

**FAQs** 

# Abnormal Cervical Cancer Screening Test Results

## Frequently Asked Questions

#### What is cervical cancer screening?

Cervical cancer screening is used to find abnormal changes in the cells of the cervix that could lead to cancer. Screening may include the Pap test, testing for a virus called human papillomavirus (HPV), or both. (Read Cervical Cancer Screening to learn more.)

## What causes abnormal cervical cancer screening test results?

The main cause of cervical cancer is infection with HPV. There are many types of HPV. Some types have been linked to cancer of the cervix, vulva, vagina, anus, and penis. Some can also cause cancer of the head and neck. These types of HPV are known as "high-risk" types.

Most cases of cervical cancer are caused by just two high-risk types of HPV—type 16 and type 18. Cells that are infected with HPV appear different from normal cells under a microscope. Abnormal changes can be mild, or they can be more serious. The more serious changes can lead to cancer if not treated.

Read Human Papillomavirus (HPV): Infection and Vaccination to learn about protecting yourself from HPV.

#### How are HPV test results described?

HPV test results show whether you have a high-risk type of HPV infection. Results are negative or positive:

- A negative HPV test means that HPV was not found in your test sample.
- A positive HPV test means that you have an HPV infection. This does not mean that
  you have cancer now, but it may be a sign that cancer could develop later. You may
  need follow-up testing (see below).

#### How are abnormal Pap test results described?

- ASC-US—This means that changes in the cervical cells have been found. The
  changes are almost always a sign of an HPV infection. ASC-US is the most common
  abnormal Pap test result. ASC-US stands for atypical squamous cells of
  undetermined significance. "Squamous" refers to the type of cells that make up the
  tissue that covers the cervix.
- LSIL—This means that the cervical cells show changes that are mildly abnormal. LSIL
  is usually caused by an HPV infection that often goes away on its own. LSIL stands
  for low-grade squamous intraepithelial lesion.
- HSIL—This suggests more serious changes in the cervix than LSIL. It is more likely
  than LSIL to be linked to precancer and cancer. HSIL stands for high-grade squamous
  intraepithelial lesion.
- ASC-H—ASC-H means that changes in the cervical cells have been found that raise concern for the presence of HSIL. ASC-H stands for atypical squamous cells, cannot exclude HSIL.
- AGC—This means that changes have been found in glandular cells that raise concern
  for the presence of precancer or cancer. Glandular cells are another type of cell that
  make up the tissue that covers the inner canal of the cervix. Glandular cells are also
  present inside the uterus. AGC stands for atypical glandular cells.

## What follow-up testing may be needed?

If you have a positive HPV test or an abnormal Pap test result, you may need further testing. The following tests may be done depending on your risk for cervical cancer.

Testing is based on your age, initial screening test result, and any previous test results. Types of follow-up testing include:

- Reflex testing—If you had an HPV test, a Pap test may be done on the same cells
  used for the HPV test. If you had a Pap test, an HPV test may be done on the same
  cells used for the Pap test. This is called reflex testing.
- HPV typing—There is another kind of HPV test that looks specifically for HPV type 16 and HPV type 18. These two types cause the most cases of cervical cancer. This kind of HPV test is called HPV typing.
- Repeat testing—Repeat HPV testing or co-testing (having the HPV test and Pap test
  done at the same time) may be done. The timing of repeat testing depends on your
  initial test result, your age, and the results of previous tests.
- Colposcopy, biopsy, and endocervical sampling—Colposcopy is an exam of the
  cervix with a magnifying device. If an area of abnormal cells is seen, you may need a
  cervical biopsy. For a biopsy, a small sample of tissue is removed and sent to a lab
  for testing. The lab testing can determine how severe the cell changes are.
  Endocervical sampling may also be done. This sampling uses a small brush or other
  instrument to take a tissue sample from the cervical canal.
- **Endometrial sampling**—A sample of the endometrium (the lining of the uterus) is collected for study. Some women with an AGC result need to have this follow-up test.

If your initial test results show you have a very high risk of developing cervical cancer, you may consider treatment without additional testing. If your obstetrician—gynecologist (ob-gyn) recommends this option, you should talk together about the risks and benefits.

