of the cervix for further testing at that time. If treatment of the lesion is necessary, several procedures are possible. These methods include electrical incision, laser incision, cryotherapy or freezing of the section of skin, Cone biopsy (a larger biopsy of the area), or possibly hysterectomy.

*Contributed by Steven W. Remmenga, MD
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1. CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN –
GYNECOLOGISTS NUMBER 45, AUGUST 2003

8th Annual Omaha Women's Health & Wellness Conference

Friday, Oct. 14, 2005 • 8 a.m. - 3:30 p.m.

DC Centre, 11830 Stonegate Circle • Omaha, Nebraska

Navigating the Hormone Highway

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