

What is a PAP smear?

A PAP smear is a microscopic examination of the cells collected by your physician from your cervix. A trained technician (called a "cytologist") determines whether cancer cells or precancerous cells are present. Using the PAP smear as a screening test allows for early detection of cervical cancer which permits early treatment and better outcomes. Rarely, a PAP smear may also detect vaginal or uterine cancer. The PAP smear gets its name from the person who invented it, Dr. George Nicolas Papanicolaou. This test has played a major role in the dramatic decline in death from cervical cancer seen in the United States over the last 25 years.

Can cervical cancer be present if the PAP smear is normal?

Definitely.

Although the PAP smear is primary reason for the dramatic decline in death from cervical cancer, this test is not perfect. Depending on how well the cells were collected from the cervix or if there were any others cells obscuring visualization of the cervical cells, a cancer or precancerous lesion may be missed. Even in the best conditions, a cancer cell may be missed. A typical PAP smear contains over 100,000 cells while only a few of these cells may be cancerous. Even a highly skilled cytologist can overlook a cancer cell. In fact, at least 5 out of every hundred ABNORMAL PAP smears may be interpreted as **normal**. For this reason, the PAP smear should be repeated regularly even if you have always had normal PAP smears. The American Cancer Society recommends a PAP smear every 3 years for women 21-65 years old, less frequently when combined with the Human Papilloma Virus test. Provided previous PAP smears were normal, screening can end after 65 years old. However, if past PAP smears were abnormal, your doctor may recommend continuing the PAP smear periodically.

RISK FACTORS for developing cervical cancer.

There are several factors that increase your risk of developing cervical cancer.

These risk factors include:

- early onset of sexual activity (before age 16),
- multiple sexual partners (more than 5 partners in your lifetime)
- history of any sexually transmitted disease (for example, human papilloma virus or HPV causes genital warts and has been shown to increase your risk of developing cervical cancer)
- history of an abnormal PAP smear.

Interpreting the PAP smear result

A PAP smear can be interpreted as "completely normal" or as "cervical cancer". In addition, there are many other possibilities somewhere in between these two extremes; that is, where the PAP smear is not completely normal but it does not show definite cancer either. If your PAP smear results fall into this "gray zone", the next step depends on the character of the cells present in the PAP smear. Your doctor may recommend:

- simply repeating the PAP smear (usually in 3-6 months)

or

- your doctor may recommend follow-up with a gynecologist who can perform a COLPOSCOPY.

A colposcopy involves placing a lighted scope directly into the vagina so the cervix can be visually inspected. A special dye may be placed on the surface of your cervix to make it easier for your physician to identify areas that may potentially harbor cancer cells. Biopsies are taken of any abnormal areas.

These indeterminate PAP smears do not indicate that you have cervical cancer and may not even mean that you are at an increased risk of developing cervical cancer. A number of things (trauma, infection) can make the cervical cells look similar to cancer cells when no cancer is present. The majority of abnormal PAP smears do not harbor cancer. Nevertheless, diligent follow-up is required to make sure you do not have cervical cancer. Finally, if cervical cancer is detected by a PAP smear, it is usually detected at an early stage when treatment is quite effective and a cure is possible.

Any additional questions??

If you have additional questions about your PAP smear, please ask your doctor.