## What does CIN mean on a biopsy report?

Cervical intraepithelial neoplasia (CIN) is used to report cervical biopsy results. CIN describes the actual changes in cervical cells. CIN is graded as 1, 2, or 3:

- CIN 1 is used for mild (low-grade) changes in the cells that usually go away on their own without treatment.
- CIN 2 is used for moderate changes.
- CIN 3 is used for more severe changes.

Moderate and severe changes can progress to cancer. These changes are called highgrade changes.

#### How are abnormal cervical cells treated?

In general, there are two ways to treat abnormal cervical cells:

- Excisional treatment—Tissue is removed from the cervix and sent to a laboratory to be studied. Results can tell whether CIN actually is present and, if so, how severe it is.
- Ablative treatment—Abnormal cervical tissue is destroyed, and there is no tissue to send to a laboratory for study.

In some cases, the HPV vaccine may be given to help with treatment for CIN 2 or CIN 3.

### What are the types of excisional treatments?

Excisional treatments include the following:

- Loop electrosurgical excision procedure (LEEP) —A thin wire loop that carries an
  electric current is used to remove abnormal areas of the cervix.
- Conization —A cone-shaped piece of the cervix that contains the abnormal cells is removed.

#### What are the types of ablative treatments?

Ablative treatments include the following:

- Cryotherapy —An instrument is used to freeze abnormal cervical tissue, which then sloughs off.
- Laser therapy—A focused beam of light is used to destroy abnormal cervical tissue.

## When is the HPV vaccine given to help with treatment?

The HPV vaccine may help prevent abnormal cells from coming back after the cells have been removed or destroyed. The HPV vaccine may be given to help with treatment

for CIN if the following applies to you:

You are getting treatment for moderate or severe CIN (CIN 2 or CIN 3).

• You are age 27 to 45 and have not previously gotten the HPV vaccine.

You have a healthy immune system.

Anyone age 9 to 26 should get the HPV vaccine as usually recommended regardless of whether you are getting treatment for CIN. Read Human Papillomavirus (HPV): Infection and Vaccination to learn more.

#### Will I need more cervical cancer screening after treatment?

Yes. An HPV test is recommended 6 months after treatment. Then you should continue with cervical cancer screening as recommended by your ob-gyn. The recommended screening schedule depends on what type of abnormal cell changes you had. Talk with your ob-gyn about the screening you need.

#### Glossary

**Anus:** The opening of the digestive tract through which bowel movements leave the body.

**Biopsy:** A minor surgical procedure to remove a small piece of tissue. This tissue is examined under a microscope in a laboratory.

**Cells:** The smallest unit of a structure in the body. Cells are the building blocks for all parts of the body.

**Cervical Biopsy:** A minor surgical procedure to remove a small piece of cervical tissue. This tissue is examined under a microscope in a laboratory.

**Cervical Intraepithelial Neoplasia (CIN):** Abnormal changes in the cells of the cervix that are caused by infection with human papillomavirus (HPV).

**Cervix:** The lower, narrow end of the uterus at the top of the vagina.

**Colposcopy:** Viewing of the cervix, vulva, or vagina under magnification with an instrument called a colposcope.

**Conization:** A procedure that removes a cone-shaped wedge of tissue from the cervix.

**Cryotherapy:** A freezing technique used to destroy diseased tissue.

Human Papillomavirus (HPV): The name for a group of related viruses, some of which cause genital warts and some of which are linked to cancer of the cervix, vulva, vagina,

penis, anus, mouth, and throat.

Loop Electrosurgical Excision Procedure (LEEP): A procedure that removes abnormal

tissue from the cervix using a thin wire loop and electric energy.

Obstetrician-Gynecologist (Ob-Gyn): A doctor with special training and education in

women's health.

Pap Test: A test in which cells are taken from the cervix (or vagina) to look for signs of

cancer.

**Penis:** The male sex organ.

Squamous Intraepithelial Lesion (SIL): A term used to describe abnormal cervical cells

detected by the Pap test.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and

nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus

to the outside of the body.

**Vulva:** The external female genital area.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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