

Cervical Screening Awareness

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Jade Goody's highly publicised battle with cervical cancer helped to dramatically reverse the downward trend in women attending cervical screening in 2008-09. However the increase was not sustained in 2009-10, as figures show a decrease of over 350,000 women attending their screening appointment¹.

The anniversary of Jade's death in March attracted a lot of publicity, including a TV show and various press coverage, which should have led to another increase in attendance figures. Taking the exceptional rise in screenings during the previous year into account, the subsequent drop in numbers is not entirely unexpected, but a little disappointing all the same.

About 2,800 women a year are diagnosed with cervical cancer, making it the second most common cancer in women under 35 in the UK².

Jo's Cervical Cancer Trust (Jo's Trust) is the only UK charity dedicated to women and their families affected by cervical cancer and cervical abnormalities. Their aim is to offer information, support and friendship to women of all ages, to help them to understand the importance of cervical screening, and to provide their own personal brand of support if their screening shows up abnormalities or if they are diagnosed with cancer.

To improve cervical screening attendance it is essential that we provide concerned patients with as much information as possible. Pelican Healthcare is proud to support Jo's Trust by donating 5p from every box of PELIspec vaginal speculum sold, and issuing Jo's Trust cervical screening leaflets with boxes of PELIspec.

Cervical Screening

The Cervical Screening Programme aims to detect abnormalities within the cervix that could, if left untreated, develop into cancer. Cervical screening can be undertaken using one of two methods: a PAP smear or Liquid based cytology (LBC). Both tests involve taking a sample of cervical cells which are analysed in a laboratory. The results of screening allow changes in the cells of the cervix to be monitored. Screening can detect pre-cancerous/abnormal cells and the detection and successful treatment of these cells can often prevent the occurrence of cancer. Changes in the

cells of the cervix are generally caused by certain types of human papillomavirus (HPV)³.

Regular cervical screening provides a high degree of protection against developing cervical cancer. Cervical screening saves approximately 4,500 women each year. It is estimated that early detection and treatment through cervical screening can prevent cervical cancers from developing. Not going for cervical screening is one of the biggest risk factors for developing cervical cancer⁴.

The eligibility for cervical screening is detailed in the table below. In 1988 the Department of Health instructed all district health authorities to introduce a computerised call-recall system and recommended that women aged 20 to 64 should participate in cervical cancer screening every three to five years⁵.

The screening starting age of women in England has since been raised to 25 years old, however it remains 20 years old in Wales, Scotland and Ireland. There has been much debate about reducing the screening age in England again, however, as the disease is very rare in young women, cervical screening of women under the age of 25 was not deemed justified and this proposal was rejected.

Liquid Based Cytology

In the UK, Liquid based cytology (LBC) is the most common way of preparing cervical samples for examination in the laboratory. The sample is collected in a similar way to the Pap smear, inserting a high quality speculum into the vagina to allow visibility of the cervix, and then collect the cells from the neck of the womb using a spatula.

The previous Pap smear method required the sample to be smeared onto a microscope

slide, whereas for LBC samples the head of the spatula, where the cells are lodged, should be broken off into a small glass vial containing preservative fluid, or rinsed directly into the preservative fluid.

The sample is sent to the laboratory where it is spun and treated to remove obscuring material, for example mucus or pus, and a representative sample of the remaining cells is taken. A thin layer of the cells is deposited onto a slide. The slide is examined in the usual way under a microscope by a cytologist.

The introduction of LBC has led to a reduction in inadequate sample rates (from 9% to 2.9% in 2008), which is of considerable benefit to women in terms of reducing anxiety, uncertainty and the need for repeat tests, so fewer women now need a second test. A faster turnaround time in the laboratory also means that women get their results more quickly⁶.

Human Papilloma Virus (HPV)

Since September 2008 there has been a national programme to vaccinate girls aged 12-13 against human papilloma virus (HPV), commonly known as the "cervical cancer vaccine". This has been administered largely through secondary schools and consists of three injections that are given over a six-month period⁷.

HPV is the name of a family of common viruses that affect the skin and the mucus membranes (moist tissue that lines parts of the body), such as those in your cervix, anus, mouth and throat.

Certain types of HPV can cause changes to the cells of the cervix, notably types 16 and 18, 31 and 33, which have been confirmed as agents which cause cervical cancer. 'High risk' HPV types have been found

Cervical screening eligibility in the UK

Country	Eligibility
England	Women aged between 25 to 49 invited every three years Women aged between 50 to 64 invited every five years
Northern Ireland	Women aged between 20 to 49 invited every three years Women aged between 50 to 65 invited every five years
Scotland	Women aged between 20 to 60 invited every three years
Wales	Women aged between 20 to 64 invited every three years

to be present in close to 100% of all cervical cancers⁸. If you have repeated infections with these high-risk types of HPV, you are more at risk of developing cancerous cells in your cervix.

It is estimated that eight out of ten people in the UK are infected with HPV at some point in their lifetime. For most people, the virus goes away without treatment and does not cause any harm. But infection with some types of HPV can cause abnormal tissue growth and other changes to cells, which can lead to cervical cancer. Other forms of HPV can cause genital warts⁹.

