SECTION 3
women and cervical screening

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The success of a cervical screening programme is the participation of women. A minimum coverage rate of 80% is required to have any impact on the incidence of and mortality from cervical cancer.

3.1 Key Responsibilities Of The Woman

- To register with the ICSP
- To ensure that her chosen smeartaker is registered with the screening programme
- To inform her smeartaker in advance if she has special needs (interpreter services and access requirements)
- To read the information sent by the ICSP Office
- To attend for the smear test
- To ensure that she understands the result
- To contact her smeartaker if she requires further information to understand the result
- To follow the smeartaker's recommendations
- To attend for repeat smear tests as recommended
- To attend for further examination (colposcopy) as recommended
- To inform the ICSP Office of any change of name and / or address
- To inform the ICSP Office if she does not wish to have a smear test

3.2 Barriers To Screening

Women who have a good experience tell others. Women who have a bad experience speak freely of it too.

3.2.1 Why Some Women May Not Attend For Screening

- Invitation not received
- Appointment forgotten
- Illness
- Away or unavailable
- Opting out

3.2.2 Personal Reasons For Non-Attendance

- Embarrassment
- Fear of the screening test
- Fear of what might be found
- Adverse comments about smear testing from other women, the media or other sources
- Lack of understanding of the purpose of screening and / or the operation of the National Screening Programme
- Dislike of doctors / medical service
- Previous bad experience within the health service
- Concerns about having a male smeartaker
- Ethnic differences e.g. language barrier

3.2.3 Practical Reasons For Non-Attendance

- Screening only available by appointment
- Appointments available only during working hours
- Fears about lack of confidentiality
- Expectation that there is a cost for a smear test

3.2.4 Factors Influencing Attitudes And Beliefs About Screening

- Availability of adequate and appropriate information
- Attitudes and beliefs about:
  - Health issues in general
  - The seriousness of cervical cancer
  - The individual's personal susceptibility to the disease
  - The effectiveness of cervical screening
  - The screening procedure
- Uncertainty about the test and / or the outcome of the test
- The implications of a "not normal" result
- The importance of cervical cancer in a woman's life

3.2.5 Factors In Considering Attitudes And Beliefs

- Appreciate that cervical cancer screening needs to be seen in the context of a women's general health and family priorities
- Recognise the complexity of the relationship between knowledge, attitudes, beliefs and behaviour
- Avoid inducing guilt in women who do not attend
- Discuss the limitations as well as the benefits of cervical screening
- Acknowledge that there is some controversy about cervical screening

3.2.6 Factors That May Cause Dissatisfaction With Cervical Screening

- Inadequate information or communication
- Unclear or ambiguous information
- Impersonal treatment by smeartakers
- Unanticipated discomfort or pain caused by taking the cervical smear, particularly where this is not well managed by the smeartaker
- Perceived incompetence of providers
- Unsatisfactory physical environment
- Lack of privacy
- Any discrepancy between expectation and experience
- Uncertainty caused by long waiting times for results
- Inadequate time allotted to taking the smear

3.3 ICSP And Specific Groups Of Women

3.3.1 Women Under 25 Years

There is little justification for including teenagers or young women in cervical screening programmes, as the cervical changes most commonly relate to hormonal influences rather than pre- cancerous changes.

Cervical precancerous changes are slow. It is estimated that it takes 8-10 years for abnormal cells on the cervix to change into cancerous cells. Many changes on the cervix revert to normal if left alone without treatment.

The 18-25 years old population is mobile. It would be difficult and expensive to keep an accurate and workable register for this group.

If the woman is under 25 years and she has a smear taken the woman is responsible for the associated fee. The ICSP is not responsible for the smear result or for follow up. However, the woman's details are logged on the central register, and activated when she reaches age 25. Women under 25 who have abnormal bleeding should be investigated. This may involve a 'diagnostic' smear test.

3.3.2 Women Over 60 years

Routine ICSP screening stops at 60 years. As CIN 111 rarely develops de novo after 45 years of age, the report from the Expert Group to the Department of Health on Cervical Screening considered that screening could safely be discontinued for women aged 60 who have been regularly screened and who have had normal smears.

Although women over 60 are not part of the defined target population they should be encouraged to attend for screening, if they have never or rarely had a smear. Women who have never had a smear taken make up a disproportionate number of women who present with cervical cancer.

