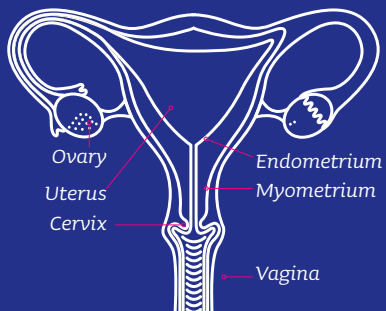


# Cervical cancer screening programme

## 1. What is cervical cancer?

It is a cancer which appears when the cells of the cervix become abnormal and start to grow uncontrollably. The cancer generally takes a long time to develop - more than 10 years - meaning there is a long period during which it can be detected, treated and cured.

The cervix is the lower part of the uterus (womb) and sits just above the vagina.



## 2. What causes it? Human Papillomavirus (HPV)

### The main cause of cervical cancer is Human Papillomavirus (HPV).

HPV is the most common sexually transmitted infection. 80% of sexually active women become infected by some form of this virus throughout their lives. There is no treatment for HPV, though in most cases the infection clears up by itself. This process may take years, meaning most women have a temporary infection which does not pose any threat to their health, and HPV eventually clears up completely.

These infections generally go unnoticed. However, in a small percentage of cases (around 10-15%) where the infection persists over time (more than 10 years), changes can occur in the cells of the cervix stemming from premalignant lesions which, over time, can develop into cancer.

**IN SHORT, CERVICAL CANCER IS A SERIOUS BUT RARE COMPLICATION OF A RELATIVELY COMMON PHENOMENON: INFECTION BY HPV.**

There are more than 100 different types of HPV. Of those, 15-20 affect the male and female genital regions in different ways. They can be divided into two large groups:

↑ **HIGH RISK OF CERVICAL CANCER (HPV).** Of these, HPV 16 and 18 are responsible for 70% of cases of cervical cancer.

↓ **LOW RISK OF CERVICAL CANCER (HPV).** Of these, HPV 6 and 11 are linked to benign lesions such as genital warts or condyloma.

HPV is transmitted through sexual activity (homosexual and heterosexual). Intercourse is not necessary for the infection to be transmitted. It can also be passed on by genital contact. Using a condom therefore reduces, but does not fully eliminate, the risk of infection.

Almost all those infected with this virus have no symptoms and can pass it on without knowing. The risk of contracting HPV increases with the number of sexual partners a person has.

There is no sure way of knowing when someone contracted HPV or who transmitted the infection. A person can carry HPV for many years before it is detected. Having HPV does not mean, therefore, that the patient or their partner is having a sexual relationship with another person. An HPV test for men does not yet exist.

### 3. How can cervical cancer be prevented?

HPV vaccine, cervical cancer screening (smear/HPV test) and condoms.

Cervical cancer can be prevented by:



**The HPV vaccine.** Vaccines provide effective protection against the main types of HPV which cause premalignant and malignant lesions of the cervix. HPV vaccination is currently included in the childhood vaccination schedule for 12-year-old girls and is highly effective in preventing HPV infection before girls become sexually active. However, the vaccine can also be useful in women who have had or been exposed to HPV. Contrary to what occurs with other infections, having had HPV in the past does not provide complete protection against new infections caused by the same types of HPV.



Cervical cancer screening: smear and HPV test. Osakidetza currently offers these tests as part of its **Cervical Cancer Prevention Programme**.



Proper use of a **condom** significantly reduces, but does not completely eliminate, the risk of infection, because HPV can affect the area not protected by the condom.



**Certain factors make it difficult to eliminate an HPV infection:**

**Smoking.** Tobacco consumption reduces the immune system's capacity to eliminate the HPV infection. Tobacco use can cause the infection to persist and therefore increases the risk of premalignant lesions.

**Taking oral contraceptives.** Several studies have found a slight increase in HPV persistence amongst women who have used oral hormonal contraceptives for many years. This risk reduces after stopping the treatment. Use of an intrauterine contraceptive device (IUD) does not increase this risk and may even reduce it. Given that hormonal contraceptives can be beneficial in other respects, it is advisable to consult with your gynaecologist to assess the balance between the risks and benefits prior to making a decision about the most appropriate contraceptive method.