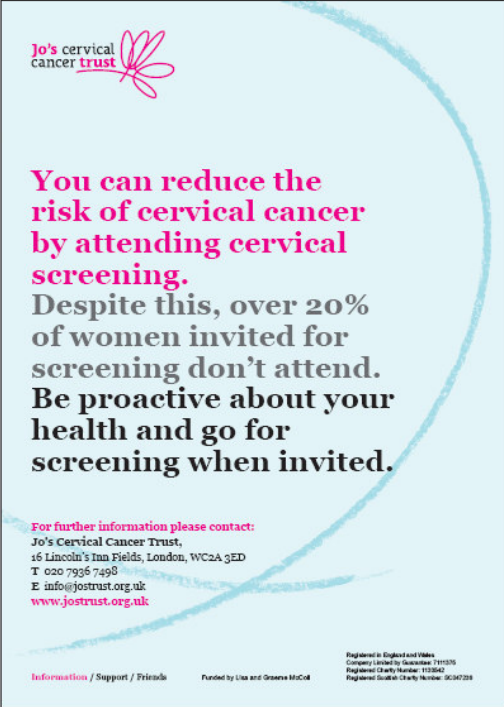
HPV infection is passed on through skin-to-skin contact. The types of HPV that can cause abnormalities in the cells of the cervix are transmitted through sexual contact.

Being screened regularly means that any abnormal changes in the cervix can be identified early on and, if necessary, treated to stop cancer developing. It is estimated that early detection and treatment can prevent up to 75% of cervical cancers from developing¹⁰.

Colposcopy

Patients are referred to colposcopy if they have had an abnormal cervical screening result. Colposcopy is a detailed examination of the cervix using a colposcope to magnify the view. It allows a doctor or specialist nurse to look more closely at the cells that cover the delicate lining of the cervix. If abnormal cells are found, a small tissue sample (biopsy) may be taken from the cervix for further testing¹¹.

Despite the drop in cervical screening attendance, the number of women referred for colposcopy in England and Wales during 2009-10 increased by almost 50,000. The number of biopsies also rose during this period by over 3,700. This is most likely a result of the Jade Goody Effect, following the 400,000 improvement in screening attendance in 2008-09¹².



Jo's cervical cancer trust

You can reduce the risk of cervical cancer by attending cervical screening.

Despite this, over 20% of women invited for screening don't attend. Be proactive about your health and go for screening when invited.

For further information please contact:
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Information / Support / Friends Funded by Lisa and Graham McColl

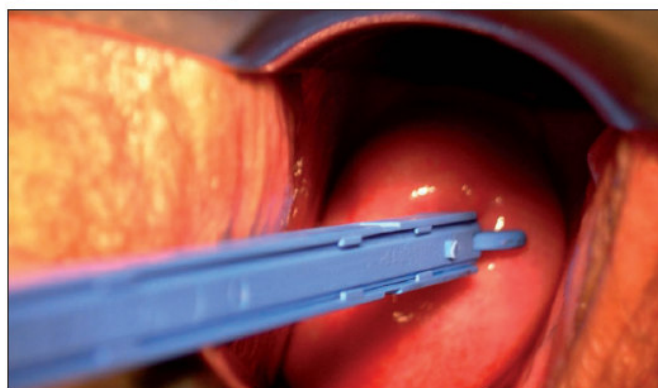
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Jo's Cervical Cancer Trust

PELIspec Vaginal Speculum



Gyn & Push Cervix Biopsy Punch



References

- ¹ Reports include:
 - a) http://www.ic.nhs.uk/webfiles/publications/008_Screening/cervscreen0910/Final_Report_v2_20Oct2010.pdf;
 - b) http://www.screeningservices.org.uk/csw/prof/reports/KC53-61-65_09-10.pdf;
 - c) <http://www.isdscotland.org/isd/1673.html>
- ² <http://www.nhs.uk/conditions/cancer-of-the-cervix/pages/introduction.aspx>
- ³ http://www.jostrust.org.uk/links/Downloads-to-download/Factsheet_Cervical_Screening.pdf
- ⁴ http://www.jostrust.org.uk/links/Downloads-to-download/Factsheet_Cervical_Screening.pdf
- ⁵ <http://info.cancerresearchuk.org/cancerstats/types/cervix/screening/briefhistory/a-brief-history-of-the-nhs-cervical-screening-programme>
- ⁶ <http://www.cancerscreening.nhs.uk/cervical/lbc.html>
- ⁷ <http://www.nhs.uk/conditions/hpv-vaccination/Pages/Introduction.aspx>
- ⁸ <http://www.cancerscreening.nhs.uk/cervical/hpv.html>
- ⁹ <http://www.nhs.uk/Conditions/Cervical-screening-test/Pages/Why-it-is-needed.aspx>
- ¹⁰ <http://www.nhs.uk/Conditions/Cervical-screening-test/Pages/Introduction.aspx>
- ¹¹ <http://www.nhs.uk/Conditions/Colposcopy/Pages/Introduction.aspx>
- ¹² Reports include:
 - a) http://www.ic.nhs.uk/webfiles/publications/008_Screening/cervscreen0910/Final_Report_v2_20Oct2010.pdf;
 - b) http://www.screeningservices.org.uk/csw/prof/reports/KC53-61-65_09-10.pdf;