The ICSP will continue to call participating women aged over 60 years until a normal smear result is reported.

If a woman is over 60 years and never had a smear, the ICSP will pay for and follow up an initial smear and a second after 12 months, assuming the first one is an adequate smear with a normal result.

3.3.3 Post-Menopausal Women

Post- menopausal women with atrophic cervices can be identified both from their personal details and also from the condition of the vagina and cervix. There are two main problems in taking smears from these women.

1. The cervical cell yield from the smear test can be scanty. An atrophic smear is a smear with too few cells to allow a cytologist to report on it. Liquid-based cytology helps overcome this problem as all the cells retrieved are collected in the spinning process.

2. The squamo-columnar junction is high up within the cervical canal. To adequately sample the site where changes are more likely to occur it may be necessary to use a 'cytobrush'. For postmenopausal women where the squamo-columnar junction is high in cervical canal, local oestrogen can be used. This allows the squamo-columnar junction to evert and so avoid an atrophic result.

3.4 Special Cases And Circumstances

3.4.1 Pregnancy

There is no need for a woman who is pregnant or postpartum to have a routine cervical smear, unless she is due for one according to ICSP recommendations. It may be psychologically inappropriate or unwelcome by the woman to have a smear during or shortly after pregnancy. If her previous smears are normal, consider deferring. A smear is best left until 3 months post partum so a Deferral Form should be completed by the doctor and sent to the ICSP.

Whilst there are usually no contra-indications to doing a smear, smeartakers should recognise that the cervix may appear engorged, bluish in colour and may bleed more easily. The use of an endocervical brush is not recommended.

3.4.2 Women Who Have Had Hysterectomies

A woman who has had a

- Subtotal hysterectomy is treated as any other woman on the cervical screening programme as the cervix is intact
- Abdominal hysterectomy and unsure of whether the cervix is still in situ must have a speculum examination and a smear taken if appropriate
- Total hysterectomy for reasons that are unrelated to cervical pathology with two documented normal smears in the previous 10 years do not require any further screening
- Total hysterectomy because of invasive carcinoma of the cervix should have yearly vault smears for at least 5 years or more, according to specialist instruction

If the normality of the cervix before hysterectomy cannot be verified, the ICSP recommends that two vault smear tests should be taken one year apart and if both are normal, screening can stop.

3.4.3 Women Who Have Had Cervical Treatment

Previously treated women need to be identified when having subsequent smears, routine or otherwise. Women who have had treatment are at increased risk of having recurring CIN. Women that have had treatment should know that they are at increased risk and be encouraged to attend for regular smears.

All details should be recorded on the Cytology Referral Form. The information on the form and the result of the smear test will determine the appropriate action.

According to national policy, women who have previously had treatment at a colposcopy clinic should be referred back for colposcopic review after 1 abnormal smear or 1 inadequate smear.

Cytological follow up is essential after colposcopy; the colposcopist will advise the frequency.

3.4.4 Women With Physical Disabilities

The smeartaker should consider ease of access to the venue. The couch height ideally should be adjustable. Individual physical limitations should be catered for and an assistant or helper should be available.

Contacting a specialist for advice may be appropriate. This is advisable if appliances or prosthesis could be interfered with while taking a smear.

3.4.5 Women With Learning Disability Or Illiteracy

The smeartaker should consider the issues surrounding informed consent. Pictorial explanation leaflets (available through ICSP) might be helpful. A carer to communicate effectively with the woman may also be helpful. Non-cooperation or distress of the woman must be recognised as refusal or withdrawal of consent.

3.4.6 Women From Other Cultural Backgrounds

The smeartaker should be aware of the customs and health beliefs of other cultural groups, especially women whose first language is not English.

Children should not be used as interpreters. Where possible, a link worker or an official interpreter should be used. Offer a female to take the smear and be aware that female circumcision is part of some cultures.

3.4.7 Women Who Are Immuno-Compromised

Women with HIV and AIDS, or women taking drugs to suppress their immune systems have a higher risk of developing many cancers, including cervical cancer. The optimum screening interval and management for this group of women has yet to be determined.

3.4.8 Women Having Smears At GUM/STI Clinics

Smears taken at GUM/STI clinics are not screening smears, they are diagnostic and are not included in the screening programme.