**Illnesses which alter immunity:** HIV, people with transplants...

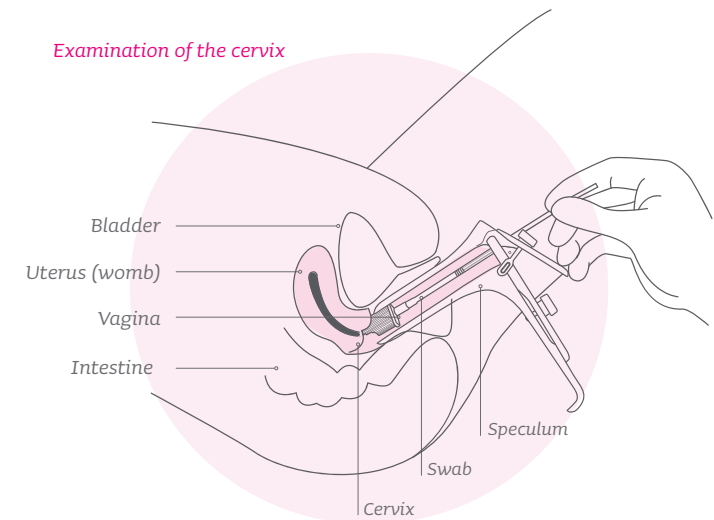
### 4. What do the tests in the Cervical Cancer Prevention Programme involve? (smear/HPV test)

The tests are based on the analysis of a cervical mucus sample. The sample is sent away for microscopic analysis and enables us to detect the presence of the virus (**HPV test**) or the smallest but most significant cell alterations which are suggestive of premalignant lesions (**cervical smear**).

The test is simple and painless and does not require any type of preparation beforehand. It involves taking a sample of the cells which line the cervix. The test is carried out by inserting an instrument called a speculum into the vagina which enables the health professional to see the cervix and collect the sample. It is usually a midwife who performs the test.

Both the smear test and the HPV test are used in cervical cancer prevention programmes. Smear tests have traditionally been used in women from age 25 years, being repeated every three years. The HPV test has recently been incorporated into cervical cancer prevention because it is more sensitive than a smear (greater detection capability) and enables the period between tests to be safely extended to five years. Given that HPV infection is common amongst young women — and in these cases almost always temporary — the HPV test is performed from age 35.

Examination of the cervix



## 5. Who should have the test?

All women aged between 25 and 65 years who are, or have been, sexually active.

**Aged 25-34:**  
smear test every three years.

**Aged 35-65:**  
HPV test every 5 years.

The HPV test performed in this age group is more sensitive to premalignant lesions, meaning there is no benefit to carrying out the test more often.

From age 65, there is no need to repeat the tests if previous results came back normal.

Women who have been vaccinated against HPV should also undergo cervical cancer screening, since the vaccination does not protect against all types of HPV despite being very effective.

### Before being tested, please bear the following in mind:

The test should not be performed during menstruation.

Medications administered vaginally should not be used during the three days prior to the test.

## 6. Why is cervical cancer screening not recommended for women under 25 years or over 65 years?

Cervical cancer is very rare in women under 25 years. The cervix is still developing during adolescence, and the test could return abnormal results when what is actually taking place is a normal physiological process. Situations such as these could lead to unnecessary treatments being carried out. Early detection in these cases would therefore be more harmful than beneficial.

The scientific evidence shows that cervical cancer screening programmes are beneficial for women from age 25 years.

From age 65, taking into account the natural evolution and progression of cervical cancer and provided the screening programme has been carried out during the age period indicated, it is highly unlikely that the disease will develop.

## 7. What are the possible results of the tests (smear/HPV test), and what do they mean?

If the **smear comes back negative or HPV is not detected**, the risk of having premalignant lesions is very low. Routine precautions can be continued.

