

The PAP Smear ... A Simple Test That Could Save Your Life

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Cancer of the cervix is the second most common cancer among women across the globe after breast cancer. In developing countries, where access to health care is limited, it is the leading cause of cancer death in women. In the United States, approximately 12,200 new cases are diagnosed each year. The annual death rate in this country is 4,100. It is estimated that over half of all cancer cases are preventable with regular screening and change of lifestyle. Cervical cancer is no exception.

The cervix is the entrance to the uterus. It is the part of the uterus that must dilate, or open during labor so that a baby may be born. Because it is easily accessible, screening and treatment are relatively simple.

The Papanicolaou test, or PAP test as it is commonly known, is the test that screens for cervical cancer. Performed by health providers at the time of the gynecologic exam, it involves collecting cells from the cervix, preserving them either on a slide or in a liquid medium, and sending the specimen to the lab. There it is processed and read by lab technicians trained in this area called cytologists or by a physician.

THE PAP SMEAR IS NOT A SCREENING TEST FOR SEXUALLY TRANSMITTED INFECTIONS. And while the specimen may show changes suggestive of certain common infections, don't assume that because you've had a PAP smear that you have been screened for every imaginable disease.

Interpretations of the cells may be placed in one of four categories. Often, the cells are mildly abnormal, the result of something as common as a yeast infection. In this case, treating the infection and repeating the PAP a month or two later may be all that's necessary. If the cells are read as more abnormal, your provider may order further testing or recommend you have further studies done in the office to determine the nature and extent of the abnormal cells. This may often be done in the office using a magnifying instrument called a colposcope.

Additional testing is particularly important if there are changes suggestive of HPV or human papilloma virus. This is because in an international study of 1000 cases of cervical cancer, 99.7% were DNA positive for HPV. Since HPV is transmitted sexually, the bottom line is that cervical cancer is sexually transmitted. As distressing as that may initially be, it means that cervical cancer is definitely one of the cancers that can be impacted by modifications of lifestyle and regular screening.

Cervical cancer is a process that takes 10 to 15 years to develop. If regular PAP smears are being done, the transformation of these cells may be caught early before they become so abnormal that they require major surgery or other means of treatment.

Traditionally done on a yearly basis at the time of the annual exam, the guidelines for frequency for having a PAP smear has recently changed. The initial PAP should be done within three years of the time that sexual activity is initiated, but not later than 21. Women who are not in a monogamous relationship or who are changing partners fairly regularly need to have annual exams. This is also the case if the partner is not monogamous.

Those women who have had a series of normal PAPs may lengthen their screening intervals to every three years. This should be decided by the health professional on an individual bases and does NOT eliminate the need for other annual screenings such as the breast exam.

It has even been suggested that women 65 to 70 who have had at least three normal PAP tests with no abnormal results in the previous 10 years may consider discontinuing screening completely. This again must be decided with the health care provider and is not a consideration if a new sexual relationship is initiated during that time.

Risk factors that lead to abnormal PAPs and consequently increase the risk of cervical cancer include:

- Initiation of intercourse at an early age, particularly before the age of 18
- Multiple sexual partners
- Smoking
- Infection with high-risk HPV
- HIV infection
- All of these factors may be minimized or eliminated with lifestyle modification. This coupled with regular screening will significantly reduce our rate of cervical cancer in this country.

Despite the fact that there has been a 70% reduction in cervical cancer since the 1940s with the introduction of regular screening, African-American women have a worse survival rate because they are diagnosed at later stages making them more difficult to treat. Do your part to eliminate this curable cancer. Get in or get someone in you love for their appointment today!



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Dr. Allison believes the more women are educated about health issues, the more they can practice preventive health care. She has written articles on gynecology, menopause, sexual dysfunction, and other health issues for local newspapers.