The majority of **women aged between 25 and 34 will have normal smear test results**. Only 4 in every 100 women will have an abnormal smear test. This does not mean they have cancer — most women with abnormal smear test results do not require treatment.

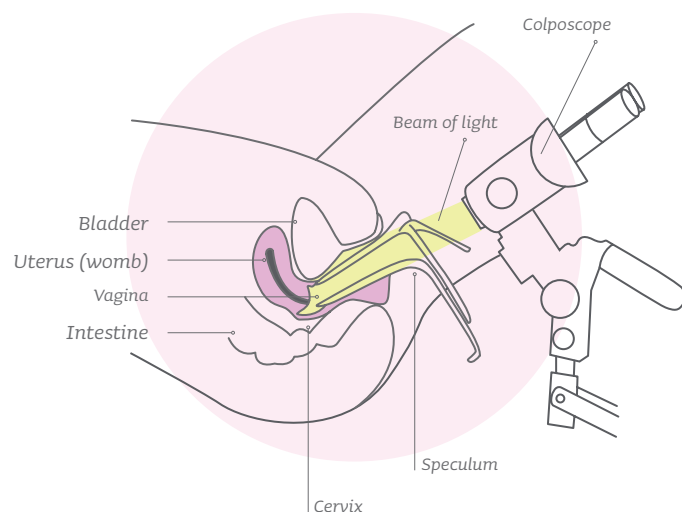
### The result of the HPV test for women between 35 and 65 years old may be positive or negative:

- A **negative result** means you do not carry a type of HPV associated with cervical cancer.
- + A **positive result** result means you carry a type of HPV which could be associated with a cervical lesion. This does not mean that you have cervical cancer. In this case, the midwife will repeat the test within one year. Many infections disappear on their own, and at this stage more studies are not necessary.
- An abnormal smear test result (SIL/CIN) or a second positive HPV test within one year means that you could have a premalignant lesion of the cervix. You should undergo a more detailed gynaecological study to facilitate a proper diagnosis. In cases such as these, you will undergo a test called a colposcopy.  
The results will be sent by post or notified to you by phone. It is therefore important that the contact details held by your Health Centre are up to date. You can also consult the results in the **Health Folder** via your mobile phone or computer (at [www.osakidetza.euskadi.eus](http://www.osakidetza.euskadi.eus) or through the Osakidetza app). Access codes can be requested from your Health Centre.

## 8. What is a colposcopy?

The smear test and the HPV test are not diagnostic tests. They determine which people have a higher risk of a cervical lesion. An abnormal result from these tests means that a specific procedure should be performed (colposcopy and biopsy) to obtain a diagnosis and rule out the presence of premalignant lesions or cervical cancer.

Exploration of the cervix and vaginal walls



A colposcopy is an exploration of the cervix using a low-magnification lens called a colposcope, which allows your gynaecologist to examine your cervix more closely. A series of liquids are applied which make premalignant lesions easier to see. The gynaecologist can then note their size and exact location. This test is not usually more uncomfortable than a smear test.

If the colposcopy reveals any changes in the cervix suggestive of a lesion, your gynaecologist will take a small biopsy of the abnormal area. Special tweezers are used to take a small fragment of tissue. This procedure does not require any type of anaesthetic, and you will notice only a slight discomfort. You will not require any pain relief or rest following the procedure. Analysis of the biopsy will allow a final diagnosis to be made. This diagnosis is essential to determining which cases will require treatment or whether periodic monitoring is sufficient, depending on the degree and characteristics of the lesion and on each patient. Your gynaecologist will provide you with all the necessary information during the test.



**Cervical Cancer Prevention Programme**  
Its goal is the early detection of premalignant lesions and early stages of cancer.

*The effectiveness of this type of programme has been proven. Proper and systematic implementation has led to a 70-80% reduction in the incidence and mortality rate of this cancer in certain countries. Detection and treatment of asymptomatic premalignant lesions prevents them from developing into cancer.*

*This health programme is aimed at women aged between 25 and 65 years.*